

Greater Electronic Access to DoD Uniform Formulary Pharmacy List

TRICARE now provides greater electronic access to the Department of Defense (DoD) Uniform Formulary pharmacy listing for TRICARE civilian providers. With this initiative, TRICARE is making it easier for you to check the formulary tier of a medication in real-time before prescribing it to a TRICARE beneficiary. TRICARE anticipates that the wider accessibility will improve quality of care, reduce the number of unnecessary non-formulary drugs being dispensed and decrease overall costs.

TRICARE providers who currently use an electronic medical records service with an e-prescribing function can now access the DoD Uniform Formulary through RxHub, which may already be a component of your existing service. You are encouraged to check with your service provider to find out if RxHub is offered. The DoD Uniform Formulary can also be accessed at www.pec.ha.osd.mil.

The electronic formulary is the DoD's first step into the e-prescription industry. The long-term goal is for TRICARE providers to directly send prescriptions electronically to all military, mail-order and retail pharmacies. ■

Verifying TRICARE-covered Benefits before Making Referrals

Before you refer a TRICARE beneficiary to a specialist, it's best to verify whether the service or procedure is a TRICARE-covered benefit. TRICARE covers most medically necessary, proven inpatient and outpatient care. However, some medical/surgical services are excluded from coverage while others are subject to significant limitations.

Medically or psychologically necessary services and supplies include those used for the diagnosis or treatment of a covered illness (including behavioral health disorders), injury, pregnancy or well-child care. **Note:** Active duty service members (ADSMs) must always have a referral from their primary care manager for behavioral health care.

The following services and procedures are **excluded** by TRICARE under any circumstance:

- Acupuncture
- Artificial insemination
- Birth control (non-prescription)
- Experimental or unproven procedures
- Foot care (routine)
- Hair transplants
- Laser/LASIK/refractive corneal surgery
- Non-surgical treatment of obesity or morbid obesity

Note: Military treatment facilities have the authority to authorize

non-covered services on a case-by-case basis only for ADSMs.

Some services that are covered but with **significant limitations** include:

- Chiropractic care
- Cosmetic, reconstructive and plastic surgery
- Hearing aids
- Obesity surgery/treatment

Note: These lists are not intended to be all-inclusive.

Cosmetic, reconstructive and/or plastic surgery may be covered if related to correcting a congenital anomaly, restoring body form following accidental injury, revising disfiguring/extensive surgical scars or reconstructing the breast (e.g., following medically necessary mastectomy).

Hearing aids and related supplies and services may be covered for adult active duty family members with profound hearing loss or a speech recognition score of less than 94 percent when tested. Additionally, dependent children of ADSMs with hearing loss may be covered if they have a 26 dB HL or greater hearing threshold in one or both ears when tested in the frequency range of 500, 1,000, 2,000, 3,000 or 4,000 Hz. More information on hearing aid coverage can be found in the *TRICARE Policy Manual*, Chapter 7, Section 8.2.

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TriWest's Telephonic Inpatient Admission and Continued Stay Review Process

The TRICARE Management Activity requires TriWest Healthcare Alliance Corp. (TriWest) Utilization Management (UM) clinicians to monitor utilization of hospitalized (acute inpatient care) beneficiaries and beneficiaries in other health care facilities, such as skilled nursing facilities, long-term acute care (LTAC) facilities or acute rehabilitation facilities in the TRICARE West Region.

TriWest will conduct telephonic continued stay reviews for beneficiaries treated in sole community hospitals (non-Diagnosis Related Group [DRG]) and patients in skilled nursing, LTAC and acute rehabilitation facilities. Inpatient utilization monitoring in DRG facilities will include certain high-risk conditions and long stays or outliers. TriWest will continue to evaluate utilization data and change prospective review and continued stay telephonic review requirements from time to time.

Additionally, TriWest UM clinicians are available to assist in discharge planning. You can contact TriWest UM clinicians at 1-888-TRIWEST (1-888-874-9378) to submit responses to requested clinical updates, as well as request assistance with discharge planning. ■



Fall TRICARE Seminars Under Way

TriWest Healthcare Alliance Corp. (TriWest) proudly announces the fall 2008 series of TRICARE provider educational seminars throughout the 21-state TRICARE West Region. The seminars, which begin immediately after Labor Day and run through mid-December, provide you and your staff with the latest information on TRICARE programs, policies and procedures.

For those providers new to TRICARE, these seminars are an excellent opportunity to learn the ins and outs of TRICARE. These seminars also serve as a good refresher course for providers 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.

New reference tools will be covered and the 2008 *TRICARE Provider Handbook* and *Quick Reference Guides* will be provided to all attendees. Seminars are scheduled for both medical/surgical and behavioral health care providers.

Visit www.triwest.com/provider to find the dates, times and locations of the seminars nearest you and to register. When you register online, you'll also benefit from the following:

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

Sign up today! ■

Verifying TRICARE-covered Benefits before Making Referrals

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While non-surgical obesity treatments are not covered, surgical weight loss procedures (i.e., gastric bypass, gastric stapling, vertical banded gastroplasty and laparoscopic adjustable banding) are covered under certain circumstances. Patients who are 100 pounds or more over their ideal weight and have certain associated serious medical conditions (e.g., diabetes, hypertension or severe arthritis of the weight-bearing joints) and patients at 200 percent or more of their ideal body weight may qualify for weight loss surgery.

Understanding TRICARE coverage guidelines **before** services are rendered is the key to obtaining appropriate reimbursement. For a complete list of procedures excluded by TRICARE, refer to the No Government Pay Procedure Code List on the TRICARE Web site at www.tricare.mil/nogovernmentpay. ■

A Closer Look at Behavioral Health Care Providers

When the need for a behavioral health care (BHC) consult is identified for a TRICARE patient, you may be unsure about what specialty would be most appropriate. The following table lists the different types of BHC providers and any special TRICARE requirements that may apply. **Note:** The TRICARE benefit allows eight self-referred visits for beneficiaries without prior authorization. TRICARE Prime beneficiaries must use a network provider. These eight self-referred visits to a network provider are **not** available to active duty service members (ADSMs). ADSMs must **always** have a referral from their primary care manager (PCM) or their service point of contact to receive care outside of the military treatment facility.

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

BHC Provider Type	Description
Psychiatrists	Psychiatrists are M.D.s and D.O.s who specialize in psychiatry, can prescribe medications and provide individual and family therapy. Many psychiatrists prefer to provide only medication management and work in conjunction with other BHC disciplines that provide the therapy; however, some psychiatrists do provide therapy. Psychiatrists may have busier practices than other BHC providers, often requiring a longer wait time for an appointment. Other providers may be able to see a patient more quickly.
Psychologists	Psychologists have a doctoral degree in psychology (Ph.D. or Psy.D.). In general, psychologists do not prescribe medications, although some states do allow medications to be dispensed. Generally, psychologists work in conjunction with a psychiatrist if the patient requires medication. Psychologists conduct individual, group and family therapy. Many, but not all, of these providers will do psychological/neuropsychological testing. Some states allow providers with a master’s degree to conduct testing.
Advance Practice Registered Nurses	Advance practice registered nurses can be nurse practitioners or clinical nurse specialists: advance registered nurse practitioners, clinical nurse specialists and psychiatric nurse practitioners. In some states, advance practice registered nurses may prescribe medication independently, as well as provide individual, group and family therapy. They may also be more readily accessible for outpatient visits.
Master of Social Work (MSW) Licensed Clinical Social Workers (LCSWs) Licensed Independent Social Workers (LISWs)	MSWs, LCSWs and LISWs are social workers with at least a master’s degree, specializing in therapy with individuals, groups and families. They may not prescribe medication and often work in conjunction with psychiatrists if the patient requires medication.
Certified Marriage and Family Therapists (MFTs)	MFTs are master’s-prepared, specialize in family therapy and can provide individual and group therapy. They may not prescribe medications. Certified MFTs generally work in conjunction with a psychiatrist if the patient requires medication.
Mental Health Counselors: (Licensed Mental Health Counselors, Licensed Professional Counselors, Pastoral Counselors)	Mental health counselors represent a broad category and encompass many different licenses and educational backgrounds. Some examples of mental health counselors include individuals with a Master of Education, Master of Arts, Master of Counseling, Master of Science, Licensed Professional Clinical Counselor, Certified Mental Health Counselor, etc. Additionally, each state has different licensure standards, thus the great variety of credentials. At a minimum, mental health counselors possess a master’s degree and can provide individual, group and family therapy. They may not prescribe medication. They generally work in conjunction with a psychiatrist if the patient requires medication. These providers do need a physician referral, which does not have to be issued from the beneficiary’s PCM, and ongoing supervision by a physician. This is a TRICARE program requirement that cannot be waived.

Correction

In the Issue 8 *TRICARE Provider News* article “New Program Helps Safeguard the Health of TRICARE Beneficiaries,” a correction is needed due to a change in process. A provider will not be designated by TriWest if the beneficiary does not select one. ■

TRICARE Provider News

TriWest Healthcare Alliance Corp.
P.O. Box 42049
Phoenix, AZ 85080

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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Support Our Troops: Submit Consult Reports on Time

In order to properly manage the care of active duty service members (ADSMs), referring civilian and military treatment facility (MTF) primary care managers (PCMs) need to receive feedback in a timely manner from specialty providers. TriWest Healthcare Alliance Corp. (TriWest) cannot stress enough the importance of returning consultation and treatment reports as soon as possible for ADSMs, as they may be unable to deploy until the consult reports are submitted and reviewed by their PCM.

TriWest offers a consult report tracking system to help ensure that MTFs receive reports promptly. TriWest provides a fax cover sheet, which is included on the last page of the referral/authorization approval letter to specialty providers, that should be used to fax all consult reports to the referring provider. The fax cover sheet is also pre-populated with the appropriate fax number for the referring provider.

For more information about the consult report tracking process, refer to the online version of the *TRICARE Provider Handbook* in the Resource Library section of www.triwest.com/provider. You may also call TriWest at 1-888-TRIWEST (1-888-874-9378). ■

