

## Make Referrals and Authorizations Online

**W**hile providers can still submit referral and authorization requests via telephone or fax, Humana Military Healthcare Services, Inc. recommends that you use the Web instead.

Humana Military's Web-based referral system is available online at [www.humana-military.com](http://www.humana-military.com). Simply visit the "Provider Resources" section, click on "Online Provider Services," then select "Referrals and Authorizations."

Using this online system can take as little as three minutes to supply all the necessary information for a referral, in part because the system fills in much

of the needed information. Using the telephone or the fax can take as long as 20 minutes.

Another reason the online referral system is more efficient is because it will verify patient eligibility while you are making a referral request. The system also helps you locate an appropriate specialist by searching according to specialty and ZIP code for the best provider for a given service.

You can also ask Humana Military to supply the name of the most appropriate provider once you have given the system the patient's demographic information, Social Security number and diagnosis. If you are unsure of a

diagnosis, the system will assist by offering a code look up feature. You can enter words that fit the diagnosis, and the system will match the wording to the proper code.

Finally, doing referrals online means you will get a referral authorization returned within as little as five minutes. Using the telephone or fax system can take longer. And the Web system lets you check the ongoing status of a referral at any time.

If you have questions about using the online referral and authorization system, call Humana Military at 1-800-444-5445. ■

## Improve Your TRICARE Smarts Online at TRICARE U!

**"C**ris" is new to her job at TRICARE, and she's just learning about the TRICARE Program and TRICARE Management Activity. "Ann" greets Cris at the Welcome Center and proceeds to share her comprehensive knowledge about TRICARE.

Cris and Ann are actually characters in the new public version of the TRICARE Fundamentals Course, now available online through TRICARE University. This new TRICARE employee and her mentor explain TRICARE in easy-to-understand language.

While the lessons are geared toward TRICARE's new employees, the course is free and open to the public because it contains valuable TRICARE information for both providers and beneficiaries.

"The public course is an excellent starting point for providers," says TRICARE University's Linda Foote,

chief, Staff Development and Training Branch. "The public course provides a fast and easy method for office managers and others to learn TRICARE fundamentals."

In 15 simple lessons, you can learn the essentials of TRICARE, from medical benefits information to claims filing and much more.

"Once they understand the basics, providers and their staff can more easily grasp in-depth information as they continue to learn more," Foote says.

You can take the course in however many sessions you desire. It's not monitored for completion, and there is no grade or certificate awarded.

For more information or to take the public TRICARE Fundamentals Course, log on to [www.tricareu.tricare.osd.mil](http://www.tricareu.tricare.osd.mil). TRICARE University is best viewed using Microsoft® Internet Explorer. ■



## Help Patients Kick the Smoking Habit

**A**s a health care provider, you surely are aware of the high price of nicotine addiction. But have you seen the numbers lately?

A staggering 440,000 people die in the U.S. each year from tobacco use. Smoking-related cancers account for an estimated \$157 billion in annual economic losses. Of the estimated 35 percent of smokers who attempt to stop each year, only 5 percent are permanently successful.

For all these reasons it is incumbent upon health professionals to question patients about tobacco use and support them in their efforts to quit. According to the 2000 National Health Interview Survey, 51 percent of smokers who had stopped within the previous 12 months had been questioned and counseled by their providers.

In the spirit of the American Cancer Society (ACS)-sponsored **Great American Smokeout**<sup>®</sup>, which takes place on the third Thursday of November each year, now is the time to help your TRICARE patients quit smoking for good. The Great American Smokeout, which became a national ACS event in 1977, challenges people to stop using tobacco—at least for the day—and raises awareness of ways to permanently stop.

### The “5 A’s” for Helping Patients Quit

- **Ask** about tobacco use
- **Advise** to quit
- **Assess** willingness to make a quit attempt
- **Assist** in quit attempt
- **Ask** about progress/success at subsequent visits

Even brief counseling by a health care professional during the course of a regular medical encounter can effectively encourage smokers to quit. (Source: [www.cancer.org](http://www.cancer.org) American Cancer Society) Unfortunately, many providers neglect to ask patients if they use tobacco.

**Start asking.** As a TRICARE provider, you are uniquely positioned to deliver critical screening, counseling, treatment and follow-up care to help stem the tide of this public health crisis among the military community.

### Treatments Work for Many

FDA-approved smoking cessation treatments include non-nicotine-based antidepressants, which can help reduce nicotine withdrawal symptoms and the urge to smoke; over-the-counter (OTC) nicotine gums; prescription-only nicotine inhalers and nasal sprays; and nicotine patches, which are available both OTC and by doctor’s prescription.

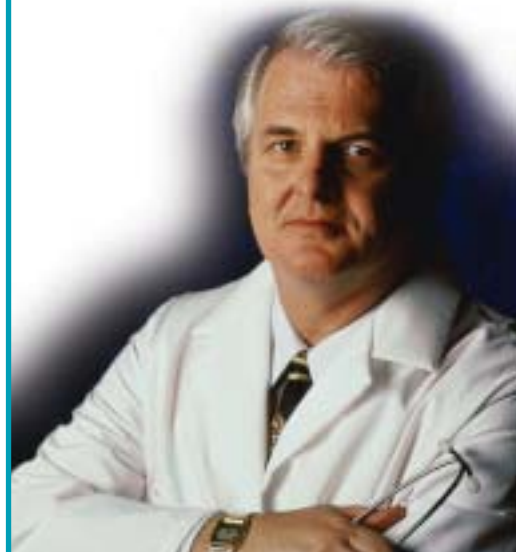
Please inform your patients that TRICARE does not cover services and supplies for smoking cessation programs; however, the money saved by not buying cigarettes will eventually cover the cost of these services and supplies. Certain MTF wellness programs offer free OTC gums and patches.

Telephone quit lines are also now available free of charge in many states. Have your patients call 1-800-ACS-2345 to find a local quit line. ■

## Behavioral Health Care Referrals

All beneficiaries need prior authorization for behavioral health care beyond the first eight outpatient visits per fiscal year (Oct. 1-Sept. 30). No prior authorization is needed for these first eight outpatient visits, but a network provider may call ValueOptions to obtain authorization for claims payment purposes. If the beneficiary exceeds eight outpatient visits without prior authorization, there would be no reimbursement to the provider, and the beneficiary would not be held responsible for any charges.

Providers can get prior authorizations by calling ValueOptions, which is Humana Military’s behavioral health care provider in the South Region, at 1-800-700-8646. Providers also can call 1-800-444-5445 or visit [www.humana-military.com](http://www.humana-military.com) and click a series of links: Provider Resources, Behavioral Health, ValueOptions Forms. For referrals, providers may use the ValueOptions Outpatient Treatment Report Form. Any patient needing treatment for chemical dependency or inpatient mental health treatment also would need prior authorization. For all outpatient behavioral health care, beneficiaries can self-refer and do not need to go through a primary care manager. ■



## TRICARE Reference Room

### Maternity Care: What's Covered, What's Not

**M**aternity care involves the medical services related to conception and delivery, including prenatal and postpartum care (generally through the sixth post-delivery week), and treatment of complications of pregnancy.

#### What's Covered

##### CPT Procedure Codes

59000-59899, 82105, 82106, 82731, 84702

##### Cost-Shared Benefits

- Services and supplies associated with antepartum care (including the well being of the fetus), childbirth, postpartum care and complications of pregnancy may be cost-shared.
- Maternity care for pregnancy resulting from selected noncoital reproductive procedures may be cost-shared.

Maternity-related ultrasound is limited to the diagnosis and management of conditions that constitute a high-risk pregnancy, or which present a reasonable probability of neonatal complications. Ultrasound performed solely to determine sex of an unborn child is not covered. TRICARE does not cost-share a "routine" ultrasound.

##### Length-of-Stay Benefit

Authorization is required for all maternity inpatient stays. The mother

and child hospital length-of-stay benefit may not be restricted to less than 48 hours following a normal vaginal delivery and 96 hours following a cesarean section.

#### What's Not Covered

- Services and supplies related to noncoital reproductive procedures, including artificial insemination, in vitro fertilization, gamete intrafallopian transfer and all such other reproductive technologies, services and supplies related to artificial insemination (including semen donors and semen banks), are excluded.
- Off-label use of FDA-approved drugs to induce or maintain tocolysis is not covered.
- The following are not covered because they are unproven:
  - Home uterine activity monitoring (HUAM), telephonic transmission of HUAM data, or HUAM-related telephonic nurse or physician consultation for the purpose of monitoring suspected or confirmed pre-term labor
  - Lymphocyte or paternal leukocyte immunotherapy in the treatment of recurrent spontaneous fetal loss
  - Salivary estriol test for preterm labor (CPT procedure code 82677) ■

### Get TRICARE Newsletters and Bulletins by E-mail

**D**id you know you could get *TRICARE Provider News* publications by e-mail? Here are just a few reasons why you might consider making the switch:

- Newsletters and bulletins delivered by e-mail include links to the Humana Military Web site (at [www.humana-military.com](http://www.humana-military.com)) that allow you to get more information or participate in new programs or services, all with just a few clicks of the mouse.
- You can forward the publications to staff or other providers who may need to know more about Humana Military or TRICARE.
- The newsletters and bulletins can be printed easily and can be stored electronically for quick reference of past issues.
- Your newsletters and bulletins will arrive in your inbox sooner than the same publications that are delivered by regular mail.
- Your regular mailbox will be less cluttered. Those who sign up for *TRICARE Health Matters* newsletters and bulletins by e-mail will stop receiving the print versions.

To receive *TRICARE Provider News* by e-mail, visit the Online Provider Services section of [www.humana-military.com](http://www.humana-military.com). ■

## TRICARE FastFacts

### What is TRICARE's policy on balance billing?

Network providers agree with TRICARE to accept a negotiated rate based on the TRICARE allowable charge for their services. Non-network participating providers also consent to the TRICARE allowable charge. If the billed amount is less than the allowable charge, the billed amount becomes the allowable charge.

Sending beneficiaries a bill for costs above the TRICARE allowable charge is referred to as balance billing. Providers are prohibited from balance billing TRICARE beneficiaries.

The only amount that network and non-network providers will collect from beneficiaries is in the form of a deductible, copayment or cost-share. Non-participating providers cannot collect more than 115 percent of the TRICARE allowable charge.

If you have other questions regarding balance billing or TRICARE allowable charges, contact Humana Military at 1-800-444-5445.

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## CONTACTS

**Humana Military**  
1-800-444-5445  
[www.humana-military.com](http://www.humana-military.com)

**PGBA (claims)**  
1-800-403-3950

**ValueOptions (behavioral health)**  
1-800-700-8646

**Pharmacy Customer Service**  
1-866-DoD-TRRx (retail)  
1-866-DoD-TMOP (mail order)  
[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)

**National TRICARE Web Sites**  
[www.tricare.osd.mil](http://www.tricare.osd.mil)  
[www.tricareonline.com](http://www.tricareonline.com)

**Update DEERS**  
1-800-538-9552  
[www.tricare.osd.mil/DEERSAddress](http://www.tricare.osd.mil/DEERSAddress)



## Yesterday, Today and Tomorrow: Veterans Protect Our Freedom

### We Thank Our Military Personnel and the Families Who Support Them

**E**very fall on Veterans Day, Nov. 11, our nation gathers to thank America's war veterans and their families for sacrifices given to protect our freedom.

"Each Veterans Day I reflect on the sacrifices made by those who have served before me," remarks Roy Gaunce, manager of Beneficiary Services, Humana Military. "I thank them. And I thank the active duty, guard and reserve who are fighting this very day. Without them, we would not have the freedoms we enjoy."

Veterans Day began shortly after WWI as Armistice Day, a celebration of the "war to end all wars." However, freedom and democracy continue to be threatened and our military have given of themselves throughout the last 86 years in many conflicts around the globe.

"Being a veteran and knowing what uniformed services families go through during deployments, I do my best to support them because someone's loved one is in harm's way," says Gaunce. "I had that support, and now it motivates me to offer the same support."

Gaunce, whose 12-year military career included duty in the Defense Courier Service during the Persian Gulf War, currently manages the customer service functions of Humana Military, helping uniformed services personnel and their families with their health care needs.

For Gaunce, as with all Americans, Veterans Day is a time to honor those who served and a time to pay respect to those who have made the ultimate sacrifice for their country.

While Veterans Day has come and gone, it is important to remember and appreciate those who have fought for our country every day. The best way to do that is to fly the American flag. The flag demonstrates respect for American veterans and is a symbol of their service to the country.

You can learn more by visiting the official Veterans Day Web site at [www1.va.gov/vetsday](http://www1.va.gov/vetsday) and find future events in your area by visiting [www.nasdva.com](http://www.nasdva.com). ■