

## Navigating HIPAA and PHI

**P**roviders have asked what types of protected health information (PHI) they should and shouldn't share with TriWest. As a TRICARE regional contractor, TriWest requires beneficiaries' PHI for a variety of purposes, including medical necessity review, case management, claims review, etc. Here are answers to commonly asked questions about PHI.

### What information is considered to be protected health information under HIPAA?

PHI is information that is created and obtained as you deliver services to beneficiaries. PHI may include documentation of symptoms, examination and test results, diagnoses and treatments. Certain personal information is also considered to be PHI under the Health Insurance Portability and Accountability Act (HIPAA), including, but not limited to:

- Home address
- Home telephone number
- Race
- Social Security number
- Medical records
- Photographs

- Any information that may compromise the privacy of or prove harmful to the beneficiary

### Do I need a patient's written authorization to send a copy of the patient's medical record to a specialist or other health care provider who will treat the patient?

No. Providers may disclose PHI to another health care provider for treatment purposes. Providers are cautioned to send only what is necessary to comply with the request or properly adjudicate the claim.

### If a patient is a minor or is not competent to make health care decisions, may I release information to the parent or guardian?

Providers may **not** release minors' information to parents or guardians without a minor's consent when the services are related to alcoholism, abortion, drug abuse, behavioral health, venereal disease or HIV. If the patient is incompetent, whether a minor or not, the guardian or other person authorized to act on the patient's behalf may give the consent.

### May I release patient information to TriWest, TMA or health care

### insurance companies for payment purposes?

Yes. Providers are permitted to disclose PHI as necessary to obtain payment for health care. However, the Privacy Rule requires providers to reasonably limit the amount of information disclosed for such purposes to the minimum necessary. TRICARE requires that consult tracking reports be provided to TriWest, which is permitted under HIPAA.

### Are the following types of insurance covered under HIPAA: long/short-term disability, workers' compensation, and automobile liability that includes coverage for medical payments?

No, the listed types of policies are not health plans as defined by HIPAA. HIPAA specifically excludes any policy, plan or program that provides for or pays for benefits other than health benefits or that are secondary or incidental to other insurance benefits. Therefore, providers are not required to release PHI to these plans or programs.

*TRICARE offers training in HIPAA compliance. For more information about PHI and other HIPAA issues, visit [www.tricare.osd.mil/HIPAA](http://www.tricare.osd.mil/HIPAA). ■*

## Have You Attended a TRICARE Seminar Yet?

**T**riWest is currently hosting TRICARE provider seminars throughout the West Region. Ideal for you and your staff, the seminar agenda includes important updates on TRICARE programs and the West Region transition, including referral/authorization processing, claims/billing tips, electronic claims filing, consult report tracking and much more. Visit the Provider Connection section of [www.triwest.com](http://www.triwest.com) frequently to find a seminar near you. ■



# Adjunctive vs. Non-adjunctive Dental Care: What's the Difference?

The TRICARE health care benefit covers **only** adjunctive dental care. Adjunctive dental care is that dental care which is medically necessary in the treatment of an otherwise covered medical (not dental) condition; is an integral part of the treatment of such medical condition; or is required in preparation for, or as the result of, dental trauma that may be or is caused by medically necessary treatment of an injury or disease.

The TRICARE health care benefit **does not** cover non-adjunctive dental care, which refers to any routine, preventive, restorative, prosthodontic, periodontic or emergency dental care that is not related to a medical condition. TRICARE beneficiaries receive these dental services through military dental treatment facilities and through one of two TRICARE dental programs.

All adjunctive dental care requires prior authorization. Prior authorization will determine if a beneficiary's condition is adjunctive or non-adjunctive dental care. The prior authorization requirement is waived only when essential adjunctive dental care involves a medical emergency, such as facial injuries resulting from a car accident.

Hospital services and supplies will be covered for a patient who requires a hospital setting for non-covered,

non-adjunctive dental care when medically necessary to safeguard the life of the patient from the effects of dentistry on an underlying non-dental organic condition. Professional services related to the non-covered dental care are not covered; professional services related to the medical condition (excluding the dentist and anesthesiologist) are covered.

The following are some examples of adjunctive dental procedures that TRICARE covers:

- Removal of teeth and tooth fragments to treat and repair facial trauma resulting from an accidental injury.
- Total or complete ankyloglossia (tongue-tie) to alleviate difficulty swallowing or speaking. (Partial ankyloglossia is not covered.)
- Dental or orthodontic care that is directly related to the medical and surgical correction of a severe congenital anomaly.
- Dental care in preparation for, or as a result of, in-line radiation therapy for oral or facial cancer.

For a more detailed list of adjunctive dental procedures that TRICARE covers, access Chapter 8, section 13.1 of the *TRICARE Policy Manual* at [www.tricare.osd.mil/tricaremanuals](http://www.tricare.osd.mil/tricaremanuals). ■

## Reference Room

### FDA Approvals and TRICARE

TRICARE covers only those drugs, devices, treatments and procedures whose safety and efficacy have been established and proven by the Food and Drug Administration (FDA). As a provider, you should be familiar with the process by which the FDA approves new medical therapies. The following is an overview of that process.

- **Drug company or sponsor applies for FDA approval of a specific drug, device, treatment or procedure.** Before applying for approval, the company/sponsor conducts extensive laboratory testing and research (sometimes several years worth), which they then provide to the FDA with the application for approval.

- **FDA reviews data and gives approval for clinical trials.**

After reviewing the submission, the FDA will determine whether or not the benefits of the new medical therapy outweigh the risks. If so, the FDA will authorize clinical trials and monitor the results to decide whether the trials should continue or not.

- **FDA studies data from clinical trials and determines whether or not the drug, device, treatment or procedure should be made available to the public.**

Once the FDA has decided that a submission is safe and effective, it will place restrictions on how it is marketed and prescribed. The FDA also will ensure that labeling

includes possible risks and side effects.

- **The new medical therapy is proven.** Once the FDA gives approval, the drug, device, treatment or procedure is considered proven and will become available to the public. If the FDA feels that the risks outweigh the benefits, it will be rejected and the company/sponsor will receive a complete list of issues that need to be addressed.

Studying and testing a new drug or treatment before it can be approved for the general public takes 8.5 years on average. The FDA gives "priority" classification, however, to those treatments that offer significant medical advances over existing

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## TriWest Crisis Line Provides Safety Net

**B**oth medical and behavioral health care providers keep lists of local crisis lines for their patients. To supplement these local resources, TriWest now offers a 24-hour, professionally staffed Behavioral Health Care (BHC) Crisis Line as a safety net for TRICARE beneficiaries.

For patients with an established behavioral health care treatment program, the best course of action is to document and review a crisis plan **before** an emergency situation arises. Additionally, because of the time-sensitive nature of their crises, these patients should be directed to call the local support line or 911, or go directly to the local emergency room.

Patients without previously identified behavioral health issues, however, typically don't know where to turn and oftentimes are not even aware that their physician can help them. For these patients, the TriWest BHC Crisis Line is an excellent resource for immediate support and direction.

Because of the nature of the uniformed services and multi-generational military families, unexpected crises are not uncommon—a family loses a loved one, a spouse is injured and recuperating overseas, a discharged soldier is dealing with a service-related disability. For that reason, TriWest encourages providers to make all of their TRICARE patients aware of the BHC Crisis Line as part of routine visits.

### Where to Call

Any TRICARE beneficiary can access the BHC Crisis Line by calling 1-888-TRIWEST, and following the prompts for “mental health crisis.”

### How the Crisis Line Works

Beneficiaries will immediately be transferred to a trained and licensed mental health professional, such as a social

worker or nurse, who will counsel them and provide options for treatment.

In emergency situations, the patient will be directed to dial 911 or go immediately to the nearest emergency room. If the situation is urgent, but not critical, the patient will be scheduled to see a local TRICARE provider as soon as possible.

### How Providers Can Help

As a TRICARE provider, you may receive a request to fit such a patient into your schedule. By doing so, TriWest can provide the most immediate attention to TRICARE beneficiaries in need.

### For More Information

If you have additional questions about the BHC Crisis Line, you can call 1-888-TRIWEST. ■



## Reference Room

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therapies and tries to limit the process to 10 months from the time the application is submitted.

For the safety of its beneficiaries, TRICARE does not cover drugs, devices, medical treatments or

procedures that have not been approved by the FDA or that have been categorized as “experimental/investigational.”

If you are unsure whether or not a drug or treatment is covered by

TRICARE, view the TRICARE policy manual online at [www.tricare.osd.mil](http://www.tricare.osd.mil) or call TriWest at 1-888-TRIWEST.

For more information about the FDA approval process, visit [www.fda.gov](http://www.fda.gov). ■

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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)  
1-866-773-0404  
www.wpsic.com

**Express Scripts**  
(Pharmacy inquiries)  
1-866-DoD-TRRx  
1-866-DoD-TMOP  
www.express-scripts.com/TRICARE



## Fax Now Required for Behavioral Health Pre-authorization Requests

**B**ehavioral health care benefits available to patients under the new TRICARE West Region contract are primarily the same. In fact, the new contract allows better management and greater coverage for behavioral health care services in the recently expanded 21-state region.

The method for providers requesting pre-authorizations for those services has changed, however. Faxing the appropriate behavioral health care pre-authorization form to TriWest is now required rather than making the request by mail or telephone. The central fax number, 1-866-269-5892, is printed at the bottom of each form.

### Authorization for Emergency Inpatient Admissions

Providers are encouraged to fax requests for Emergency Inpatient Admissions; however, after-hours

emergency admissions may be called into the Behavioral Health Crisis Line at 1-888-TRIWEST.

### Authorization Forms Online

Specific forms for each level of behavioral health care are located in the Provider Forms section of the TriWest Web site. To locate these forms:

1. Go to [www.triwest.com](http://www.triwest.com) and select "Find a Form" from the top navigation bar.
2. Choose "Provider forms," then scroll down to the Behavioral Health section.
3. There are nine pre-authorization forms that are available for printing. The forms are in Microsoft® Word format, so they also can be saved to your computer.

### Important Reminders

Remember that all fields on each of

the forms **are critical** to the proper processing of the authorization. Be sure to properly complete all demographic information, such as Social Security number and address. The most common reason for denied or delayed authorization is a mistake in demographic information.

Delays are also caused by the following:

1. The clinical information necessary to establish medical necessity is not provided.
2. CPT or diagnosis codes are not listed.
3. The full provider name is not listed, e.g., "Dr. Jones" as opposed to "Dr. Fred Jones, Valley Orthopedics."
4. Handwriting is illegible.

### If You Have Questions

If you have any questions about the new processing policy or how to obtain forms, you can visit [www.triwest.com](http://www.triwest.com) or call 1-888-TRIWEST. ■