



Look Up Approval Requirements for Ancillary Services with New Online Tool

Reminder: Be Sure to Update Your Demographic Information

Using CareAffiliate® for Pre-Authorization and Referral Requests

You Can Help Expedite Referred Maternity Care

Billing for Prolonged Services

Choosing Wisely®  
April is National Stress Awareness Month

The Importance of Timely Follow-Up Care

Understanding the Different Provider Types Displayed in the Network Provider Directory

Benefit Corner  
Omnipod 5

Autism Care Demonstration: Authorization Reviews

ePrescribing to Express Scripts Pharmacy

TRICARE's Right of First Refusal

Learn the Basics About Submitting Consult Reports to Referring Military Providers

## Look Up Approval Requirements for Ancillary Services with New Online Tool

Providers who need to order diagnostic services for their TRICARE patients can now quickly and easily determine whether pre-authorization is required. Health Net Federal Services, LLC (HNFS) now offers an “[Ancillary Services Requirements](#)” online tool that allows you to verify whether you will need HNFS’ approval for an ancillary service or if a doctor’s order will be sufficient.

### Using the tool

Search the tool by entering a specific billing code or description of the service. Codes/services will auto-populate once you start typing.

After making your selection, you’ll see a result of either:

- **YES:** This means you need to submit a request to HNFS for approval. Access [CareAffiliate®](#) to submit your request.
- **NO:** This means your patient only needs a doctor’s order (such as a lab slip) for the service. Please consider codes with “NO” responses to be covered under “evaluate only” or “evaluate and treat” referrals as part of approved episodes of care.
- **NO; however, this service has benefit limitations:** This means you don’t need HNFS’ approval (only a doctor’s order is required), but you should review benefit limitations in the TRICARE Policy Manual and on our “[Benefits A-Z](#)” web pages.
- **Not a TRICARE-covered benefit:** This means the service is not covered under the TRICARE benefit.

Choose the “Download PDF” to print the results. Keep in mind, most diagnostic services, such as laboratory and radiology tests (excluding laboratory developed tests), and services administered in the provider’s office – such as echocardiograms, Holter monitors, and routine treadmill tests – do not require approval from HNFS. (**Tip:** If an ancillary service was referred by a military hospital or clinic and approved by HNFS, HNFS’ approval letter will serve as the doctor’s signed order.)

# Reminder: Be Sure to Update Your Demographic Information

Keeping your information up to date is essential in helping TRICARE beneficiaries get the care they need quickly and easily. Below are reminders and resources for submitting demographic updates to Health Net Federal Services.

## Address, phone number, fax number, location, or removing a provider updates

Credentialed network providers who display in our directory can log in at [www.tricare-west.com](http://www.tricare-west.com) and use our **Update Demographics** tool to update their information. Look for “Update Demographics” in the Secure Tools box. You can also submit a **Network TRICARE Provider Roster**, following the instructions provided in the template.

*Note: If you need to add a provider to your practice, are not registered on our site, or are an applied behavior analysis (ABA) provider, you must submit a completed **Network TRICARE Provider Roster** to make your updates.*

## Specialty updates

First, verify your information is listed correctly in the National Plan & Provider Enumeration System at [nppes.cms.hhs.gov](http://nppes.cms.hhs.gov). If correct, submit a completed **Network TRICARE Provider Roster** to request specialty changes (this also applies to ABA providers).

## Tax Identification Number (TIN) or Social Security number (SSN) updates

Updates to your TIN or SSN can be made by faxing a completed W-9 along with a letter on company letterhead to HNFS. Fax these documents to 1-844-224-0381.

## Other resources

Find our **Updating Network Provider Demographics** guide online. We offer answers to frequently asked questions (FAQs) about updating your information in the “**Network Providers**” section of our FAQs.

## Using CareAffiliate® for Pre-Authorization and Referral Requests

If you are not yet using CareAffiliate to submit your referral and authorization requests to Health Net Federal Services, we encourage you to do so. Why CareAffiliate? Take a look at a few of the key features:

- Get an immediate response
- Use for outpatient and inpatient requests
- Check status
- Save frequently used providers, request profiles and diagnosis lists
- Add attachments

Log in at [www.tricare-west.com](http://www.tricare-west.com) to get started. We offer a **CareAffiliate Guide** which offers step-by-step instructions on how to use this convenient tool.

Additionally, we offer monthly live webinars about the benefits of CareAffiliate and how to use it to submit your requests. View our **current schedule** today!

## You Can Help Expedite Referred Maternity Care

For patients enrolled in TRICARE Prime who are pregnant and need to be referred for maternity care, you can help expedite this care by including specific information about the patient’s pregnancy when submitting requests to Health Net Federal Services (HNFS). As with all referrals for TRICARE Prime patients, HNFS first attempts to coordinate care at the local military hospital or clinic – even if the patient is not enrolled with a primary care manager at that facility – under **TRICARE’s right of first refusal process**.

To help military hospitals and clinics determine how urgently your patient needs to be seen, at a minimum, please include the following information on all maternity care requests:

- First day of the last menstrual period
- Documentation that the pregnancy has been confirmed by a human chorionic gonadotrophin (HCG) blood test
- How many times the patient has been pregnant
- How many times the patient has completed a pregnancy beyond 20 weeks (viable or nonviable)

This supporting documentation can easily be attached to your request when using **CareAffiliate®** online.

Visit our website for information on TRICARE’s **maternity care** coverage.



# Billing for Prolonged Services

Prolonged services are time-based and involve a single same-day evaluation/management (E/M) encounter. Please review these changes to TRICARE's prolonged services billing process.

## Use HCPCS Code G2212

To align TRICARE policy with Medicare policy, providers should use HCPCS code G2212 (each additional 15 minutes, but not less than 15 minutes), when billing for prolonged services in addition to CPT codes 99205, 99215 or 99483.

Additionally, be sure to clearly document the amount of time spent with a patient, to include the start and stop time of the visit, in the patient's medical record and provide this information when submitting the claim to Health Net Federal Services (HNFS). This will help shorten the amount of time needed to process the claim.

## Do Not Use Current Procedural Terminology (CPT®) Code 99417

The No Government Pay Procedure Code List, available at [www.health.mil/rates](http://www.health.mil/rates) > *No Government Pay Procedure Code List*, includes CPT code 99417. As such, HNFS will reject claims that list CPT code 99417 as an add-on for prolonged services.

*CPT is a registered trademark of the American Medical Association. All rights reserved.*

## Choosing Wisely®

### April is National Stress Awareness Month

Alarming statistics about stress demonstrate how common it really is. According to [The American Institute of Stress](#), 77% of people experience stress that affects their physical health, 73% have stress that impacts their mental health, 48% have trouble sleeping, and about 33% report feeling extreme stress. There are many more statistics about stress and its negative effects and unfortunately, for about half of all Americans, levels of stress are getting worse instead of better.

Providers can encourage patients to learn how to manage and reduce the effects of stress to help prevent illness and disease.

**Online education and telephone-based coaching.** Health Net Federal Services has a variety of mental health education and support options available for TRICARE West Region beneficiaries.

- Check out our [Provider Toolkit](#) for patient topic sheets and web resources on stress management, mental health and suicide prevention.
- In our [Learning Center](#), find recorded classes on anxiety, depression, coping with financial stress, and stress management.
- *New* one-on-one coaching for stress management is now available. TRICARE patients can learn more and register on this [Preventive Coaching](#) page.
- You can nominate patients, or they can [self-nominate](#), for one-on-one coaching for anxiety, depression or other chronic health conditions.

**TRICARE offers telemental health care.** Your patients can talk to a mental health professional from the comfort of their home. Patients can visit [www.tricare-west.com/go/telehealth](http://www.tricare-west.com/go/telehealth) to find network providers who offer remote care options.

**Crisis support resources.** Crisis lines offer 24/7 support for those having thoughts of suicide or who need immediate help. Find details at [www.tricare.mil/CrisisLines](http://www.tricare.mil/CrisisLines).

## The Importance of Timely Follow-Up Care

We appreciate your commitment in providing quality, timely care to TRICARE West Region beneficiaries. Your assistance with helping patients get follow-up appointments, especially after mental health inpatient stays or treatment for alcohol or other drug abuse/dependence, can lead to fewer repeat visits to the emergency department (ED) and/or hospital and allows for better continuity of care. During these visits, providers can detect post-hospitalization reactions or medication issues early, preventing readmission.

### Timeliness for follow-up care

Beneficiaries should receive follow-up care within seven days and again after 30 days from being discharged from an inpatient stay.

### Tips for successful follow-up care

You play an important role in helping patients establish in-person or telehealth follow-up appointments.

- Help educate patients about the importance of complying with their discharge plan and follow-up appointments.
- Contact patients who cancel their follow-up appointments about rescheduling as soon as possible.
- Facilitate referrals to mental health care specialists when appropriate.
- Address any known obstacles that could interfere with the beneficiary receiving follow-up care.

### Community resource support

We know beneficiaries may have other needs that can affect successful follow-up care, such as housing, food, transportation, job schedules, family and social support, and childcare. We offer a community resource directory at [www.familysupport.hnfs.com](http://www.familysupport.hnfs.com) where beneficiaries can search for free or reduced cost support programs in their area.



# Understanding the Different Provider Types Displayed in the Network Provider Directory

If you are using our [Network Provider Directory](#) to confirm network provider status or demographic updates, keep in mind we do not display all provider types. You will not find the following provider types in our online directory:

- Physical therapists
- Assistant behavior analysts
- Board Certified Assistant Behavior Analysts® (BCaBA®)
- Qualified Autism Spectrum Practitioners – Supervisor (QASP-S®)
- Behavior technicians (BT)

## Non-TRICARE–Authorized Provider Types

TRICARE does not cover all provider types. TRICARE-authorized providers include doctors, hospitals and ancillary providers (laboratories and radiology providers). We do not display non-authorized provider types in our directory. These include (list not all-inclusive):

- Pharmacists
- Genetic counselors
- Naturopaths
- Acupuncturists
- Chiropractors
- Surgical assistants
- Kinesthiologists
- Provider types not specifically listed in TRICARE Policy Manual, Chapter 11
- Massage therapists

Please refer to TRICARE Policy Manual, Chapter 11 and the Code of Federal Regulations, Title 32, Subtitle A, Chapter I, Subchapter M, Part 199, [§199.6](#) for more information on TRICARE-authorized provider types.

## Benefit Corner

*\*Visit our [Benefits A–Z](#) web page for current benefit details.*



### Omnipod 5

As of Feb. 15, 2023, TRICARE covers the Omnipod® 5 automated insulin delivery system under the pharmacy benefit. Prescribing providers must request pre-authorization. Find details by searching for “Omnipod 5” in Express Scripts’ [TRICARE Formulary Search tool](#). Currently, Omnipod 5 is only available at retail pharmacies and is not available at military pharmacies or through Express Scripts Home Delivery.

## Autism Care Demonstration: Authorization Reviews

When you submit well organized authorization requests that meet TRICARE’s Autism Care Demonstration (ACD) requirements, you help Health Net Federal Services (HNFS) make coverage determinations more quickly. If any requirement is incomplete, then the request cannot proceed until resolved.

### Prescreening Treatment and Reauthorization Requests

For enrolled beneficiaries, once the applied behavior analysis (ABA) referral and ACD outcome measures (Vineland Adaptive Behavior Scales, Third Edition; Social Responsiveness Scale, Second Edition [SRS-2]; Parenting Stress Index, Fourth Edition Short Form/Stress Index for Parents of Adolescents[PSI-4 SF/ SIPA]) are verified as current and valid, the request will go through treatment prescreening. For HNFS’ reviewers to pass authorization requests on for clinical necessity review, requests must meet the minimum requirements – including those for Current Procedural Terminology (CPT®) codes, treatment plans



and the Pervasive Developmental Disorder Behavior Inventory (PDDBI) – for reviewers to consider requests ready for clinical necessity review.

### Clinical Necessity Reviews

HNFS conducts clinical necessity reviews with a uniform approach that requires assessing the initial baselines, recommended goals, target areas, parent training goals, outcome measure scores, and recommendations in treatment plans.

Visit [www.tricare-west.com/go/ACD-Provider](http://www.tricare-west.com/go/ACD-Provider) > *Clinical Necessity Reviews* and our [“Authorization Reviews and the Autism Care Demonstration”](#) article to learn more.





## ePrescribing to Express Scripts Pharmacy

Deliver increased prescription accuracy, a secure prescribing network, continuity of care, and improved adherence to your TRICARE patients with e-prescribing. With Express Scripts Home Delivery, patients can fill up to a 90-day supply of their maintenance medications.

Help save time for you and your patients; e-prescribing is faster than phone or fax.

- Select the Express Scripts Home Delivery profile in your electronic health record (EHR).
- Submit new prescriptions or renewals up to 60 days before they expire.
- Most prescriptions can be written for a 90-day supply.
- Standard shipping is free, with most medications arriving within 2-4 days.
- If applicable, submit prescription pre-authorization requests to Express Scripts using [SureScripts® electronic prior authorizations](#).

To ePrescribe to Express Scripts Pharmacy, select:

Express Scripts Home Delivery  
4600 North Hanley Road  
St. Louis MO 63134

To ePrescribe to a military pharmacy:

- Add your patient's preferred pharmacy. If sending to a military pharmacy, search "DoD 'Site Name' pharmacy."
- All military pharmacies are listed as "DoD 'Site Name' ePhcy" (example: DoD FT Drum ePhcy).
- Select the appropriate item from the "Sent To" drop-down menu.
- Review and send.

TRICARE beneficiaries may also choose to fill their medications at a military or retail network pharmacy.

## TRICARE's Right of First Refusal

When a TRICARE Prime beneficiary is referred for specialty care, TRICARE requires Health Net Federal Services (HNFS) to first attempt to coordinate care at a military hospital or clinic, even if the beneficiary is enrolled to a civilian primary care manager. This process is known as TRICARE's right of first refusal. Providers should include as much clinical documentation or as many details as possible when submitting referrals to HNFS, as this will help military hospitals and clinics to reasonably determine if they can effectively treat the beneficiary.

Be sure to review the details of approval letters issued by HNFS with your TRICARE patients. Each letter will specify the approved specialty provider. If a beneficiary sees a provider other than who was approved, point-of-service charges may apply. Beneficiaries and providers can access copies of approval letters through our secure [Authorization Status](#) tool (log in required).





## Learn the Basics About Submitting Consult Reports to Referring Military Providers

If you are treating a TRICARE patient who was referred by a military hospital or clinic, you will need to submit consult documentation – also known as patient encounter reports or clear and legible reports (CLRs) – to the referring provider within required time frames. Consult documentation includes consultation reports, care notes, operative reports, and discharge summaries.

**Self-paced tutorial now available at [www.tricare-west.com](http://www.tricare-west.com)!**

We know that as a provider, you are busy, so we developed a short self-paced course for you to easily learn what you need to know about returning consult documentation to military hospitals and clinics.

We encourage you and your staff to check out our new online module, “**Returning Consult Documentation for Your TRICARE Patients.**” The training, which takes less than 10 minutes to complete, covers:

- Why consult reports are important
- The patient continuum of care
- Timeliness standards for returning consult documentation
- Where and how to submit consult documentation to military hospitals and clinics.

As a reminder, once you have rendered care, the “clock” for returning consultation or initial assessment documentation starts.

Consultation Type	Consultation Standard
Emergent care	Send within <b>24 hours</b>
Urgent care	Send within <b>48 hours</b>
All others (*except mental health)	Send within <b>seven business days</b>
Mental health assessment	Mental health care providers: Submit brief initial assessments within seven business days.

Visit our [Returning Consultation Reports](#) page to learn more.

TRICARE®  
Provider  
NEWS

CONTACTS

Health Net Federal Services, LLC  
1-844-866-WEST (1-844-866-9378)  
[www.tricare-west.com](http://www.tricare-west.com)

Express Scripts, Inc.  
Pharmacy inquiries  
1-877-363-1303  
[www.militaryrx.express-scripts.com](http://www.militaryrx.express-scripts.com)

PGBA, LLC  
EDI/EFT Help Desk  
1-800-259-0264

Visit us at [www.tricare-west.com](http://www.tricare-west.com).

