

## A Few Reminders about Outpatient Behavioral Health Care

**W**hen you provide behavioral health care services to a TRICARE beneficiary, there are a few things to remember to ensure your patient receives the best quality care, and you receive timely payment for your services.

### Active Duty Service Members

Active duty service members (ADSMs) typically receive their behavioral health care from a military treatment facility (MTF) and the service member's command must approve all behavioral health care before it is provided. If services are not available at the MTF or if the ADSM is not located near an MTF, the ADSM must have a referral from his or her primary care manager (PCM) and prior authorization from TriWest Healthcare Alliance Corp. (TriWest) to seek any behavioral health care services from a civilian network or non-network provider.

### TRICARE Beneficiaries Who Are Not Active Duty

All non-active duty TRICARE beneficiaries can receive the first eight outpatient visits per fiscal year without a referral from their PCM or TriWest. Please keep in mind the initial eight visits are given per beneficiary per fiscal year and not per provider. TRICARE Prime and TRICARE Prime Remote beneficiaries must seek their initial visits from a network provider.

A physician (i.e., M.D. or D.O.) referral is necessary when beneficiaries seek care from a licensed professional counselor, licensed mental health counselor or a pastoral counselor. TRICARE requires a physician referral prior to the initial evaluation. Oversight by a physician must continue throughout the course of therapy in order to be reimbursed by TRICARE. TRICARE policy states that providers must keep the referral in the beneficiary's record and must indicate this information on the claim form.

Once the initial eight visits have been exhausted, a prior authorization for continued care is required. Additionally the following behavioral health services are not included

as part of the initial eight visits and always require prior authorization, even if the beneficiary has other health insurance:

- Psychoanalysis
- Crisis intervention (CPT codes 90808 and 90809)
- Electroconvulsive therapy
- Medical hypnotherapy
- Interpretation of explanation of results (CPT code 90887)
- Behavioral health sessions after self-referred initial visit and eight sessions
- Psychological testing (inpatient and outpatient)
- Medication management exceeding twice a month
- Test of Variables of Attention

Prior authorization requires completion of the Preauthorization for Outpatient Treatment Request form, which can be found at [www.triwest.com](http://www.triwest.com). The completed form must be faxed to 1-866-269-5892. The request will be reviewed to determine medical necessity. All TriWest behavioral health authorization forms were recently updated to include National Provider Identifier information. To download the updated form, go to the "Find a Form" section of the TriWest Web site at [www.triwest.com](http://www.triwest.com). ■



## New Spring Provider Seminars

A comprehensive, brand-new series of TRICARE educational seminars for health care providers and staff continues throughout TRICARE's 21-state West Region. Hosted by TriWest Healthcare Alliance Corp., the spring 2007 series is packed with new information and resources just for West Region providers and staff.

TriWest's TRICARE experts will present an interactive, three-hour session, covering the latest information about the TRICARE program and

outline resources available to providers. Attendees also receive handouts filled with TRICARE tips designed to help you and your staff care for TRICARE beneficiaries even more efficiently. And yes, there will be plenty of time for answers to your questions.

Register today online at [www.triwest.com](http://www.triwest.com) to:

- Receive immediate confirmation of your registration by e-mail
- Receive a reminder by e-mail two weeks before and again three days prior to your seminar
- Be eligible for a prize drawing

If you have questions regarding the content of provider seminars, you may contact your local representative by e-mailing [providerservices@triwest.com](mailto:providerservices@triwest.com) or call 1-888-TRIWEST (1-888-874-9378). If you have difficulty in registering online for a seminar, please e-mail [pseminar@triwest.com](mailto:pseminar@triwest.com). ■

## Orthotics: What's Covered by TRICARE?

Orthotics is the field of medicine relating to the making of an appliance or apparatus used to support, align or correct deformities or to improve the function of movable body parts. TRICARE is very specific about what is and what is not covered for orthotics.

### What is covered?

These types of orthoses are covered by TRICARE:

- Extra-depth shoes with inserts or custom molded shoes with inserts for diabetic patients
- Orthopedic braces, including shoes that are an integral part of the brace, when neither the shoe nor the brace is usable separately, e.g., Dennis Browne Splint
- Soft cast/Unna boot
- Night splints for feet for patients with cerebral palsy and plantar fasciitis
- Replacement orthoses that are cost-shared when necessary due to wear, damage or a change with a beneficiary's condition
- Cranial orthosis only when used after surgery for craniosynostosis

### What is not covered?

These types of orthoses are excluded from TRICARE coverage:

- Orthopedic shoes (except for orthopedic shoes that are an integral part of a brace)

- Foot or shoe orthoses that are not used in conjunction with extra depth shoes or custom molded shoes for beneficiaries with a diagnosis of diabetes
- Other supportive devices of the feet, such as wedges, specialized fillers, heels straps, pads, shanks, etc.
- Cranial orthosis (Dynamic Orthotic Cranioplasty Band) and cranial molding helmets for nonsynostotic positional plagiocephaly (deformational plagiocephaly, plagiocephaly without synostosis) and when used alone as treatment for craniosynostosis
- Foot braces—unless they are an integral part of approved lower extremity braces going above the ankle
- The Whitman foot plate (a type of arch support)
- Support hose
- Custom made built-up shoes, or regular shoes which are later built up
- UCB (Berkeley) shell

TriWest will deny all claims for foot or shoe orthoses except for active duty service members and those beneficiaries with a diagnosis of diabetes.

### Preauthorization Requirements

Please refer to the Prior Authorization List at [www.triwest.com](http://www.triwest.com), Provider Connection, Durable Medical Equipment (DME)/Prosthetics section for current prior authorization requirements for orthotics.

*continued on page 3*

## Orthotics: What's Covered by TRICARE?

continued from page 2

### Reimbursement

TRICARE follows Medicare's reimbursement model for TRICARE-covered durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). Providers should bill TRICARE the same way in which Medicare is billed for these services. Reimbursement for DMEPOS is established by fee schedules. The maximum allowable amount is limited to the lower of the billed charge, or the contracted rate for network providers, based on the DMEPOS fee schedule.

For more information, refer to the *TRICARE Policy Manual*, Chapter 1, Section 1.1, Exclusions, and Chapter 8, Section 3.1, Orthotics. ■

### Correction: TRICARE Provider News, Issue 2: 2007

The fiscal year 2007 inpatient cost-share rates published in *TRICARE Provider News*, Issue 2: 2007 apply to civilian treatment facilities. Visit the TRICARE Web site at [www.tricare.mil/tricarecost](http://www.tricare.mil/tricarecost) for additional information about cost-shares for TRICARE-covered services. ■

## Contacting TriWest? Let Us Help You

**T**riWest Healthcare Alliance Corp. (TriWest) would like to offer providers some suggestions to improve your experience when seeking information from TriWest about a TRICARE program or assistance with a specific issue.

Call 1-888-TRIWEST (1-888-874-9378) during off-peak hours (after 1 p.m. in your time zone) for a quicker response time.

Use the Interactive Voice Response (IVR) system to receive information 24 hours a day, seven days a week without the necessity of speaking to a customer service representative. An IVR guide is available online at [www.triwest.com](http://www.triwest.com) in the "Provider Connection's Resource Library" under "Quick Reference Guides" to guide you through the process.

Register for Provider Web Access where you can perform a variety of functions without calling TriWest. If you are a registered provider, you have access to a secure portal on [www.triwest.com](http://www.triwest.com) where you can:

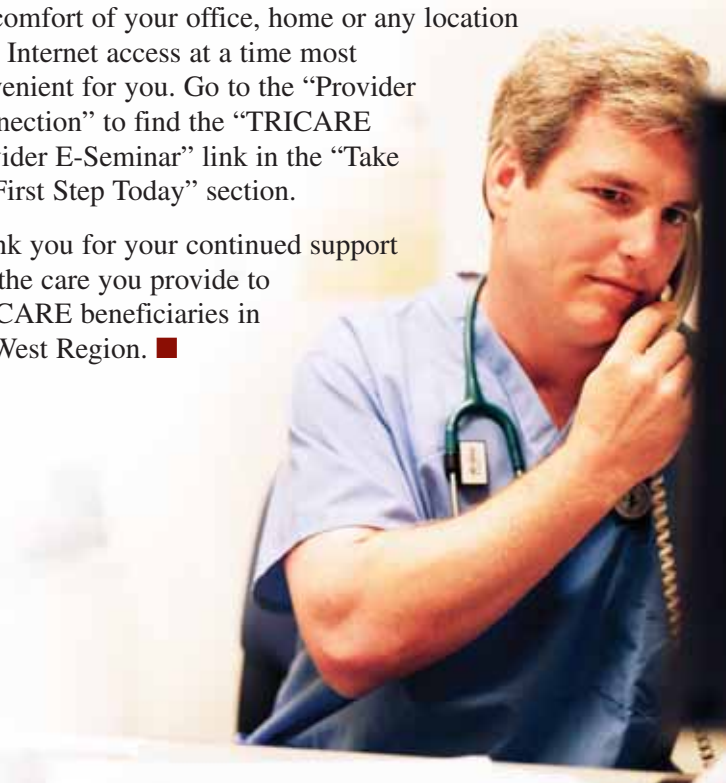
- Submit, view and check claims status online.
- Download explanations of benefits.
- See what checks have been issued.
- Determine status of referrals/authorizations.
- Verify patient eligibility.
- View and complete consult tracking reports.

In addition, the "Provider Connection" area of [www.triwest.com](http://www.triwest.com) has specific sections for referrals and authorizations, claims and reimbursement, policy updates, the National Provider Identifier (NPI), Electronic Data Interchange and a Resource Library.

To assist you in complying with the NPI requirements, TriWest has added a section to [www.triwest.com](http://www.triwest.com) where you are directed to information about how to obtain your NPI as well as to a fact sheet. You will also find guidance on how to share your NPI.

Remember, you can learn more about TRICARE benefits and policy updates through e-mail via TRICARE E-Newsletter. You can sign up for TRICARE E-Newsletter at [www.triwest.com](http://www.triwest.com). TriWest's E-Seminars also offer the convenience of learning about TRICARE programs in the comfort of your office, home or any location with Internet access at a time most convenient for you. Go to the "Provider Connection" to find the "TRICARE Provider E-Seminar" link in the "Take the First Step Today" section.

Thank you for your continued support and the care you provide to TRICARE beneficiaries in the West Region. ■



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

## CONTACTS

**TriWest Customer Service**  
1-888-TRIWEST  
[www.triwest.com](http://www.triwest.com)

**TRICARE Alaska Office**  
1-907-743-1800

**Wisconsin Physicians Service**  
(Electronic claims set up)  
1-800-782-2680  
[www.wpsic.com](http://www.wpsic.com)

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



## HIPAA National Provider Identifier Compliance

The HIPAA National Provider Identifier (NPI) compliance date—May 23, 2007—is fast approaching. By that date, all covered entities should have their NPIs and be prepared to submit their NPIs on HIPAA standard electronic transactions in accordance with the HIPAA/NPI Implementation Guide 4010A. TRICARE, like the majority of other payers, will **not** deny claims for failure to include the provider's NPI on the HIPAA standard electronic transaction **before** the compliance date. However, providers are encouraged to begin using their NPI as their primary provider identifier as soon as possible. Providers may continue to provide their legacy identifier in support of their NPI until further notice.

Providers should note that TRICARE does not require the referring provider's NPI to be submitted on the claims transaction in order to be processed. All electronic transactions will continue to be processed if the NPI for the referring provider is not included on the transaction.

If you have not applied for your NPI, please do so immediately. Here are the critical steps to follow to ensure you remain HIPAA-compliant:

1. You can apply for an NPI in one of two ways:

- Apply through an easy Web-based application process. The Web address is <https://nppes.cms.hhs.gov>.
  - Complete and send a paper application to the Enumerator, who will assign the NPI. A copy of the application, including the Enumerator's mailing address, is available online at <https://nppes.cms.hhs.gov>. You may also contact the Enumerator for a copy by calling 1-800-465-3203 or TTY 1-800-692-2326.
2. Once you have your NPI, please share it with TriWest Healthcare Alliance Corp. prior to May 23, 2007. Network providers should contact their Network Representative for further instructions. Non-network providers can obtain information on providing their NPI by accessing "Your NPI Connection" in the Provider Connection area of [www.triwest.com](http://www.triwest.com).
  3. Submit your NPI on all HIPAA transactions no later than May 23, 2007.

**Note:** If you must submit paper claims, the new CMS-1500 and UB-04 claims forms must be used. These forms include a location for NPI.

For additional information, please refer to the Provider Connection area of [www.triwest.com](http://www.triwest.com) or call 1-888-TRIWEST (1-888-874-9378). ■