



TRICARE provider news

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

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Infusion therapy



TRICARE covers infusion therapy for both chronic and acute conditions. Utilize provider self-service to submit new authorizations and check the status of existing authorizations. Remember to read all notes at the bottom of the authorization for important messages, and be sure to leave a contact number so we can contact you if we have questions about your request.

When submitting a new authorization, please provide the following information either in your uploaded documentation or in any free-form portal notes so that we can process your request in a timely manner:

- Place of treatment: In the beneficiary's home, an ambulatory infusion suite/center, a physician office or an outpatient infusion center
- Medication name, dose, frequency and anticipated length of treatment
- Medical diagnosis, HCPC codes and number of units to fulfill the physicians orders

- Ordering provider name and NPI
- Rendering provider name and NPI
- Upload documentation related to your request (Please keep this at a minimum)

You may also check the status of existing authorizations by entering the authorization number or the beneficiary's TRICARE ID.

Need to add something to an existing authorization? No problem! Simply click "Request Update" in the right hand corner of the existing authorization and change, add, and/or enter a note of what is needed. Please ensure your contact information is correct so we can call you if we have questions.

See the [TRICARE Policy Manual, Chapter 8, Section 20.1](#) for more information about home infusion therapy.



Requirements for Autism Care Demonstration (ACD)

Beneficiary eligibility referral requirements



TRICARE reimburses for Applied Behavior Analysis (ABA) services to eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD). For Autism Care Demonstration (ACD) eligibility, the covered diagnosis is F84.0. It is important to note this diagnosis should be the primary diagnosis on an ABA claim.

For ACD eligibility, the covered diagnosis is ASD (F84.0) according to the DSM-5/Autistic Disorder to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). The ASD diagnosis must specify the level of support according to the DSM-5 criteria (Level 1 = mild, Level 2 = moderate, or Level 3 = severe).

See [TRICARE Operations Manual \(TOM\) Ch.18, Sec 4, 11.12](#)

Providers interested in 8.6.5 Medical Team Conferences (MTC)

Policy requires Humana Military coordinate and communicate with all providers who desire to hold a MTC when an Autism Services Navigator (ASN) is assigned to a beneficiary. Providers should notify us when they are ready to hold a meeting and should tell us any additional professionals they want to attend. The ASN will authorize the meeting once the meeting is coordinated and held. It is important for authorization to occur at the time the meeting occurs so that all policy guidelines are met for the ASN coordination and attendance. If you have questions about whether your beneficiary has an ASN assigned, please contact Humana Military or log into provider self-service and review the

care management dashboard for your beneficiary. ASNs are assigned to beneficiaries who are newly enrolled to the demonstration after October 1, 2021.

Assisting with outcome measures parent forms

Providers should contact Humana Military if they have patients needing assistance with completing the Vineland 3, SRS-2 and PSI/SIPA. We can help parents complete the forms to meet the requirements.

Requirements for 97155 and payment penalties

Policy requires direct one to one time to develop new or modify protocol. The government requires this to occur at least at least one time per month by the authorized ABA supervisor. See [TOM Ch. 18, Sec 4, 8.11.6.2.3.3](#)

Please note this distinction is a must. Even if this is done by the assistance behavior analyst multiple times a month, it still has to be done by the BCBA at least one time in that month. If the provider is unable to complete this, then Humana Military should be notified of the barriers. If audits determine this protocol does not occur then Humana Military is required to impose a penalty.

Requirements for 97156 and potential service interruption

The government requires a minimum of six parent/caregiver sessions every six months. These six sessions may include CPT codes 97156, 97157 or a combination of the two. Policy also requires the first session to occur within the first 30 calendar days of a new approved treatment authorization. If this minimal requirement is not met for two consecutive authorization periods, Humana Military will be unable to renew ABA services for a subsequent authorization period for that beneficiary.

See [TOM Ch. 18, Sec 4, 8.11.6.2.4.7 - 8.11.6.2.4.7.2](#)

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

TRICARE Childbirth and Breastfeeding Support Demonstration (CBSD)



TRICARE's new childbirth and breastfeeding support demonstration allows Certified Labor Doula (CLD) and lactation consultants or counselors to provide care to eligible beneficiaries. In the TRICARE East Region, the CBSD runs from January 1, 2022 to December 31, 2026 and eligible claims may be filed beginning April 2, 2022, and is only for TRICARE Prime or Select enrollees. While referrals are not required, Prime enrollees need a referral from their Primary Care Manager (PCM) or physician to see a non-network provider. Point-of-Service (POS) charges may apply without a referral.

The benefit:

Under the CBSD, eligible beneficiaries will receive breastfeeding counseling from an eligible lactation consultant or counselor as well as CLD services for beneficiaries with a gestational age over 20 weeks when under the care of a TRICARE-authorized provider. Lactation services are not covered until the beneficiary has a gestational age of 27 weeks.

Eligibility exclusions:

- The benefit does not include CLD services for beneficiaries who are planning to give birth at a military hospital or clinic.
- Uniformed Services Family Health Plan (USFHP), Continued Health Care Benefits Program (CHCBP) and those with TRICARE and Medicare coverage are not covered under this demonstration.

Existing breastfeeding/lactation counseling benefit:

- The benefit includes breastfeeding counseling from a lactation consultant or counselor who meets the demonstration requirements for beneficiaries that are eligible under [TPM, Chapter 8, Section 2.6, Paragraph 4.3](#)

Get authorized:

We are currently working on establishing an online certification process, but providers can manually complete an application [here](#)



Find out more:

- See full details on this demonstration in the [TRICARE Operations Manual](#) or [TRICARE.mil](#)
- Check out our [FAQs](#) on the Childbirth and breastfeeding support demonstration

Important note:

A demonstration is a limited duration project that TRICARE uses to evaluate potential changes to the program. Although the services under the CBSD are covered for TRICARE beneficiaries as of January 1, 2022, this is a new demonstration and establishing a provider network will take until April 2022. If a TRICARE beneficiary wants to receive these services before the provider network is established, the beneficiary, as well as their provider, must meet the requirements of the demonstration. Otherwise, the beneficiary will be responsible for the full, out-of-pocket cost for the services.

Note: Please submit claims for services rendered on or after the implementation date of April 2, 2022.

Express Scripts real-time prescription benefit



In the fast-paced world of healthcare, it is necessary for providers to have actionable patient-specific data available.

Express Scripts delivers real time, patient-specific pharmacy data on TRICARE beneficiaries to providers who have the real-time prescription benefit functionality integrated within their Electronic Health Record (EHR). Providers can see a holistic view of their TRICARE beneficiaries' profiles and the best prescribing options for them.

The real-time prescription benefit gives you access to:

- TRICARE beneficiary out-of-pocket costs
- Coverage alerts
- Therapeutic alternatives
- Pharmacy choices

Within seconds, you will have access to patient-specific information and pricing to prescribe the right medication, reducing wait times and getting medicine to patients more efficiently.

For providers without EHR access, download and register with the Scriptvision® Physician mobile app using their iPhone® or iPad® for quick access to patient benefit information.

To learn more about Real-Time Prescription Benefit functionality visit, militaryrx.express-scripts.com

Beneficiaries can now view ratings in our Find care tool



Humana Military has recently added provider clinical quality and cost-efficiency ratings to our Find care provider directory. These ratings help to increase transparency into the performance of our network providers and offer decision support to beneficiaries in selecting providers.

The ratings appear in the form of circular icons on a scale of 1-4, when sufficient data is available. The

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Did you know?



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

clinical quality evaluates provider effectiveness, identifying those providers who offer higher quality care. Cost efficiency evaluates how economically a provider manages beneficiary care, encouraging reduction of waste and increase of healthcare sustainability. This cost efficiency represents not only a provider's direct spending, but also includes the total amount of clinical and resource homogenous services for which a provider is the largest contributor.

To learn more about this program, please review our [methodology](#) and guide to [Frequently Asked Questions](#).

Wisconsin Physicians Service

TRICARE claims processor Wisconsin Physicians Service (WPS) is now using Change Healthcare for Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA).

Please direct all new enrollments and updates to Change Healthcare's Payer Enrollment Services (PES).

Please consult the [Frequently Asked Questions](#) for more information. Providers should contact Change Healthcare with questions regarding registration for PES via the live agent chat tool on the bottom, right-hand corner of the home page or by calling (800) 956-5190.

All enrollments already submitted through the Council for Affordable Quality Healthcare (CAQH), the previous vendor partner for EFT/ERA, will remain active in PES. You do not need to create a new account with Change Healthcare, unless you need to add or change an existing enrollment.

Non-covered services from all network and participating non-network providers

All services and supplies related to a non-covered condition or treatment are excluded.

Network and participating non-network providers cannot bill beneficiaries for non-covered services unless the beneficiary agrees in advance, and in writing, to pay for these services.

The provider is not obligated to file a claim to TRICARE if the TRICARE-specific waiver is in place and the non-covered service is confirmed prior to the date of service.

A network provider may not bill a TRICARE beneficiary for excluded or excludable services except:

- If the beneficiary did not inform the provider that he or she was a TRICARE beneficiary
- If the beneficiary was informed that services were excluded or excludable and agreed in advance, and in writing, to pay for the services

If a non-covered service waiver form was not completed prior to the service being rendered, then the beneficiary is held harmless.

Please note: A generic statement stating the patient is financially responsible for all services not paid by insurance does not qualify as a non-covered services waiver. The waiver should specify that the beneficiary understands that the specific service is non-covered and they accept financial responsibility.

The specific service must be itemized with the date of service and the fee must be clearly disclosed.

A beneficiary is required to request a waiver from Humana Military in advance of the non-covered treatment.

Helpful documentation:

[Forms for TRICARE East providers](#)

[Humana Military TRICARE provider handbook](#)

[TRICARE Exclusions](#)

[TRICARE Policy Manual](#)

A network or non-network provider not abiding by these terms may be considered committing fraud.

Fraud and Abuse Hotline (800) 333-1620

Our on-demand webinar library is available 24/7!



Our provider webinars offer information and news on many topics including TRICARE education, provider self-service guidance and many other helpful tips.

Check out the newest webinars:

Referral/Authorization demonstration (eight minutes)

Training on how to view, submit and update a referral/authorization through self-service.

Lab Developed Tests (LDT) (six minutes)

Defines LDT and shows how to complete a prior authorization request and attestation, including submission via provider self-service.

