

An Eye on TRICARE Vision Services

Maintaining excellent eye health begins with access to quality eye care providers, such as TRICARE-authorized optometrists or ophthalmologists. As a TRICARE provider, you can help beneficiaries better understand and utilize their TRICARE vision benefits.

- TRICARE vision services vary depending on beneficiary status (i.e., active duty family member, retired service member, retired family member or survivor) and whether covered by TRICARE Prime, Extra, or Standard. Refer to the chart for coverage specifics (note that TRICARE Prime beneficiaries never have a copayment for routine and clinical preventive eye examinations).
- TRICARE-authorized optometrists or ophthalmologists must provide all vision care.
- TRICARE Prime beneficiaries may receive preventive eye examinations from any network provider without referral

or authorization from their primary care manager (PCM) or Humana Military. If a preventive eye examination is not available from a network provider, TRICARE beneficiaries can access vision care services from a non-network provider with a PCM referral and an authorization from Humana Military.

- Contact lenses or eyeglasses are only covered for treatment of infantile glaucoma, Keratoconus, dry eyes when normal tearing is inadequate or absent, irregularities in the shape of the eye other than astigmatism, and loss of human lens function resulting from eye surgery or congenital absence.
- Active duty service members are covered for eyeglasses at military treatment facilities.

For more information on vision services, contact Humana Military Healthcare Services through the provider service line at 1-800-444-5445. ■

Annual Routine Eye Examinations				
<i>An evaluation of the eyes not related to a medical or surgical condition; including but not limited to refractive services. CPT Codes: 92002, 92004, 92012, 92014, 92015, 99172, and 99173</i>				
Beneficiary	Coverage	TRICARE Prime	TRICARE Extra	TRICARE Standard
Active duty family members	One routine eye examination per year	No copayment	15% cost-share	20% cost-share
Retirees, their families and others	Not covered for annual exams; however, see Clinical Preventive Examinations for coverage	Not covered; See Clinical Preventive Exams	Not covered	Not covered

Clinical Preventive Eye Examinations				
<i>Comprehensive screening for determination of vision on visual acuity, ocular alignment, and red reflex, along with external examination for ocular abnormalities. CPT Codes: 92002, 92004, 92012, 92014, 92015, 99172, and 99173</i>				
Infants ¹	One eye and vision screening from PCM at birth and 6 months	No copayment	15% cost-share	20% cost-share
Children ¹ (age 3-6)	One comprehensive eye exam from a specialist every 2 years ²	No copayment	15% cost-share	20% cost-share
Adults ¹ and children over age 6	One comprehensive eye exam from a specialist every 2 years ²	No copayment	Not covered	Not covered

¹Includes active duty family members, retirees, their families, and others. Recent retirees and their families enrolled in TRICARE Prime should note that the first preventive eye exam is available two years after the last eye exam (routine or preventive) performed as an active duty service member or active duty family member. The benefit does not start over upon retirement.

²Diabetic patients, at any age, should have comprehensive eye examinations at least yearly.



Reports Now Due in 10 Working Days

Specialists and hospitals in the South Region now have 10 working days to submit required reports to referring providers.

Humana Military network specialty providers must provide clearly legible, specialty care consultation and operative reports to referring providers within 10 working days of the patient's date of service. Hospitals and other facilities must also send all discharge summaries or operative reports to referring providers within 10 working days of the patient's date of service or discharge.

Once primary care managers (PCMs) or other providers initiate a referral or authorization request with Humana Military, a fax confirmation letter of the referral or authorization will be sent to the initiating provider, the specialist involved, and possibly the facility where the service will be performed. This fax confirmation will include information on the beneficiary, the referral or authorization number, and directions that explain when and where to return the consultation and operative report or discharge summary.

The initiating provider should retain the fax confirmation notice in the patient's file as a reminder to send the report or summary once the beneficiary's specialist appointment has been scheduled.

The specialist involved is responsible for sending the consult report and any operative reports that may apply. Facilities also may need to ensure that operative reports and/or discharge summaries are returned to the initiating provider.

Urgent/Emergent Situations

In urgent/emergent situations, providers should note that a preliminary report of a specialty consultation shall be conveyed to the beneficiary's PCM within 24 hours (unless best medical practices dictate less time is required for a preliminary report) by telephone, fax, or other means, and a formal written report shall be provided within the standard 10-day time frame.

Using the Right Fax Number

Humana Military provides a fax number on the referral or authorization confirmation with directions and the time frame for responding with the consult report, operative report or discharge summary.

All providers should make sure that they have programmed their fax machines with the most up-to-date Humana Military fax numbers, and they should ensure that each fax machine is programmed so that the sending fax number is printed on the top of each page that is transmitted. ■

So Many Choices, So Little Time

Humana Military Gives Providers an Array of Options for Streamlining the Referral and Authorization Process

When it comes to referrals and authorizations, Humana Military knows the value of choice.

TRICARE South Region providers now have a number of ways to make both referral and authorization requests.

Referrals

Your practice can submit a referral in any of the following ways:

- Via the Web at www.humana-military.com

by clicking on the "Provider Resources/Online Provider Services."

- By calling health care finders (HCFs) at 1-800-444-5445 during normal business hours.
- By faxing a Patient Referral Authorization Form (PRAF) to 1-877-548-1547. (A sample of this form is available online in the "Provider Tools" section of the Provider Welcome Kit.)

Each referral should include the sponsor's Social Security number,

patient diagnosis and clinical data explaining the reason for the referral.

For referrals involving patients with behavioral health care needs, providers should fax ValueOptions at 1-904-363-1504 and 1-904-363-1710 or call 1-800-700-8646.

To check the status of referrals, providers can use the Web (at www.humana-military.com) or call 1-800-444-5445 and select "To check the status of an authorization or previously requested service."

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Humana Military Announces Address Changes for CHCBP Claims

TRICARE providers serving beneficiaries in the Continued Health Care Benefit Program (CHCBP) should be aware that CHCBP claim forms must be sent to new addresses (see chart) once your area has transitioned to the South Region.

CHCBP provides transitional benefits for 18 to 36 months to beneficiaries who are former service members and their families, unremarried former spouses, and emancipated children (those living on their own) who enroll in the program and pay quarterly premiums.

Humana Military, the national contractor for CHCBP, has partnered with PGBA for processing CHCBP claims. Beginning on your transition date to the new TRICARE South Region, your CHCBP claims processor becomes PGBA, and you should begin using the new addresses for submitting claims (see chart).

PGBA CHCBP Claims Filing Addresses

South Region providers serving CHCBP beneficiaries should use the following PGBA addresses for claims related to:

Adjunctive dental	P.O. Box 7037 Camden, SC 29020-7037
Mental Health	P.O. Box 7034 Camden, SC 29020-7034
All other claims	P.O. Box 7031 Camden, SC 29020-7031

Humana Military is also the contractor for the South Region, and all TRICARE claims in the South Region are also processed with PGBA, Humana Military's claims processor for the South Region. These claims should not be confused with CHCBP claims.

Providers in former Regions 3 and 4 have already transitioned to the South Region.

Beginning Nov. 1, providers in former Region 6 (Arkansas; Louisiana, west of the Mississippi; Oklahoma; and Texas, excluding the extreme western El Paso area) will transition to the South Region.

For questions about CHCBP claims, providers may call 1-800-403-3950 or visit the claims processor's Web site (www.mytricare.com). ■

So Many Choices, So Little Time

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Prior Authorizations

There are three ways to obtain authorization for a service, procedure, or admission that requires medical necessity review before services can be rendered (see the *TRICARE Provider Handbook* for more information).

- Submit a request online at www.humana-military.com
- Fax a completed PRAF to 1-877-548-1547
- Call HCFs at 1-800-444-5445

Be sure to include the sponsor's ID, Social Security number, and address; the patient's name, date of birth, and relationship to sponsor; the admitting hospital, date, time, physician tax ID, name, and mailing address; and the clinical conditions requiring authorization, including CPT codes.

For other questions about referrals or authorizations, call Humana Military's provider service line at 1-800-444-5445. ■



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CONTACTS

Humana Customer Service
 1-800-444-5445
www.humanamilitary.com

PGBA
 (Claims processing)
 1-800-403-3950

ValueOptions
 (Behavioral health)
 1-800-700-8646

Express Scripts
 (Pharmacy inquiries)
 1-866-DoD-TRRx
 1-866-DoD-TMOP
www.express-scripts.com/TRICARE



Behavioral Health Services

What TRICARE Providers Need to Know

TRICARE covers behavioral health care (listed below) that is considered medically necessary. Although TRICARE Prime beneficiaries are highly encouraged to coordinate all health care with their primary care manager (PCM), they and TRICARE Standard beneficiaries are eligible to receive the first eight outpatient behavioral health

visits each fiscal year without a referral from a PCM or authorization.

All appointments after the first eight require authorization. For outpatient services, behavioral health providers must submit a request by fax to 1-904-363-1504 or by mail to the following address: ValueOptions,

P.O. Box 551188, Jacksonville, FL 32255-1188.

No additional sessions are authorized until the treatment request is reviewed.

For more information on behavioral health services, providers can contact Humana Military through the provider service line at 1-800-444-5445. ■

TRICARE Covers...

- Outpatient psychotherapy
- Medication management
- Acute inpatient psychiatric care
- Partial hospitalization programs
- Residential treatment center care
- Care for substance use disorders

TRICARE Does Not Cover*...

- Smoking cessation programs
- Weight loss counseling
- Custodial nursing care
- Psychotherapy for developmental disorders

* For the complete list of non-covered behavioral services, you can refer to the Behavioral Health Services section of your *TRICARE Provider Handbook* or contact your Humana Military Provider Relations representative.

Authorized Providers Include...

- Psychiatrists
- Clinical psychologists
- Certified psychiatric nurse specialists
- Clinical social workers
- Certified marriage and family therapists
- Pastoral counselors—with physician referral and supervision
- Mental health counselors—with physician referral and supervision