

New Policy on TRICARE Coverage of Bariatric Surgery

TRICARE recently changed its policy for coverage of bariatric surgery. Under the new policy, bariatric surgery is covered for beneficiaries who have (1) a body-mass index (BMI) greater than or equal to 40 kg/m² or (2) a BMI of 35–39.9 kg/m² with one clinically significant comorbidity including, but not limited to, cardiovascular disease, type 2 diabetes mellitus, obstructive sleep apnea, Pickwickian syndrome, hypertension, coronary artery disease, obesity-related cardiomyopathy or pulmonary hypertension.

To qualify for coverage, beneficiaries must be at least age 18 or have completed bone growth. Additionally, beneficiaries must have a record of failed non-surgical weight-loss attempts. Commercial diet programs, such as Weight Watchers® or

Jenny Craig®, are acceptable forms of non-surgical treatment if the beneficiary met with a physician on a monthly basis. However, these programs are **not** covered by TRICARE.

Note: Attempted weight loss through physician-prescribed medication alone does **not** count as a failed weight-loss attempt.

TRICARE covers the following bariatric surgical procedures:

- Roux-en-Y gastric bypass
- Vertical banded gastroplasty
- Gastroplasty (stomach stapling)
- Adjustable gastric banding (i.e., adjustable LAP-BAND®)

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Providing Care to Beneficiaries from Other Regions

TRICARE beneficiaries enrolled in TRICARE Prime will receive the majority of their health care services from network providers in the TRICARE region where they are enrolled. However, in some cases, beneficiaries may need to seek care outside of their TRICARE regions.

If you provide care to a beneficiary from another region, submit claims to the region **where the beneficiary is enrolled**. Claims submission information for other TRICARE regions can be found on the regional contractors' websites shown on the map provided on page 2. The patient is responsible for applicable copayments or cost-shares.

Emergency Care

Under all TRICARE programs, beneficiaries do not need referrals or prior authorizations to receive emergency care in or out of their TRICARE regions. However, under TRICARE Prime program options, the primary care manager (PCM) or regional contractor must be contacted within 24 hours or on the next business day following inpatient admission to coordinate ongoing care. Emergency

care should never be delayed pending an authorization from the regional contractor.

Treating Patients Who Live in Other Regions

If providing urgent, routine or specialty care to a beneficiary from another TRICARE region in the United States, the following conditions apply:

- Active duty service members (ADSMs) should receive all nonemergency care from military treatment facilities (MTFs) unless they are enrolled with a civilian PCM or enrolled in TRICARE Prime Remote. If an MTF is not available, ADSMs must obtain referrals from their PCMs to seek care elsewhere.

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New Policy on TRICARE Coverage of Bariatric Surgery

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TRICARE does **not** cover:

- Nonsurgical treatment of obesity or morbid obesity (commercial diet programs, weight-loss supplements)
- Redundant skin surgery when performed solely for the purpose of improving appearance
- Biliopancreatic bypass, gastric bubble or balloon, gastric wrapping/open banding or sleeve gastrectomy for the treatment of morbid obesity

- Devices used for bariatric surgery **not** approved by the U.S. Food and Drug Administration

Note: TRICARE only covers one bariatric surgery per lifetime. In certain medically necessary circumstances, TRICARE will also cover bariatric-revision surgery. For more information, visit www.tricare.mil/coveredservices. ■

Providing Care to Beneficiaries from Other Regions

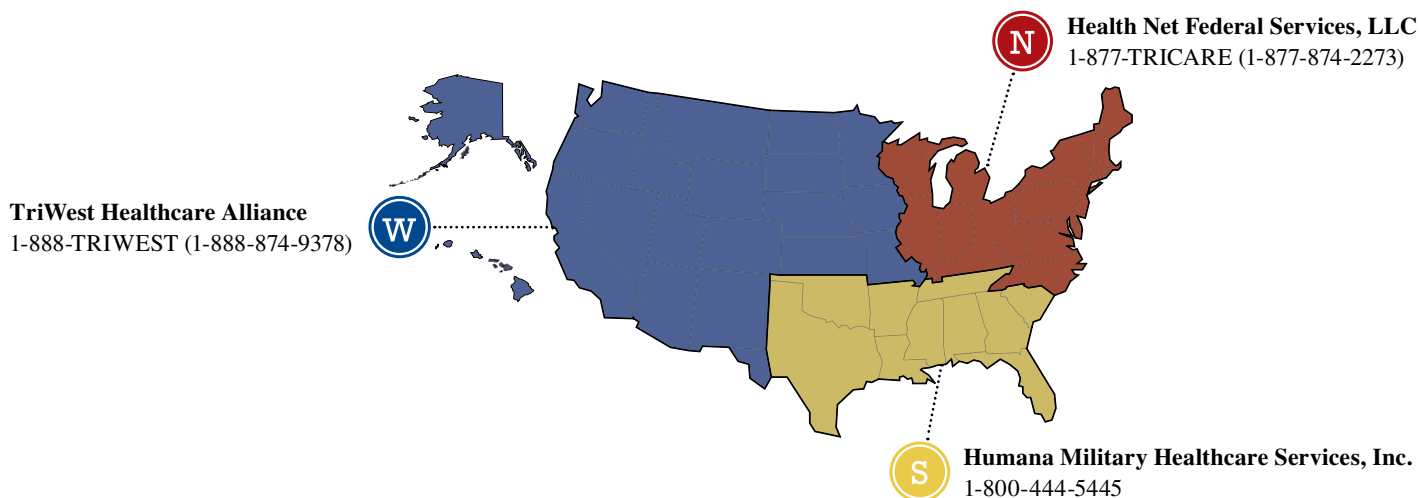
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- Non-ADSMs with TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members must obtain referrals from their PCMs or authorizations from their regional contractors before receiving care to avoid using the point-of-service option. **Note:** This requirement does **not** apply to clinical preventive services under TRICARE Prime or to the first eight behavioral health outpatient visits to a network provider for a medically diagnosed and covered condition per fiscal year (Oct. 1–Sept. 30).
- Beneficiaries using TRICARE Standard and TRICARE Extra, TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult Standard, TRICARE For Life and the Continued Health Care Benefit Program do not need referrals, but may require prior authorizations from their regional contractors for certain services.

Treating Patients Covered by the TRICARE Overseas Program

If you provide care to a TRICARE beneficiary who resides overseas and is covered under the TRICARE Overseas Program (TOP), there are a few things to keep in mind. Beneficiaries who are enrolled in TOP Prime or TOP Prime Remote need referrals from their PCMs or TOP Regional Call Centers before receiving urgent or routine care in the United States. For all TOP-covered patients, claims should be filed with the TOP claims processor, Wisconsin Physicians Service. For TOP claims processing addresses, visit www.tricare-overseas.com.

For more information, visit www.tricare.mil. ■



Electronic Funds Transfers and Electronic Remittance Advices Help Prevent Fraud

Check fraud is one of the largest challenges facing businesses and financial institutions today. The advancement of computer technology makes it increasingly easy for criminals to manipulate checks. A significant amount of check fraud is due to counterfeiting through desktop publishing and copying to create or duplicate an actual financial document, as well as chemical alteration, which consists of removing some or all of the information and manipulating it.

Victims include financial institutions, businesses that accept and issue checks and consumers. In most cases, these crimes begin with the theft of a financial document. It can be perpetrated as easily as someone stealing a blank check from a home or vehicle during a burglary, searching for a

canceled or old check in the garbage or removing a check from the mailbox intended to pay a bill.

Accepting electronic funds transfers (EFTs) and electronic remittance advices (ERAs) is a simple way to avoid check fraud. Humana Military Healthcare Services, Inc. and PGBA, LLC offer a simple way to adopt EFT and ERA. Take the following steps to enroll:

1. Visit www.myTRICARE.com and select the South Region
2. Select the “Electronic Claims Filing Information” tab
3. Select the “EFT & ERA” tab
4. Complete and print the registration form and fax it to 1-803-462-3995 ■

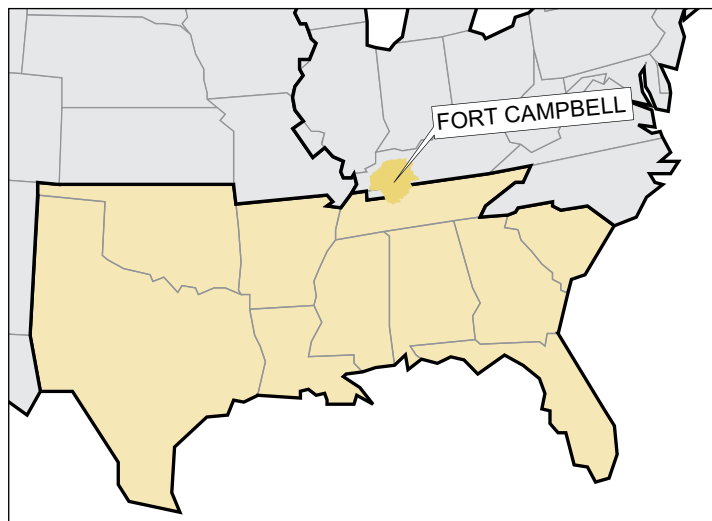
TRICARE South Region Provider Update

Humana Military Healthcare Services, Inc. (Humana Military)—which has been the regional contractor for TRICARE South Region since 1996—will begin working under a new contract with TRICARE Management Activity set to begin April 1, 2012. In general, you will continue to interact with Humana Military when treating TRICARE beneficiaries.

However, one change is the transition of the Fort Campbell area from the TRICARE North Region to the TRICARE South Region. Fort Campbell, the home of the 101st Screaming Eagles, is a well-established Army post that sits half in Kentucky and half in Tennessee. Humana Military looks forward to building a stable and robust network of providers for the Fort Campbell area, just as it has throughout the South Region for TRICARE beneficiaries.

To the right is a map of the new South Region including the Fort Campbell area. Over the next few months, Humana Military will offer you new materials, a provider education library and a new provider handbook to assist you in caring

for our deserving active duty and retired service members and their family members. ■



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CONTACTS

**Humana Military
Healthcare Services, Inc.**
www.humana-military.com
1-800-444-5445

Claims
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

TRICARE Web Site
www.tricare.mil



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HIPAA 5010 Coding Changes

PGBA, LLC (PGBA) and Humana Military Healthcare Services, Inc. (Humana Military) are pleased to announce the successful implementation of the system changes necessary to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Version 5010 transaction standards. As of Jan. 1, 2012, all trading partners covered by HIPAA must submit inquiries and claims using the 5010 format. The covered transactions for TRICARE include:

- **270/271:** Health Care Eligibility Benefit Inquiry and Response
- **276/277:** Health Care Claim Status Request and Response
- **835:** Health Care Claim Payment/Advice
- **837:** Health Care Claim (Professional and Institutional)

HIPAA 5010 clarifies usage and removes some of the ambiguity of the previous version, improves consistency across transactions, increases support of the National Provider Identifier (NPI) regulation and can accommodate the forthcoming ICD-10 code sets. It also improves the accuracy and ease of filing electronic claims for patients with other health insurance.

PGBA and Humana Military strongly encourage all providers and clearinghouses not yet using the latest HIPAA formats to take advantage of the benefits offered with HIPAA 5010. PGBA can accept test files and work with trading partners to implement the new formats. Contact PGBA's help desk at 1-800-325-5920, Option 2, with any questions about HIPAA 5010 and electronic transactions. ■