

TriWest Educates Providers about Post-Traumatic Stress Disorder

As troops return from Iraq and Afghanistan, there is potential for higher rates of Post-traumatic Stress Disorder (PTSD). In response, TriWest Healthcare Alliance, in collaboration with the University of North Texas Health Science Center and with commercial support from Pfizer, is presenting a series of continuing medical education seminars addressing diagnosis and treatment options for service members and their families.

TriWest conducts seminars in communities that have deployed large numbers of service members to Iraq and Afghanistan. The seminars target network primary care managers (PCMs) and behavioral health care providers, as well as all MTF and Department of Veterans Affairs providers. The next scheduled seminar will be held Tuesday, June 7, in Honolulu, HI. The following sections provide an overview of PTSD.

What Is PTSD?

PTSD develops after exposure to extreme psychological trauma—events that produce fear, helplessness or horror, such as a threat to life or physical integrity. Not everyone exposed to such trauma develops PTSD. However, those who do may continually re-experience the traumatic event, experience persistent symptoms of increased agitation not present before the trauma, make efforts to avoid stimuli associated with the trauma and exhibit numbing of their general responsiveness.

PTSD is frequently seen in conjunction with other psychiatric conditions, including major depression, panic disorder, generalized anxiety disorder and substance use disorders. The last of these, substance use, can be seen as an effort to self-medicate the intrusive memories and numb the symptoms of increased arousal.

PTSD is considered one of three stress reactions that are being recognized as normal reactions to abnormal conditions, such as combat. The other two are:

- Acute Stress Reaction—A condition characterized by symptoms of panic, freezing, disorientation and agitation—which usually fades within days or weeks of the trauma.
- Chronic Stress Reaction—Characterized by symptoms of exhaustion, lack of humor, lack of direction, paranoia and isolation—which usually persist for months but may still resolve in some cases.

Early Identification and Diagnosis

TriWest seminar speaker, Dr. Richard Rahe who studied POWs returning from Vietnam, as well as Beirut hostages and political prisoners in Bosnia, recommends that providers not diagnose PTSD until 6–12 months after the trauma because some individuals with acute and chronic stress reaction recover. However, early identification that a service member suffers from a stress reaction can reduce long-term disabling symptoms.

The challenge to early identification is that many service members are hesitant to seek treatment for their symptoms. In a July 1, 2004, issue of *The New England Journal of Medicine*, a study done among service members deployed to combat duty in Iraq and Afghanistan revealed that soldiers give the following as reasons for not seeking help:

- They would be seen as weak (65%)
- Unit leadership might treat them differently (63%)
- Members of their unit might lose confidence in them (59%)
- Difficulty getting time off for treatment (55%)
- Unit leaders would blame them for the problem (51%)
- It would harm their career (50%)

The article concludes that active duty service members with psychological difficulties are more likely to seek care for physical symptoms from a PCM than seek behavioral health care. The full article can be accessed on the *New England Journal of Medicine* Web site at <http://content.nejm.org/cgi/content/short/351/1/13>.

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TRICARE Bonus Payment Designation: Health Professional Shortage Areas (HPSA) and Physician Scarcity Areas (PSA)

A new bonus payment designation has been created for primary care physicians and other specialists in medically underserved areas. The Physician Scarcity Area (PSA) designation was created by Medicare as an addition to the previously established health professional shortage areas (HPSA).

Providers in medically underserved areas that qualify are eligible for a bonus that exceeds the amount normally paid under TRICARE. These areas are designated by the Secretary of Health and Human Services for the Medicare program. HPSAs include both primary care and behavioral health identified areas. PSAs include both physician primary care and specialty care.

Effective January 1, 2005, the PSA bonus payment is 5 percent of the amount paid by TRICARE to primary care physicians (e.g., general practitioners, family physicians, internists and OB/GYNs) in PSAs. The PSA bonus payment does not apply to oral surgeons (dentists), podiatrists, and optometrists. Where services include both a professional and technical component, only the professional component will be included when calculating the bonus payment.

Depending on the areas, the bonus shall be calculated based on 10 percent or 5 percent of the amount actually paid a physician during a calendar quarter for services rendered in a medically underserved area. In order to receive the HPSA bonus payment, the physician must put a QU modifier for an urban HPSA or a QB for a rural HPSA on the claim. To receive the PSA bonus, the physician must put an AR modifier on the claim for services rendered in a PSA.

TriWest will add all claim payments that qualify for the quarter and pay an additional 10 percent for the QB and QU modifier claims and an additional 5 percent for the AR

modifier claims. An overlapping of a HPSA and PSA can occur. When this happens, only one HPSA bonus and one PSA bonus can be paid—a maximum 15 percent bonus.

Some other key points:

- The bonus payment is based on where the service is rendered (not on the address of the beneficiary) and must be within a medically underserved area as defined above.
- Bonus payments are paid on a quarterly basis, not with each claim. In addition, the bonus will be based on what TRICARE actually paid, not on the TRICARE-approved payment amount.
- A PSA bonus will be paid on services rendered from January 1, 2005, through December 31, 2007.

The already established HPSA bonus payment is 10 percent of the amount actually paid on a TRICARE claim, including instances where TRICARE is the secondary payer. The additional reimbursement applies to claims for services rendered on or after June 1, 2003.

The HPSA bonus payment initially only applied to physician services rendered in HPSAs however, effective September 1, 2003, payment also applies to podiatrists, oral surgeons, and optometrists. Later changes allowed bonus payments to be paid to psychiatrists for behavioral health services rendered in mental health shortage areas. Mental health shortage areas only affect psychiatrists furnishing services in mental health HPSAs that do not overlap with primary care HPSAs.

To determine your eligibility for a bonus payment or for further information, please visit www.cms.hhs.gov/providers/bonuspayment or visit the TRICARE Web site at www.tricare.osd.mil. ■

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Support Services

Many resources are easily accessible through the Web. The following linked sites focus primarily on national services, but many have links to local community services.

- National Center for PTSD www.ncptsd.org
- National Institute of Mental Health www.nimh.nih.gov/healthinformation/ptsdmenu.cfm
- PTSD Alliance www.ptsdalliance.org/home2.html

- Veterans Administration www.va.gov/health_benefits/
- Military OneSource www.militaryonesource.com
- Department of Veterans Affairs www.dva.va.gov
- Hooah4 Health www.hooah4health.com
- Courage to Care www.usuhs.mil/psy/courage.html
- Lifeline Services Network www.lifelines.navy.mil/dav/lsnmedia/LSN/CombatStress/

If you have questions about beneficiaries' benefits or resources, please contact TriWest at 1-888-TRIWEST. ■

Important Claims Issues to Consider

The following is a summary of various claims issues that may be important to you. They include unique lab code pricing, accident claims and EOBs in multiple envelopes. Refer to the TriWest Web site at www.triwest.com or call 1-888-TRIWEST if you have any questions.

Lab Codes with Unique Component Pricing

There are 19 clinical lab services codes that have a professional component (PC) and a technical component (TC) that don't add up to the global CHAMPUS Maximum Allowable Charge (CMAC) component pricing on the rate file. Normally, CMAC component pricing is broken down into three categories: professional, technical and global. Professional or PC refers to services normally performed by a physician, such as the interpretation of a diagnostic test. Technical or TC refers to institutional charges that are not billed separately, such as equipment, technician services, supplies and materials used during a test. Global is the sum of the PC and TC charges.

There are 19 unique codes listed below for clinical lab services that when billed without modifiers, their basic price comes from the Medicare clinical lab fee schedule. They do not have Relative Value Units (RVU) and are not physician services. It is permissible for a physician to bill for interpreting those particular lab tests, if necessary, and TriWest

will make a separate payment for their interpretation.

If a physician bills with one of these codes, the claim should be submitted for the original CPT code with a professional component (-26) modifier attached to it. However, the physician interpretation fee is not a component of the overall fee, as it is for most codes that allow a -TC or -26 component bill. The physician interpretation fee is an additional fee that can be paid in these circumstances and is not taken out of the fee the lab receives.

For 2005 these 19 codes that have had this type of pricing from 1996 through 2004 are: 83020, 83912, 84165, 84181, 84182, 85390, 85576, 86255, 86256, 86320, 86325, 86327, 86334, 86335, 87164, 87207, 88371, 88372 and 89060. To ensure you use the correct code, refer to the 2005 CPT Manual. To verify rates, refer to the TRICARE CMAC rates on the TriWest Web site at www.triwest.com.

Accident Claims Coding

TRICARE does not accept the E-condition code as the primary diagnosis when submitting an accident claim. It is intended that an E-condition code be used in addition to a valid ICD-9-CM code. Accident codes are condition codes and are used to describe what occurred but do not indicate a diagnosis. To avoid delays in reimbursement, you are encouraged to follow the coding guidelines provided in the 2005 ICD-9-CM manual.

EOBs in Multiple Envelopes

For the West Region, Wisconsin Physicians Service (WPS) processes TriWest claims and generates the corresponding Explanation of Benefits (EOBs)/Remittance Advices. When EOBs are generated, system-coding technology then sorts the EOBs that have already been stuffed into smaller envelopes into a larger envelope for each provider.

Instruct your staff to leave all the smaller envelopes inside the larger envelope. Due to varying office processes, some larger providers (e.g., hospitals, large university systems) have separated the smaller envelopes, resulting in lost envelopes or deliveries of the smaller envelopes at different times.

To ensure you receive all EOB information and check(s)—located on the last page of the EOB—examine both sides of each page of the EOB. To obtain copies of EOBs, call 1-888-TRIWEST, say “claims” at the main menu, say “Provider” when prompted for identification and then say “Customer Service Representative” for assistance.

Other Reminders

We continually are updating the Web site with important articles and resources relating to claims and reimbursement. Check the Web site regularly for updates. ■

TRICARE NEWS

On April 19, 2005, TRICARE announced that three prescription medications: Nexium® (esomeprazole), Teveten® (eprosartan) and Teveten HCT® (eprosartan with hydrochlorothiazide), are the first to be selected for non-formulary status. While the major impact of this change will be on beneficiaries who will begin paying higher cost-shares for these medications, the implementation will also

impact providers who will need to establish medical necessity for these medications.

More information will be in the next issue of *TRICARE Provider News* including a list of therapeutic alternatives that may be prescribed and steps for obtaining medical necessity. For additional information, visit www.tricare.osd.mil/pharmacy. ■

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CONTACTS

TriWest Customer Service
1-888-TRIWEST
www.triwest.com

TRICARE Alaska Office
(Alaskan providers only)
1-907-743-1800

Wisconsin Physicians Service
(Electronic claims set up only)
1-866-773-0404
www.wpsic.com

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



TriWest Implements Telephonic Review Process

Hospitals and other health care facilities in the TRICARE West Region are reminded that TriWest Utilization Management (UM) nurses must perform a review of medical records of beneficiaries hospitalized in your facility. In order to improve continuity of care through a centralized medical management system, TriWest has implemented a telephonic review process.

UM nurses are now available by phone or fax to review medical records and assist in discharge planning. Contact TriWest UM nurses at 1-888-TRIWEST or fax the admitting face sheets to 1-866-269-5892.

Necessary documentation for admission reviews:

- Brief history to include age, sex, admission source (e.g., elective, emergency department)
- Reason for admission
- Co-morbidity information
- Specific intensity of service (IS) and severity of illness criteria met (or not) or documented rationale for nursing judgment, if appropriate
- Length of stay, if discharged
- Discharge planning needs

- Hospital point of contact
- Necessary documentation for continued stays:
- Specific IS criteria met, if appropriate
 - Relevant changes in condition
 - Discharge planning needs
 - Hospital point of contact

If you have any questions regarding this new process, contact TriWest at 1-888-TRIWEST (1-888-874-9378). ■

Attention Providers! Please disregard the FAQ relating to the disclosure of health information to minors in the article entitled, "Navigating HIPAA and PHI" in the *TRICARE Provider News, Special Bulletin Edition, 2005: Issue 1*. A revised FAQ will appear in a future edition to specify the appropriate answer. Please visit the FAQ section of the HHS Web site at www.os.dhhs.gov/ocr for information about HIPAA.