

Online Referral and Authorization Submission Now Available

You asked for it, and now you have it! All providers who register on the secure provider portal at www.triwest.com now have the ability to submit referral and authorization requests online.

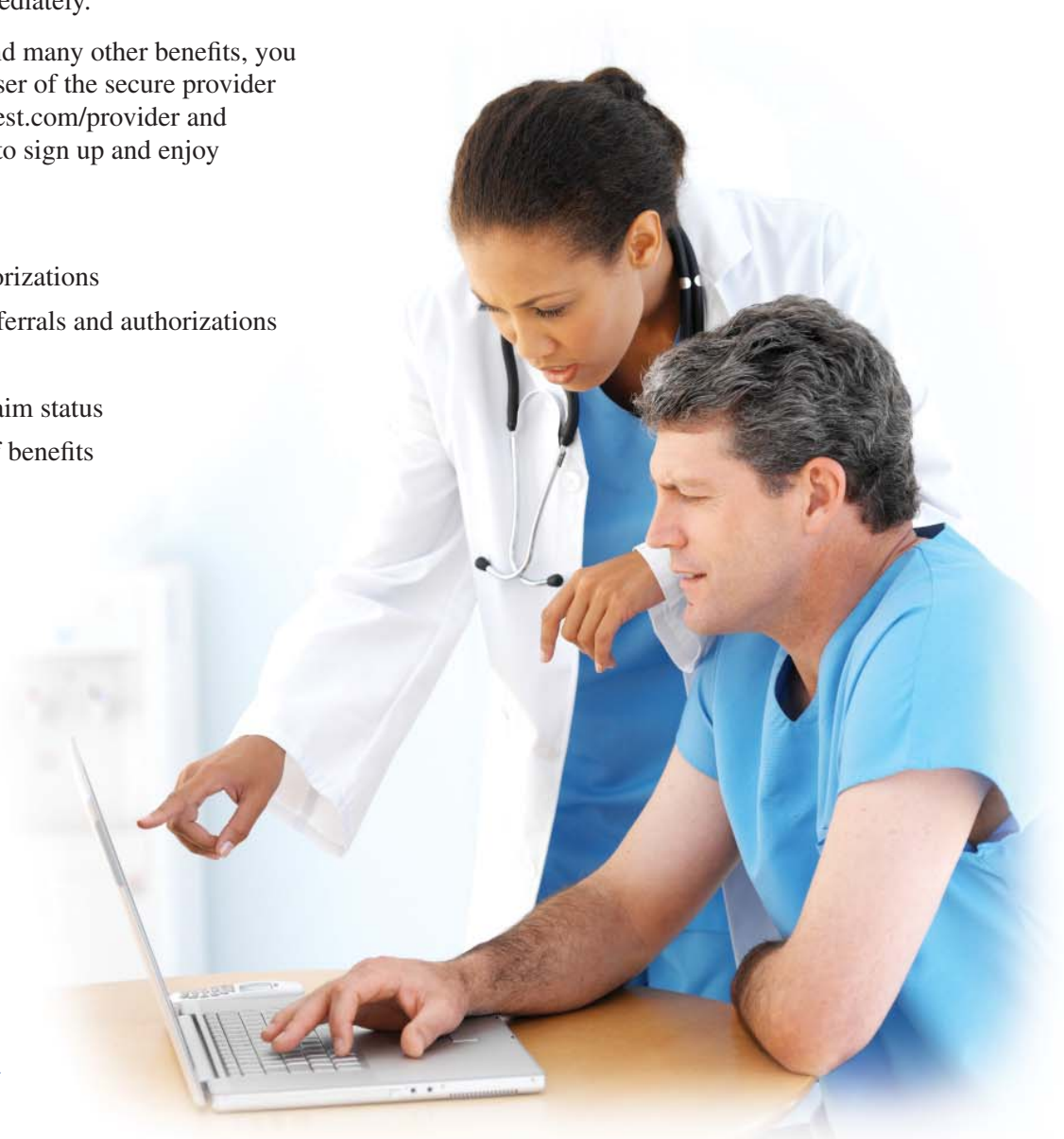
The online submission tool is the preferred way to submit a referral or authorization request to TriWest. In most cases, the requests are processed to completion and the status is available to the referring provider, servicing provider and TRICARE beneficiary immediately.

To take advantage of this and many other benefits, you must become a registered user of the secure provider portal. Just go to www.triwest.com/provider and click on "Register Today!" to sign up and enjoy these online benefits:

- Verify patient eligibility
- Submit referrals and authorizations
- Determine the status of referrals and authorizations
- Submit claims
- View claims and check claim status
- Download explanations of benefits

Once you are registered, you can log on to the secure portal by clicking on "My Account." Then just go to the "Referrals & Authorizations" section and click on "Learn to Submit Requests." There is a brief online tutorial to assist you with getting started and to answer common questions about using the tool. Additional online help is also available.

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



Prior Authorization List Updated

TriWest Healthcare Alliance Corp. (TriWest) has revised the Prior Authorization List (PAL). Most of the changes were designed to clarify the language or highlight current authorization requirements. Effective May 1, 2009, all magnetic resonance angiographies require prior authorization.



As a reminder, all services provided by TRICARE civilian providers that are listed on the PAL must be reviewed for medical necessity and require prior authorization for all TRICARE programs administered by TriWest.

Please be sure to check the PAL frequently as it is updated as often as monthly when new codes are approved for industry use and/or as codes are removed from the No Government Pay Procedure Code List. Go to www.triwest.com/provider today to review the codes that require prior authorization.

One of the many benefits available to TRICARE providers who register on the secure provider portal at www.triwest.com/provider is the ability to check the real-time status of referral and authorization requests. In addition, providers can check the status of services that they have been authorized to provide. Online submission of referral and authorization requests is now available. To avoid any delays in accessing this exciting new feature, register today at www.triwest.com/provider.

For more information and to review the PAL, visit www.triwest.com/provider. ■

Reminder: Medical Marijuana Prohibited by Federal Law

While there are many who believe in the medicinal effects of marijuana, its use for the treatment of various ailments does not come without controversy. Although some states have enacted laws legalizing medical marijuana for treating patients with serious illnesses like AIDS, cancer, glaucoma and chronic pain, it is still prohibited under federal law and therefore for all TRICARE beneficiaries.

Under U.S. law, marijuana is classified in the most restrictive category of controlled substances because of its potential for abuse. Furthermore, its therapeutic value has not been widely studied, and its safety and effectiveness are not proven.

The National Institutes of Health (NIH) has suggested that more studies be conducted and that the immediate and long-term effects of smoking marijuana be examined.

According to the NIH, studies are needed to evaluate the therapeutic potential of medical marijuana in the following five areas:

- Pain relief
- Neurological/movement disorders
- Chemotherapy-induced nausea and vomiting
- Glaucoma
- Appetite stimulation to counteract weight loss due to AIDS or cancer

Because the use of medical marijuana is illegal and its safety and effectiveness have not been established, it is **not** a treatment option for your TRICARE patients. Offer your patients appropriate, TRICARE-authorized services and medications to treat serious illnesses and chronic pain. ■

TRICARE's ECHO Benefit Enhanced

The Extended Care Health Option (ECHO) cap has increased for certain benefits in accordance with the National Defense Authorization Act (NDAA) for Fiscal Year 2009.

The NDAA increases the limit from \$2,500 per month to \$36,000 per fiscal year (Oct. 1–Sept. 30) for the following benefits:

- Training
- Rehabilitation
- Special education (which can include applied behavioral analysis services)
- Assistive technology devices
- Institutional care
- Transportation to and from institutions or facilities under certain limited circumstances

The maximum government cost-share for all other ECHO benefits combined remains at \$2,500 per month, excluding the ECHO Home Health Care (EHHC) and the EHHC respite care benefits.

Note: Benefits that are available through the basic TRICARE program are not covered under ECHO.

The enhanced ECHO benefit is retroactive to Oct. 14, 2008, the day the NDAA became law. Advise your TRICARE beneficiaries to submit

receipts to their TriWest Healthcare Alliance Corp. (TriWest) Case Manager with claims for authorized ECHO benefits provided on or after Oct. 14, 2008, that exceed the \$2,500 per month limit.

Remember that prior authorization from TriWest is required for ECHO health care services.

If your TRICARE beneficiaries have additional questions about the ECHO benefit changes, advise them to contact their TriWest Case Manager. ■



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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



Avoid Delays with Your Prior Authorization Requests

Processing for prior authorization requests can be delayed when medical necessity review is required for clinical determination and insufficient or no clinical information is submitted by a provider. TriWest Healthcare Alliance Corp. (TriWest) has modified its process to request additional clinical information. When additional clinical information is necessary to make a clinical determination, TriWest will now contact the requesting provider to obtain the information.

If the request is for non-urgent care, TriWest will fax a request for additional clinical information. The request will state what is required along with the expected time frame in which to return the requested information.

If the requested service is for urgent care, home health care services or an acute care admission, TriWest may contact the requesting provider's office by telephone to obtain the additional clinical information.

When the requested clinical information is provided, the request can be processed efficiently. If the additional clinical information is not provided within the time frame specified, TriWest will issue a determination based solely on the information provided. ■

