



TRICARE Electronic Claims Filing



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

Electronic Claims Filing Responsibilities

- Network providers are required to file TRICARE claims electronically within one year of the date of service or according to the provider contract.
- Non-network providers are also encouraged to take advantage of one of the electronic claims submission options.

Electronic Claims Submission Options	
XPressClaim™	This online electronic claims option lets providers file TRICARE CMS-1500 and UB-04 claims and print patient summary receipts while patients are still in the office. The system also provides instant payment results. Existing members of <i>myTRICARE Secure</i> have immediate access to XPressClaim. For providers who have not already registered, go to the “Join myTRICARE” section of www.myTRICARE.com and follow the online prompts.
eZ TRICARE Claims	This option allows providers to upload batches of claims directly from their practice management systems. It requires no additional software installation, is provided at no cost, and eliminates the need to re-key claims data. 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. Note: This option is available only to Humana Military network providers.
Electronic Data Interchange Gateway (EDIG)	PGBA designed the EDIG 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 or learn more about the EDIG, contact the electronic media claims (EMC) Help Desk at 1-800-325-5920, menu option 2 .
Claims Clearinghouse	Humana Military receives TRICARE claims from many EMC clearinghouses. Contact your clearinghouse to find out what process to use to send TRICARE claims. Depending on the clearinghouse, Humana Military may be listed in payer listing as TRICARE South, Humana Military Healthcare Services, Inc., or PGBA, its claims processing partner.

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
- Real-time claims processing—With XPressClaim, submit claims online and instantly find out how much TRICARE will pay
- Electronic remittance advice (ERA) and electronic funds transfer (EFT)—Network providers who file all TRICARE claims electronically are eligible to receive ERAs and EFTs

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, menu option 2



TRICARE ClaimCheck/ClaimReview

ClaimCheck

The TRICARE South Region uses ClaimCheck[®] to review claims on a prepayment basis for unbundling. ClaimCheck is an automated product 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 claim denials due to ClaimCheck editing. ClaimCheck edits will be explained by a message code on the remittance advice statement.

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 procedure
- Modifier auditing
- Mutually exclusive procedure
- Preoperative (*preop*) and postoperative (*postop*) 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. The following are not subject to TRICARE ClaimCheck: pharmacy, physical therapy, and inpatient institutional claims.

ClaimReview

Humana Military utilizes ClaimReview[™], 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 rejects, be sure to assign a diagnosis code that represents the reason the procedure is performed, as well as any diagnosis that will impact the treatment.

ClaimReview Reconsiderations

If a line on your claim is rejected, review your medical documentation for any additional diagnosis and, if found, submit it on a “corrected claim.” If, after review, other diagnoses cannot be found, a reconsideration can be requested 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**.