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TRICARE®

Provider NEWS

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Attend Online Trainings to Learn About CareAffiliate® and TRICARE Basics

Health Net Federal Services, LLC (HNFS) strongly encourages providers to become familiar with and use CareAffiliate, our preferred tool for submitting authorization and referral requests. Need a refresher on how to use CareAffiliate? We offer monthly live webinar trainings on how to submit authorizations and referrals to HNFS via the CareAffiliate tool. Additionally, take some time to refresh your TRICARE knowledge by attending a TRICARE 101 live webinar.

Both the CareAffiliate and TRICARE 101 webinars, presented by our experienced TRICARE educators, will give you the tools you need to care for your TRICARE patients. View our [current schedule](#) today!

COVID-19 Updates: Billing Reminders and Boosters



Vaccination continues to be an important step in protecting people from COVID-19. The Centers for Disease Control and Prevention (CDC) recently released new guidance for those eligible to receive a COVID-19 vaccine. Now, everyone ages six months and older is eligible to receive a COVID-19 Pfizer-BioNTech or Moderna vaccine. The J&J/Janssen vaccine is still available to those ages 18 years and older. Additionally, the CDC recommends boosters for everyone ages five years and older.

As a reminder, TRICARE continues to cover the COVID-19 vaccine in accordance with CDC guidelines. The effective date of coverage for CDC-recommended vaccines is the date the Advisory Committee on Immunization Practices (ACIP) vaccine recommendations are published in the Morbidity and Mortality Weekly Report; or, if the CDC has published an interim recommendation, the effective date of coverage is the date the interim recommendation is published on the CDC website.

Proof of prior vaccines

To help expedite claims processing, please include proof of prior vaccines, such as a copy of the patient's vaccination card or electronic health record that specifies date(s) administered when submitting claims to Health Net Federal Services.

For up-to-date COVID-19 information, resources and links, visit our [COVID-19 resource](#) page and the [CDC's website](#).

Foreign Military Members: Accessing Care and Filing Claims



Foreign force members stationed in the U.S., or who are guests of the U.S. government, may be eligible to receive the same TRICARE benefits as American active duty service members (ADSMs). Often referred to as North Atlantic Treaty Organization or Partnership for Peace beneficiaries, foreign force members and their families may be covered under TRICARE under Reciprocal Health Care Agreements. You can check eligibility online using our Eligibility & Deductible tool at www.tricare-west.com > Provider or by using the phone tree prompts at 1-844-866-WEST (1-844-866-9378). Additionally, a copy of the family member's identification card will have a foreign identification number or a DoD Benefits Number and indicate on the back: "Outpatient Services Only."

Getting care in the West Region

Eligible foreign force members receive the same benefits as American ADSMs. The family members of eligible foreign force members have the same prior authorization requirements, deductibles and copayments/cost-shares as TRICARE Select beneficiaries. Under TRICARE Select, referrals are not required for most specialty care.

Filing claims

Claims for foreign force members and their family members should be filed electronically the same way other TRICARE claims are submitted. TRICARE will not cover inpatient services for foreign force members. To be reimbursed for inpatient services, have the member make the appropriate arrangements with their national embassy or consulate in advance.

Update to TRICARE Retail Pharmacy Network

Accredo® for TRICARE Patients Filling Specialty Medications

Accredo, a full-service specialty pharmacy, will be part of the TRICARE retail network for specialty medications. Effective Jan. 1, 2023, Accredo specialty pharmacy will be the in-network specialty pharmacy for TRICARE beneficiaries. Accredo serves patients with complex and chronic health conditions, including cancer, hepatitis C, human immunodeficiency virus (HIV), bleeding disorders, and multiple sclerosis. At Accredo, TRICARE patients have 24/7 access to a team of specialty-trained pharmacists and nurses who provide personalized care and support to patients and their families to help manage medication therapy. Services include broad access to specialty medications, safe and prompt prescription delivery by mail to your office or the patient's home and nutritional and therapy management. TRICARE providers can view their patient's prescription status and chat with a specialist through the Accredo prescriber portal at MyAccredoPatients.com. To learn more about Accredo, please visit www.accredo.com/prescribers.



Telehealth Options for Your TRICARE Patients

Having access to virtual health care gives beneficiaries options to take control of their health. Do you offer telemedicine (also referred to as telehealth)? Let us know by submitting an updated [TRICARE Provider Roster](#). To find network providers who offer telehealth, beneficiaries can use the “Telemedicine” filter in our [Network Provider Directory](#). We have a number of network telehealth partners offering virtual health care appointments. These include:

- **Doctor on Demand** (urgent and mental health care, including psychiatry, available in all TRICARE West Region states)
- **Telemynd** (mental health care, including psychiatry; services available vary by state)
- **HealthLinkNow** (mental health care; Arizona, California, Nevada, Texas, and Washington only)
- **PsychConnect** (mental health care, including psychiatry; only available in Arizona)
- **SimpliFed** (lactation and baby feeding support; services available vary by state)
- **TeamHealth VirtualCare** (urgent care, only available in Colorado at this time)

This list is subject to change. Visit www.tricare-west.com/go/telehealth for details.

Referral requirements for covered telemedicine services are the same as those for in-person visits.

Update on telehealth copayments

In response to the COVID-19 outbreak, the U.S. Department of Defense (DoD) implemented temporary changes to the TRICARE benefit, including the waiver of copayments and cost-shares for covered telemedicine rendered by network providers. Health Net Federal Services is aware of the DoD

Final Rule published on June 1, 2022, which references terminating this waiver. We would like to remind our network providers who offer telehealth services that as a TRICARE contractor, we cannot implement rules published in the Federal Register without formal direction from the Defense Health Agency (DHA). This direction generally comes in the form of a TRICARE manual change, which will include specific effective and implementation dates.

Upon DHA direction, we will inform you if and when beneficiary out-of-pocket costs for network telemedicine visits should change.

Telemedicine place of service codes

TRICARE has adopted the use of place of service (POS) code 10 in addition to POS 02, for telehealth services rendered on or after Jan. 1, 2022. The addition of POS 10 offers providers greater specificity when billing for telehealth services.

HNFS can accept claims with POS when billed using CMS 1500 Health Insurance Claim Forms, electronic data interchange (EDI) and, as of July 22, 2022, via XPressClaim.

Place of service telehealth codes

- **POS 02 – Telehealth Provided Other than in Patient’s Home:** Health care services delivered through video conferencing technology in a setting outside of the beneficiary’s home (for use with CMS 1500 Health Insurance Claim Form via hard copy, EDI or XPressClaim)
- **POS 10 – Telehealth Provided in Patient’s Home:** Health care services delivered through video conferencing technology in the beneficiary’s home (for use with CMS 1500 Health Insurance Claim Form via hard copy or EDI only; do not use with XPressClaim until late July)

For more information on CMS POS codes, visit [CMS.gov](https://www.cms.gov).

Autism Care Demonstration Parent Toolkit Now Available as a Self-Paced Online Course

Health Net Federal Services (HNFS) designed its TRICARE West Region Autism Care Demonstration (ACD) Parent Toolkit to help parents understand the building blocks of the ACD and the many components working together to support ACD-enrollees. It includes information detailing each step of the program from eligibility and initial assessments to re-authorizations, and, eventually, discharge and transition. In addition to the downloadable, print version, HNFS now offers the ACD Parent Toolkit as a self-paced online course.

The online course helps to engage parents and caregivers while guiding them through eligibility requirements, benefits, the process of finding an applied behavior analysis (ABA) provider, authorization and referral requirements, and more. Information provided in the ACD Parent Toolkit also will help parents and caregivers know what they can expect at six months, one year and two years while receiving services and the availability of other family support services outside of the ACD.

Whether families are already a part of the program or brand new to it, the ACD Parent Toolkit will guide them every step of the way. If you have TRICARE patients who are new to the ACD, encourage them to check out this new resource, available at www.tricare-west.com/go/ACD.



Reminder for Durable Medical Equipment

TRICARE covers some durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS), also known as durable equipment, as a limited benefit, subject to specific exclusions. TRICARE defines covered DMEPOS as:

- Medically necessary and appropriate for the treatment of an illness or injury. Must improve the function of a malformed, diseased or injured body part or reduce further deterioration of the patient's physical condition.
- Able to withstand repeated use.
- Primarily serves a medical purpose rather than purposes related to transportation, comfort or convenience.
- For the specific use by the beneficiary.

Medical devices

Medical devices must be approved by the U.S. Food and Drug Administration (FDA), and the device being used must be based

on FDA indications or have a proven off-label use. Please note, not all FDA-approved devices are covered. Coverage of a medical device must be medically necessary, safe and effective based on research and comply with TRICARE policy. For example, a tinnitus masker is an FDA-approved device; however, TRICARE considers this device unproven and, therefore, not a benefit.

To expedite the approval process when submitting authorization requests to Health Net Federal Services for medical devices, please be sure to check that the device is:

- FDA-approved,
- Based on FDA indications or has a proven off-label use and
- Is covered by TRICARE.

Visit our website for more information on [durable medical equipment](#) or refer to [TRICARE Policy Manual, Chapter 8, Section 5.1](#).

Prescriptions Delivered Right to Your Patient's Door with Home Delivery



Express Scripts Home Delivery provides a convenient way to get your patient's prescriptions delivered right to their door. Your patient will appreciate the convenience and confidence that comes with getting their maintenance medication delivered safely and securely right to their home.

The benefits of home delivery to your patient include:

- Free standard shipping.
- Cost savings compared to retail pharmacy with up to a 90-day supply of medication.
- Avoidance of long lines at the pharmacy and potential exposure to illness.
- The ability to manage their medication, anytime, anywhere through the Express Scripts mobile app.

How to start your patient with Express Scripts Home Delivery:

The fastest way to send a prescription to home delivery is through e-prescribe. Electronic prescribing reduces prescribing errors and is available for providers to use through their preferred electronic health record (EHR).

To e-prescribe through your EHR:

- Verify with your patient that Express Scripts Home Delivery is their preferred pharmacy.
- Select:

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





*Visit our [Benefits A-Z](#) web page for current benefit details.

Medically Necessary Laser Hair Removal

As of May 6, 2021, TRICARE allows for coverage of [medically necessary laser hair removal](#) or electrolysis when primarily performed to correct or improve a bodily function, whether or not there are also impacts to physical appearance.

An approval from Health Net Federal Services is not required; however, a benefit review is recommended. To expedite the review process, please include supporting medical documentation with the authorization request.

Devices used for laser surgery must be approved by the U.S. Food and Drug Administration. Beneficiary cost-shares or copayments for laser surgery are the same as those for conventional surgery and vary based on place of service.

TRICARE **excludes** laser surgery for the following conditions:

- Pain relief or biostimulation
- Arthritis or low back pain
- Corneal sculpting
- Body sculpting
- Non-covered surgical services (such as removal of tattoos or laser hair removal that does not materially correct or improve a bodily function)
- Non-covered cosmetic dermatology (such as facial rejuvenation or removal of telangiectasias or spider angiomas)

Continuous Glucose Monitor Coverage Update

As of April 20, 2022, TRICARE covers the FreeStyle Libre 2 and the Dexcom G6 continuous glucose monitors as a brand-name formulary pharmacy benefit under the TRICARE Pharmacy Program managed by Express Scripts. Previously, these continuous glucose monitors were only covered as durable medical equipment under the TRICARE basic benefit. Please note, all continuous glucose monitoring systems, including the two listed above, remain covered under TRICARE's durable medical equipment benefit as determined by TRICARE policy (TRICARE Policy Manual, Chapter 8, Section 5.3). Cost-shares may apply for durable medical equipment (excluding active duty TRICARE Prime members).

Prescribers must request prior authorization by contacting Express Scripts at 1-866-684-4488 or faxing a completed prior authorization form to 1-866-684-4477. Search for "FreeStyle Libre 2" or "Dexcom G6" in Express Scripts' formulary tool at www.militaryrx.express-scripts.com for details.

Choosing Wisely®

Prostate Cancer Screening

The American Cancer Society reports prostate cancer as the most common cancer among men (after skin cancer); however, it can often be treated successfully. Talk with your male patients about whether they should be screened for prostate cancer. Review the uncertainties, risks and potential benefits of prostate cancer screening. See what [Choosing Wisely® Specialty Societies](#) recommends.

Discussion about screening should take place at:

- **Age 50 for men who are at average risk** of prostate cancer, who are expected to live at least 10 or more years.
- **Age 45 for men at high risk** of developing prostate cancer. This includes African American men and men with a first-degree relative (father or brother) who was diagnosed with prostate cancer at an early age (younger than age 65).
- **Age 40 for men at even higher risk.** This includes men with more than one first-degree relative who were diagnosed with prostate cancer at an early age.

After discussion, men who want to be screened may benefit from the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

Visit our [Cancer Prevention](#) page in the Provider Toolkit for resources on prostate cancer and other cancers.

Source: <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html>



Well-Child Visits and Immunizations



COVID-19 has caused a significant disruption to pediatric well-child visits and routine care. Studies have reflected the national vaccination coverage for children decreased, with a 14% drop in vaccine ordering in 2020–2021.¹ Now that we are learning how to live with COVID-19 as a part of our lives, health care professionals can help with getting their parents and patients back on track with routine care and vaccinations.

References

¹ The Centers for Disease Control and Prevention [CDC], (2022). Childhood Vaccination Toolkit for Clinicians. Retrieved from <https://www.cdc.gov/vaccines/hcp/childhood-vaccination-toolkit.html>

² The Centers for Disease Control and Prevention [CDC], (2021). Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Retrieved from <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

³ American Academy of Pediatrics [AAP], (2022). Guidance on providing pediatric well-care during COVID-19. Retrieved from <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-on-providing-pediatric-well-care-during-covid-19/>

August is National Immunization Awareness Month. Pediatric primary care managers and pediatric specialists play a key role in ensuring the continuity of care for patients. Parents often trust professionals in health care more than anyone else when it comes to the health and well-being of their children. The Centers for Disease Control and Prevention recommends identifying children who have missed their well-child visits or vaccinations and contacting parents to schedule in-person appointments (including newborns and infants through 24 months, young children and adolescents).² Health care professionals can make it a specific goal to address the vaccination status of their patients at every health care visit to improve vaccination coverage and prevent missed opportunities.

The American Academy of Pediatrics recognizes that many children missed their check-ups during the past two years. Well-child visits are essential in helping children stay healthy as they track growth and development milestones, promote discussion about a child's health and mental well-being and include necessary hearing and vision screenings.³

Authorizations and Referrals: The Importance of Submitting Clinical Documentation

Certain TRICARE benefits are limited and subject to specific clinical criteria. When Health Net Federal Services (HNFS) receives an authorization request for a limited-benefit service, we must first verify the patient meets the clinical requirements as determined by TRICARE policy. Additionally, specialty care referred to a military hospital or clinic through the **right of first refusal** process should contain supporting clinical documentation so the military hospital or clinic can determine if they can effectively provide the appropriate care to the beneficiary. HNFS offers letters of attestation (LOAs) providers can complete and submit with their initial authorization request. Use these LOAs in place of submitting separate clinical documentation, where possible.

LOAs are not available for all services; however, new LOAs may be added as appropriate. Visit our **Letters of Attestation** page for all available LOAs. Be sure to use the most recent copy when submitting a request, as the requirements and benefits can change.

Did you know? CareAffiliate®, HNFS' preferred online authorization submission tool, allows for attachments. We encourage providers to use CareAffiliate to attach LOAs with their limited-benefit requests, so we can begin our clinical review upon

receipt. You must be registered at www.tricare-west.com to use CareAffiliate, so if you haven't already, be sure to register today.

What is TRICARE's right of first refusal?

When a TRICARE Prime beneficiary is referred for specialty care, TRICARE requires HNFS to first attempt to coordinate care at a military hospital or clinic, even if the beneficiary is enrolled to a civilian primary care manager. This process is known as TRICARE's right of first refusal.

Note: Referrals submitted should include individual provider names rather than only group names to avoid delays in patient care. Be sure to use the notes section to include as much supporting clinical information as possible. This will help expedite the approval process.

Be sure to review the details of determination letters issued by HNFS with your TRICARE patients. Each determination letter issued by HNFS will specify the approved specialty provider. If a beneficiary sees a provider other than who was approved, point-of-service charges may apply.



Are You Submitting Patient Encounter Reports to Referring Military Providers?

If you are treating a TRICARE patient who was referred by a military hospital or clinic, one requirement for TRICARE network providers is to submit patient encounter reports – also known as clear and legible reports or CLRs – to referring military hospitals or clinics within specified time frames. The requirement to submit CLRs applies to care referred by a military hospital or clinic and care received at an urgent care center.*

Why send CLRs?

- They help expedite treatment and ensure continuity of care for your TRICARE patients.
- They meet The Joint Commission standards.

A Health Net Federal Services' representative will reach out to offer education and assistance to providers who fail to submit required CLRs.

Find CLR submission details, including submittal time frames and our CLR Fax Matrix on our [Patient Encounter Reports](#) page.

**Network urgent care centers should submit CLRs to the beneficiary's assigned military hospital or clinic, as there may not be a referring provider.*



Childbirth and Breastfeeding Support Demonstration Directory Available

As part of the Childbirth and Breastfeeding Support Demonstration (CBSD), TRICARE allows for certified labor doulas, lactation consultants and lactation counselors to provide reimbursable care to TRICARE. In support of the CBSD, we offer a [CBSD Directory](#) that allows beneficiaries and providers to search for network and non-network providers. Read more about the CBSD on our [Childbirth and Breastfeeding Support Demonstration](#) web page.



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Pharmacy inquiries
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www.militaryrx.express-scripts.com

PGBA, LLC
EDI/EFT Help Desk
1-800-259-0264

Visit us at www.tricare-west.com.

