TRICARE ProviderNews

A PUBLICATION FOR TRICARE PROVIDERS ISSUE 12: 2006

Medical Necessity for Non-Formulary Medications

The Department of Defense has established a "uniform formulary" consisting of generic and brand-named drugs, as well as a third tier of medications that are designated as "non-formulary."

If you prescribe a medication that is on the non-formulary list (www.tricare.mil/pharmacy) and medical necessity is not established, the non-formulary medication will be dispensed at the non-formulary cost-share ($22) or 20 percent of total cost, whichever is greater, after the deductible is met for non-TRICARE Prime beneficiaries. For TRICARE Prime, it is a 50 percent cost-share after point-of-service deductibles are met. However, if you provide an explanation of the prescription's medical necessity, you will help your patients save money.

Your patient can fill the prescription at formulary cost—a substantial savings—if you can supply information to Express Scripts, Inc. (ESI) showing there is a medical necessity for a non-formulary medication instead of any of the other therapeutic alternatives that are on the uniform formulary.

Active Duty Service Members (ADSMs)

If medical necessity is approved, ADSMs may receive non-formulary medication at retail network pharmacies and through the TRICARE Mail Order Pharmacy (TMOP) at no cost. ADSMs may not fill prescriptions for a non-formulary medication, unless it's determined to be medically necessary.

All Other TRICARE Eligible Beneficiaries

If medical necessity is approved, the beneficiary may receive the non-formulary medication at the formulary cost at retail network pharmacies and through the mail-order pharmacy.

Each non-formulary medication has its own medical necessity criteria and form. Visit the TRICARE Pharmacy Web site at www.tricare.mil/pharmacy/medical-nonformulary.cfm for medical necessity criteria and appropriate forms for each non-formulary medication.

You may also call ESI's TRICARE Retail Pharmacy Prior Authorization Line at 1-866-684-4488 for a medical necessity waiver form. You will be asked to complete and submit a Prior Authorization Request Form to ESI. Once your request is approved, you will receive a "letter of medical necessity" that your patient must present with the prescription at the pharmacy. ■

Frequently Asked Questions about EDI Claims Submission

What are the advantages of Electronic Data Interchange (EDI) claims submission?

- Faster payment! EDI claims are processed quickly so providers get reimbursed sooner. EDI claims processing averages 7 to 14 days, while paper claims processing can take up to 30 days.
- Wisconsin Physicians Service (WPS) accepts submission of EDI claims 24/7.
- Providers have reported as much as a 15 percent decrease in administrative costs.
- Providers also receive immediate feedback with every step of the electronic claims processing cycle, thus eliminating potential denials as a result of data inaccuracy.

Who do I contact to get more information about EDI?

Please contact one of WPS' EDI consultants for assistance determining the best option for electronic claim submission by dialing 1-800-782-2680 and selecting option 4.

Also, access the WPS EDI Web site at: www.wpsic.com/edi/edi_about_p.shtml.

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Frequently Asked Questions about EDI Claims Submission

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What are my options for EDI submission?

Providers may choose an EDI software program from a vendor, clearinghouse or billing service whose software has already been approved for TRICARE electronic claims submission, or submit claims online at www.triwest.com. The claim entry screens have been designed to contain only the data that TRICARE requires for claims processing.

How do I register for the secured Web site?

Go to the Provider Connection section of the TriWest Web site where you will find the easy-to-use registration guide. Registration on www.triwest.com offers a wide range of online features, including submitting claims, checking claim status, checking status of referrals and authorizations, reviewing and updating consult tracking reports and checking TRICARE eligibility.

How do I enroll to submit claims electronically through www.triwest.com?

Providers who are registered on TriWest's Web site, www.triwest.com, may enroll by completing the Online Claim Submission Form. Submit the completed form to WPS by fax at 1-608-223-3824 or mail the signed copy to this address:

WPS Electronic Data Services
P.O. Box 8128
Madison, WI 53708-8128

A letter containing your password will be delivered to your mailing address and you can begin to submit claims.

Does TriWest accept secondary claims electronically?

Yes. The 837 professional and institutional implementation guides provide instructions for submitting secondary claims electronically. The WPS 837 companion guide provides additional information. The Web site address for the WPS TRICARE West Region companion guide is www.wpsic.com/edi/edi_home.shtml. It also is available at www.triwest.com.

Can corrected claims be submitted via EDI?

Yes, except for Web site submission. In order for the processing system to determine the claim is a corrected claim and not a duplicate, the provider must utilize the appropriate claim frequency code (code source 235: Claim Frequency Type Code) in element CLM05-3 of the HIPAA 837 transaction. If the code found in CLM05-3 indicates the claim is a replacement, the claim will go to a designated location to be manually worked.

What is the difference between a rejection and a denial?

A rejection is an edit on data content, e.g., an invalid Health Care Procedure Coding System code. For further information, contact WPS.

A denial is a benefit determination, e.g., not medically necessary or other insurance information is required. For further information, call 1-888-TRIWEST (1-888-874-9378).

What should I do if my clearinghouse rejects my claim?

If the clearinghouse rejects the claim, it means WPS never received the claim. The provider would have to contact the clearinghouse to obtain more information for any clearinghouse rejection.

What should I do if my clearinghouse accepts my claim and WPS rejects it?

Contact WPS by phone at 1-800-782-2680, e-mail at EDI@wpsic.com or through its Web site at www.wpsic.com.

My claim was rejected for "Out of Jurisdiction—Zip code not found on Zip code file." What happened?

This rejection indicates the beneficiary is not within TriWest's jurisdiction (TRICARE West Region). Confirm the beneficiary's region or contact your clearinghouse.

Can I receive an electronic explanation of benefits (EOB) for claims and adjustments?

Yes. If you are currently submitting claims electronically, contact WPS by phone at 1-800-782-2680, e-mail at EDI@wpsic.com or through its Web site at www.wpsic.com to get further instructions.

How do I enroll to receive electronic EOB?

Contact WPS by phone at 1-800-782-2680, e-mail at EDI@wpsic.com or through its Web site at www.wpsic.com.

For more information about EDI, please refer to the more detailed article at www.triwest.com. ■

Providing Emergency and Urgent Care to TRICARE Prime Beneficiaries

Emergency Care

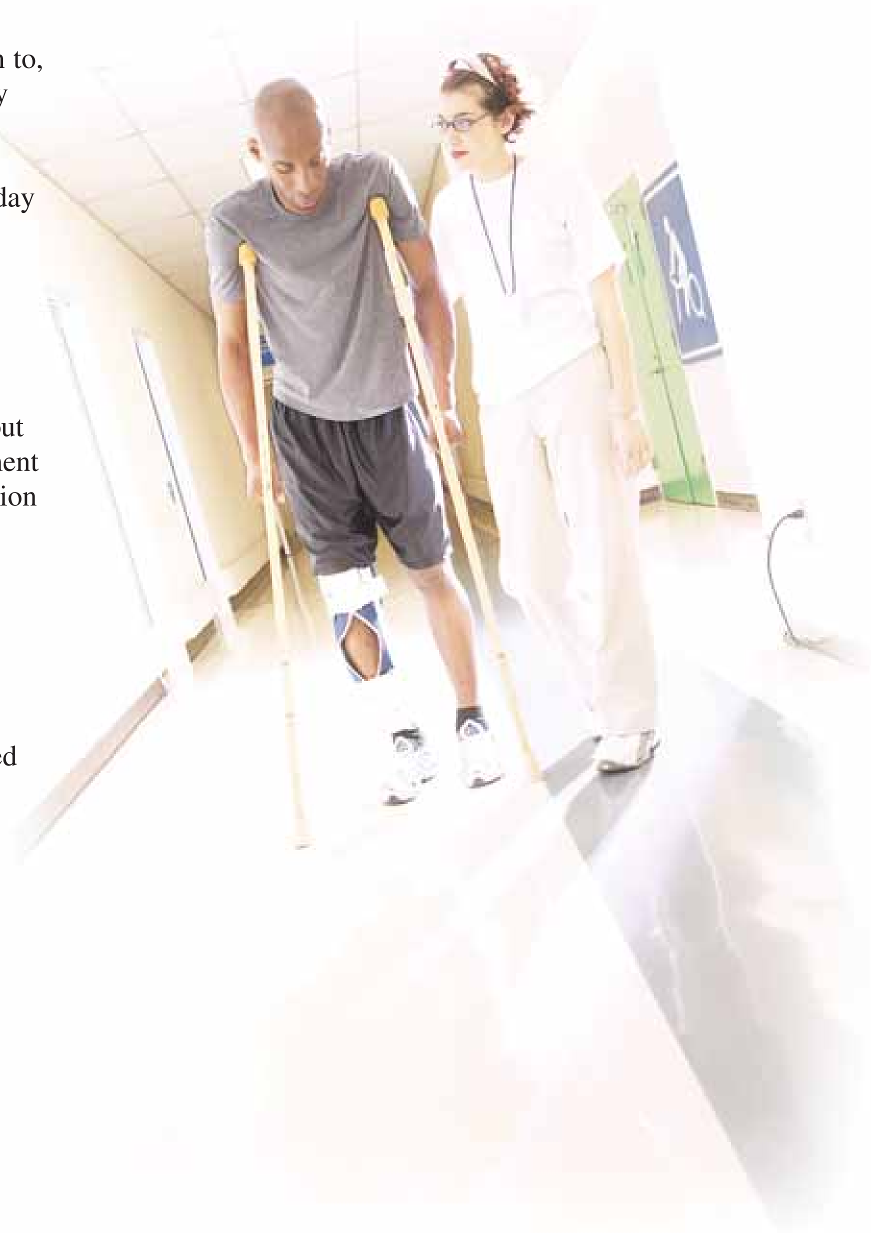
Emergency care is covered for medical, maternity or psychiatric emergencies that would lead a "prudent layperson" to believe that a serious medical condition existed, or the absence of medical attention would result in a threat to his or her life, limb or sight and requires immediate medical treatment. This includes conditions that manifest painful symptoms requiring an immediate effort to relieve suffering, or a situation where the person is at immediate risk of serious harm to self or others. A maternity emergency is a sudden and unexpected medical complication which puts the mother or fetus at risk.

In the event of a life-, limb- or eyesight-threatening emergency, beneficiaries are advised to go, or be taken to, the nearest appropriate medical facility for care or they should call 911. In addition, the TRICARE Prime beneficiary's primary care manager (PCM) or TriWest must be notified within 24 hours or the next business day of an inpatient emergency admission.

Urgent Care

Urgent care services are medically necessary services required for an illness or injury that will not result in further disability or death if not treated immediately, but has the potential to develop into such a threat if treatment is delayed longer than 24 hours. An urgent care condition could be a rising temperature, sore throat or sprain.

Urgent care must be coordinated in advance with the TRICARE Prime beneficiary's PCM or TriWest and a referral needs to be obtained. If urgent care is not coordinated, costs for care may be covered under the point-of-service option, and the beneficiary may pay higher out-of-pocket costs. If the beneficiary is enrolled at a military treatment facility (MTF) and is near home, he or she should contact his or her MTF PCM to coordinate a referral for urgent care. If the beneficiary is enrolled at an MTF and is traveling out of the area, he or she should contact TriWest for help with locating a provider and obtaining a referral. Beneficiaries enrolled to civilian PCMs should coordinate referrals with their PCMs or TriWest, regardless of where they are traveling. ■



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Phoenix, AZ 85080

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)
1-800-782-2680

Express Scripts, Inc. (ESI)
(Pharmacy inquiries)
1-866-DoD-TRRx
1-866-DoD-TMOP
www.express-scripts.com

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Verifying TRICARE Eligibility

The first thing you probably do when a patient comes into your office is give them a clip board with forms to fill out and ask them for their insurance card. Getting this information is essential to verify your patient has health care coverage.

If your patient indicates they have TRICARE, please check to make sure the patient has a valid uniformed services ID card (military) or Common Access Card. It's important to be familiar with these ID cards so you can verify patient eligibility. Remember to make a copy of both sides of the card for your records. Although some beneficiaries may believe it is illegal to copy ID cards, it is in fact legal to copy them for authorized purposes (facilitating medical care, eligibility documentation and administration of other military-related benefits).

An ID card alone is not sufficient to prove eligibility, but it does provide necessary information that you should have in hand when calling TriWest or verifying benefits online. Look for the following information:

- **Social Security number (SSN) or Sponsor SSN**
  Use the SSN found on the ID card when verifying the card holder's eligibility.
- **Expiration Date**
  Check the expiration date on the ID card in the box titled, "EXP DATE" (it will read "INDEF" for retirees). If expired, the beneficiary is ineligible for care and will need to update their information in the Defense Enrollment Eligibility Reporting System to get a new card and receive care.
- **Civilian Care**
  Check the back of the ID card to verify eligibility for TRICARE civilian care. The center section should read "YES" under the box titled, "CIVILIAN." If a beneficiary using TRICARE For Life (TFL) has an ID card that reads "NO" in this block, they are still eligible to use TFL if they have Medicare Part A and B.

Once you have obtained the pertinent identifying information from your patient, you can verify the eligibility online at www.triwest.com or by contacting TriWest at 1-888-874-9378 (1-888-TRIWEST). ■