

## Treating Out-of-Area TRICARE Beneficiaries

**W**ith summer just around the corner, you may find yourself either treating a vacationing TRICARE beneficiary from another TRICARE region, or advising one of your own TRICARE beneficiaries on how to access out-of-area care. Because TRICARE beneficiaries may be covered by one of several TRICARE program options—e.g., TRICARE Prime or TRICARE Standard—with varying requirements for out-of-area care, it's important that you be aware of those differences.

### Is a Referral Required?

For emergency care services, TRICARE Prime and TRICARE Standard beneficiaries **do not** need a referral or authorization. They can go directly to any emergency room or call 911 for emergency care.

If a hospital inpatient admission occurs, a TRICARE Prime, TRICARE Prime Remote (TPR) or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiary should contact his or her primary care manager (PCM) or regional contractor within 24 hours or the next business day to coordinate ongoing care. If the beneficiary is not admitted, the beneficiary will need to coordinate any follow-up care with his or her PCM. For those TPR active duty service members (ADSMs) or TPRADFM without PCMs,

beneficiaries should contact their regional contractor to coordinate all specialty follow-on care. A TRICARE Standard beneficiary also is encouraged to contact his or her primary care physician/family doctor.

If urgent care is required from a civilian provider, a TRICARE Prime, TPR or TPRADFM beneficiary **must** have a referral from his or her military treatment facility (MTF), PCM or regional contractor. Without a referral, urgent care is covered under the TRICARE point of service (POS) option, which translates into higher out-of-pocket costs for the beneficiary.

**Note:** If the TRICARE Prime or TPRADFM beneficiary has other health insurance to provide the primary coverage, the POS option does not apply. TRICARE Standard beneficiaries **do not** need a referral for urgent care.

All TRICARE beneficiaries are instructed to receive routine care, when possible, from network providers in their designated regions.

### Where Should Claims Be Submitted?

Regardless of the type of care—emergency, urgent or in rare cases, routine—provided to out-of-area TRICARE beneficiaries, other than active duty service members (ADSMs), they are responsible for payment of applicable cost-shares.

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## TRICARE Now Covers Prophylactic Hysterectomies

**T**RICARE Management Activity (TMA) recently instituted a contract change that adds prophylactic hysterectomy procedure to TRICARE coverage. The implementation date was Jan. 12, 2008, and is retroactive to Jan. 1, 2006. Prophylactic hysterectomy is the removal of the uterus before development of cancerous cells. Carefully selected indications have been developed for prophylactic hysterectomy and are included in this policy.

Prophylactic hysterectomy is covered under TRICARE:

- For women with a positive breast cancer genetic test (BRCA) who are about to undergo or are undergoing tamoxifen therapy

- For women who have been diagnosed with Hereditary Nonpolyposis Colorectal Cancer (HNPCC) or are found to be carriers of HNPCC-associated mutations

For qualified TRICARE beneficiaries who received a prophylactic hysterectomy on or after Jan. 1, 2006, and the claim was denied, providers should contact TriWest Healthcare Alliance Corp. to have the claim reconsidered.

For more information, refer to the *TRICARE Policy Manual*, which is available at <http://manuals.tricare.osd.mil> or call TriWest at 1-888-TRIWEST (1-888-874-9378). ■



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Please submit all claims information to the region where TRICARE beneficiaries reside (rather than the region in which they received care.) If you have any questions or concerns about submitting claims for out-of-area TRICARE beneficiaries, call the appropriate TRICARE regional contractor listed below.

### **North Region—Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273)**

The TRICARE North Region is comprised of the following areas: Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area), Missouri (St. Louis area) and Tennessee (Fort Campbell area).

### **South Region—Humana Military Healthcare Services, Inc. 1-800-403-3950**

The TRICARE South Region is comprised of the following areas: Alabama, Arkansas, Florida, Georgia, Louisiana,

Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Fort Campbell area) and Texas (excluding the El Paso area).

### **West Region—TriWest Healthcare Alliance Corp. 1-888-TRIWEST (1-888-874-9378)**

The TRICARE West Region is comprised of the following areas: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington and Wyoming.

For more information about treating out-of-area TRICARE beneficiaries, see Chapters 7 and 8 of the *TRICARE Provider Handbook* or call TriWest Healthcare Alliance Corp. at 1-888-TRIWEST (1-888-874-9378). ■

## TRICARE Prime Access Standards

The Department of Defense has access standards in place so TRICARE beneficiaries may receive medically necessary care in a timely manner and within a reasonable distance from their homes. As a TRICARE provider, you and your office staff are responsible for complying with these standards when providing care to TRICARE beneficiaries.

### **Appointment Wait Time Standards**

TRICARE network providers are obligated to adhere to appointment wait time access standards when treating TRICARE Prime beneficiaries. Wait times for appointments for:

- Well visits shall not exceed four weeks (28 days)
- Specialty visits shall not exceed four weeks (28 days)
- Routine visits shall not exceed one week (7 days)
- Acute illness or urgent care shall not exceed 24 hours

Upon arrival at your office, a TRICARE Prime beneficiary should be seen by the provider within 30 minutes or less in nonemergency situations. If anticipated appointment times are behind schedule because of an emergency situation, your staff should inform waiting and arriving beneficiaries of the

cause and length of the delay. Additionally, beneficiaries should be offered the choice either to wait or reschedule the appointment.

### **Specialty Care Drive Time Standards**

If you need to refer your patient for specialty care services, the beneficiary's drive time should be less than one hour. For TRICARE Prime beneficiaries residing outside of Prime Service Areas, i.e., the geographic areas where TRICARE Prime is offered, beneficiaries have waived their drive time standards and are required to use TRICARE network primary care managers (PCMs) and specialists regardless of drive time.

### **Standards Compliance**

As a TRICARE provider, meeting these standards is essential. If you have any change in demographics, panel status or your ability to meet appointment standards, please make sure you notify TriWest Healthcare Alliance Corp. (TriWest) within 10 days of the change. For more information about provider responsibilities and Prime Access Standards, refer to Chapter 2, "Important Provider Information" of the *TRICARE Provider Handbook*, or call TriWest at 1-888-TRIWEST (1-888-874-9378). ■

# Symptoms and Resources for Traumatic Brain Injuries

**K**nown as the “signature injury” of the current military conflict often caused by improvised explosive devices (IEDs), traumatic brain injury (TBI) is the result of a blunt force, shock wave force or penetrating trauma to the head. The brain is injured when the sudden deceleration or rotational acceleration from the trauma generates shearing forces in the brain by forcibly rotating and battering the brain within the skull. The force of the traumatic injury causes brain tissue to rip and stretch, followed by bleeding and swelling.

In treating TRICARE beneficiaries, particularly active duty service members (ADSMs) returning from combat deployments, it is important that civilian providers be aware of the signs of TBI in order to provide beneficiaries proper treatment.

Two conditions are required to diagnose a history of TBI. First, there must have been an injury event and second, the injury event must have resulted in an alteration of consciousness (from being “dazed,” amnesia surrounding the event, or loss of consciousness). A thorough history can help identify TBI. The Army’s post-deployment assessment (PDA) and post-deployment reassessment (PDRA) screening tools includes the following two yes/no questions:

1. “While deployed, were you exposed to or near a blast, IED, car bomb and/or suicide explosion, or exposed to any other combat event that caused a blow or jolt to your head?”
2. “While deployed, were you involved in a motor vehicle accident, a fall, a sports accident, or any other event that caused a blow to your head or neck whiplash?”

If your patient confirms any of the above, further assessment is warranted. The following information may be helpful to providers in diagnosing TBI.

## Neuropsychological Symptoms related to TBI

In addition to the following symptoms being related to TBI, these symptoms also may be present in other neurological or psychiatric disorders so a thorough assessment is encouraged and warranted.

- Difficulty concentrating
- Difficulty in multitasking
- Difficulty in planning
- Dizziness
- Fatigue
- Forgetfulness
- Headaches
- Impulsivity
- Irritability
- Loss of balance
- Mood changes
- Sleep disturbances
- Slowed thinking

## Other Related Injuries often Caused by Blasts

- Acute/chronic pain
- Chronic infections
- Hearing loss
- Lung injury/pulmonary contusion
- Nerve damage
- Post-Traumatic Stress Disorder (PTSD)
- Soft-tissue damage
- Tinnitus
- Undiscovered fragments
- Vestibular problems
- Vision changes/loss

## TBI Resources

The following TBI resources may be prove helpful to both providers and beneficiaries.

### How to Request Assistance for ADSMs with TBI

Each ADSM should be managed by either a MTF or a Veterans Administration provider/care manager. If you are unsure of who to contact, please call TriWest Healthcare Alliance Corp. at 1-888-TRIWEST (1-888-874-9378) for assistance.

### Other TBI Resources

- Defense and Veterans Brain Injury Center (DVBIC): [www.dvbic.org](http://www.dvbic.org)
  - TBI Screening Tool: [www.dvbic.org/pdfs/3-Question-Screening-Tool.pdf](http://www.dvbic.org/pdfs/3-Question-Screening-Tool.pdf)
  - Telephone: 1-800-870-9244
  - E-mail: [info@dvbic.org](mailto:info@dvbic.org)
- Wounded Service Members (WSM): [www.tricare.mil/cap/Related\\_Sites/WSM.cfm](http://www.tricare.mil/cap/Related_Sites/WSM.cfm)

### TRICARE Resources

- *Information and Resources for Combat Veterans* brochure: [www.tricare.mil/tricaresmartfiles/Prod\\_511/Combat\\_Veterans\\_Br\\_Lo.pdf](http://www.tricare.mil/tricaresmartfiles/Prod_511/Combat_Veterans_Br_Lo.pdf)

### TriWest Resources

- [www.triwest.com/provider](http://www.triwest.com/provider)
- 1-888-TRIWEST (1-888-874-9378) ■



# TRICARE Provider News

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*TRICARE Provider News* is published by the TRICARE Management Activity. Please provide feedback at [www.tricare.mil/evaluations/feedback](http://www.tricare.mil/evaluations/feedback).

## CONTACTS

**TriWest Customer Service**  
1-888-TRIWEST  
[www.triwest.com](http://www.triwest.com)

**TRICARE Alaska Office**  
1-907-743-1800

**Wisconsin Physicians Service**  
(Electronic claims set up)  
1-800-782-2680  
[www.wpsic.com](http://www.wpsic.com)

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



## Prior Authorization List Updated

**T**riWest Healthcare Alliance Corp. (TriWest) may update the online supporting Prior Authorization List (PAL) spreadsheets as frequently as monthly as new codes are approved for industry use while other codes are removed from the Government No Pay List. 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.

Remember, one of the many benefits to TRICARE providers who register to receive secured access to the TriWest Web site at [www.triwest.com](http://www.triwest.com) is the ability to check the status of referrals and authorization status online.

Go to [www.triwest.com/provider](http://www.triwest.com/provider) today to review the codes that require authorization. ■

## Sample Waiver of Non-Covered Services Form

**A** sample *Waiver of Non-Covered Services Form* was recently developed to illustrate the information required by TRICARE to bill a beneficiary for a non-TRICARE covered service. The sample form is available at [www.triwest.com/provider](http://www.triwest.com/provider) under the Find a Form section.

The *Waiver of Non-Covered Services Form* allows a network (contracted) provider to charge a TRICARE beneficiary for services that are not a covered TRICARE benefit when the beneficiary has agreed, in writing, to waive his or her balance-billing protection. Remember that active duty service members (ADSMs) cannot waive or be billed for non-covered services.

For more information about the waiver of non-covered services, refer to the *TRICARE Provider Handbook* or contact TriWest Healthcare Alliance Corp. at 1-888-TRIWEST (1-888-874-9378). ■