



TRICARE®

Claims and Billing Tips

Please visit www.tricare-west.com > *Provider* > *Claims* to submit claims, check claim status, and review billing tips and rates and reimbursement.

CLAIMS FILING INFORMATION

Claims Processing	PGBA, LLC (PGBA) is the Health Net Federal Services, LLC claims processing partner in the TRICARE West Region. For additional information on TRICARE claims, visit www.tricare-west.com or call 1-844-866-WEST (1-844-866-9378) . For electronic claims filing assistance, call PGBA at 1-800-259-0264 .
Claims Deadlines	Providers may file claims up to one year after care was provided.
Claims Status	Providers can check the status of submitted claims at www.tricare-west.com or by using the automated IVR at 1-844-866-WEST (1-844-866-9378) .
HIPAA National Provider Identifier (NPI) Compliance	All covered entities must use their NPIs on HIPAA standard electronic transactions. If you bill with a Type 2 NPI for both professional (Form 1500 or HIPAA 837P) and facility (UB-04 CMS 1450 or HIPAA 837I) services, you must first notify HNFS so we can properly identify the Type 2 NPI in our systems. Providers with Type 2 NPIs who are not identified as professional entities (for example, physician groups) cannot be reimbursed for professional services. Similarly, providers with Type 2 NPIs who are not identified as institutional entities (for example, hospitals) cannot be reimbursed for facility charges. For more information on NPIs, see Important Provider Information in the TRICARE West Region Provider Handbook or visit www.tricare-west.com .
Claims Filing Requirements	TRICARE requires network providers to submit claims electronically using the appropriate HIPAA-compliant standard electronic claims format.* Non-network providers are encouraged to file electronically. *Network providers in the state of Alaska are not required to submit claims electronically.

ELECTRONIC CLAIMS SUBMISSION, ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE

XPressClaim®	XPressClaim is an online electronic claims system recommended for providers who submit fewer than 150 TRICARE claims per month.
Claims Clearinghouses	Clearinghouse services transmit TRICARE claims electronically to HNFS/PGBA for processing. Visit www.tricare-west.com for a list of electronic claims submission clearinghouses and vendors.
Electronic Funds Transfer (EFT)	Electronic funds transfer payments are deposited directly into your bank account within days of processing completion. Register at www.tricare-west.com or call PGBA at 1-800-259-0264 for assistance.
Electronic Remittance Advice (ERA)	Electronic remittance advice can change the way your business tracks accounts receivables. Also known as an 835 transaction, ERA is the electronic equivalent of a paper remittance advice (or explanation of benefits [EOB]) that provides claims processing details. It's also a secure and reliable alternative to manually posting claims information to an accounts receivable software program. As soon as your TRICARE claim is processed, your ERA is generated. For more information and to sign-up for ERA, go to www.tricare-west.com .

TIPS FOR FILING CLAIMS

Provider ID Information	All claims must include all applicable NPIs, the provider/facility federal Tax Identification Number (TIN), the provider/facility physical address (including ZIP code), and the provider/facility pay-to address.
Referring Physician	Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician, and the qualifier, on the 1500 claim form.
On Call	Always clearly indicate "On Call" in a prominent place or submit the appropriate modifier on the 1500 claim form for services performed on behalf of another provider. Do not use red ink stamps.
Unlisted Codes	When submitting a paper claim and billing with an unlisted or unspecified Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure code, supporting documentation describing the services rendered must be included or the claim will be returned or denied for this information.
Third-Party Liability (TPL)	If billing for care that may involve TPL, instruct the beneficiary to complete and sign the TPL form (DD Form 2527, available at www.tricare-west.com) and attach this form to your claim. To expedite claims processing, use the Upload Documents feature on the secure portal at www.tricare-west.com to submit supporting documentation, rather than sending via U.S. mail.
ICD-10/DSM-IV Codes	When billing with ICD-10 diagnosis codes, services should be coded to the highest level of specificity (seven-digit level). DSM-IV codes are required for behavioral health conditions.
Emergency Services	Always include the admitting diagnosis for emergency care claims.

BILLING WITH Z CODES

Generic Z Codes	For lab, radiology, pre-op or similar services, generic Z codes are not payable and should not be used as a primary diagnosis.
Preventive Services	Z codes are acceptable as primary diagnoses. Claims do not require additional diagnostic information.
School Physicals	Use applicable Z codes and add the statement "required school physicals" in Box 19 or 24D after the procedure code on the 1500 claim form. Sports-related physical exams are not covered.

TRICARE AND OTHER HEALTH INSURANCE

Second Payer	TRICARE is the secondary payer to all health benefits and insurance plans, except for Medicaid, State Victims of Crime Compensation Programs, the Indian Health Service or other programs or plans as identified by the Defense Health Agency.
Coordination of Benefits	If TRICARE is the secondary payer, submit the claim to the primary payer first and then file electronically to TRICARE, indicating the amount paid and allowed by other health insurance (OHI).
OHI Status	Because OHI status can change at any time, it is important to obtain OHI information on a routine basis. The TRICARE OHI questionnaire is available at www.tricare-west.com .

WEST REGION

Claims Submission	Online: www.tricare-west.com Mail: Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE PO Box 202112 Florence, SC 29502-2112 Fax: 1-844-869-2504
--------------------------	---

Claims Correspondence	Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE PO Box 202100 Florence, SC 29502-2100 Fax: 1-844-869-2812
------------------------------	--

MEDICARE AND TRICARE FOR LIFE

Claim Submission (submit claims to Medicare first)	WPS TRICARE For Life PO Box 7890 Madison, WI 53707-7890 1-866-773-0404 www.TRICARE4u.com
--	---

CONTINUED HEALTH CARE BENEFIT PROGRAM

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program administered by Humana Military. For questions and assistance with CHCBP claims, visit www.humanamilitary.com/provider/ or call Humana Military at **1-800-444-5445**. HNFS will not be able to answer any CHCBP claims questions.

OUT-OF-REGION CLAIMS

East Region	TRICARE East Region Claims PO Box 7981 Madison, WI 53707-7981 Inquiries: 1-800-444-5445 www.humanamilitary.com/provider/
Overseas Region	See Section 7 of the TRICARE West Region Provider Handbook for details on filing claims for overseas beneficiaries.