

Reminder: ID Cards Alone Do Not Verify TRICARE Eligibility

Because a TRICARE beneficiary's eligibility status is subject to change, it is important to verify his or her eligibility during each visit to your office.

Although TRICARE beneficiaries may have several forms of identification (ID)—e.g., an enrollment card, uniformed services ID card or Common Access Card (CAC)—an ID card alone does **not** verify eligibility. In order to confirm a TRICARE beneficiary's eligibility, you must check that he or she is registered as eligible in the Defense Enrollment Eligibility Reporting System (DEERS).

While TRICARE beneficiaries can verify their own eligibility in DEERS, the Privacy Act (Title 5, United States Code, Section 552a) does not allow providers to access DEERS directly to verify eligibility.

To verify that a patient is eligible in DEERS, you must either log on to the TriWest Healthcare Alliance Corp. (TriWest) Web site at www.triwest.com/provider or call 1-888-TRIWEST (1-888-874-9378). You can even request a detailed fax with your patient's eligibility information.

Before confirming eligibility online or by phone, review the patient's uniformed services ID card or CAC to ensure it is not expired and make copies of both sides for your records. If the card is expired, the beneficiary will need to update DEERS and obtain a new card.

When verifying eligibility online or by phone, you will need to provide the sponsor's Social Security number, which is available on the patient's uniformed services ID card or CAC. If you verify eligibility online, remember to print the eligibility verification screen for your records.

It is important to remember that a valid uniformed services ID card or CAC may not always reflect a beneficiary's current eligibility status. Again, checking his or her DEERS information through TriWest is the **only** way to confirm TRICARE eligibility. ■



Gastric Bypass Surgery Coverage Requirements

Laparoscopic surgical procedures and laparoscopic adjustable gastric banding are covered TRICARE benefits. A TRICARE beneficiary who is interested in having gastric bypass surgery to lose weight for health reasons needs to meet one of several conditions to be eligible for the surgery.

If ordered by the surgeon, the beneficiary may undergo a pre-surgical psychological assessment, a specialized appointment for patients being considered for gastric bypass surgery. This typically involves a psychological evaluation and brief psychological testing. This specialized patient care service is part of a multidisciplinary approach. Prior authorization is required for the pre-surgical psychological testing.

If it is determined that there are no psychological contraindications to surgery, then gastric bypass, gastric stapling or gastroplasty (to include vertical banded gastroplasty) may be covered when one of the following conditions is met:

- The patient is 100 pounds over the ideal weight for height and bone structure and has one of the following associated medical conditions: diabetes mellitus, hypertension, cholecystitis, narcolepsy, Pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders and severe arthritis of the weight-bearing joints.
- The patient is 200 percent or more of the ideal weight for height and bone structure. An associated medical condition is not required for this category.
- The patient has had an intestinal bypass or other surgery for obesity and, because of complications, requires a second surgery (a takedown).

In determining the ideal body weight for morbid obesity (using the 1999 or most current Metropolitan Life height and weight tables for men and women), TriWest Healthcare Alliance Corp. (TriWest) applies 100 pounds (or 200 percent) to both the lower and higher end of the weight range. Payment will be allowed when the patient meets all requirements for morbid obesity surgery, including the ideal weight within this determined range.

Facilities

Network providers should only use network facilities for gastric bypass procedures. Requests for non-network facilities may result in higher out-of-pocket expenses for the beneficiary. If TriWest receives a request for a non-network facility, it may contact the patient and suggest a network facility as an alternative.

Exclusions

TRICARE will not reimburse providers for non-surgical treatment of obesity, morbid obesity, dietary control or weight reduction. Excluded procedures include:

- Biliopancreatic bypass, jejunioileal bypass and Scopinaro procedure
- Gastric bubble or balloon
- Gastric wrapping/open gastric banding
- Unlisted Current Procedural Terminology (CPT®)* codes 43659 (laparoscopy procedure, stomach), 43999 (open procedure, stomach) and 49329 (laparoscopy procedure, abdomen, peritoneum and omentum) for gastric bypass procedures

Contact TriWest at 1-888-TRIWEST (1-888-874-9378) if you have a question about a beneficiary's coverage for one of these procedures. For additional information, refer to the *TRICARE Policy Manual*, Chapter 4, Section 13.2, available at www.tricare.mil. ■

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Tips for Efficient Claims Processing

Providers can take some simple steps to expedite the processing of their TRICARE West Region claims, reduce the time spent on tracking the status of submitted claims and eliminate the need to submit duplicate or tracer claims.

Take advantage of our newest enhancements on the TriWest Healthcare Alliance Corp. (TriWest) secure provider Web site, www.triwest.com/provider. As a registered provider, you can perform a variety of self-service functions:

- Verify patient eligibility
- View your patient panel report (primary care managers only)
- Determine the status of referrals and authorizations
- Submit, view and check claim status
- Download explanations of benefits
- See which payments have been issued

As a registered user, you can submit your professional and institutional claims online and receive real-time processing results. Currently, clean claims (i.e., those that do not contain a defect requiring investigation or development before adjudication) submitted online are being processed within the following time frames:

- 71 percent immediately
- 97 percent in 15 days or less
- 99.7 percent in 30 days or less

Second submissions and tracer claims can delay claims processing, influence the accuracy of claims payment and cost your practice valuable time. You can help avoid these problems by allowing at least 30 days from the date the claim is received at Wisconsin Physicians Service (WPS) before generating second submissions or tracers. This allows WPS time to receive the claim from your office or billing service and process all clean claims, as well as time for the U.S. Postal Service to deliver your payment.

For additional information on becoming a registered provider on TriWest's Web site, submitting your claims online and signing up to receive electronic remittance advices, visit www.triwest.com/provider or call the Electronic Data Interchange help desk at 1-800-782-2680. ■



New TRICARE Provider Seminars Coming This Spring

TriWest Healthcare Alliance Corp.'s (TriWest's) latest series of TRICARE provider educational seminars begin April 1 and run through mid-June throughout the 21-state TRICARE West Region.

For those new to TRICARE, these seminars are a great opportunity to learn the TRICARE basics. These seminars can also serve as a good update for those who have previously attended a TRICARE seminar. If you have recently attended a seminar and feel comfortable with the TRICARE program, you may want to encourage another team member from your office to attend. The seminars will also cover the latest TRICARE updates.

Seminars are scheduled for both medical/surgical and behavioral health care providers. By pre-registering for a seminar online, you will receive the following benefits:

- E-mail confirmation of your registration
- Reminder notice prior to the scheduled seminar
- Eligibility to participate in a drawing for a small prize

To find out the dates, times and locations of seminars near you, go to www.triwest.com/provider and visit the Stay Updated section. For additional information, e-mail pseminar@triwest.com. ■

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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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Keeping Protected Health Information Private

Maintaining the security of protected health information (PHI) is a critical aspect in providing quality health care to TRICARE beneficiaries. It is essential that you and your staff understand the rules governing the release of PHI so that you can maintain its security and confidentiality, and reduce the risk of unauthorized disclosure.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the release of PHI without patient authorization for purposes of treatment, payment and health care operations. However, the HIPAA Privacy Rule requires that providers make reasonable effort to disclose only the minimum amount of PHI that is necessary for these purposes.

PHI is any individually identifiable health information relating to a patient's past, present or future physical or mental health and related health care services. PHI may include demographics, documentation of symptoms, examination and test results, diagnoses and treatments.

Written authorization is not needed to send copies of a patient's medical records to a specialist or other health care provider who is treating him or her. Providers are allowed to disclose PHI to primary care managers and other health care providers for treatment purposes. PHI also may be disclosed without the patient's authorization in a medical emergency to provide the necessary treatment.

Release of a minor's PHI is dependent on state or other applicable laws. These laws may allow you to release PHI to a parent or guardian without the patient's consent. When state law does not address this issue, you may use your professional discretion in the release of PHI. There are, however, some exceptions, such as releasing sensitive diagnoses and psychotherapy notes.

For more information about PHI and HIPAA, visit www.tricare.mil/tmaprivacy. ■