

TRICARE® Claims and Billing Tips



HUMANA MILITARY
HEALTHCARE SERVICES
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Claims Filing Information	
Claims Processing	PGBA, LLC (PGBA), is the Humana Military Healthcare Services, Inc. (Humana Military), contractor for claims processing in the TRICARE South Region. TRICARE requires claims to be filed electronically with the appropriate Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant standard electronic claims format. If a non-network provider submits claims on paper, he or she must submit them on either a CMS-1500 (<i>professional charges</i>) or a UB-04 (<i>institutional charges</i>) claim form. Non-network providers are encouraged to submit their TRICARE claims electronically. For assistance, call PGBA at 1-800-403-3950 . For electronic claims assistance, call 1-800-325-5920, option 2 .
Claims Deadlines	All TRICARE provider claims must be submitted to PGBA for payment within one year of the date the service was rendered or according to the provider contract.
Claims Status	Providers can check the status of submitted claims online on Humana Military's Web site at www.humana-military.com , or the PGBA Web site at www.myTRICARE.com , or by calling the PGBA interactive voice response system at 1-800-403-3950 .
HIPAA National Provider Identifier (NPI) Compliance	All covered entities must use their NPIs on HIPAA standard electronic transactions in accordance with the appropriate HIPAA Implementation Guide.
Outpatient Prospective Payment System (OPPS)	TRICARE OPPS pays claims filed for hospital outpatient services, including hospital-based partial hospitalization programs (<i>psychiatric and Substance Use Disorder Rehabilitation Facilities</i>) subject to TRICARE's prior authorization requirements. OPPS is mandatory for both network and non-network providers.

Tips for Filing Claims	
Supporting Documentation	Use the <i>Electronic Data Interchange (EDI) Support Documentation</i> form to ensure that the documentation is correctly matched up to your claim. To obtain a copy of the form along with the fax number, download a copy from www.humana-military.com or call the TRICARE EDI Help Desk at 1-800-325-5920, menu option 2 .
Other Health Insurance (OHI)	When filing claims that have OHI, avoid having to send a hard-copy Explanation of Benefits (EOB) from the primary payer by transmitting the required information electronically. PGBA needs to know the amount the primary insurance paid. If the primary insurance is a preferred provider organization, health maintenance organization, Medicare, or other insurance where there is a limited liability for the patient, then you also must indicate the OHI-allowed amount.
Provider Identification (ID)	All claims should include the provider's federal Tax Identification Number (TIN) and the unique three-digit suffix assigned by Humana Military in box 25 of the CMS-1500 claim form.
HIPAA Transaction Standards and Code Sets	You must use the following HIPAA standard formats for your TRICARE claims: <ul style="list-style-type: none"> • ASC X12N 837—Health Care Claim: Professional, Version 4010 and Addenda • ASC X12N 837—Health Care Claim: Institutional, Version 4010 and Addenda
Provider Signature	Always include the provider's signature or use a signature stamp in Box 31 of the CMS-1500 claim form. The signature stamp must be on file with Humana Military and PGBA. "Signature on File" is an acceptable signature on electronic claims only. On the UB-04 claim form, use FL 80 (<i>Remarks</i>) as the location for the provider signature if signature-on-file requirements do not apply to the claim. If a non-network claim does not contain an acceptable signature, the claim will be returned.

TRICARE and Other Health Insurance (OHI)	
Second Payer	TRICARE is the secondary payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs or plans as identified by the TRICARE Management Activity.
Submitting OHI Claims	It is your responsibility to submit OHI benefit information in Boxes 4, 9, 11, and 29 on the CMS-1500 claim form or FL 39, 50, 54, and 58 of the UB-04 claim form, or submit an EOB Statement from the OHI carrier with the TRICARE claim if submitting a paper claim. The primary EOB must contain the following: <ul style="list-style-type: none"> • The definition of any "reason codes" utilized by the primary payer to describe how the claim was processed, when applicable • Information on the action taken by the primary payer for each specific date of service and charge, when applicable
Referrals and Prior Authorizations	TRICARE beneficiaries who have OHI do not need referrals or prior authorizations for covered services, except: adjunctive dental care; behavioral health services (<i>including all nonemergency inpatient admissions for substance use disorder or behavioral health care services, partial hospitalization programs and residential treatment center programs, and psychoanalysis</i>); Extended Care Health Option (ECHO) services; home health services; hospice services; and solid organ and stem cell transplants. If OHI benefits are exhausted, TRICARE becomes the primary payer and additional referral/prior authorization requirements may apply.
OHI Status	Since OHI status can change at any time, ask all beneficiaries about OHI, including National Guard and Reserve members and their families.
Point-of-Service (POS) Option	POS cost-sharing and deductible amounts do not apply if a TRICARE Prime beneficiary has OHI. However, the beneficiary must have prior authorization for certain covered services regardless of whether or not he or she has OHI.
Payment Guidelines	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

Generic V Codes	Do not use generic V codes as a primary diagnosis for lab, radiology, preoperative, or similar services. The underlying medical condition should be listed as the primary diagnosis for these ancillary services.
Preventive Services	V codes that describe a personal or family history of a medical condition are sufficient as primary diagnoses and do not require additional diagnostic information.
School Physicals	Use V codes V70.0, V70.3, V70.5, and V70.9. TRICARE covers school physicals for children who are at least five years old and less than 12 years old if required in connection with school enrollment. Sports physicals are excluded.
Descriptive V Codes	For V codes that provide descriptive information as the reason for the patient visit, you may designate that description as the primary diagnosis.

Continued Health Care Benefit Program

- For questions and assistance regarding Continued Health Care Benefit Program (CHCBP) claims, call PGBA at **1-800-403-3950**.
- File CHCBP claims electronically at **www.myTRICARE.com**.
- File all corresponding paper claims at one of the following:

CHCBP Behavioral Health Claims

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

All Other CHCBP Claims

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

Out-of-Region Claims

North Region	Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 1-877-TRICARE (1-877-874-2273) www.hnfs.net
West Region	West Region Claims Wisconsin Physicians Service P.O. Box 77028 Madison, WI 53707-1028 1-888-TRIWEST (1-888-874-9378) www.triwest.com
Overseas Region	See Section 8 of the <i>TRICARE Provider Handbook</i> for details on filing claims for overseas beneficiaries.

Medicare and TRICARE Claims

Wisconsin Physicians Service/TRICARE For Life (WPS/TFL) is the claims processor for all TFL claims. If you currently submit claims to Medicare on your patient's behalf, you will not need to submit a claim to WPS/TFL. If you do not participate in Medicare or the services you perform are not Medicare benefits, you must submit paper claims to WPS/TFL.

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

TRICARE and Third-Party Liability Insurance

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

- The DD Form 2527 *Statement of Personal Injury—Third Party Liability* will be mailed to the beneficiary.
- The claim is pended for up to 35 calendar days. If the DD Form 2527 is not received within that time period, 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 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) still falls within 800 and 999, the beneficiary may still be responsible for filling out DD Form 2527. If the form is not returned, the claim will be denied, and the provider may bill the beneficiary.