

TRICARE provider news

Up-to-the-minute information for
TRICARE® providers in the East Region

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Military Health System (MHS) GENESIS



MHS GENESIS is the new Electronic Health Record (EHR) for the MHS. MHS GENESIS will improve communication within the military health system, the VA and civilian healthcare systems to the benefit of our most valued asset – our people. The “Go Live” date to start using the new system is Jan. 22, 2022. Please note: This system will only be rolled out to specific military hospitals and clinics in Jan 2022 and it will continue to be rolled out in the East Region through 2022 and 2023.

By modernizing the EHR, we are improving your quality, safety and continuity of care with GENESIS. Once fully deployed, MHS GENESIS will offer:

- Ability to receive electronic controlled substance prescriptions.
- Faster and better management of chronic, complex and time-sensitive conditions.

- Automated, real-time clinical decision support for doctors and providers.
- Increased patient engagement capabilities that allow patients to directly communicate with their providers.
- Full compliance with the Department of Defense’s (DoD) cybersecurity requirements.

Network providers can assist beneficiaries by:

- Encouraging them to have prescription refills completed before January 22, 2022.
- Ensuring 90 day supply , with corresponding refills, when writing for maintenance medications.
- Encouraging them to consider the TRICARE Pharmacy Home Delivery Program or a local retail pharmacy location to prevent any delays in care.

militaryrx.express-scripts.com/find-pharmacy

TRICARE.mil/homedelivery

The TRICARE Formulary Search Tool: Help your patients understand their prescription options



The [TRICARE Formulary Search Tool](#) is an online feature that gives information about a medication. The tool gives users the best ways to fill their prescriptions to make informed choices when it comes to their medication therapy.

How to use the tool:

To get started, visit the [TRICARE Formulary Search Tool](#), and type in the brand name or generic name and strength of the medication in question. Then, enter the gender and age of the patient. A medication search will show:

- Information about the drug and where it can be filled (see options below)
- Coverage rules or requirements, such as if the medication requires prior authorization and medical necessity forms
- Drug alternatives, such as generic or brand name drugs
- Drug copayment (if applicable) at military pharmacies, home delivery through Express-Scripts and retail network pharmacies

The TRICARE Formulary Search Tool helps patients choose the right pharmacy to fill a medication and helps them understand specific costs for their drug options.

Applied Behavior Analysis (ABA) start and stop times

Billing for ABA – Multiple services rendered by the same provider on the same day

Each session of ABA services should be identified with its own unique line on claims submitted. When billing for multiple services rendered by the same rendering provider on the same day, you must separate out sessions, even when the CPT code is the same. Claims billed with multiple sessions on one line will reject and will need to be resubmitted. ([See TRICARE Operations Manual, Chapter 18, Section 4, paragraph 8.11.4.](#))

Example of incorrect submission:

Line one – CPT 97153 billed with 12 units; the line note start and stop time is 0800-1000; 1300-1400

Example of correct submission:

Line one – CPT 97153 billed with 8 units; the line note start and stop time is 0800-1000

Line two – CPT 97153 billed with 4 units; the line note start and stop time is 1300-1400

For Electronic Data Interchange (EDI) claims, use Loop 2400 for individual line notes. For claims filed in provider self-service, enter the stop and stop times in the field labeled ABA start time and ABA stop time.



Humana
Military



[HumanaMilitary.com](https://www.humanamilitary.com)



Did you know?



Provider self-service is more efficient than faxing for referral and authorization requests! [Learn more](#)

Navigating provider self-service

Create an account



Registering to use the features of self-service requires your 9-digit tax ID or 9-digit EIN with the correlating NPI as secondary validation. Once registered, you will have

limited access to available features until you add a provider(s) to your account. Once you add a provider, we must authorize your account by either:

- Existing referral information: Providers may enter the Auth/Order number and Key Code from a Humana Military - TRICARE Referral/Authorization fax. The provider ID they are requesting access for must be associated with the Auth/Order number entered.
- Humana Military representative validation for full and complete account access.

[Create account](#)

New features inside provider self-service:

- Streamlined process of submitting demographic updates for group, 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.
- Users can also add active and remove a practitioner to and from a group location.
- Features in the referral and authorization center make it much easier to filter by date, status and place of treatment. You can also search for referrals or authorizations that require attention.

[Log in now](#) to check out the updates in the referral and authorization center!

Tips for submitting requests for ABA services



Authorizing care: The Defense Health Agency (DHA) now requires an authorization for an evaluation for new beneficiaries and a separate authorization for six months of treatment.

- An initial evaluation for a new beneficiary is built just for the evaluation only.
- When the initial evaluation is complete, request a treatment authorization and attach the treatment plan, PDDBI and other applicable documents to the new authorization request.

When the six month expires, request a new treatment authorization and attach the new treatment plan, PDDBI and other applicable documents.

For more information, visit [TRICARE Operations Manual, 8.6 ABA policy](#)

Monoclonal antibodies information

According to the US Department of Health and Human Services (HHS), high-risk COVID-19 patients may avoid hospitalization with monoclonal antibody treatment. TRICARE covers the administration of this treatment.

To assist our providers with the referral requirements and other important information, please see our [Monoclonal antibodies FAQs](#)

Read more about [TRICARE's monoclonal antibody information](#)

Spravato® approved for treatment-resistant depression



The nasal spray, Spravato® (esketamine), is now covered when deemed medically necessary to treat beneficiaries with treatment-resistant depression. This benefit requires prior authorization and is covered under the medical—not pharmacy—benefit. To prescribe Spravato® for a TRICARE beneficiary, please log in to [provider self-service](#) to request authorization and complete [the pharmacy intake form](#).

The US Food and Drug Administration (FDA) also covers Spravato® for other approved indications, which are available in the FDA's Risk Evaluation and Mitigation Strategy (REMS) program.

See the [TRICARE Policy Manual, Chapter 7, Section 3.18](#) for more information.

Basic claim status inquiries

Providers performing basic claim status inquiries must now use [provider self-service](#) or the automated claim status function by calling (800) 444-5445. Basic status inquiries sent via secure message or chat will also be directed back to self-service.

Basic claim status inquiries include details available in self-service like claim status, processed and paid date, billed and allowed amounts, amount paid and more.

Any claims issues or questions not related to basic claim status will be performed via the call center as normal.

For more information, check out our [Provider Resources FAQ](#).



Recoupment summary



As of December 15, 2021, TRICARE East providers are now able to view information on recoupment, offset and collections in the claims center sections of provider self-service.

Recoupment summary details include:

- Overpaid claims information
- Reason for overpayment
- Recoupment status (open, closed, paid in full)
- Recoupment receipt detail (payments, offsets, balances owed)
- Offset summary details

