

# TRICARE Claims and Billing Tips



HUMANA MILITARY  
HEALTHCARE SERVICES  
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Claims Filing Information	
<b>Claims Processing</b>	PGBA, LLC (PGBA) is the Humana Military Healthcare Services, Inc. (Humana Military) claims processing partner in the TRICARE South Region. TRICARE requires network provider claims to be filed electronically with the appropriate HIPAA-compliant standard electronic claims format. If a non-network provider must submit claims, TRICARE requires them to be submitted on either a CMS-1500 ( <i>professional charges</i> ) or a UB-04 ( <i>institutional charges</i> ) claim form. Non-network providers may also file claims electronically. For claims questions, call PGBA at <b>1-800-403-3950</b> . For electronic claims assistance, call <b>1-800-325-5920, option 2</b> .
<b>Claims Deadlines</b>	All TRICARE provider claims must be submitted to PGBA for payment within one year of the date the service was rendered.
<b>Claims Status</b>	Providers can check the status of submitted claims by accessing the Humana Military Web site at <a href="http://www.humana-military.com">www.humana-military.com</a> , or by contacting PGBA via <a href="http://www.myTRICARE.com">www.myTRICARE.com</a> or <b>1-800-403-3950</b> .
<b>HIPAA National Provider Identifier (NPI) Compliance</b>	Effective May 23, 2008, all covered entities must use their NPIs on HIPAA standard electronic transactions in accordance with the <i>Implementation Guide</i> .
<b>Outpatient Prospective Payment System (OPPS)</b>	The TRICARE OPPS was implemented on May 1, 2009. TRICARE uses OPPS to pay claims filed for hospital outpatient services. It is mandatory for both network and non-network providers. Under OPPS, payment of 510 and 760 series revenue codes are based on the HCPCS codes billed on the claim. See Section 9 of the <i>TRICARE Provider Handbook</i> for details.
Tips for Filing Claims	
<b>Supporting Documentation</b>	PGBA has a dedicated fax number to receive supporting documentation for electronically submitted claims. Call <b>1-800-325-5920, option 2</b> for additional information.
<b>Other Health Insurance (OHI)</b>	When filing electronically, include the amount the primary insurance paid. If the primary insurance is a PPO, HMO, Medicare, or other insurance where there is a limited liability for the patient, then you also need to indicate the OHI-allowed amount.
<b>Provider IDs</b>	Always include the correct TRICARE provider ID, which consists of your tax ID or Social Security number. A three-digit location suffix is assigned to each provider ID for electronic media claims (EMC) submission.
<b>Common EMC Rejects</b>	For a listing of common EMC reject reasons and solutions, visit <a href="http://www.humana-military.com">www.humana-military.com</a> .
<b>HIPAA Transaction Standards and Code Sets</b>	For your TRICARE claims, the following standard formats must be used: <ul style="list-style-type: none"> <li>• ASC X12N 837—Health Care Claim: Professional, Version 4010 and Addenda</li> <li>• ASC X12N 837—Health Care Claim: Institutional, Version 4010 and Addenda</li> </ul>
<b>Provider Signature</b>	When a beneficiary has signed a Release of Information statement, providers should indicate “signature on file” in Block 12 of the CMS-1500. A new signature is required every year for professional claims submitted on a CMS-1500 and for each admission for claims submitted on a UB-04. A signature is required in Form Locator 80 (“Remarks”) of the UB-04 form if submitted by a non-network provider. Failure to sign may result in the form being returned.
TRICARE and Other Health Insurance	
<b>Second Payer</b>	TRICARE is the secondary payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs, as identified by the TRICARE Management Activity.
<b>Submitting OHI Claims</b>	The explanation of benefits (EOB) from the primary insurer must accompany your claim submission to PGBA if you are not able to transmit the required information on your electronic claim. Indicate the amount paid by the other insurer and include a copy of the primary insurer’s EOB with TRICARE paper claims. The primary EOB must contain the following: <ul style="list-style-type: none"> <li>• The definition of any “reason codes” utilized by the primary payer to describe how the claim was processed, when applicable</li> <li>• Information on the action taken by the primary payer for each specific date of service and charge, when applicable</li> </ul>
<b>Referrals and Prior Authorizations</b>	TRICARE beneficiaries who have OHI are not required to obtain referrals or prior authorizations for covered services, except for: adjunctive dental care; stem cell and organ transplants; behavioral health; Extended Care Health Option (ECHO); home health; and hospice services. If OHI benefits are exhausted, TRICARE becomes the primary payer and prior authorization requirements may apply. A copy of the Humana Military OHI questionnaire is available at <a href="http://www.humana-military.com">www.humana-military.com</a> .
<b>OHI Status</b>	Because OHI status can change at any time, it is important to obtain OHI information on a routine basis.
<b>Point of Service (POS) Option</b>	POS cost-sharing and deductible amounts do not apply if a TRICARE Prime beneficiary has OHI.
<b>Calculating Payments</b>	Payments from the OHI and TRICARE may not exceed the total charges. Providers may not collect any amount from a beneficiary after payment of the claim unless TRICARE and the OHI combined have failed to pay the TRICARE-allowable charge ( <i>if network or accepting assignment</i> ) or 115 percent of the TRICARE-allowable charge ( <i>if not accepting assignment</i> ). In the case of a network provider, the negotiated rate is the TRICARE-allowable charge.



# TRICARE Claims and Billing Tips

## Billing with V Codes

<b>Generic V Codes</b>	Generic V codes for lab, radiology, or preoperative services are not payable and should not be used as primary diagnoses.
<b>Preventive Services</b>	V codes are acceptable as primary diagnoses. Claims do not require additional diagnostic information.
<b>School Physicals</b>	Utilize V codes V70.0, V70.3, V70.5, and V70.9, and add the statement “required school physicals” in Box 19 or Box 24D after the procedure code on the CMS-1500 claim form.

## Continued Health Care Benefit Program

- For questions and assistance with Continued Health Care Benefit Program (CHCBP) claims, call PGBA at **1-800-403-3950**.
- File CHCBP claims electronically at [www.myTRICARE.com](http://www.myTRICARE.com).
- File all corresponding paper claims to:

### CHCBP Adjunctive Dental Claims

P.O. Box 7037  
Camden, SC 29020-7037

### CHCBP Behavioral Health Claims

P.O. Box 7034  
Camden, SC 29020-7034

### All Other CHCBP Claims

P.O. Box 7031  
Camden, SC 29020-7031

## Medicare and TRICARE Claims

Wisconsin Physicians Service (WPS) is the claims processor for all TFL claims, regardless of where the services are received in the U.S. If you submit Medicare claims on your patient’s behalf, Medicare will submit claims directly to WPS. If you do not participate in Medicare or the services you perform are not Medicare benefits, you must submit paper claims to WPS.

<b>Appeals</b>	WPS TRICARE For Life Attn: Appeals P.O. Box 7490 Madison, WI 53707-7490
<b>Claims Submission</b> <i>(Be sure to submit claims to Medicare first.)</i>	WPS TRICARE For Life P.O. Box 7890 Madison, WI 53707-7890
<b>Customer Service</b>	WPS TRICARE For Life P.O. Box 7889 Madison, WI 53707-7889
<b>Online</b>	<a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a>
<b>Program Integrity</b>	WPS TRICARE For Life Attn: Program Integrity P.O. Box 7516 Madison, WI 53707-7516
<b>Refunds</b>	WPS TRICARE For Life Attn: Refunds P.O. Box 7928 Madison, WI 53707-7928
<b>Third-Party Liability</b>	WPS TRICARE For Life Attn: TPL P.O. Box 7897 Madison, WI 53707-7897
<b>Telephone</b>	<b>1-866-773-0404 (toll-free)</b> <b>1-866-773-0405 (toll-free TDD)</b>

## Out-of-Region Claims

<b>North Region</b>	Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 <b>1-877-TRICARE (1-877-874-2273)</b> <a href="http://www.healthnetfederalservices.com">www.healthnetfederalservices.com</a>
<b>West Region</b>	West Region Claims Wisconsin Physicians Service P.O. Box 77029 Madison, WI 53707-1029 <b>1-888-TRIWEST (1-888-874-9378)</b> <a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a>
<b>Overseas Region</b>	See Section 8 of the <i>TRICARE Provider Handbook</i> for details on filing claims for overseas beneficiaries.

## TRICARE and Third-Party Liability Insurance

When a claim appears to have possible third-party involvement, the following will happen:

- The DD Form 2527 *Statement of Personal Injury—Third Party Liability* form will be mailed to the beneficiary.
- The claim is pended for up to 35 calendar days. If the DD Form 2527 is not received, the claim will be denied.
- The claim will be reprocessed when the DD Form 2527 is completed and returned by the beneficiary. Encourage the beneficiary to fill out and submit the form within the 35 calendar days to avoid payment delays.
- If the illness or injury was not caused by a third party but the diagnosis code(s) falls within 800 and 999, the beneficiary may still be responsible for filling out the form. If not returned, the claim will be denied.