

Self-service enhancements

Check out the latest self-service enhancements! We've streamlined the process of submitting demographic updates for groups, facilities and practitioners in provider self-service. It's now much easier to perform updates for phone/fax, National Provider Identifier (NPI), specialties, status, locations and more.

Explore the changes through an online demonstration on April 28, 11 AM ET.

Join our online webinar!



It's now much easier to perform updates



Line-Of-Duty (LOD) care for National Guard and Reserve members

Determined by the military service, LOD includes any injury, illness or disease incurred or aggravated while the Guard or Reserve member is in either inactive duty (such as reserve drill) or active duty status.

This includes the member's travel time to or from the location where he or she performs military duty. The National Guard or Reserve member's service determines eligibility for LOD care, and the member receives a written authorization that specifies the LOD condition and terms of coverage.

Note: The Defense Enrollment Eligibility Reporting System (DEERS) does not show eligibility for LOD care. If emergency or urgent care for a National Guard or Reserve member that may be LOD care is provided, please submit the claim even if the service member is not showing as eligible.

National Guard and Reserve members are entitled to medical care coverage under TRICARE while in performance of military duties or if they have incurred or aggravated a medical condition resulting from military service. If information on your records indicates this may be the case, please file your claim with Humana Military for review and adjudication.

See <u>TRICARE program options</u> for more information on LOD and National Guard and Reserve.

Laboratory Developed Tests (LDT)

As a reminder, prior authorization is required for all Laboratory Developed Tests (LDT) except for Cystic Fibrosis (CF) testing. Providers must submit a completed LDT request and attestation for prior authorization and claims payment consideration. For the fastest processing, submit the request via self-service and attach the required documentation. A completed attestation form is acceptable in lieu of supporting documentation for prior authorization and claim payment.

For more information, see:

- LDT overview
- LDT webinars
- Forms



HumanaMilitary.com



Telemedicine

As healthcare evolves, Humana Military is identifying and utilizing different and innovative ways to help providers deliver simple and effective care. TRICARE covers the use of interactive audio/ video technology to provide clinical consultations and office visits when appropriate and medically necessary. These services are subject to the same referral and authorization requirements and include, but are not limited to:

- · Clinical consultation
- Office visits
- Telemental health (individual psychotherapy, psychiatric diagnostic interview examination and medication management)

Providers delivering telemedicine services must be licensed in the state(s) where the services are provided and received. Video conferencing platforms used for telemedicine services must have the appropriate verification, confidentiality and security parameters necessary to meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Get more information on the latest TRICARE COVID 19 telemedicine benefit for providers.

If you are capable of providing telemedicine services, contact your TRICARE Community Liaison (TCL) to update your information in our directory (TCL contact information is available in self-service).

- <u>Telemedicine coverage</u>
- Telemedicine FAQs
- Telemedicine platforms
- ABA telemedicine resources

What you need to know about violations



If you are a participating provider/facility, did you know you are violating your participation agreement if you have a beneficiary submit claims to TRICARE or ask a beneficiary to pay for services upfront outside of their copayment?

TRICARE has seen a rise in beneficiary claim submission for services rendered by a participating provider/facility, resulting in rejection of those claims. If you have questions regarding your contract or need assistance understanding your contract, please reach out to your provider representative for assistance.

Did you know that non-networked providers billing/ requesting an amount greater than 115 percent of the CHAMPUS Maximum Allowable Charge (CMAC) is a violation of the Department of Defense Appropriation's Act, 1993, Public Law 102-396, Section 9011? Congress limits the amount that a non-participating provider may bill a beneficiary in excess of the CMAC to the same percentage as that used by Medicare.

If you have a suspicion that a TRICARE provider or a beneficiary has committed an act of fraud or abuse, you may report this suspicion to Humana Military

Call: (800) 333-1620 or report a violation online.

By mail: Include the name of the subject to be investigated, their city and state, as well as a detailed allegation, how you became aware of the allegation and your phone number for follow-up purposes.

Humana Military Attn: Program Integrity Forum III, 305 N Hurstbourne Pkwy Louisville, KY 40222

DID YOU KNOW?



Provider self-service is more efficient than faxing for referral and authorization requests! Learn more



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