

Avoid Claims Rejections, Resolve Issues

Did you know that most rejected claims are often due to a simple error? To ensure TRICARE claims are processed correctly the first time, follow these easy tips:

- **Use the Correct Social Security Number (SSN).** An incorrect SSN will likely cause a claim to be denied. TRICARE requires use of the sponsor's SSN. The exception is for a beneficiary who is a TRICARE-eligible former spouse of the sponsor. In this instance, use the beneficiary's SSN. All TRICARE beneficiaries have a military identification card that provides the sponsor's SSN.
- **Verify the Patient's Address.** Because service members move or are often in transit, ask beneficiaries to update their contact information during each visit.
- **Apply Accurate Coding.** Use the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes that most accurately describe the procedure or service. Do not select codes that approximate the service, and avoid using unlisted or miscellaneous codes. When no code exists, it is likely the procedure or service is not covered.
- **Assign Primary and Supporting Codes.** You can avoid claim line denials by assigning primary and supporting codes that denote the reason for the procedure, as well as any diagnosis that affects treatment.
- **Use Proper V Codes.** A V code can be submitted as the primary diagnosis when it explains the reason for the visit (e.g., a routine child checkup). When submitting a claim with a V code for an ancillary service, list the underlying medical condition as the primary diagnosis. For example,

if you submit a claim with the V code for a radiologic exam, you must include a primary diagnosis, such as chest pain, to explain the reason for the X-ray.

- **Verify Important Information.** Ensure the following information is accurate when submitting your claim: date of service, patient's date of birth, total amount billed and rendering provider's tax identification number.

When You Need Assistance

If you discover a problem with a claim, take quick action to resolve it within the TRICARE system rather than sending the issue to collections. TriWest Healthcare Alliance Corp. (TriWest) and Wisconsin Physicians Service (WPS) are your first points of contact for resolving claims issues. Call TriWest at 1-888-TRIWEST (1-888-874-9378).

If the problem cannot be resolved at this level, you can refer patients to a TRICARE beneficiary counseling and assistance coordinator (BCAC), then to a debt collection assistance officer (DCAO) if necessary. Both can help the beneficiary better understand claims issues and help resolve them.

BCACs and DCAOs are located at TRICARE Regional Offices and military treatment facilities (MTFs). To find an MTF, beneficiaries can go to www.triwest.com/provider and click on the "Military Clinic" tab. To find a BCAC or DCAO, TRICARE beneficiaries may call their local MTF or search the BCAC/DCAO Directory at www.tricare.mil/bcacdcao.

For more information on claims submission requirements, visit TriWest's Web site at www.triwest.com/provider. ■

Lead Poisoning Test Now Covered by TRICARE

TRICARE now covers pediatric lead poisoning screenings and will pay for a blood lead test (Current Procedural Terminology [CPT®] code 83655*) during each well-child visit. The benefit covers children ages 6 months to 6 years who are at high risk for lead exposure per Centers for Disease Control and Prevention guidelines. Patients should be referred to a network laboratory to maximize this new benefit.

For more information, visit www.triwest.com/provider or call 1-888-TRIWEST (1-888-874-9378). ■

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Electronic Claims and Other Health Insurance

When a TRICARE beneficiary has other health insurance (OHI), secondary and tertiary TRICARE claims can be submitted electronically through a clearinghouse, direct submission or at www.triwest.com/provider. Required information from the OHI explanation of benefits (EOB) must be included in the claim submission.

To ensure proper adjudication of claims involving a primary payer, it is strongly recommended that electronic data interchange (EDI) claims include the primary payer-allowed amount, paid amount and OHI payment reason if no prior payment is made on claims submitted. TRICARE follows the Accredited Standards Committee (ASC) X12N 837 implementation guide for required claims processing elements. The basic elements of the X12N 837 transaction required for secondary and tertiary claims processing include:

- **SBR: Other Subscriber Information.** The 2320 loop is required when reporting other insurance, prior or otherwise. The multiple instances of SBRs break down multiple payers and the claim adjudication decisions.
- **AMT: Prior Payer Paid.** This is required if the claim is adjudicated by a prior payer.

- **AMT: Allowed Amount.** Allowed amounts can be provided at the AMT. However, if the AMT cannot be reported, the claim level adjustment segment is necessary.
- **Other Insurance Coverage Information.** This is required if the 2320 loop is present.

To submit line-level OHI information, refer to the 837 Claims Submission Companion Guide, which can be found in the EDI/Secured Web section at www.triwest.com/provider.

Note: TriWest Healthcare Alliance Corp. (TriWest) pays OHI claims line by line, i.e., if the other carrier pays on some lines and not others, TriWest will consider each service on its own merit. The TRICARE EOB shows the beneficiary's responsibility. If it is "0," the beneficiary cannot be billed.

See the table below for an example of a two-line claim with OHI. The beneficiary has no out-of-pocket expenses.

For more information on claim submissions, visit www.triwest.com/provider. ■

| Billed Amount | OHI-Allowable Amount | OHI Paid | OHI Beneficiary Liability | TRICARE-Allowable Charge | TRICARE Paid |
|----------------------|----------------------|----------|---------------------------|--------------------------|--------------|
| Line 1 - \$224 | \$200 | \$176 | \$24 | \$100 | \$24 |
| Line 2 - \$130 | \$97 | \$68 | \$29 | \$130 | \$29 |
| Total - \$354 | \$297 | \$244 | \$53 | \$230 | \$53 |

Treatment of Acute Myocardial Infarction

In 2007, TriWest Healthcare Alliance Corp.'s (TriWest's) Clinical Quality Management (CQM) Department completed a study measuring network provider care of TRICARE beneficiaries who presented to the emergency department (ED) with acute myocardial infarction (AMI) during 2006. The study included 11 indicators developed by the American Heart Association and the American College of Cardiology.

Outcomes for several of the indicators favorably surpassed national averages. Beneficiaries received aspirin on ED arrival in 99 percent of the cases and were given a prescription for aspirin on discharge 98 percent of the time. A beta blocker was administered within 24 hours of ED arrival and was prescribed on discharge 96 percent of the time. Reperfusion therapy was administered in 100 percent of instances where guidelines required it.

Remeasurement

Providers received education on ways to improve outcomes where opportunities were identified. In April 2008, TriWest's CQM Department conducted a remeasurement of beneficiaries who presented to the ED with AMI during 2007.

Outcomes for all remeasured indicators met or surpassed national averages. Two of the increases were statistically significant:

- Compliance with time to percutaneous coronary intervention (PCI) increased from 45 percent to 82 percent ($z = 6.620, p = .000$).
- Compliance with low-density lipoprotein cholesterol (LDL-C) assessment increased from 74 percent to 82 percent ($z = 3.767, p = .000$).

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Beneficiary Costs for Inpatient Services Increase Slightly

New Rates Effective Oct. 1, 2008, through Sept. 30, 2009

Each fiscal year, beneficiary out-of-pocket costs for TRICARE-covered inpatient services are subject to change. The following tables highlight the new rates for inpatient services for fiscal year 2009 (Oct. 1, 2008–Sept. 30, 2009).*

For additional information about copayments and cost-shares for TRICARE-covered services, visit the TRICARE Web site at www.tricare.mil/costs. You can also visit the TriWest Healthcare Alliance Corp. (TriWest) Web site at www.triwest.com/provider or call 1-888-TRIWEST (1-888-874-9378) for more information. ■

* While the inpatient rate increases are technically effective Oct. 1, 2008, there may be some delay between then and the time TriWest receives direction from the TRICARE Management Activity and is able to implement the change.

| Beneficiary Out-of-Pocket Costs for Inpatient Services for Civilian Hospital Admissions | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Program Option | Active Duty Family Members | Retirees, Their Families and Other Eligible Beneficiaries |
| TRICARE Prime | (no change) \$0 per admission | (no change) \$11 per day or \$25 per admission, whichever is greater; no charge for separately billed professional services |
| TRICARE Standard | Increases from \$15.15 to \$15.65 per day or \$25 per admission, whichever is greater; no charge for separately billed professional services | (no change) \$535 per day or 25% of the total charge, whichever is less, plus 25% of the TRICARE-allowable charge for separately billed professional services |
| TRICARE Extra | Increases from \$15.15 to \$15.65 per day or \$25 per admission, whichever is greater; no charge for separately billed professional services | (no change) \$250 per day or 25% of the total charge, whichever is less, plus 20% of the TRICARE-allowable charge for separately billed professional services |

| Beneficiary Out-of-Pocket Costs for Inpatient Behavioral Health Care Services at Civilian Facilities | | |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Program Option | Active Duty Family Members | Retirees, Their Families and Other Eligible Beneficiaries |
| TRICARE Prime | (no change) \$0 per admission | (no change) \$40 per day; no charge for separately billed professional services |
| TRICARE Standard | (no change) \$20 per day or \$25 per admission, whichever is greater | High-Volume Hospital (no change): 25% of hospital-specific charges Low-Volume Hospital : Increases from \$187 to \$193 per day or 25% of the billed charges, whichever is less Residential Treatment Center (no change): 25% of the TRICARE-allowable charge Partial Hospitalization (no change): 25% of the TRICARE-allowable charge, plus 25% of the TRICARE-allowable charge for separately billed professional services |
| TRICARE Extra | (no change) \$20 per day or \$25 per admission, whichever is greater | (no change) 20% of the total charge, plus 20% of the TRICARE-allowable charge for separately billed professional services |

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CONTACTS

TriWest Customer Service
1-888-TRIWEST
www.triwest.com

TRICARE Alaska Office
1-907-743-1800

Wisconsin Physicians Service
(Electronic claims set up)
1-800-782-2680
www.wpsic.com

Express Scripts, Inc. (ESI)
(Pharmacy inquiries)
1-866-DoD-TRRX
1-866-DoD-TMOP
www.express-scripts.com/TRICARE

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Treatment of Acute Myocardial Infarction

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Compliance with another indicator, lipid-lowering medication prescribed at discharge, met our long-term goal of 96 percent.

TriWest's CQM Department has identified the following opportunities to further improve the care of TRICARE West Region beneficiaries with AMI:

- Prescribe angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) at discharge when the ejection fraction is less than 40 percent and there are no other known contraindications.
- Provide adult smoking cessation advice or counseling when there is a history of smoking within the past year.
- Decrease time from "door to balloon" for PCI to 90 minutes or less.
- Assess LDL-C status during hospitalization, record known pre-hospitalization LDL-C level or order the assessment to be performed after hospitalization.

Looking Toward the Future

In 2009, TriWest's CQM Department will remeasure the following indicators for beneficiaries who presented to the ED with AMI in 2008:

- ACE inhibitor or ARB prescribed at discharge
- Adult smoking cessation advice/counseling provided
- PCI performed within 90 minutes
- LDL-C level assessed

TriWest's CQM Department has developed a short-term goal of increasing compliance rates for these indicators by five percentage points. TriWest recommends that you review your policies and procedures and update them as needed to ensure alliance with best practice standards for the treatment of AMI.

For more information about national compliance rates for these measures, visit www.jointcommissionreport.org and select "Quality and Safety Performance Detail" and then "Heart Attack Care Performance Detail." ■