

TRICARE® Electronic Claims Filing



Electronic claims submittal and claims filing information are offered through the Humana Military Healthcare Services, Inc. (Humana Military), Web site at www.humana-military.com and the PGBA, LLC, (PGBA) Web site at www.myTRICARE.com.

Electronic Claims Filing Responsibilities

- Network providers are required to file TRICARE claims electronically within 90 day of the date care was provided.
- Non-network providers are also encouraged to take advantage of one of the electronic claims submission options.

Electronic Claims Submission Options	
XPressClaim™	With XPressClaim, you can submit secure TRICARE CMS-1500 form and UB-04 form claims and receive instant payment results. You can also print a patient summary receipt while your patient is still in the office. There is no cost to use XPressClaim. To sign up, visit www.myTRICARE.com and look for “XPressClaim” under the “Provider” section.
eZ TRICARE Claims	With eZ TRICARE Claims, available at www.humana-military.com , you can upload batches of claims directly from your practice management system. There is no software to install, no data entry, and no cost to file your TRICARE claims. eZ TRICARE Claims accepts a variety of claims formats, including National Standard Format (NSF), ASC X12 837, as well as CMS-1500 and UB-04 print files. Visit “MyHMHS for Providers” on www.humana-military.com to sign up for eZ TRICARE Claims.
Electronic Data Interchange (EDI) Gateway	PGBA built the EDI Gateway to handle all inbound and outbound HIPAA-compliant EDI transactions. This feature is ideal for providers who prefer to send their claims directly to the payer and whose practice management system creates HIPAA-compliant claims formats. To enroll in or learn more about the EDI Gateway, contact the TRICARE EDI Help Desk at 1-800-325-5920, option 2 .
Claims Clearinghouse	Humana Military receives TRICARE claims from many Electronic Media Claims (EMC) clearinghouses. To see a current list, visit www.humana-military.com . Contact your clearinghouse for instructions on sending your TRICARE claims to Humana Military. Depending on the clearinghouse, Humana Military may be listed in payer listings as Humana Military Healthcare Services, PGBA (<i>Humana Military’s claims processing contractor</i>), or TRICARE South.

Electronic Claims Filing Benefits

- Improved cash flow—On average, electronic claims process two to three weeks faster than paper claims
- Reduced postage and paper-handling costs
- Elimination of data entry errors
- Better audit trail—EMC response reports show which claims were accepted for processing
- XPressClaim is a fast, easy, and free real-time online claims processing system

Contact Information	
For questions or concerns about claims issues, call PGBA.	1-800-403-3950
For assistance with electronic claims, call the EMC Help Desk.	1-800-325-5920, option 2



TRICARE ClaimCheck/ClaimReview

ClaimCheck

The TRICARE South Region uses ClaimCheck® to review claims on a prepayment basis. ClaimCheck is an automated clinical auditing tool that contains specific auditing logic designed to evaluate provider billing for Current Procedural Terminology (CPT®) coding appropriateness and to eliminate overpayment on professional and outpatient hospital service claims. Humana Military updates ClaimCheck periodically with new coding based on current industry standards.

ClaimCheck Edits

Follow CPT coding guidelines to prevent ClaimCheck editing from resulting in claim denials. ClaimCheck edits will be explained by a message code on the remittance advice.

ClaimCheck includes, but is not limited to, the following edit categories¹:

- Age conflicts
- Alternate code replacements
- Assistant surgeon requirements
- Cosmetic procedures
- Duplicate and bilateral procedures
- Duplicate services
- Gender conflicts
- Incidental procedures
- Modifier auditing
- Mutually exclusive procedures
- Preoperative (*pre-op*) and postoperative (*post-op*) auditing billed
- Procedure unbundling
- Unlisted procedures

1. The complete set of code edits is proprietary and, as such, cannot be released to the general public.

ClaimCheck Reconsiderations

Participating providers may have claims reconsidered through medical review for issues including:

- Requests for verification that the edit was appropriately entered for the claim
- Situations in which the provider submits additional documentation substantiating that unusual circumstances existed

Medical review requests should be sent to:

TRICARE South Correspondence
P.O. Box 7032
Camden, SC 29020-7032

Providers are not permitted to bill TRICARE beneficiaries for services rejected by ClaimCheck.

ClaimReview

Humana Military uses ClaimReview,TM an automated module in ClaimCheck designed to check claims for consistency, intensity of service, and revisit frequency through the codes specified. To avoid unnecessary claim line rejections, assign a diagnosis code that represents the reason the procedure is performed, as well as any diagnoses that will impact treatment.

ClaimReview Reconsiderations

If a line on your claim is rejected, first review your medical documentation for any additional diagnosis and, if found, submit it on a “corrected claim.” If other diagnoses are not found after review, you may request a reconsideration by sending supporting medical record information to the correspondence address above. If you have any questions regarding this editing function, contact PGBA at **1-800-403-3950**.