Humana Military | TRICARE®

TRICARE provider news

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

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Certification and credentialing

Did you know? Credentialing and certification are not the same thing! Credentialing is only required for network providers who are contracted with Humana Military. You can submit credentialing documentation to the TRICARE Community Liaison (TCL) for your area. Whereas certification ensures providers meet the licensing and certification requirements of TRICARE regulations and practice for that healthcare specialization. Once the certification process is complete, a provider is considered TRICARE-authorized. All providers who render services to TRICARE beneficiaries MUST be TRICARE-authorized to file claims and receive payment for services.

TRICARE-authorized providers may include doctors, hospitals, ancillary providers and pharmacies that meet TRICARE requirements. There are two types of TRICARE-authorized providers: network and non-network Non-network provider FAQs.

Become TRICARE-certified

Providers must be TRICARE-certified in order to file claims and receive payment for TRICARE services.

Certified providers must meet the licensing and certification requirements of TRICARE regulations and practice for that area of healthcare.

To become TRICARE-certified, you must submit a certification application. Become TRICARE-certified.

Please note: Some certification applications are now available digitally only. Please use the appropriate link to fill out your certification application.

Spring clean your self-service account!

Springtime is a great time to review your data and make sure everything is accurate in self-service! Log into your account to review current details and make any changes by clicking on the view/update link next to your location address in the group information section.

Submit a change request through self-service

Register for a self-service account
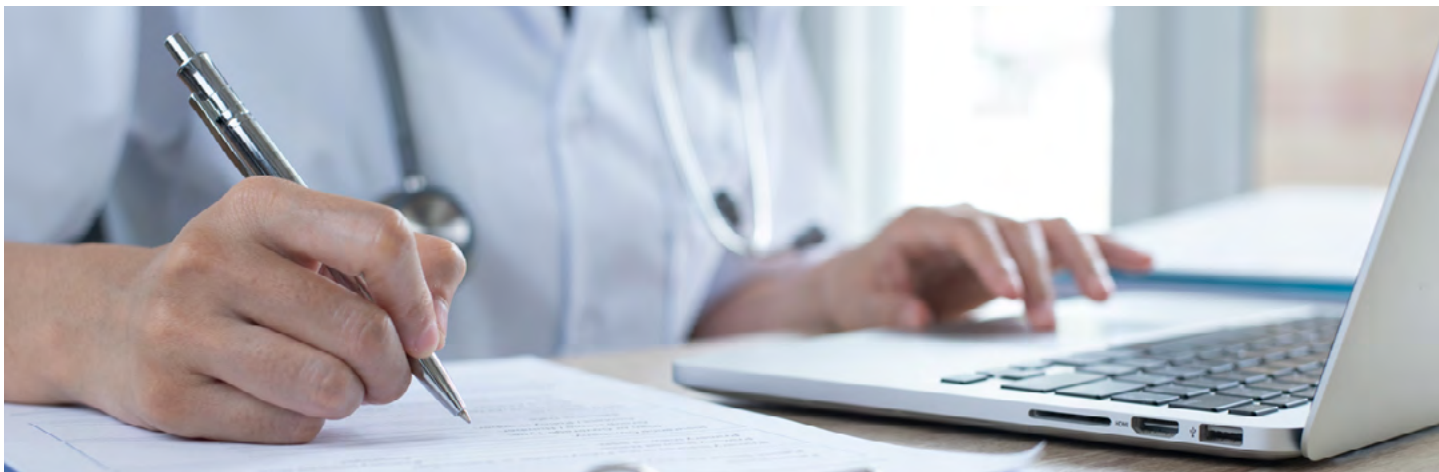
Tips to reduce claims errors

You can help reduce errors in claims submissions by using the following tips:

For all claims:

- (TRICARE) The Subscriber ID Number (2010BA, NM109) must be 9, 10 or 11 numeric digits (Error 32109-Institutional/Error 32597-Professional).

For institutional claims:

- Do not send the Rendering physician name (2420C, NM1) unless the Rendering physician name (2310D, NM1) at the claim level is present (Error 41734)
- Do not send the Referring physician name (2420D, NM1) unless the Referring physician name (2310F) at the claim level is present (Error 41735)

For professional claims:

- (TRICARE) Billing provider National Provider Identifier (NPI) must be an organization or sole proprietor. Please ensure that the NPI number is valid (Error 32615)
- Please ensure your ICD 10 diagnosis code is valid for dates of service on the claim (Error 40831)
- Either the Subscriber Reference Identification (2000B SBR03) or the Subscriber Name (2000B SBR 04) can be used, but not both (Error 41023)
- (TRICARE) Rendering provider loop required when billing provider is organization (Error 32616)
- (TRICARE) Claim filing indicator code (2000B, SBR09) must be equal to Commercial Insurance (CI) or CHAMPUS (CH) only (Error 32594)

Autism Care Demonstration (ACD) preauthorization

 Preauthorization is a requirement for all Applied Behavior Analysis (ABA) services ([TRICARE Operations Manual (*TOM*) CH 18 Sec 4](), *8.6.2.1.3*). All of the required information must be submitted for the clinical review and authorization of ABA services.

To ensure adherence to preauthorization requirement, take note of the following:

- The effective start date is determined based on the date all required information is received
- For reauthorizations, policy allows advance request submissions as early as 60 days prior to the expiration of a current authorization and encourages the request be submitted no less than 30 days prior to the expiration of a current authorization (*TOM CH 18 Sec 4, 8.6.3.1*)
- If all policy compliant information is received prior to the expiration of the current authorization, the next date following the current authorization end date will be the effective date of the new authorization
- If all policy-compliant information is not received prior to current authorization expiration, the effective start date will be determined based on the date ALL policy compliant information is received
- Please note policy prohibits backdating (*TOM CH 18 Sec 4, 8.6.3.1.1*)
- Pay attention to self-service communication received before and after authorization approval

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Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Humana Military establishes best business practices to prevent unnecessary waste or abuse of TRICARE's funds, which requires that any medical care, supplies, etc., must be deemed appropriate or necessary.

See definitions of Durable Medical Equipment (DME) and Durable Equipment (DE)

Review TRICARE Policy Manual on Durable Equipment Basic Program

Get claims information for Durable Equipment (DE) and Durable Medical Equipment, Prosthetics, Orthotics, And Supplies (DMEPOS)

Code of Federal Regulations, *Title 32, Part 199*
32CFR 199.4; 32CFR 199.6; and 32CFR 199.9 (a) (4)

For more information visit: DMEPOS update

Access to Spravato®

The nasal spray, Spravato® (esketamine), is covered when deemed medically necessary to treat beneficiaries with treatment-resistant depression and other US Food and Drug Administration (FDA)-approved indications, which are available in the FDA's Risk Evaluation and Mitigation Strategy (REMS) program. This benefit is covered under the medical benefit, not pharmacy, and prior authorization is required.

CVS pharmacies can fill prescriptions for beneficiaries needing Spravato (esketamine).

See the TRICARE Policy Manual (TPM) Chapter 7, Section 3.8, Paragraph 5.2.14 for more information.

E-Prescribe with Express Scripts is fast, simple and secure!

Take advantage of the ease and speed of ePrescribing with Express Scripts Pharmacy. Deliver increased prescription accuracy, a secure prescribing network, continuity of care and improved adherence to your TRICARE patients with ePrescribe. And, with home delivery, TRICARE patients can fill up a 90-day supply of their maintenance medications!

We're here to help save time for you and your patients. It's faster than phone or fax.

- Select the Express Scripts Home Delivery profile in your Electronic Health Record (EHR).
- Submit new prescriptions or renewals up to 60 days before they expire.
- Most prescriptions can be written for a 90-day supply, your patient pays only one copayment.
- Standard shipping is free, with most medications arriving within two to four days.
- Submit an ePA using SureScripts®. Learn more about electronic prior authorizations.

To ePrescribe to Express Scripts Pharmacy, select:

Express Scripts Home Delivery
4600 North Hanley Road
St. Louis MO 63134

TRICARE beneficiaries may also choose to fill their medications at a military or retail network pharmacy.

To ePrescribe to a military pharmacy:

- Add your patient's preferred pharmacy. If sending to a Military Pharmacy, search 'DoD "Site Name" Pharmacy.' All military pharmacies are listed as DoD "Site Name" ePhcy: Example: DoD FT Drum ePhcy
- Select the appropriate item from the "Sent To" drop-down menu
- Review and send

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