



# TRICARE® Claims and Billing Tips

Please visit [www.tricare-west.com](http://www.tricare-west.com) > Provider > Claims to submit claims, check claim status, and review billing tips and rates and reimbursement.

## Claims Filing Information

<b>Claims Processing</b>	PGBA, LLC (PGBA) is the Health Net Federal Services, LLC HNFS claims processing partner in the TRICARE West Region. For additional information on TRICARE claims, visit <a href="http://www.tricare-west.com">www.tricare-west.com</a> or call <b>1-844-866-WEST (1-844-866-9378)</b> . For electronic claims filing assistance, call PGBA at <b>1-800-259-0264</b> .
<b>Claims Deadlines</b>	Providers may file claims up to one year from the date of service. <i>HNFS strongly encourages providers file within 90 days of the date of service.</i>
<b>Claims Status</b>	Providers can check the status of submitted claims at <a href="http://www.tricare-west.com">www.tricare-west.com</a> or by using the self-service menu at <b>1-844-866-WEST (1-844-866-9378)</b> .
<b>Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI)</b>	All covered entities must use their NPIs on HIPAA-compliant standard electronic transactions. If you bill with a Type 2 NPI for both professional (Form 1500 or HIPAA 837P) and facility (UB-04 CMS 1450 or HIPAA 837I) services, you must first notify HNFS so we can properly identify the Type 2 NPI in our systems. Providers with Type 2 NPIs who are not identified as professional entities (for example, physician groups) cannot be reimbursed for professional services. Similarly, providers with Type 2 NPIs who are not identified as institutional entities (for example, hospitals) cannot be reimbursed for facility charges. For more information on NPIs, see "Important Provider Information" in the <a href="#">TRICARE West Region Provider Handbook</a> or visit <a href="http://www.tricare-west.com">www.tricare-west.com</a> .
<b>Claims Filing Requirements</b>	TRICARE requires network providers to submit claims electronically using the appropriate HIPAA-compliant standard electronic claims format.* Non-network providers are encouraged to file electronically. <i>*Except for applied behavior analysis providers, network providers in the state of Alaska are not required to submit claims electronically.</i>

## Electronic Claims Submission, Electronic Funds Transfer and Electronic Remittance Advice

<b>XPressClaim®</b>	<b>XPressClaim</b> is an online electronic claims system recommended for providers who submit fewer than 150 TRICARE claims per month.
<b>Claims Clearinghouses</b>	Clearinghouse services transmit TRICARE claims electronically to HNFS/PGBA for processing. Visit <a href="http://www.tricare-west.com">www.tricare-west.com</a> for a list of electronic claims submission clearinghouses and vendors.
<b>Electronic Funds Transfer (EFT)</b>	Electronic funds transfer payments are deposited directly into your bank account within days of processing completion. Register at <a href="http://www.tricare-west.com">www.tricare-west.com</a> .
<b>Electronic Remittance Advice (ERA)</b>	ERA can change the way your business tracks accounts receivables. Also known as an 835 transaction, ERA is the electronic equivalent of a paper remittance advice (or explanation of benefits [EOB]) that provides claims processing details. It's also a secure and reliable alternative to manually posting claims information to an accounts receivable software program. As soon as your TRICARE claim is processed, your ERA is generated. For more information and to sign-up for ERA, go to <a href="http://www.tricare-west.com">www.tricare-west.com</a> .

## Billing with Z Codes

<b>Generic Z Codes</b>	For lab, radiology, pre-op, or similar services, generic Z codes are not payable and should not be used as a primary diagnosis.
<b>School Physicals</b>	Use applicable Z codes and add the statement "required school physicals" in Box 19 or 24D after the procedure code on the 1500 claim form. Sports-related physical exams are not covered.
<b>Preventive Services</b>	Z codes are acceptable as primary diagnoses. Claims do not require additional diagnostic information.

## Tips for Filing Claims

<b>Provider ID Information</b>	All claims must include all applicable NPIs, the provider/facility federal Taxpayer Identification Number (TIN), the provider/facility physical address (including ZIP code), and the provider/facility pay-to address.
<b>Referring Physician</b>	If the service or item was ordered or referred by a physician, enter the name of the referring or ordering physician, the NPI and the qualifier on the 1500 claim form.
<b>On Call</b>	Always clearly indicate "On Call" in a prominent place or submit the appropriate modifier on the 1500 claim form for services performed on behalf of another provider. Do not use red ink stamps.
<b>Unlisted Codes</b>	When submitting a paper claim and billing with an unlisted or unspecified Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code, supporting documentation describing the services rendered must be included or the claim will be returned or denied for not including this information.
<b>Third-Party Liability (TPL)</b>	If billing for care that may involve TPL, instruct the beneficiary to complete and sign the TPL form (DD Form 2527, available at <a href="http://www.tricare-west.com">www.tricare-west.com</a> ) and attach this form to your claim. To expedite claims processing, use the <b>Upload Documents</b> feature on the secure portal at <a href="http://www.tricare-west.com">www.tricare-west.com</a> to submit supporting documentation, rather than sending via U.S. mail.
<b>ICD-10/DSM-IV Codes</b>	When billing with ICD-10 diagnosis codes, services should be coded to the highest level of specificity (seven-digit level). DSM-IV codes are required for behavioral health conditions.
<b>Emergency Services</b>	Always include the admitting diagnosis for emergency care claims.
<b>DOD Benefits Number (DBN) or Social Security number (SSN)</b>	All claims must include the DBN or SSN for identification. <b>Note:</b> Claims for foreign military members/family members should include a Foreign Identification Number in lieu of an SSN.
<b>Balance billing</b>	TRICARE network providers agree to be paid the lesser of the TRICARE maximum allowable charge or your contracted rate. Non-network TRICARE-authorized providers who have agreed to participate on a claim, have agreed to accept the TRICARE-allowable charge as payment in full for that claim and may not bill patients for any amount more than the TRICARE-allowable charge. Non-network providers who do not accept assignment are limited by federal balance billing laws on how much they can bill TRICARE beneficiaries. Non-participating providers may not balance bill patients more than 115% of the allowable charge.

## TRICARE and Other Health Insurance

<b>Second Payer</b>	TRICARE is the secondary payer to all health benefits and insurance plans, except for Medicaid, State Victims of Crime Compensation Programs, the Indian Health Service or other programs or plans as identified by the Defense Health Agency.
<b>Coordination of Benefits</b>	If TRICARE is the secondary payer, submit the claim to the primary payer first and then file electronically to TRICARE, indicating the amount paid and allowed by other health insurance (OHI), even if it is known that the OHI does not cover a service or if OHI benefits have been exhausted.
<b>OHI Status</b>	Because OHI status can change at any time, it is important to obtain OHI information on a routine basis. Remind your TRICARE patients to review and update their OHI information at <a href="http://www.tricare-west.com">www.tricare-west.com</a> .

## West Region

<b>Claims Submission</b>	<p><b>Online:</b> <a href="http://www.tricare-west.com">www.tricare-west.com</a></p> <p><b>Mail:</b>  <b>Health Net Federal Services, LLC</b>            c/o PGBA, LLC/TRICARE            PO Box 202112            Florence, SC 29502-2112</p> <p><b>Fax:</b> 1-844-869-2504</p>
<b>Claims Correspondence</b>	<p><b>Health Net Federal Services, LLC</b>            c/o PGBA, LLC/TRICARE            PO Box 202100            Florence, SC 29502-2100</p> <p><b>Fax:</b> 1-844-869-2812</p>

## Out-of-Region Claims

<b>East Region</b>	<p><b>TRICARE East Region Claims</b>            PO Box 7981            Madison, WI 53707-7981</p> <p><b>Inquiries: 1-800-444-5445</b>  <a href="http://www.humanamilitary.com/provider/">www.humanamilitary.com/provider/</a></p>
<b>Overseas Region</b>	See Section 7 of the <a href="#">TRICARE West Region Provider Handbook</a> for details on filing claims for overseas beneficiaries.

## Medicare and TRICARE For Life

<b>Claim Submission</b> (submit claims to Medicare first)	<p><b>WPS TRICARE For Life</b>            PO Box 7890            Madison, WI 53707-7890  <b>1-866-773-0404</b>  <a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a></p>
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## Verify Eligibility

Defense Enrollment Eligibility Reporting System (DEERS)

1-800-538-9552

HNFS automated phone menu options

1-844-866-WEST (1-844-866-9378)

HNFS website

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

Use the sponsor's SSN or DBN to verify eligibility. Retain a printout of the eligibility for your files.

## Continued Health Care Benefit Program

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program administered by Humana Military. For questions and assistance with CHCBP claims, visit [www.humanamilitary.com/provider/](http://www.humanamilitary.com/provider/) or call Humana Military at **1-800-444-5445**. HNFS will not be able to answer any CHCBP claims questions.