

## Fraud and Abuse: A Drain on TRICARE Resources

Americans spend more than \$1 trillion every year on health care and an estimated 7 to 10 percent of this money is lost due to fraud and abuse schemes.

Fraud is an intentional deception or misrepresentation by an individual or entity that could result in an unauthorized TRICARE benefit or payment. Abuse is any practice that is inconsistent with sound fiscal, business or professional practice resulting in a claim, unnecessary costs or payment for services or supplies that are not medically necessary and appropriate and does not meet recognized professional standards for health care providers.

Depending on the circumstances, fraud and abuse can compromise the safety of your patients and the quality of care you provide. As a health care provider, you should be on the alert for situations where fraud and abuse can take place.

If you suspect fraud or abuse, please contact:

TriWest Healthcare Alliance  
Attn: Program Integrity  
15451 North 28th Avenue  
Phoenix, AZ 85053  
Phone: 1-888-584-9378  
Fax: 1-602-564-2171  
E-mail: [PI@triwest.com](mailto:PI@triwest.com) ■



## TriWest Updates Clinical Authorization Approval Guidelines

Clinical authorization approval guidelines are designed to assist providers with understanding the information required for TriWest to properly evaluate referral and authorization requests. Evaluations ensure requests are medically necessary, are covered benefits and are in compliance with TRICARE policy.

Providers may access more than 50 clinical authorization approval guidelines at [www.triwest.com](http://www.triwest.com) by selecting the "Find a Form" tab. The guidelines are sorted into appropriate categories for easy access such as surgeries, therapies, imaging, etc.

While providers are not required to use the guideline forms, referral/authorization requests will be processed more quickly if the forms are provided with the initial request or if the documentation requested on the forms is included with their *TRICARE Patient Referral/Authorization Form*.

For more information regarding clinical authorization approval guidelines, visit [www.triwest.com](http://www.triwest.com) or call 1-888-TRIWEST (1-888-874-9378). ■



# Changes Made to TRICARE Maternity Ultrasound Policy

Effective April 1, 2006, TRICARE changed the maternity ultrasound policy (see the TRICARE Policy Manual, Chapter 5, Section 2.1, Paragraph III, B). TRICARE now covers maternity ultrasounds outside of the normal prenatal charges, so you can bill separately for these types of ultrasounds and receive reimbursement from TRICARE.

Until this change, TRICARE only covered medically necessary ultrasounds within the global maternity fee. These additions are based on the ultrasound being medically necessary, and documentation of medical necessity may be needed for reimbursement.

Professional and technical components of medically necessary fetal ultrasounds are now covered outside the global maternity fee. The medically necessary indications include (but are not limited to) clinical circumstances that require obstetric ultrasounds in order to:

- Estimate gestational age
- Evaluate fetal growth
- Conduct a biophysical evaluation for fetal well-being
- Evaluate a suspected ectopic pregnancy
- Define the cause of vaginal bleeding
- Diagnose or evaluate multiple births
- Confirm cardiac activity
- Evaluate maternal pelvic masses or uterine abnormalities
- Evaluate suspected hydatidiform mole
- Evaluate the fetus' condition in late registrants for prenatal care

*It's important to note that determining the sex of a child is not considered medically necessary. Also, 3-D ultrasounds are not a covered TRICARE benefit.*

## Billing the Beneficiary for Ultrasounds

If the beneficiary and the provider who will be administering the ultrasound agree to an ultrasound that is not medically necessary and is self-referred, the provider can bill the beneficiary directly under the following circumstances:

### Network Providers

- Network providers should have the beneficiary complete a *Waiver of Non-Covered Services Form* prior to the service being rendered. This form signifies that the beneficiary has agreed to pay in full for the ultrasound. The form is available

in the "Find a Form" section of TriWest's Web site at [www.triwest.com](http://www.triwest.com). The provider should retain this form with the beneficiary's file and refer to it, if necessary, for beneficiary billing purposes. If this form is not completed **in advance** of the ultrasound, the beneficiary is "held harmless" and the provider can't bill the beneficiary.

### Non-Network Providers

- Although a TRICARE-specific form is not required to document the payment agreement, it's important that you inform the beneficiary that she will be responsible for the cost of the ultrasound. A written document identifying this agreement is recommended. Non-network providers can use the *Waiver of Non-Covered Services Form* to document the payment agreement in writing prior to the service. Again, the form is available at [www.triwest.com](http://www.triwest.com).

## Appeals

If TriWest denies an ultrasound claim and the provider would like to appeal, the provider needs to send the **medical reason** for the ultrasound. Sending the ultrasound report is unnecessary and will only delay the process. Appeal requests must be in writing and must be submitted within 90 days of the EOB date. Appeals should be sent to:

TriWest Healthcare Alliance  
P.O. Box 42090  
Phoenix, AZ 85050-2090

As a reminder, an authorization is required for global maternity care for TRICARE Prime beneficiaries, TRICARE Prime Remote for Active Duty Family Members beneficiaries or active duty service members receiving care from a network or non-network provider.

If you have additional questions about ultrasounds or maternity benefits, refer to [www.triwest.com](http://www.triwest.com) or call TriWest at 1-888-TRIWEST (1-888-874-9378). ■

## Cancer Clinical Trials

Every year, about 12,000 TRICARE beneficiaries are diagnosed with cancer, and most of these patients receive proven, standard treatments to fight their diseases.

However, about 1 percent of TRICARE beneficiaries with cancer—approximately 120 to 150 per year—choose clinical trials to treat their diseases. “Some individuals are presenting in later stages or have aggressive forms of cancer, and if eligible, they could potentially benefit from treatments offered in clinical trials,” noted Army Col. John Kugler, M.D., deputy medical director, Office of the Chief Medical Officer, TRICARE Management Activity.

The seven-year partnership between the National Cancer Institute (NCI) and the Department of Defense (DoD) gives TRICARE beneficiaries more options for cancer care as well as access to the latest advances in cancer treatment. Through the DoD/NCI Cancer Clinical Trials Demonstration Project, TRICARE beneficiaries can participate in Phase II and Phase III NCI-sponsored trials.

Phase II trials focus on and study a particular type of cancer and provide information on a particular treatment. Phase III trials compare a new agent or treatment, or the new use of a standard treatment, with a current standard therapy.

“Trials exist to see if something is truly effective and safe,” Kugler said. “It’s the only scientific way to effectively prove a treatment works.”

By providing your patients the opportunity to enroll in an NCI-sponsored cancer clinical trial, you’re giving them access to the latest and most promising advances in cancer research.

Patients have several important rights throughout a cancer clinical trial, including the right to know the facts about the study they are participating in, the right to leave the study at any time and the right not to be harmed by the study’s activities.

“In addition, no patient will receive placebos or go without treatment when a standard cancer therapy is available,” Kugler said.

More than 2,000 health care facilities around the country, including military hospitals, participate in NCI-sponsored clinical trials. Costs for screening tests to determine clinical trial eligibility, as well as associated costs of participation in the clinical trials, are covered by the DoD and NCI interagency agreement.

### To learn more about DoD/NCI cancer clinical trials:

Contact the DoD Cancer Clinical Trial Project Coordinator Mary Lou Klippel, RN, CCM at [mklippel@triwest.com](mailto:mklippel@triwest.com), call 1-866-427-6610 or fax 1-866-269-5758.

TRICARE’s guide to cancer clinical trials is available at [www.tricare.osd.mil/cancertrials](http://www.tricare.osd.mil/cancertrials). ■



TriWest Healthcare Alliance  
P.O. Box 42049  
Phoenix, AZ 85080

## CONTACTS

**TriWest Customer Service**  
1-888-TRIWEST  
[www.triwest.com](http://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**  
(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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## Forward Claims to the Proper TRICARE Region

**P**roviders who have a claim issue or questions regarding a TRICARE patient who normally receives care in another TRICARE region should submit claims to the region where the beneficiary resides and/or is enrolled in TRICARE Prime for a quicker response. Providers should contact that specific contractor for assistance.

For example, if a provider in the West Region cares for a TRICARE Prime or TRICARE Prime Remote beneficiary from a state located in the North or South

regions, the provider should direct the claim to the responsible contractor for the quickest response. Wisconsin Physicians Service (WPS) can forward the claim, but it could result in a delay. If the claim is filed electronically to WPS, the claim will be dropped to paper and will further delay the claim response.

For questions or more information, please refer to [www.triwest.com](http://www.triwest.com) or call 1-888-TRIWEST (1-888-874-9378). ■

### North Region

Health Net Federal Services, Inc.  
1-877-TRICARE  
[www.healthnetfederalservice.com](http://www.healthnetfederalservice.com)

Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri (St. Louis area), New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee (Ft. Campbell area), Vermont, Virginia, West Virginia and Wisconsin

### South Region

Humana Military Healthcare Services, Inc.  
1-800-403-3950  
[www.humana-military.com](http://www.humana-military.com)

Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Ft. Campbell area) and Texas (excluding the El Paso area)