

## Three Medications Move to Non-Formulary Status

TRICARE has selected three medications to be designated as non-formulary: Nexium® (esomeprazole), a medication for ulcers and other stomach problems, and Teveten® (eprosartan) and Teveten® HCT (eprosartan with hydrochlorothiazide), both used to treat high blood pressure.

“With the selection of the first three non-formulary drugs, we have taken an important step in standardizing formulary management within the Department of Defense,” said Dr. William Winkenwerder Jr., Assistant Secretary of Defense for Health Affairs and director of TRICARE.

Patients currently using Nexium, Teveten or Teveten HCT may consult you about prescribing formulary alternatives. A summary of formulary alternatives to the non-formulary medications and their corresponding copayment is listed in the chart on the right.

Nexium, Teveten or Teveten HCT will not be routinely available on local military treatment facility (MTF) formularies. MTFs will be able to fill non-formulary

Non-Formulary	Formulary Alternative	Copayment
Nexium®	Omeprazole	\$3
	AcipHex®	\$9
	Protonix®	\$9
	Prevacid®	\$9
	Zegerid®	\$9
Teveten®/ Teveten HCT®	Avapro®/Avalide®	\$9
	Cozaar®/Hyzaar®	\$9
	Diovan®/Diovan HCT®	\$9
	Micardis®/Micardis HCT®	\$9
	Atacand®/Atacand HCT®	\$9
	Benicar®/Benicar HCT®	\$9

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### From the Desk of the CMO

*Russell W. Jenna, Jr., M.D.  
Vice President and Chief Medical Officer  
TriWest Healthcare Alliance*

It has been over a year since TriWest Healthcare Alliance implemented its contract with the Department of Defense and became the regional contractor for the TRICARE West Region. While there have been numerous challenges and opportunities associated with this transition, TriWest has made substantial progress in

ensuring that your needs are met as you care for the 2.7 million TRICARE beneficiaries located in the TRICARE West Region.

TriWest has met these challenges and exceeded government standards. For providers, getting claims processed and receiving reimbursements in a timely manner is critical. I am happy to announce that currently 99 percent of claims are processed within 30 days.

Additionally, TriWest and Wisconsin Physicians Service (WPS) have made considerable improvements in the average speed to answer for provider

and beneficiary calls. In addition, as TriWest moves forward, maintaining accurate provider data is a top priority.

As Chief Medical Officer, I am very proud of all the effort, patience and care given by our providers to TRICARE beneficiaries. TriWest is committed to ensuring that your issues are addressed promptly while we, as a team, continue to care for those who serve our country. ■



# Quick Tips for TriWest's IVR System

To make the TriWest Interactive Voice Response (IVR) system easier for you to navigate, TriWest has created a new “tip sheet” to give you helpful tips about how to use the IVR system for information about patient eligibility, authorizations, claims, contracting, education and how to obtain materials and forms.

Remember that the IVR messaging may be modified over time, so please listen carefully to message prompts and speak your response as appropriate. Visit the [www.triwest.com](http://www.triwest.com) *Provider Connection* for the most current version of IVR tips.

## Patient Eligibility

- Say “Eligibility” at the main menu.
- Say “Provider” when prompted for identification.
- Say sponsor’s Social Security number.
- Say patient’s date of birth.

Eligibility information will then be provided.

### *From the eligibility menu you can:*

- Learn the patient’s eligible program.
- Obtain information about the program.
- Learn about copayments, cost-shares or deductibles.
- Check eligibility for multiple patients.

## Provider Authorizations

- Say “Authorizations” at the main menu.
- Say “Provider” when prompted for identification.
- Say sponsor’s Social Security number.
- Indicate whether you are calling about a medical or behavioral health authorization.

You will be directed to a customer service representative who will assist you.

### *From the authorizations menu you can:*

- Find out where to fax your authorization.
- Listen to instructions for requesting new authorizations.
- Hear about emergency admissions.

## Provider Claims

- Say “Claims” at the main menu.
- Say “Provider” when prompted for identification.
- Say sponsor’s Social Security number.
- Be prepared to provide details about the claim.

### *From the claims menu you can:*

- Check the status of previously submitted claims
- Learn how to file a new claim, including:
  - Electronic filing information
  - Filing address
- Obtain general claims information, including:
  - Tracer information

## Provider Contracting

- Say “More options” at the main menu.
- Say “Provider” when prompted for identification.
- Say “Contracting information.”
- Say the name of the state where care is provided.
 

You will be given the appropriate telephone number to call.

## Provider Education for Network Providers

- Say “More options” at the main menu.
- Say “Provider” when prompted for identification.
- Say “Education.”

- Say “Yes” when asked if you are a contracted provider.
- Say the name of the state where care is provided.

## Provider Education for Non-Network Providers

- Say “More options” at the main menu.
- Say “Provider” when prompted for identification.
- Say “Education.”
- Say “No” when asked if you are a contracted provider.
- Say the name of the state where care is provided.

## Obtain Provider Materials & Forms

- Say “More options” at the main menu.
- Say “Provider” when prompted for identification.
- Say “Materials and Forms.”
 

You will be directed to a customer service representative who will order the materials.

## Helpful Hints

- You may use your touch-tone keypad to provide the sponsor’s Social Security number. If you use your touch-tone keypad, press the “#” sign after your entry.
- To start over from the beginning, say “Start Over.”
- To hear something again, say “Repeat.”
- To exit a menu you did not intend to enter, say “Main Menu.”
- To end the call, say “Goodbye” or simply hang up. ■

## Join the Team! Show Your Support for Our Military at [www.americasupportsyou.mil](http://www.americasupportsyou.mil)

**A**s a TRICARE provider, you are already supporting our Armed Forces. But are you aware of the “AMERICA SUPPORTS YOU” campaign, and are your contributions being officially recognized?

The AMERICA SUPPORTS YOU campaign is a Web-based initiative at [www.americasupportsyou.mil](http://www.americasupportsyou.mil) that is sponsored by the Department of Defense (DoD). The goal of this program is to provide an electronic forum for communicating public support directly to the dedicated men and women of our Armed Forces worldwide.

Since the campaign was launched in November 2004, the amount of community and corporate support has increased dramatically. The DoD’s Community Relations and Public Liaison representative says that approximately 700 people visit the site and register their support daily.

Secretary of Defense Donald H. Rumsfeld recently remarked on the overwhelming support for the program. “America’s support for the Armed Forces has been sustained and deep, spanning every segment of society—from families, schools and local communities, to multinational corporations,” he

said. “All are doing their part to demonstrate a profound appreciation for the dedication and sacrifice of these brave men and women—and without a doubt, they deserve it.”

As a TRICARE provider, you make an enormous contribution to the lives of service members and their families. Your role is very important to the health and well-being of our nation’s military family. It is reassuring for active duty service members to know that the health care needs of their families back home, as well as their own upon returning home, will be met.

Visit the AMERICA SUPPORTS YOU Web site at [www.americasupportsyou.mil](http://www.americasupportsyou.mil) today to register and join others in this important military support mission. Upon registration, you will receive a “dog tag,” bearing the official campaign logo, that you can wear to help publicize the program.

The Web site also features valuable information and resources about organizations with which you can become involved. You can read stories about what others are doing to encourage our men and women of the Armed Forces, discover ways to lend your support and read messages of appreciation from the troops.

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requests for these medications only if both of the following conditions are met:

- 1) An MTF provider writes the prescription, and
- 2) Medical necessity is established for these products.

MTFs may (but are not required to) fill a Nexium, Teveten or Teveten HCT prescription written by a non-MTF provider to whom the patient was referred by the MTF, as long as medical necessity has been established.

### Establishing Medical Necessity

Proof of medical necessity is not needed in order for your patient to fill a non-formulary medication through the TRICARE Retail Pharmacy program or the TRICARE Mail Order Pharmacy program, unless your patient is an active duty service member. If you feel that it is medically necessary for your patients to receive a non-formulary medication instead of any of the formulary alternatives that are on the Uniform Formulary, the medication can be provided

at the formulary copayment if you can substantiate medical necessity.

Medical Necessity Forms are available on the TRICARE Pharmacy Web site [www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm](http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm). Procedures for how to complete and submit medical necessity information can be found on the form.

**IMPORTANT NOTE ABOUT NEXIUM:** Beneficiaries who already have a medical necessity determination for Nexium on file at the TMOP are required to reestablish medical necessity for the drug under the new medical necessity criteria approved by the Director, TMA in order to receive Nexium at the \$9.00 formulary copayment. Existing TMOP medical necessity determinations under the previous criteria for Nexium became invalid on July 17, 2005. ■

## Electronic Data Interchange—Did You Know?

**T**riWest Healthcare Alliance and Wisconsin Physicians Service (WPS) receive many questions regarding the electronic submission of claims. You will find the answers to some of the most frequently asked questions about electronic claims submission, or electronic data interchange (EDI), listed below.

### Is it true that I do not have to send WPS an 18-digit TRICARE provider number?

**Yes.** Unless you are using PC ACE software or FAX-to-EDI, you can provide alternate information to help expedite claim payment. Alternate information must include the name and physical location of the rendering provider and any one of the following:

- UPIN
- License number
- Medicare number
- Social Security number

### Is it true I can send my claims electronically when TRICARE is secondary?

**Yes.** WPS accepts secondary claims electronically. Please refer your billing vendor or clearinghouse to the ANSI 837 implementation guides that are available online at [www.wpsic.com/edi/pdf/tricarewest.pdf](http://www.wpsic.com/edi/pdf/tricarewest.pdf).

### If I require information regarding EDI claims submission to WPS, where can I go for assistance?

You can access the WPS EDI Web site at [www.wpsic.com/edi/edi\\_about\\_p.shtml?mm=3](http://www.wpsic.com/edi/edi_about_p.shtml?mm=3). Or you can contact a WPS EDI consultant by calling 1-800-782-2680 or 1-608-221-7115 and selecting option 4.

### If I am having technical problems with the submission of electronic claims, who can I contact for help?

You can contact a WPS EDI technical consultant by calling 1-800-782-2680 or 1-608-221-7115 and selecting option 2.

### If I'm having technical problems with submission of claims or with registering for the secured provider area on [www.triwest.com](http://www.triwest.com), who can I contact?

You can contact a WPS EDI technical consultant by calling 1-800-782-2680 or 1-608-221-7115 and selecting option 3.

### Who can I contact to check the status of an EDI agreement or request an EDI form?

You can contact a WPS EDI consultant by calling 1-800-782-2680 or 1-608-221-7115 and selecting option 7.

For more information, contact WPS EDI at 1-800-782-2680 between 8 a.m. and 7:30 p.m., Central Standard Time. ■

## Join the Team! Show Your Support for Our Military at [www.americasupportsyou.mil](http://www.americasupportsyou.mil)

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You can also encourage your colleagues and others to support the troops, too. Visit the AMERICA SUPPORTS YOU Web site for downloads of official promotional materials that you can print out to help spread the word about this program. There are many ways you can take part in the AMERICA SUPPORTS YOU effort:

- Display and distribute promotional posters, brochures and other logo items in your office.
- Distribute AMERICA SUPPORTS YOU dog tags within your organization.
- Include AMERICA SUPPORTS YOU themes in your materials, publications, special events, activities, conferences and speeches.

Let our brave and dedicated servicemen and servicewomen know that you support them by actively participating in the AMERICA SUPPORTS YOU campaign. Visit [www.americasupportsyou.mil](http://www.americasupportsyou.mil) today! ■



# Diagnosing and Treating Service Members Returning from Southwest and Central Asia Deployments

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Physicians treating patients who have returned from deployments to Iraq, Afghanistan and Kuwait should be aware of some unique, possible exposures of this population. For example, service members could return home with diseases that are rarely seen in the United States, including infectious diseases that may not be apparent for some time after they first return.

While documenting medical history, it is critical that veterans be queried about where they have been, any symptoms or acute diseases they experienced during or after deployment, compliance with prophylactic medications and immunizations, any unusual environmental conditions they recall, and other items that you might normally consider when questioning about international travel and high-risk occupations.

Diseases that civilian physicians like you may encounter in this patient population can be considered in three broad categories:

- Common conditions that may or may not occur at a higher incidence in recently returned veterans, and for which the deployment may be either unrelated or an aggravating factor (e.g., chronic skin or respiratory problems)
- Diseases rarely seen in U.S. clinics or hospitals, but which occur fairly frequently in those who have served

in Southwest or Central Asia (e.g., cutaneous leishmaniasis)

- Diseases that are relatively uncommon even among veterans of Iraq and Afghanistan but which, if missed or not appropriately treated, could have serious consequences (e.g., visceral leishmaniasis, falciparum malaria, Q fever and acute eosinophilic pneumonia)

This overview is by no means comprehensive, but it is meant to highlight three conditions that most U.S. providers are unlikely to have experience diagnosing or managing. This is not intended to be a definitive guide for these conditions, so you should pursue other sources for more clinical information (e.g., specific diagnostic tests, drugs of choice and dosages, etc.), as you would for any disease you do not normally encounter. A bit more space is devoted here to acute eosinophilic pneumonia simply because there is less literature generally available on this syndrome.

## Leishmaniasis, Cutaneous

Cutaneous leishmaniasis (CL), an infection by protozoan parasites of the genus *Leishmania*, is being seen in increasing numbers of military and civilian personnel who have been deployed to Iraq, Kuwait and Afghanistan.

The parasite is inoculated into the skin by the bite of an infected sand fly. The

incubation period is usually two to eight weeks, but may be years, depending on initial inoculum size.

Symptoms and signs are an inflammatory papule or nodule that slowly increases in size and ulcerates. Lesions may be hyperkeratotic and do not always ulcerate. There may be involvement of proximal lymph nodes. Psoriasiform, vesicular and eczematous lesions are not likely to be cutaneous leishmaniasis. The base will crust over, but the ulcer spreads under the edge of a firm and raised border. Lesions are usually on exposed skin (where sand flies might bite) and are rarely seen in the scalp or on the palms and soles.

Laboratory confirmation requires demonstration of the parasite (or PCR in a specialized laboratory). To obtain a specimen, first clean the ulcer base, then scrape the base and place scrapings onto a glass slide, and stain with Giemsa or Diff-Quick. Prepare Giemsa stained touch preps using a small full thickness skin biopsy from the lesion's edge. Divide the biopsy specimen longitudinally into halves for culture and histology. The diagnosis must be confirmed before treatment is offered.

Currently, antimony-based compounds are the drugs of choice for treatment of complicated CL. Treatment is generally with pentavalent antimonials, such as Pentostam® (sodium stibogluconate).

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For detailed information on leishmaniasis diagnosis and treatment, refer to the following Web site information:

1. Army Policy for Management of Suspected Cutaneous Leishmaniasis, Office of The Surgeon General, 10 Sept 2004, which can be found at: [www.pdhealth.mil/downloads/Guidance\\_for\\_Mgmt\\_of\\_Leish\\_Cases.pdf](http://www.pdhealth.mil/downloads/Guidance_for_Mgmt_of_Leish_Cases.pdf)  
Appendix 1, Clinical Policy Guidance for the Management of Suspected Cases of Cutaneous Leishmaniasis in Operation Iraqi Freedom and Operation Enduring Freedom  
Appendix 2, Leishmania Scraping and Biopsy Procedures
2. Updated information paper, Emerging Health Issues: Leishmaniasis among Soldiers in OIF/OEF, 10 March 2005 at: [www.pdhealth.mil/downloads/OTSG\\_Leishmaniasis\\_information\\_paper\\_10\\_MAR05.pdf](http://www.pdhealth.mil/downloads/OTSG_Leishmaniasis_information_paper_10_MAR05.pdf)

### Malaria

Military and civilian health care providers may encounter malaria in service members and civilians returning from deployments in Afghanistan and Iraq. Malaria is transmitted by bites of infected anopheline mosquitoes and varies seasonally and geographically in these deployment areas. In the indigenous population in Afghanistan and Iraq, *Plasmodium vivax* accounts for 80 and 95 percent of diseases, respectively. *Plasmodium falciparum* is the cause of remaining cases. (These numbers may not be up-to-date due to relatively unreliable reporting in recent years because of conflicts and war in the countries.)

Malaria can present as soon as five days after arrival in an endemic area, and anytime thereafter, under conditions

of continuous exposure. The usual incubation period for *P. vivax* is 14 days, but it can range from 12 days to 10 months even if a patient had been thoroughly compliant with prophylactic medication during deployment (to suppress blood-stage malaria) and a two-week course of primaquine after departing the theater (to eradicate persistent hepatic parasites). Primaquine should be included in the treatment regimen for individuals with documented *P. vivax* malaria. Primaquine should not be given to pregnant or G6PD-deficient individuals. For more on treatment, see the CDC's treatment guidelines at [www.cdc.gov](http://www.cdc.gov) click on "Diseases and Conditions" on the left side navigation bar, click on letter "M" and then click on "Malaria." Scroll down and click on "Clinicians/Healthcare Settings" then click on "Treatment of Malaria."

### Acute Eosinophilic Pneumonia (AEP)

Acute eosinophilic pneumonia (AEP) is one of a heterogeneous group of disorders collectively termed the eosinophilic pneumonias or eosinophilic lung diseases. These disorders are characterized by eosinophilic infiltration of the lung, which may or may not be accompanied by peripheral blood eosinophilia. Eosinophilic pneumonia may be seen in association with a diverse group of known clinical disorders, including parasitic and fungal infections, immunologic and systemic diseases, and drug toxicity. These secondary forms can present as simple, acute or chronic eosinophilic pneumonia. In the absence of an identifiable cause, simple, acute and chronic eosinophilic pneumonia may also be idiopathic.

Eosinophilic lung disease can be diagnosed by several means. Infiltrates on chest radiographs combined with peripheral blood eosinophilia can be used to define eosinophilic pneumonia; however, this indirect approach has two limitations. First, peripheral blood eosinophilia does not prove that infiltrates on chest radiographs are eosinophilic in origin, and second, eosinophilic infiltration of the lung is not always accompanied by peripheral blood eosinophilia. More directly, pulmonary eosinophilia can be assessed using bronchoalveolar lavage (BAL) or lung biopsy (open or transbronchial).

Patients with AEP typically present with an acute respiratory illness of one- to seven-days duration, manifested by fever, dyspnea, cough, pleuritic chest pain, myalgias, crackles on chest auscultation, hypoxemic respiratory insufficiency, bilateral diffuse infiltrates on chest radiographs, and increased eosinophils in BAL fluid or lung biopsy. Respiratory insufficiency progresses to respiratory failure requiring mechanical ventilation in a high percentage of cases.

AEP may be mistaken for other diseases, particularly community-acquired pneumonia, resulting in delayed or missed diagnosis. As defined by the North American-European Consensus Committee, many patients with AEP meet the criteria for acute lung injury (ALI), including its most severe subset—acute respiratory distress syndrome (ARDS). Distinguishing AEP from other conditions underlying ARDS, and from infectious pneumonia, is critical because of differences in response to corticosteroids and outcome. Patients with AEP characteristically show a rapid response to corticosteroids

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and have an excellent prognosis resulting in a favorable outcome in most patients, whereas non-AEP patients with ARDS do not benefit from corticosteroid therapy and have a poor prognosis with mortality rates reported to range from 10 percent to 90 percent.

Peripheral blood eosinophil counts may be normal; however, 19 of 27 (70 percent) patients described in separate studies by Umeki and Philit had peripheral blood eosinophilia greater than  $0.5 \times 10^9$  per Liter ( $500 \text{ per mm}^3$ ) at some point during the course of illness. Thus, the presence or absence of peripheral blood eosinophilia is of questionable value in diagnosing AEP, but it may serve as an important clue to guide additional, clinical steps particularly if the patient is already receiving antimicrobial therapy for a presumed infectious process, but not improving. BAL fluid provides an even more important clue to the diagnosis of AEP. BAL fluid eosinophilic percentages and total numbers are markedly increased in AEP, whereas ARDS is usually associated with increased neutrophils, and most viral and bacterial pneumonias typically are not characterized by BAL eosinophilia. In the appropriate clinical

setting, BAL eosinophilia is itself adequate justification for a trial of corticosteroids without tissue biopsy. When BAL eosinophilia is present, the patient should be evaluated for known causes of pulmonary eosinophilia. BAL fluid should be cultured and stained for infectious agents, as the most important point in the differential diagnosis is the exclusion of an infectious process.

The radiologic findings in AEP are similar to those of pulmonary edema, but other considerations in the radiologic differential diagnosis include pulmonary hemorrhage and either viral or atypical bacterial pneumonia.

AEP is associated with a variety of clinical disorders, including fungal and parasitic infections, immunologic and systemic diseases and drug toxicity. AEP has been strongly associated with initiation of cigarette smoking (or re-initiation after prior cessation). It has also been associated with inhalation of various agents, including dust, Scotchguard, heroin and smoke from fireworks. Although many associations are known, the exact cause or causes and the mechanism

by which eosinophils are recruited into the lungs in AEP are unclear.

At least 20 troops serving in Operation Iraqi Freedom or Operation Enduring Freedom have developed AEP. These were typically new-onset smokers, but without another, consistent exposure that set them apart from non-cases in a statistically significant manner. Still, ubiquitous conditions—such as high environmental particulate levels, or dusts or volatile organics associated with new construction—may have selectively induced AEP in genetically susceptible individuals whose lungs were “set up” by the immunological or physiological response to tobacco smoke. The deployment of such a large number of troops, combined with the significant increases in tobacco use that can be associated with deployments, may have further contributed to the clustering of otherwise rare cases.

AEP patients respond rapidly to corticosteroids and do not relapse once corticosteroids are discontinued. Spontaneous recovery also occurs. ■

### References:

Weina PJ, Neafie RC, Wortmann G, Polhemus M, Aronson NE. Old world Leishmaniasis: an emerging infection among deployed US military and civilian workers. *Clin Infect Dis* 2004;39:1674-1680.

Leishmaniasis among U.S. Armed Forces, January 2003—November 2004. *Medical Surveillance Monthly Report*. [http://amsa.army.mil/1MSMR/2004/v10\\_no06.pdf#page=2](http://amsa.army.mil/1MSMR/2004/v10_no06.pdf#page=2)

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Shorr AF, Scoville SL, Cersovsky SB, Shanks GD, Ockenhouse CF, Smoak BL, Carr WW, Petruccioli BP. Acute eosinophilic pneumonia among US military personnel deployed in or near Iraq. *JAMA* 2004;292:2997-3005. ■

## Send Referral and Authorization Forms to the Appropriate Contractor

TriWest has received numerous referral and authorization requests from providers, as well as inpatient admission information for beneficiaries, for programs that TriWest has no authority to approve. These benefit programs are:

- Continued Health Care Benefit Program (CHCBP)
- TRICARE For Life
- TRICARE Plus

These programs are managed by different contractors or fiscal intermediaries and are not administered by TriWest. When you submit inappropriate referral and authorization requests to TriWest, you may be releasing protected health information inappropriately, which is not compliant with the Health Information Portability and Accountability Act of 1996 (HIPAA). You are also delaying the referral and authorization process. The following information will help you contact the appropriate approval authority.

**The Continued Health Care Benefit Program (CHCBP)** provides transitional coverage for a specified period of time to eligible beneficiaries who purchase the plan. CHCBP is managed by Humana Military Healthcare Services, Inc. Please contact Humana Military for more information about referrals or authorization requests for CHCBP.

Humana Military Healthcare Services, Inc.  
Attn: CHCBP  
P.O. Box 740072  
Louisville, KY 40202  
Phone: 1-800-444-5445  
Fax: 1-877-270-9113  
www.humana-military.com

**TRICARE For Life (TFL)** is Medicare wraparound coverage available to Medicare-eligible TRICARE beneficiaries. TRICARE pays second to Medicare for services covered by both Medicare and TRICARE. TRICARE has partnered with Wisconsin Physicians Service (WPS) for TFL claims processing and customer service. You simply file the claim with Medicare as you normally do, and Medicare crosses the claim electronically to WPS. You can register with WPS at [www.tricare4u.com](http://www.tricare4u.com) for secure services such as:

- Verifying eligibility
- Submitting claims online
- Checking claim status
- Contacting customer service
- Viewing explanation of benefits statements

Because TFL beneficiaries obtain care through Medicare first, there is usually not a requirement for providers to obtain referrals or prior authorization from TriWest. If Medicare benefits are exhausted, or if the patient is seeking care covered by TRICARE, but not Medicare, you will need to get prior authorization from TriWest. If you have additional questions about TFL, contact WPS at 1-866-773-0404 or visit the WPS Web site at [www.tricare4u.com](http://www.tricare4u.com).

**TRICARE Plus** is a primary care enrollment option for TRICARE beneficiaries not enrolled in TRICARE Prime, a civilian health maintenance organization (HMO), or Medicare HMO, and is only available at certain military treatment facilities (MTFs) in the West Region. If a TRICARE Plus enrollee receives care in the civilian network, the beneficiary claims process then would follow TRICARE Standard or TRICARE Extra rules. For services payable by Medicare, Medicare rules will apply, with TRICARE as second payer for TRICARE-covered services and supplies. The PCM will refer beneficiaries to an MTF specialist when space is available. Providers should contact the referring MTF with any referral/authorization questions. ■

### Easing the Referral and Authorization Process

**Duplicate fax requests** for referrals and authorizations can cause delays in processing. Things to remember about fax requests for referrals and authorizations:

1. Fax your request only once.
2. Allow five days for processing.
3. Call 1-888-TRIWEST to check the status of your request.
4. If you have not received a response to a true medical urgent request, please call 1-888-TRIWEST the day after you submit your request.

Some hospitals are submitting “face sheets” to TriWest in error. TriWest is unable to respond back to hospitals that submit face sheets in error to TriWest. TriWest will attempt to send a notice to providers who submit a referral and authorization request to TriWest in error, but, to ensure a smooth referral and authorization request, follow the steps above. ■

## TRICARE Conducts Random Physician Surveys

Congress and the Department of Defense (DoD) want to know if the TRICARE program provides sufficient access to the health care services to military members and their families. While much of the care received by the active duty service members, retired service members, eligible family members and other beneficiaries is delivered within military treatment facilities (MTF) or by contracted networks of civilian providers, a substantial amount of health care is also delivered by civilian physicians who are not affiliated with military medicine, especially in those areas of the United States not near a military base.

As such, DoD's TRICARE Management Activity (TMA) is asking civilian providers across the United States if they are accepting new TRICARE Standard patients and, if not, why not. TMA will randomly survey full-time practicing civilian providers (MDs and DOs) from all 50 United States and the District of Columbia using a combination of mailed and telephonic questionnaires. If selected, the physician's billing manager will be asked to answer the short survey on behalf of the physician. The survey will take about five minutes to complete. By surveying physicians over a three-year period, TMA hopes to gain a better understanding of the level of TRICARE Standard acceptance among civilian physicians throughout the United States.

The surveys meet the requirement of the National Defense Authorization Act for FY 2004. ■



## TRICARE Unveils New Extended Care Health Option

On Sept. 1, 2005, TRICARE's Extended Care Health Option (ECHO) will replace the existing TRICARE Program for Persons with Disabilities (PFPWD). This new program will continue to deliver financial assistance to active duty family member beneficiaries who have a qualifying condition as defined by the law. It will also continue to offer an integrated set of services and supplies that supplement the basic TRICARE program options—TRICARE Prime, TRICARE Standard and TRICARE Extra.

There are many similarities between PFPWD and ECHO, as well as differences. For example the government's cost-share has increased

from \$1,000 to \$2,500 per month, and home health and respite care benefits have expanded.

### TRICARE ECHO Eligibility

TRICARE ECHO is only available to active duty family members who have a qualifying condition. The following are examples of a qualifying condition:

- Moderate or severe mental retardation
- A serious physical disability
- An extraordinary physical or psychological condition of such complexity that the beneficiary is homebound

Additionally participants will need to register in the members Exceptional

Family Member Program to be eligible for ECHO.

### Details to Come

Look for additional information about the new TRICARE ECHO program soon on the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil). Current PFPWD participants will be receiving letters explaining the change from PFPWD to ECHO.

If you believe that one of your patients has a condition that may qualify for services under TRICARE ECHO, contact TriWest at 1-888-TRICARE or visit [www.triwest.com](http://www.triwest.com) for assistance. Be sure to attend a TRICARE seminar this fall and watch [www.triwest.com](http://www.triwest.com) for additional information on ECHO. ■

## Understanding TRICARE's Maternity Coverage

**M**aternity care involves the medical services related to prenatal care, labor and delivery, as well as postpartum care. Any woman eligible for TRICARE benefits can receive maternity care from the first obstetric (OB) visit through up to six weeks after the birth of the child. This includes spouses, eligible former spouses, spouses of retirees and TRICARE-eligible unmarried children of active duty service members (ADSMs).

### Referrals and Authorizations

If you are the primary care manager (PCM) for a beneficiary who becomes pregnant, you'll need to either refer her to an obstetrics (OB) specialist or, if you are going to manage the pregnancy, handle the prior authorizations necessary throughout her pregnancy. Obstetric services require a prior authorization from TriWest, which should be obtained at the mother's first appointment with you (the PCM) about the pregnancy. The prior authorization will begin with the first prenatal visit and remain valid until 42 days after birth. Prior authorization must be obtained for both inpatient and outpatient services.

If your patient is enrolled in TRICARE Prime and intends to deliver in a civilian (non-MTF) facility or birthing center, a separate prior authorization for the delivery portion of her maternity care must be obtained. The separate prior authorization should be obtained as soon as her pregnancy is confirmed.

### What's Covered/Not Covered

TRICARE covers maternity-related treatment based on medical necessity.

#### TRICARE covers:

- Services and supplies associated with prenatal, childbirth, postpartum care and complications
- Epidural anesthesia for pain management during delivery
- An ultrasound, if medically necessary, (within the maternity care global fee). Determining gender is not considered medically necessary. Maternity ultrasound is covered (outside the global fee) only with diagnosis and management of conditions that constitute a high-risk pregnancy.
- TRICARE-certified/authorized birthing centers
- Emergency Cesarean section
- Circumcision



#### Prior authorization is also required for the following maternity-related services:

- Maternity inpatient stays (length of stay benefit cannot be restricted to less than 48 hours following a normal vaginal delivery or 96 hours following a Cesarean section)
- Planned Cesarean section and tubal ligation

#### TRICARE does not cover:

- Services and supplies related to noncoital reproductive procedures (artificial insemination, etc.)
- "Routine" ultrasounds are not covered. If a provider or beneficiary wishes to perform a "routine" ultrasound, it will not be covered in addition to or separately from the global maternity benefit. Beneficiaries can choose to pay for a routine ultrasound separately from their TRICARE benefits if they complete a "Request For Non-Covered Services Form" prior to the service being rendered.
- Off-label use of FDA-approved drugs to induce or maintain tocolysis
- Home Uterine Activity Monitoring (HUAM), telephonic transmission of HUAM data or HUAM-related telephonic nurse or physician consultation
- Lymphocyte or paternal leukocyte immunotherapy for the treatment of recurrent spontaneous fetal loss
- Salivary estriol test for preterm labor
- Personal comfort items such as private rooms and televisions after delivery

For more information about maternity care, contact TriWest at 1-888-TRIWEST or visit [www.triwest.com](http://www.triwest.com). ■

## TRICARE Requires Use of National Provider Identifier

The Department of Health and Human Services (DHHS) adopted the Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI) final rule as the standard unique identifier for health care providers on Jan. 23, 2004. This rule became effective May 23, 2005, and affects both individual providers (e.g., physicians, nurse practitioners and pharmacists) and organizational providers (e.g., hospitals and pharmacies) who conduct HIPAA standard electronic transactions. Beginning May 23, 2007, providers must use the NPI when conducting HIPAA standard electronic transactions. The goal of the NPI is to simplify the administration of the health care system and enable efficient electronic transmission of health information.

Each individual health care provider will be assigned only one NPI that will be used for medical services provided under every medical plan or program (e.g., a civilian health plan like Kaiser or a military health plan like TRICARE).

Health care organizations may have multiple NPIs if they choose; for example, a hospital would be assigned an NPI and their outpatient departments, surgical centers and laboratories also may be assigned separate NPIs.

The NPI is meant to be a lasting identifier and would not usually change as a result of changes in a health care provider's name, address, ownership, membership in health plans or Healthcare Provider Taxonomy classification.

You may submit an electronic application for your NPI, via the Centers for Medicare and Medicaid Services (CMS) Web site at <https://nppes.cms.hhs.gov>. CMS will accept paper NPI applications from those organizations that have participated in their "pilot" test. CMS anticipates acceptance of paper applications for NPIs from all providers beginning July 1, 2005. More detailed information on the application process and where to submit applications can be found on the CMS Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov).

The TRICARE Management Activity (TMA) will be implementing new requirements to ensure compliance by both contractors and providers. Once you obtain your NPIs, you will need to submit your NPIs to TRICARE in order to conduct HIPAA standard electronic transactions, such as electronic claims or electronic eligibility queries. More details regarding where to submit your NPI will be communicated as they are developed.

### Where Can You Find More Information?

The TRICARE HIPAA Office of Electronic Standards has made several documents available online to provide additional information to providers. All materials can be found at [www.tricare.osd.mil/hipaa/identifiers.html](http://www.tricare.osd.mil/hipaa/identifiers.html). Questions may be sent to the TMA HIPAA Office of Electronic Standards via e-mail at [hipaamail@tma.osd.mil](mailto:hipaamail@tma.osd.mil). ■

## Correction to TRICARE Provider News, Special Bulletin Edition, 2005: Issue 1

In the article entitled, "Navigating HIPAA and PHI," please see the revised answer below relating to the disclosure of health information to minors.

### 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 release PHI to the parent or guardian without consent in most cases. Individual state law may prohibit the release of a minor's information for health

issues such as alcoholism, abortion, drug abuse, behavioral health, venereal disease or HIV. Please consult with your state law and see the FAQs available on the Health and Human Services Web site at [www.os.dhhs.gov/ocr/hipaa](http://www.os.dhhs.gov/ocr/hipaa) for more information.

For questions regarding health information privacy or the Privacy Rule please contact HHS at [OCRPrivacy@hhs.gov](mailto:OCRPrivacy@hhs.gov). ■

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1-907-743-1800

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

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## Coming this Summer: Online Access to Referrals and Authorizations

**T**riWest is implementing a new feature this summer that allows you to check the status of referrals and authorizations in the secure area of the TriWest Web site. You can check status for referrals/authorizations that you have requested, as well as the status of referrals/authorizations for which you are the approved servicing provider.

Access to this new feature is available only to providers who have registered on [www.triwest.com](http://www.triwest.com). Processing a registration can take up to 10 days, so you should register in advance to ensure that you have access to this information as soon as it is available. Registration on [www.triwest.com](http://www.triwest.com) also allows you to submit claims, check claim status and check eligibility online.

You will be notified via our e-newsletter when the Referral/Authorizations Status is available online. Please take a moment to go to [www.triwest.com](http://www.triwest.com) and look for the e-news box. Registration for the e-newsletter is fast and easy. ■

