Methods to Protect Against Phishing

Phishing email attacks can occur at any time. Don’t get caught off guard! Here are some simple tips to help:

- Never give out your personal information from an email request.
- Don’t trust links or attachments from unsolicited emails.
- Hover over links in emails to see the actual destination, even if it looks like a trusted website.
- Type the website in another browser rather than using the link from the unsolicited email.
- Be cautious using phone numbers in suspicious emails. Always dial the numbers found on your cards or statements, or from a trusted directory.
- Pay attention to the sender’s email address to determine if it is from a public address or if the domain is slightly misspelled.
- Look for generic greetings or several spelling and grammar mistakes.
- Pay attention to threats or enticements that create urgency.
- Be mindful during calendar events, such as holiday sales, tax season, elections, sports, or vacation windows. Hackers often leverage current events to take advantage of others.
- Be suspicious of anything that sounds too good to be true.

If you suspect you’ve been involved in a phishing attack, Health Net Federal Services, LLC (HNFS) offers multiple ways for providers and beneficiaries to report suspected fraud.

1. Online using the Report Fraud or Abuse function at www.tricare-west.com > Provider > Claims > Report Fraud or Abuse.
2. Call HNFS’ Fraud Hotline at 1-844-886-2206.
3. Email HNFS at Program.Integrity@healthnet.com.
4. Fax information to HNFS at 1-844-734-1266.
5. Mail information to HNFS at HNFS Program Integrity, PO Box 10310, Virginia Beach, VA 23450-10310.
Provider Network Management Address Change

HNFS’ Provider Network Management has updated the mailing address providers should use to mail in requested changes to their TRICARE West Region network agreements. The fax number remains the same. No action on your part is required.

Health Net Federal Services, LLC
PO Box 9410
Virginia Beach, VA 23450-9410
Attn: Provider Network Management
Fax: 1-844-836-5818

As a reminder, demographic changes (such as address, telephone numbers, specialties, etc.) can be made through the online Provider Demographics Update tool at www.tricare-west.com > Provider > Update Demographics (log in required).

The Importance of Clear and Legible Reports

As part of your TRICARE contract, providers must provide clear and legible reports (CLRs) to referring military hospitals and clinics within specified time frames. Providing these detailed consultation reports, operative reports, notes on episode of care, and discharge summaries helps expedite treatment and ensure continuity of care for your TRICARE patients.

The requirement to submit CLRs applies to care referred by a military hospital or clinic, and to care received at an urgent care center.*

Submittal time frames

- Urgent care centers must submit within two (2) business days.
- Other provider types (except mental health) must submit within seven (7) business days of delivering care. For urgent and emergency situations, a preliminary report must be submitted within 24 hours.
- Mental health providers must submit brief initial assessments to the referring military hospital or clinic within seven (7) business days.

HNFS offers an online CLR Fax Matrix that lists military hospital or clinic secure CLR fax numbers and mailing addresses. To access the CLR Fax Matrix and for detailed instructions on submitting CLRs, visit www.tricare-west.com > Provider > Take Me To … Clear and Legible Reports.

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

Birthing Center Reimbursement

Global maternity care under TRICARE includes prenatal care from the first obstetric visit, labor and delivery, postpartum care for up to six weeks after the birth of the child, and treatment of complications.

TRICARE-authorized freestanding or hospital-affiliated birthing centers that provide outpatient maternity care to TRICARE beneficiaries are reimbursed based on the lower of TRICARE’s established all-inclusive rate (network discounts may apply) or billed charges.

The all-inclusive rate includes services usually associated with a normal pregnancy and childbirth:

- certified nurse-midwife professional services,
- physician professional services (includes physician services for routine consultation when a certified nurse-midwife is the attending professional),
- birth assistant,
- laboratory studies,
- prenatal management,
- labor management,
- delivery,
- postpartum management,
- newborn care,
- and use of the facility.

The initial complete newborn examination by a pediatrician is not included in the birthing center all-inclusive fee.

Birthing centers that only provide part of the professional or facility services because the beneficiary moves and gets the remaining services elsewhere will only be reimbursed for the actual services provided as part of the all-inclusive rate.

For additional information on birthing center reimbursement, please refer to the TRICARE Reimbursement Manual, Chapter 10, Section 1, paragraph 3.3.
Referral Spotlight

Evaluate Only vs. Evaluate and Treat

When referring a TRICARE Prime patient for specialty care, keep in mind the request may be approved for evaluation only or evaluation and treatment. The number of visits approved and type of care allowed vary between these options. Understanding the difference can help avoid unexpected Point of Service or denied charges.

If you are requesting a specialty care referral for a TRICARE Prime patient, note the “Evaluate Only Specialty Referral” and “Evaluate and Treat Specialty Referral” options when using HNFS’ online submission tools. Be sure to choose the option that is most appropriate.

If you are the specialist treating the TRICARE Prime patient, be sure to carefully review the approval letter received from HNFS prior to rendering services.

Evaluate only

This type of referral allows for two office visits with the specialist to evaluate and diagnose the beneficiary but not treat.

- The specialist may perform most ancillary services (such as lab, X-ray) to confirm a suspected diagnosis without a separate approval from HNFS.
- The specialist may not perform subsequent care beyond the two visits or treatment without a new approval from HNFS.
- What to look for on the approval letter:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Service Codes</th>
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<tbody>
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<td>99211–99215</td>
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Evaluate and treat

This type of referral allows for one evaluation visit with the specialist and five follow-up visits.

- The specialist may perform most ancillary services to confirm a suspected diagnosis without a separate approval from HNFS.
- The specialist may perform subsequent care and related procedures during the five follow-up visits to treat the beneficiary. (Note: Depending on the beneficiary and TRICARE plan type, related procedures may require separate authorization from HNFS. Verify online at [www.tricare-west.com > Provider > Authorizations > Is Approval Needed?](http://www.tricare-west.com)).
- What to look for on the approval letter:

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For more information on referrals, visit [www.tricare-west.com > Provider > Authorizations > Is Approval Needed? > Approval Requirements](http://www.tricare-west.com).
Oxygen Concentrators Exempt from Capped Rental Policy

Durable medical equipment (DME) that generally exceeds more than $100 and is not customized for individual beneficiaries is often rented, rather than purchased, through DME suppliers. Per TRICARE policy, once the total rental allowed amounts reach the allowed amount for the purchase of the item, providers must consider the item purchased and may not continue to bill rental charges. However, for oxygen concentrator rentals, TRICARE allows for reimbursement beyond the purchase price. Please refer to the TRICARE Reimbursement Manual, Chapter 1, Section 12:

How are oxygen and supplies related to the use of oxygen to be reimbursed?

- Payments may be made for oxygen and for the rental or purchase of the oxygen concentrator.
- When the oxygen concentrator is rented or purchased, cost-sharing shall be determined by using the allowable charge methodology.
- When oxygen concentrators are cost-shared on a rental basis, the DME cost-sharing policy for rental items will not apply even though the purchase price for this equipment has been reached.

We have recently updated our Benefits A–Z web content to clarify this policy.

Physician Referral Requirement for Supervised Mental Health Counselors

TRICARE’s mental health care benefit allows for outpatient mental health care, also known as psychotherapy, that is medically or psychologically necessary to treat a covered mental health disorder is a covered benefit. This includes any combination of individual, family, collateral, or group sessions.

Although most TRICARE beneficiaries can self-refer for outpatient mental health care (see below), all care received from supervised mental health counselors, supervised licensed pastoral counselors and supervised licensed professional counselors must be ordered and supervised by a physician (MD or DO) to be covered under TRICARE.

If you are a supervised mental health counselor, supervised licensed pastoral counselor or supervised licensed professional counselor and a TRICARE patient self-refers to you for care, he or she must have a written physician referral (also known as a script) prior to you rendering services. In addition, the referring physician must agree to provide oversight of the treatment. Please refer to TRICARE Policy Manual, Chapter 11, Section 3.11.

When submitting claims, you must include the referring physician’s name and National Provider Identifier (NPI) in order to be eligible for reimbursement.

Outpatient mental health care referral requirements:

- Active duty service members (ADSMs) must have a referral from their primary care provider approved by HNFS for all civilian mental health care services, except for services authorized under Military OneSource.
- TRICARE Prime beneficiaries (excluding ADSMs) do not require HNFS approval when seeing a network provider; however, services from non-network providers without HNFS approval are subject to Point of Service fees.
- TRICARE Select beneficiaries do not require an approval from HNFS.

Emergency Department Utilization

People are increasingly relying on hospital emergency rooms for non-urgent care needs. As a provider, there are many things you can do to ensure your TRICARE patients get the right care when and where they need, and still help to reduce health care costs.

Educate beneficiaries on the difference between emergent and urgent care. Care that does not threaten life, limb or eyesight, but needs attention to prevent it from becoming a serious risk to health is known as urgent care. If you are unable to provide care, encourage your patients to use an urgent care center when appropriate instead of the emergency room.

Remind your TRICARE patients to contact your office first for guidance when they need care. Make sure your patients know who to contact, such as the 24/7 Military Health System Nurse Advice Line, after hours or on weekends to answer any questions. Nurses can answer questions about urgent care, help beneficiaries understand symptoms, assist with finding local urgent or emergency care facilities, and schedule an appointment at a military hospital or clinic. Beneficiaries may visit MHSNurseAdviceLine.com for web chat and video chat, or dial 1-800-TRICARE (1-800-874-2273) and choose option 1.
Just like civilian pharmacies, military hospital and clinic pharmacies accept electronic prescriptions for most medications.

**Save time and help prevent medication errors**
- Electronic prescriptions travel instantaneously from your office to the military pharmacies.
- The electronic prescription process adds increased patient safety by preventing medication errors.

**Save your patients time and money**
- Save patients an extra trip to the pharmacy by sending their prescriptions electronically.
- Beneficiaries have a $0 copay for all formulary drugs at military pharmacies.

Use your ePrescribe software to determine a beneficiary’s local military pharmacy; military pharmacies are usually indicated with the prefix “DOD.”

Go to [www.tricare.mil/pharmacyformulary](http://www.tricare.mil/pharmacyformulary) to determine whether a medicine is in the TRICARE formulary. As a reminder, military pharmacies do not accept electronic prescriptions for controlled substances.

**Prior authorization and ePA**

Providers can also electronically submit prior authorization requests for medications that require them using electronic prior authorization (ePA). Using ePA minimizes turnaround time when compared to the traditional phone and fax process. Learn more about ePA at [www.covermymeds.com/epa/express-scripts](http://www.covermymeds.com/epa/express-scripts).

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**Sesame Street for Military Families Prescription Pad**

Sesame Workshop, in partnership with the Defense Health Agency and TRICARE, is excited to announce a new multi-functional resource, specifically created to offer the youngest members of our military families a place to share their adventures.

The Sesame Street for Military Families prescription pad is designed to provide an easy solution for pediatric health care providers, who support military families during their many transitions. The pad provides simple tips and information focused on military changes such as deployments, homecoming, relocation and much more. The prescription pad promotes the Sesame Street for Military Families website and encourages health care providers to customize the resources to the families they serve. The pad also includes an activity for children.

On the other side of the prescription pad is a coloring page with furry friends Grover and Elmo, who encourage young ones to proudly share information about themselves with medical providers. These sheets are helpful conversation starters children can use with their new wellness teams. Health care providers can learn how their youngest patients see resiliency in their own families.

Sesame Street for Military Families also offers a new poster featuring Grover that lets children see themselves larger than life! The poster accompanies the prescription pad and reminds them to share and show all they know with their provider while at appointments!

With new resources, fun activities, and furry friends, Sesame Street for Military Families looks forward to building communities and strengthening relationships between military families and health care teams.

To request a copy of the Sesame Street for Military Families Provider Resources Kit, please email us at [dha.connected-health@mail.mil](mailto:dha.connected-health@mail.mil).

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**TRICARE’s® Right of First Refusal**

When a TRICARE Prime beneficiary is referred for specialty care, he/she may be required to receive care at a local military hospital or clinic, even when enrolled to a civilian primary care manager. This process is known as TRICARE’s right of first refusal. Local military hospitals or clinics will first determine if they can provide the services. If they cannot, HNFS will coordinate the care with a TRICARE network provider. In limited circumstances, a TRICARE Prime beneficiary may see a non-network provider if there are no network providers available. Providers should include as much clinical documentation or details as possible when submitting referrals in order for the military hospital or clinic to reasonably determine if they have the ability to effectively treat the beneficiary.

Please review the details of the 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 the one indicated on the determination letter, Point of Service charges may apply.

A review of TRICARE referral basics can be found online at [www.tricare-west.com](http://www.tricare-west.com) > Provider > Authorizations.
Choosing Wisely®

Online Health Education Can Make a Difference

Just as patients enjoy user-friendly technology in non-health related areas of their lives, they often expect the same type of consumer-friendly technology in health care. Technology-enabled patient engagement has increased medication adherence, improved chronic disease care, decreased the hospital-based services for ambulatory care sensitive conditions, and has other benefits.1 Similarly, telephone-based coaching has been especially effective for those with chronic diseases and modifiable health risks and conditions. Telephone-based coaching and classes allow the educator to focus on the patient’s needs, provides motivation and encourages effective goal setting and completion.2

Benefits of online learning include:

- Ability to learn from home, in a comfortable environment.
- Convenience and flexibility to learn at their own pace, at a time that works best.
- Greater ability to concentrate.
- Savings on class registration, materials, gas, and other miscellaneous costs.

HNFS offers free online courses, telephone-based classes, and online health resources for TRICARE West beneficiaries. Encourage your patients to visit our Health and Wellness Programs Resources today at www.tricare-west.com > Beneficiary > Wellness Center > Programs and Resources.

<table>
<thead>
<tr>
<th>Program/Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td>Choosing Wisely®</td>
<td>Take an active role in your health and partner with your doctor to make informed health decisions.</td>
</tr>
<tr>
<td>Health Risk Assessment</td>
<td>Get started with completing a health risk assessment to help determine your health risk and get a plan and resources for moving forward.</td>
</tr>
<tr>
<td>Learning Center</td>
<td>Choose from a variety of online health programs and classes that meet your learning style preference.</td>
</tr>
<tr>
<td>Tobacco Cessation Resources</td>
<td>Find tools and information to help you kick the habit; including TRICARE resources and programs, the Time to Quit online program, and Preparing to Quit Tobacco teleclass.</td>
</tr>
<tr>
<td>Health Topics</td>
<td>Learn more about common health topics and find links to other reputable web resources.</td>
</tr>
</tbody>
</table>

For additional materials and resources supporting patient education, view the new Provider Toolkit at www.tricare-west.com > Provider > Resources > Wellness > Provider Toolkit.


Maintenance of Wakefulness Test for Active Duty Service Members

TRICARE now allows for active duty service members (ADSMs) diagnosed with obstructive sleep apnea to get a Maintenance of Wakefulness Test (MWT) to determine treatment effectiveness for those with ongoing sleepiness issues.

Prior authorization is required and the following criteria must be met in order for coverage to apply:

- The ADSM must have been diagnosed with obstructive sleep apnea and have already received at least 30 days of treatment (for example, Continuous Positive Airway Pressure [CPAP]).
- If the ADSM has received Positive Airway Pressure (PAP) therapy, the referring provider must indicate the PAP usage (hours used and a percentage of nights since the therapy began) and how that usage compares to Service-specific compliance requirements on the authorization request.
- The MWT must be performed by a sleep facility certified by the American Academy of Sleep Medicine.
- For ADSMs treated with surgical therapy, an MWT can only be performed if they had a post-operative polysomnography confirming an apnea hypopnea index of less than five per hour.

HNFS offers an MWT Letter of Attestation that can be submitted in lieu of clinical documentation with your authorization request. Go to www.tricare-west.com > Provider > Benefits and Copays > Benefits A–Z > Maintenance of Wakefulness Testing for detailed benefit information.

Foot Orthotic Benefit Limitations

Patients diagnosed with diabetes may benefit from customized footwear or diabetic insoles to help prevent foot-related diseases and injuries. Foot orthotics are a limited TRICARE benefit for those with diabetes, and prior authorization from HNFS is required.

Prior authorization

Because foot orthotics are a limited benefit, clinical documentation or HNFS' prosthetic/orthotic letter of attestation (LOA) must be submitted with the prior authorization request. Find this LOA at www.tricare-west.com > Provider > Resources > Forms > Letters of Attestation.

Benefit details

Coverage of footwear and inserts for diabetics is limited to one of the following within one calendar year (every 365 days),

- One pair of custom molded shoes (including inserts provided with such shoes) and two pairs of multidensity inserts
- One pair of extra-depth shoes (not including inserts provided with such shoes) and three pairs of multidensity inserts.
- Modification of custom-molded or extra-depth shoes may be substituted for one pair of inserts, other than the initial pair of inserts.

Items for extremity orthoses, such as socks, are also limited to one pair per year (every 365 days).

Submitting claims

Claims for foot orthotics must include the diabetes diagnosis and clinical documentation (or the LOA) that describes one of the following:

- Previous amputation of the foot or part of the foot; or
- History of previous foot ulceration; or
- Pre-ulcerative callus formation, or peripheral neuropathy with a history of callus formation, foot deformity, or poor circulation; or
- The patient is being treated under a comprehensive plan of care for diabetes and needs therapeutic shoes.

The documentation submitted with the claim must be signed by the physician managing the beneficiary’s diabetic condition.

For additional benefit details, visit www.tricare-west.com > Provider > Benefits and Copays > Benefits A–Z > Orthotics.
Provider News

Contacts

Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

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

Express Scripts, Inc.
Pharmacy inquiries
1-877-363-1303
www.express-scripts.com/TRICARE

Visit us at www.tricare-west.com
and Facebook