



TRICARE® Referrals and Prior Authorizations

February 2012

Humana Military Healthcare Services, Inc. (Humana Military) issues a referral when a TRICARE Prime beneficiary needs specialized medical services from a civilian professional or ancillary provider only if the requested services are not available at the military treatment facility (MTF) or at the primary care manager's office.

A prior authorization is issued for requested services, procedures, or admissions that require medical necessity review prior to services being rendered.

REFERRAL AND AUTHORIZATION SUBMISSION OPTIONS	
Submit online for quickest response	Via the "MyHMHS for Providers" portal at www.humana-military.com
Fax Patient Referral Authorization Form	1-877-548-1547
By phone	1-800-444-5445
Contact ValueOptions, Inc. (ValueOptions), for behavioral health care referrals and authorizations	1-800-700-8646

TIPS FOR MAKING REFERRALS AND AUTHORIZATIONS
<p>Submitting the request online at www.humana-military.com is the quickest and most convenient way to obtain a referral or authorization.</p> <ul style="list-style-type: none"> • All network PCM and Specialist-to-Specialist referral requests will be directed to system selected providers or to providers the beneficiary has seen in the preceding six months. • Up to five providers will reflect the optimal choices in terms of quality of care, accessibility (e.g. appointment availability) affordability and drive time from the beneficiary's address. • If the beneficiary resides within a Military Treatment Facility (MTF) catchment area, the services requested may be subject to redirection to the MTF. This is known as "Right of First Refusal." • When completing the referral, always include the sponsor's Social Security number (SSN), diagnosis, and clinical data explaining the reason for the referral. • If the patient needs services beyond the referral's scope, the primary care manager (PCM) must approve additional services. • Check the status of the referral or authorization at www.humana-military.com or by phone at 1-800-444-5445. • Humana Military will notify the beneficiary and providers of an approved referral or authorization. • For urgent referrals and authorizations, call 1-800-444-5445 and select option 3.

TIPS FOR HOSPITAL ADMISSION NOTIFICATIONS
<p>Submitting the notification online at www.humana-military.com is the quickest and most convenient way to notify Humana Military of a hospital admission. In many cases, the admission is immediately approved.</p> <p>Entering a new hospital admission notification is easy. Sign in, select "New request for referral or authorization, including hospital admission," and follow the simple steps to complete.</p> <p>Submit continued stay reviews and notify Humana Military of a patient's discharge online. It is important to notify Humana Military when a patient is discharged. This allows the authorization to be completed and the claim to be properly processed.</p> <p>For behavioral health care admissions, use a <i>TRICARE Higher Level of Care Treatment Report</i> form, which can be found at www.humana-military.com. Fax forms to ValueOptions at 1-866-811-4422.</p>

The information contained in these charts is **not** all-inclusive.



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Specialist-to-Specialist Referrals for the Same Episode of Care

Some referrals may be authorized from one specialty care provider to another, bypassing the need to get another PCM referral. Specialist-to-specialist referrals:

- Apply only when a valid “Evaluate and Treat” referral from the PCM was previously authorized for the same episode of care.
- Do not apply to active duty service members (ADSMs)
- Are subject to the MTF “right of first refusal” policy

If you are a specialist referring your patient to another specialist, please keep in mind:

- You, the receiving specialist, and the PCM will be notified of all such referrals by automatic fax, keeping the entire care team aware of these clinical contacts.
- Not all specialist-to-specialist referrals will be authorized.
- If a pediatric patient age 5 or younger or a patient with a developmental, mental, or physical disability requires dental procedures under general anesthesia, the request for prior authorization may be submitted by the dentist.

SERVICES REQUIRING PRIOR AUTHORIZATION IN THE SOUTH REGION ¹

PROCEDURES AND SERVICES

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| <ul style="list-style-type: none"> • Adjunctive dental care • Advanced life support air ambulance in conjunction with stem cell transplantation • Bariatric surgery • Department of Defense (DoD) In-Utero Fetal Surgical Repair of Myelomeningocele Clinical Trial | <ul style="list-style-type: none"> • Educational interventions under the DoD Enhanced Access to Autism Services Demonstration • Extended Care Health Option services • Home health services, including home infusion • Hospice • Phase II and Phase III cancer clinical trials |
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INPATIENT HOSPITAL STAYS

- Admissions or transfers to skilled nursing facilities, rehabilitation, and long-term acute care
- Discharge notification
- Notification of acute care admission by the next working day

BEHAVIORAL HEALTH

- All nonemergency inpatient admissions for behavioral health care or substance use disorder
- Partial hospitalization programs (*psychiatric and substance use disorder*)
- Psychoanalysis
- Residential treatment center programs
- Outpatient behavioral health visits exceeding the initial eight visits each fiscal year (October 1-September 30).

1. The list of services requiring prior authorization changes periodically. For the most current list, go to www.humana-military.com. The information contained in these charts is **not** all-inclusive.

Humana-military.com