

Rx Essentials

Prior Authorizations, Medical Necessity and Quantity Limits

As you write prescriptions to be filled under either of the national TRICARE pharmacy programs—TRICARE Retail Pharmacy (TRRx) Network and TRICARE Mail Order Pharmacy (TMOP)—keep in mind that certain drugs have special requirements.

For example, some drugs require prior authorization from Express Scripts, Inc. (ESI), the contractor for both TMOP and TRRx, while non-formulary medications and quantities beyond established quantity limits are subject to medical necessity review.

You can ensure your patients get the proper medications in a timely manner by following these guidelines.

Prior Authorization

Prescriptions for the following types of medications require prior authorization before they will be filled:

- **Medications that have prior authorization criteria established by the DoD Pharmacy and Therapeutics Committee.** The list of these medications, along with prior authorization forms and instructions, are available online at www.tricare.osd.mil/pharmacy/prior_auth.cfm. Medications on the list include Cialis®, Enbrel®, fertility drugs, growth hormone and Lamisil®, among others.
- **Brand name medications with generic equivalents.** DoD policy is to dispense a generic equivalent to a brand name

medication when possible. If you believe the brand name medication is clinically required for your patient, contact customer service for TMOP (toll-free 1-866-363-8667) or TRRx (toll-free 1-866-363-8779) to initiate the review process. ESI will review the information you submit and determine if the brand name medication is clinically required for your patient.

- **Medications with age limitations.** Topical Tretinoin products (e.g., Retin-A®) require prior authorization for patients 36 years of age or older to verify that the product is clinically required to treat a condition other than wrinkles, age spots or other cosmetic conditions related to the normal aging process. Prenatal vitamins for patients 46 years of age or older require prior authorization to verify that the vitamins are required due to pregnancy. Viagra®, Cialis and Levitra® require prior authorization for men under the age of 50.
- **Lipid-lowering medications other than Zocor (TMOP only).** Due to a national pharmaceutical contract for statins, Zocor® (simvastatin) is the preferred “high-potency” statin in TMOP. TMOP will not dispense the following medications unless you provide information showing it is clinically required to use that product in place of Zocor: Altoprev™ (lovastatin extended release), Caduet® (amlodipine/atorvastatin), Crestor® (rosuvastatin), Lescol® (fluvastatin), Lescol® XL (fluvastatin extended release), Lipitor® (atorvastatin), and Vytorin® (ezetimibe/simvastatin).

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Avoid Mistakes with Referrals and Authorizations

Your patients’ referral or authorization requests can be delayed if you submit incomplete information or use an incorrect form. The following are other common mistakes that can delay referrals and authorizations:

- The clinical information necessary to establish medical necessity is not provided.
- The CPT, HCPCS or diagnosis codes are not listed.
- The beneficiary name is not listed or is incomplete, e.g., T. Jones.

- The sponsor’s date of birth and/or Social Security number are not listed.
- The full provider name is not listed, e.g., “Dr. Jones” as opposed to “Dr. Fred Jones, Valley Orthopedics.”
- There is no requesting provider name, no tax identification number (TIN) and no address.
- There is no TIN and the requesting provider name and address are so incomplete as to be unable to identify the provider; e.g., Dr. Smith, Los Angeles.

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Avoid Mistakes with Referrals and Authorizations

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- The servicing provider name is incomplete or not legible, or there is no TIN or address to identify the provider and the request is from a civilian provider. (When a civilian requesting provider indicates a specific specialty for a servicing provider, e.g., “cardiologist,” but does not include a servicing provider name, the request will be processed and the specialty servicing provider will be selected by TriWest staff.)
- There is no ICD-9 code or no verbiage describing the requested services and the request is from a civilian requesting provider.
- There is no CPT or HCPCS code and the request is from a civilian requesting provider.
- The handwriting is illegible.

Remember also to submit the proper CPT codes for services requested. TriWest often references “Episodes of Care” for services of a large scope when experience shows that additional services are commonly requested subsequent to the initial request. In such cases, more services may be approved than requested; however, providers should only provide medically necessary services.

Tips to Improve Processing of Requests

You can help TriWest process your referral and/or authorization requests by following these easy steps:

- Only fax your request once. Refaxing causes duplication and may delay processing your request. If you have not received a

response from TriWest, please allow five days, and then call 1-888-TRIWEST to check the status of your request, or you can check the status of your request online if you are registered with www.triwest.com.

- Send one completed TRICARE Patient Referral/Authorization Form per fax. Sending multiple requests under one fax cover sheet increases the processing time.
- Fill out the TRICARE Patient Referral/Authorization Form completely and accurately. Incomplete forms will be returned.

There may be occasions when additional clinical information is needed when reviewing your request. For your convenience, TriWest may fax you a Clinical Authorization Approval Guideline with information generally needed to review the particular services requested.

Approved referrals and authorizations are faxed to provider offices between midnight and 3 a.m. daily. It’s important to have your fax machines on after hours in a secure area so that you may promptly receive referrals and authorizations from TriWest.

Don’t forget that registered providers can check their authorization status on www.triwest.com. Go to the Provider Connection section of www.triwest.com where you will find the easy-to-use registration guide.

For further information, call 1-888-TRIWEST (1-888-874-9378) or visit www.triwest.com. ■

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Medical Necessity/Quantity Limits

If you wish to prescribe a non-formulary medication instead of any of the therapeutic alternatives on the Uniform Formulary, you must prove medical necessity. Medical necessity criteria, forms and instructions for non-formulary medications are available online at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm.

In addition, the DoD Pharmacy and Therapeutics Committee has established quantity limits on certain medications, which means that DoD will pay only for up to a specified quantity per 30-, 60- or 90-day period. Some medications also have limitations on the days supply of medication that may be dispensed to a patient at one time. Exceptions can be made if the prescribing physician is able to justify medical necessity.

A variety of drugs in the following categories are subject to quantity limits: antiemetics, antimigraine drugs, controlled substances, erectile dysfunction agents, fertility agents, miscellaneous, nasal inhalers, oral inhalers and inhalant solutions, and topicals.

When in Doubt, Look It Up

For a complete listing of drugs that require prior authorization or are subject to medical necessity review or quantity limits, check the Formulary Search Tool at www.tricareformularysearch.org. ■

TriWest Implements Behavioral Health Pilot Programs for Providers

TriWest is currently developing four behavioral health pilot initiatives designed to assist soldiers with their post-deployment behavioral health needs. These pilot programs are being initiated on a limited basis in the hopes that the results will indicate efficacy. The following is a brief description of these programs.

Integrated Behavioral Health Pilot Program in Hawaii Military Treatment Facilities (MTFs)

Integrated care involves the improved coordination of behavioral health care and primary medical care. Three specially trained and supervised behavioral health care providers (BCPs) will be co-located at three primary care sites in Tripler Army Medical Center and other MTFs in Hawaii. The BCPs will assist the medical staff in treating problems such as post-traumatic stress disorder (PTSD), depression, substance abuse, treatment noncompliance, lifestyle problems (e.g., smoking), attention deficit disorder and the management of chronic medical conditions such as asthma and diabetes, among other problems. The project will begin in early 2006.

National Guard/Reserve Pilot

National Guard/Reserve members preparing for and returning from deployment may have limited resources for information about deployment-related behavioral health (BH) issues, including PTSD, particularly after demobilizing and returning home. In an effort to educate National Guard/Reserve members and provide early detection of deployment-related BH issues, TriWest will recruit, train and make available BCPs to support returning units. These providers will

offer ongoing education and training in BH issues related to deployment and reunification, facilitate discussions and serve as a resource for individual National Guard/Reserve member concerns, and make appropriate referrals for BH and psychosocial services as required. BH providers will attend unit drill weekend training sessions for 12 months following the unit's return. TriWest is working with three battalion commanders in central and northern California who have units in 18 armories. This project is currently underway.

Primary Care Manager (PCM) Support Pilot

The 21 states of the West Region include a number of remote rural areas in which psychiatrists and child psychiatrists are unavailable. In these areas, primary care managers (PCMs) and pediatricians may be the only providers available for medical and BH services. PCMs and pediatricians in these areas may benefit from the availability of Web-based information and tools concerning the BH problems of their patients. TriWest will develop and provide such information via www.triwest.com and by converting the current 24/7 Behavioral Health Crisis Line into a Behavioral Health Contact Center to field and respond to provider inquiries. The project is scheduled to be implemented early 2006.

Military Child "Coping with Deployment" Pilot Program with National Military Family Association

The National Military Family Association (NMFA) has developed a summer camp program to support the 1.2 million school-aged children of military families who are directly affected by deployment-related issues.

They have discovered that the optimal way to help children cope with these stressors involves a three-pronged approach, which includes targeted instruction, physical activity and the strengthening of social networks and support systems. NMFA recognizes it is essential to establish a complementary, school-year extension of this kind of experience so that children will have year-round, comprehensive support in dealing with the chronic stress and strain associated with deployment.

NMFA will implement a proactive program to directly address the needs of military children and indirectly address the needs of their parents using a comprehensive curriculum based on this three-part approach. School facilitators will be trained in the highly specialized curriculum, which is then supplemented by training and tools for parents to use to better deal with the deployment cycle in their homes and with their children. TriWest will provide professional consultation resources and funding for the after-school program. This program is currently under development.

For more information about the pilot programs or other BH services, please contact 1-888-TRIWEST (1-888-874-9378) or go to www.triwest.com. ■

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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)
1-800-782-2680
www.wpsic.com

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

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How to Balance Patient Privacy with Treatment

Providers 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, consult report tracking, payment, claims review, etc. The following are answers to other commonly asked questions about PHI.

What information is considered to be PHI under HIPAA?

PHI is any individually identifiable health information that relates to a patient's past, present or future physical or mental health and related health care services. PHI may include demographics, documentation of symptoms, examination and test results, diagnoses and treatments.

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. According to the Code of Federal Regulations (CFR) 45 CFR [164.506(c)(2)], providers may disclose PHI to another health care provider for treatment purposes.

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

Depending upon state laws, providers may or may not release a minor's information to parents or guardians without the minor's consent. If the patient is unconscious or incompetent, whether a minor or not, the provider may use their professional discretion; or in the case of minors, 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. Under 45 CFR Final Rule [164.506(c)(3)], 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 offers guidance and resources regarding HIPAA compliance. Visit www.tricare.osd.mil/HIPAA or send information requests to Privacymail@tma.osd.mil.

In addition, detailed disclosure and confidentiality information can be found in the *TRICARE Operations Manual* 6010.51-M, August 1, 2002 (visit <http://manuals.tricare.osd.mil/>). ■