

TRICARE Immunization Coverage

Getting immunized is one of the most important actions any person can take to prevent illness and maintain good health. TRICARE covers immunizations and vaccines from birth through adulthood in accordance with the age and frequency guidelines of the Centers for Disease Control and Prevention (CDC).

- **All beneficiaries:** TRICARE retail network pharmacies offer seasonal flu, H1N1 flu and pneumonia vaccines at no cost. Other vaccines must be administered by a TRICARE-authorized provider to be fully covered by TRICARE's clinical preventive health care services cost-share waiver.
- **School-age children:** All required immunizations.
- **Well-child care:** Routine immunizations in accordance with the American Academy of Pediatrics® guidelines.

TRICARE covers age-appropriate doses of vaccines that have been adopted by the CDC, as published in its recommendations. Updated vaccine recommendations and immunization schedules are available at www.cdc.gov/vaccines. For more information and a list of the immunizations TRICARE covers, visit www.tricare.mil. ■



From the Desk of the CMO

*John E. Crum, M.D.
Chief Medical Officer
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Use the secure services on Humana Military Healthcare Services, Inc.'s (Humana Military) Web site to reduce administrative work, accelerate your TRICARE referrals, authorizations and claims transactions and, ultimately, improve patient care. Sign up at www.humana-military.com by clicking "Provider" then "New User? Register Today" in the "MyHMHS Log In" box.

Humana Military continues to enhance provider services. View the following tools and recent enhancements:

- Check eligibility, cost-shares and copayments
- Perform procedure code inquiries—check requirements for preventive care, prior authorization, TRICARE Prime referrals, and use of ambulatory surgery centers
- View and update existing referrals
- Enter new referral and authorization requests

- View electronic claims filing options
- Review and reconcile patient medications
- View educational materials about practice quality and affordability

Using the Humana Military Web site to request referrals and authorizations can reduce potential delays in care. Two-thirds of all new referrals and authorizations for TRICARE beneficiaries with civilian primary care managers are requested electronically using the Humana Military Web site. Sixty percent of those requests are approved online immediately, and more than 99 percent are approved within two working days. Additionally, Humana Military recently extended automated online approvals to include many behavioral health care services, reducing potential delays in care.

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From the Desk of the CMO

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Providers can also update existing referrals and authorizations by changing dates, adding procedure and unit information, and changing facilities or rendering providers. Facilities may also use the Web site to adjust admission dates and enter discharge information.

To view recent medication histories of TRICARE beneficiaries, providers can click on “Show Rx List” located on the “Referral Details.” This feature is especially useful when reconciling medications during transitions in care and to assess patient adherence to therapies. The history includes medications dispensed by military treatment facilities (MTFs), TRICARE retail network pharmacies and the TRICARE Mail Order Pharmacy.

Most specialty providers can review measures of administrative quality and practice affordability applied to individual providers or group practices based on their TRICARE experience. Humana Military assigns stars based on provider or group performance related to three quality measures: Electronic Claims Submission, Consult Report Return Rate to MTFs and Complaints. Humana Military also assigns stars to providers or groups based on their average allowed charges for episodes of care, as compared to the mean for peers in their state. Providers can view the methodology for applying these measures as well as the underlying data.

If your office has not already registered for secure online services, please take a few minutes to do so. Thank you for participating in the care of our TRICARE beneficiaries. ■

Autism Services for TRICARE Beneficiaries

The Department of Defense Enhanced Access to Autism Services Demonstration tests the feasibility and advisability of permitting TRICARE reimbursement for educational interventions shown to positively impact the lives of autistic children. The demonstration allows reimbursements for applied behavioral analysis (ABA) rendered by providers (“tutors”) who are not otherwise eligible to be reimbursed by TRICARE for ABA services.

Primary care managers (PCMs) and network specialists caring for active duty family members can recommend children for enrollment in the demonstration program once eligibility is confirmed. The eligibility requirements include:

- Minimum age of 18 months
- Registered in the Extended Care Health Option (ECHO)
- Diagnosis of autism disorder, childhood disintegrative disorder, Asperger’s syndrome or pervasive development disorder

Providers must contact Humana Military Healthcare Services, Inc. (Humana Military) to request authorizations and assignments to case managers. TRICARE beneficiaries cannot self refer for this program and must have their PCMs or specialists submit the information required for eligibility confirmation and placement in the program.

The beneficiary’s case manager will be responsible for assigning an authorized early-intervention services supervisor and tutor for home visits. For more information about this demonstration, the ECHO program, required forms or contact information for the Humana Military case manager in your area, visit www.humana-military.com and click on the “Provider” tab, then select “Autism Demo” in the *Quick Links* section. ■

New TRICARE Quit Smoking Line

TRICARE is dedicated to the health of its beneficiaries and provides assistance to those who want to quit smoking. On June 14, 2010, TRICARE and Humana Military Healthcare Services, Inc. (Humana Military) launched a toll-free quit smoking line that is available 24 hours a day, 7 days a week to provide assistance and resources to beneficiaries seeking help with quitting.*

* The quit smoking line is available to all TRICARE beneficiaries who are not eligible for Medicare.

Humana Military’s Quit Smoking line is part of the Department of Defense and TRICARE-sponsored tobacco-cessation campaign, which offers a variety of online tools and resources to help TRICARE beneficiaries quit, including live chat and a step-by-step quit plan. Visit www.ucanquit2.org for more information. ■

Call: 1-877-414-9949

Health Insurance Portability and Accountability Act Code Set (5010/ICD-10) Update

Health Insurance Portability and Accountability Act (HIPAA) transaction code set updates will soon be implemented to update field spaces from 4010 to 5010. Soon after these electronic format updates are in place, there will be a major move to ICD-10-CM to replace the long-used ICD-9-CM. The information below should provide your office with a general explanation of the changes, as well as guidance to help ensure your practice is ready to comply with the updates.

5010 Codes

5010 is the next generation of the HIPAA transaction and code set changes (ANSI X12 5010), replacing the 4010 transaction set implemented in the late 1990s.

ICD-10 Codes

ICD-10-CM (diagnosis codes) and ICD-10-PCS (procedure codes) will replace the ICD-9 code set implemented in 1977 by the World Health Organization.

On January 16, 2009, the final rule was announced for these updates to replace the current Version 4010/4010A and for National Council for Prescription Drug Programs codes Version 5.1. Implementation will begin January 1, 2011, with completion of the update by January 1, 2012. ICD-10-CM has an effective date of October 1, 2013, and is expected to be implemented by physicians, hospitals and other health care providers to identify diagnoses for documentation, medical records and claims.

The possible impacts on your practice:

- Hardware, software and forms used for claims development will need to be upgraded or replaced.

Back-to-School Physicals

For parents of young children, “back to school” can mean “back to the doctor’s office” for children’s annual physicals. School physicals are often required to help ensure that children enter the classroom up-to-date on immunizations, that they are in good health and free of communicable diseases. Providers should ensure patients are aware that TRICARE covers these physicals.

For children ages 5–11, TRICARE covers annual physicals, if required, in connection with school enrollment. Required immunizations are also covered. However, TRICARE does **not** cover physicals for sports or camp participation.

Standard office visit evaluation and management Current Procedural Terminology (CPT®) codes (99201–99205 and

- Coding education for ICD-10-CM and coding software upgrades or replacement will need to occur prior to the October 1, 2013, effective date.
- Data analyses, population health trending reports and other analytics will need modification.

Benefits

ICD-10-CM allows space to accommodate future expansion of the ranges of diagnoses and procedures and will provide greater coding accuracy and specificity. This enhanced accuracy means providers should see a reduction in coding errors. The shift to ICD-10-CM also creates the ability to gather higher quality health care, safety and efficiency data, which can support advances in medicine and technology.

For more information about the upcoming changes to 5010 and ICD-10-CM, visit one of the following Web sites.

Centers for Medicare and Medicaid Services (CMS) Web site: www.cms.gov

CMS HIPAA Web site: www.HIPAA.org.

The Accredited Standards Committee Web site: www.x12.org

Workgroup for Electronic Data Interchange Web site: www.wedi.org/public/articles/index.cfm

Humana Military and our claims processor, PGBA, are currently preparing for 5010 and the anticipated ICD-10-CM updates. Visit www.humana-military.com for updates. ■

99211–99214) apply. Providers should also be aware that payments for covered school physicals may not exceed what would have otherwise been reimbursed for comprehensive preventive medicine services (CPT codes 99383 and 99393).

Remind your active duty family member patients that TRICARE covers well-child care (eligible newborns and children up to age 6) with no copayment or cost-share. TRICARE covers well-child care for routine newborn care, comprehensive health-promotion (up to age 6) and disease-prevention exams, vision and hearing screenings, routine immunizations (in accordance with the Centers for Disease Control and Prevention guidelines) and developmental assessments (in accordance with the American Academy of Pediatrics®). ■

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1-800-403-3950
www.myTRICARE.com

Behavioral Health
1-800-700-8646

Pharmacy Customer Service
1-877-363-1303
www.express-scripts.com/TRICARE

National TRICARE Web Site
www.tricare.mil



Provider Specialties for TRICARE

TRICARE has adopted the national taxonomy codes and descriptors defining primary and secondary provider specialties for individual health care professionals. Most providers recognize the “taxonomy code sets” in relation to electronic data and claim filing. The taxonomy code descriptors provide more specificity about providers’ specialties as well as the scope of services and subcategories that accompany specialty categories.

Humana Military Healthcare Services, Inc. asks that network providers in the South Region supply as much information as possible about their specialties listings.

This ensures correct payment of claims. Additionally, your specialty listing helps beneficiaries search for providers using our Provider Locator at www.humana-military.com.

Specifics are critical to referrals, especially when a specialist is needed. Our Web referrals are contingent upon choosing the most accurate provider for the patient’s needs. Some specialty descriptors refer to the actual services provided making it even easier to refer appropriately (e.g., sleep disorders, plastic surgery-facial, pain management).

Military treatment facilities referring out to our network also depend on accurate provider information for behavioral health care provider services.

Check your current listing at the Provider Locator to confirm your information. The best opportunity to update or add to your specialty profile is during your recredentialing period. However, you can provide timelier updates to your local provider representative. If you have questions about the most appropriately assigned taxonomy, visit the National Uniform Claim Committee Web site at www.nucc.org. ■