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TRICARE®

Provider NEWS

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New TRICARE Contract for 2025

A new TRICARE contract is currently scheduled to start Jan. 1, 2025. With this, the TRICARE West Region contractor will change from Health Net Federal Services, LLC (HNFS) to TriWest Healthcare Alliance (TriWest). Humana Military will remain the contractor in the East Region; however, six states are moving from the East Region to the West Region. Learn more at www.tricare.mil/changes.

HNFS is honored to provide exceptional service under the current West Region contract, and we will continue to do so throughout the transition period and remainder of our contract.

For more information, please review our [frequently asked questions](#).



Updates to Your Provider Group?

Health Net Federal Services (HNFS) conducts credential reviews on all network providers to determine if providers meet the minimum requirements of the Defense Health Agency, HNFS and URAC. All practitioners must complete the HNFS credentialing process, which can take up to 90 days. As we transition out from our current TRICARE West Region contract, please note the following key dates. We are proud to continue partnering with our provider network to serve military families throughout the remainder of our TRICARE contract.

New network providers. HNFS will no longer accept new contracts for all provider types after July 31, 2024.

Additions to existing network groups.

- **For provider groups who are directly credentialed by HNFS:** With exception to the Autism Care Demonstration and Childbirth and Breastfeeding Support Demonstration, HNFS will no longer accept new practitioner additions submitted via our [Network TRICARE Provider Roster](#) or [Provider Information Form](#) after Aug. 31, 2024.
- **For provider groups who have a delegated credentialing agreement:** We will continue to accept new practitioner roster additions on rosters through Dec. 31, 2024.

Updating demographic information. Letting us know about demographic updates as soon as possible helps expedite accurate claims processing! We will continue to accept demographic updates and terminations submitted via our [Network TRICARE Provider Roster](#) through Dec. 31, 2024. If you need to update demographics for claims processing purposes (for example, address changes) after this date, our [Update Demographics](#) web tool will be available through June 30, 2025.

We offer answers to frequently asked questions (FAQ) about updating your information in the “[Network Providers](#)” section of our FAQs.

REMINDER!

Providers who have questions about being a network provider for services rendered after Dec. 31, 2024, will need to contact TriWest.

Formulary Search Tool: TRICARE Providers and Patients Have Access to Pharmacy Coverage Details

The TRICARE Formulary Search Tool is an online tool that helps providers view medication coverage details, including where prescriptions can be filled and applicable copayments along with other important coverage details. When using the tool, providers will be able to help their TRICARE patients make informed choices when it comes to their medication therapy, and patients will gain a better understanding of their prescription drug coverage.

To get started, visit the [TRICARE Formulary Search Tool](#) and type in the brand or generic name and strength of the medication. You will also need to enter gender and age. Filter and sort by strength, form, route, and type. A completed search will show:

- Whether the medication is included in the TRICARE formulary.
- General information about the drug, including what it is used for, possible side effects, frequently asked questions, and an image of the selected drug.
- If the medication can be filled at a military pharmacy, TRICARE Home Delivery, or a retail network pharmacy and applicable copayments.
- Any forms, needed to process the prescription including [pre-authorization](#) and [medical necessity](#) forms.
- Alternative medication options and their cost at TRICARE Home Delivery and retail network pharmacies.

For more information visit the helpful links section underneath the search bar at www.esrx.com/tform.

TRICARE Formulary Search Tool





Assisted Reproductive Technology for Wounded Warriors

The Department of Defense has expanded its assisted reproductive technology (ART) benefit made available under the Supplemental Health Care Program (SHCP). Regardless of gender or marital status, ART services are now available to wounded warriors who have sustained a serious or severe illness or injury while on active duty that led to the loss of their natural procreative ability. Benefits also may be authorized for the qualifying service member's TRICARE-enrolled spouse or unmarried partner or TRICARE-enrolled third-party gestational carrier if services are for the benefit of the qualifying ADSM. **Note:** ADSMs must have been active for over 30 days and must remain active throughout the ART procedure. Refer to TRICARE's [Assisted Reproductive Services](#) page and TRICARE Operations Manual Chapter 17, Section 3 for complete benefit details.

Childbirth and Breastfeeding Support Demonstration

Since Jan. 1, 2022, TRICARE has allowed certified labor doulas (CLD), lactation consultants and lactation counselors to provide reimbursable care to TRICARE beneficiaries under the Childbirth and Breastfeeding Support Demonstration (CBSD). TRICARE has made changes to the CBSD, expanding doula certification options and creating a new Phase 2 for reimbursement. To bill under Phase 2, a CLD must be a network provider or have a signed a non-network participation agreement on file. Phase 1 reimbursement, which does not require a participation agreement, remains only for dates of service prior to Jan. 1, 2025. Find answers to frequently asked questions about this update at www.tricare-west.com/go/cbsd.



Disposable Negative Pressure Wound Therapy

Disposable Negative Pressure Wound Therapy (dNPWT), also known as topical negative pressure and vacuum-assisted closure, uses a localized vacuum for rapid wound healing. Effective retroactively to Jan. 1, 2024, the separate payment for dNPWT devices, when furnished to beneficiaries who are under a home health plan of care, is available under HCPCS A9272 (or alternative codes if modified by Medicare). Providers should report HCPCS code A9272 on type of bill (TOB) 32X.

Effective for calendar year 2024, TRICARE will no longer include payment for nursing or therapy services in the payment for dNPWT devices. Payment for such nursing or therapy services is now included under the Home Health Agency Prospective Payment System. For dates of service on or after Jan. 1, 2024, providers should no longer submit a TOB 34X for nursing or therapy services for applicable dNPWT devices.

Visit our [Home Health Billing](#) page for more information.

Tips for Submitting Autism Care Demonstration Treatment Plans

Treatment plans are an essential part of treatment authorization requests for applied behavior analysis (ABA) services under TRICARE's Autism Care Demonstration (ACD). Health Net Federal Services' autism clinical care analysts carefully review treatment plans to make sure they meet all TRICARE ACD requirements. It's important to submit complete and compliant treatment plans on **first** submission. You play an important role in helping expedite the review process and getting your ACD-enrolled patients timely access to care.

For more information, and to download our *Treatment Plan Requirements* guide, visit www.tricare-west.com/go/ACD-provider.

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 with 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).



Helping Your Patients During and After Pregnancy

Perinatal depression during and after pregnancy occurs more often than people may realize. Perinatal depression affects as many as one in seven women and is one of the most common complications of pregnancy and the postpartum period.

A [CDC study](#) shows that health care providers are missing opportunities to ask pregnant and postpartum people about depression. About one in five pregnant people were not asked about symptoms of depression during a prenatal visit and about one in eight people were not asked during a postpartum visit.

Depression during and after pregnancy can result in negative outcomes for pregnant and postpartum women and their babies. Professional and clinical organizations recommend that all adults, including pregnant and postpartum people, be screened for depression.

The American College of Obstetricians and Gynecologists' Clinical Practice Guideline "[Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum](#)" recommends:

- Everyone receiving well-woman, pre-pregnancy, prenatal, and postpartum care be screened for depression and anxiety using standardized, validated instruments. American Family Physicians recommends the Edinburgh Postpartum Depression Scale or the Patient Health Questionnaire.
- Screening for perinatal depression and anxiety occur at the initial prenatal visit, later in pregnancy, and at postpartum visits. Well-child visits provide another opportunity to screen for postpartum depression.
- Mental health screening be implemented with systems in place to ensure timely access to assessment and diagnosis, effective treatment, and appropriate monitoring and follow-up, based on severity. Patients with elevated screening scores should be directed as appropriate to mental health care providers for maximum benefit.
- Screening for bipolar disorder be done before initiating pharmacotherapy for anxiety or depression, if not previously done.
- When someone answers a self-harm or suicide question affirmatively, clinicians immediately assess for likelihood, acuity, and severity of risk of suicide attempt and then arrange for risk-tailored management.
- Clinicians provide immediate medical attention for postpartum psychosis.

We encourage providers to view our [Pregnancy and Postpartum Care](#) toolkit that includes printable handouts, patient resources and links to evidenced-based provider screening tools and resources.

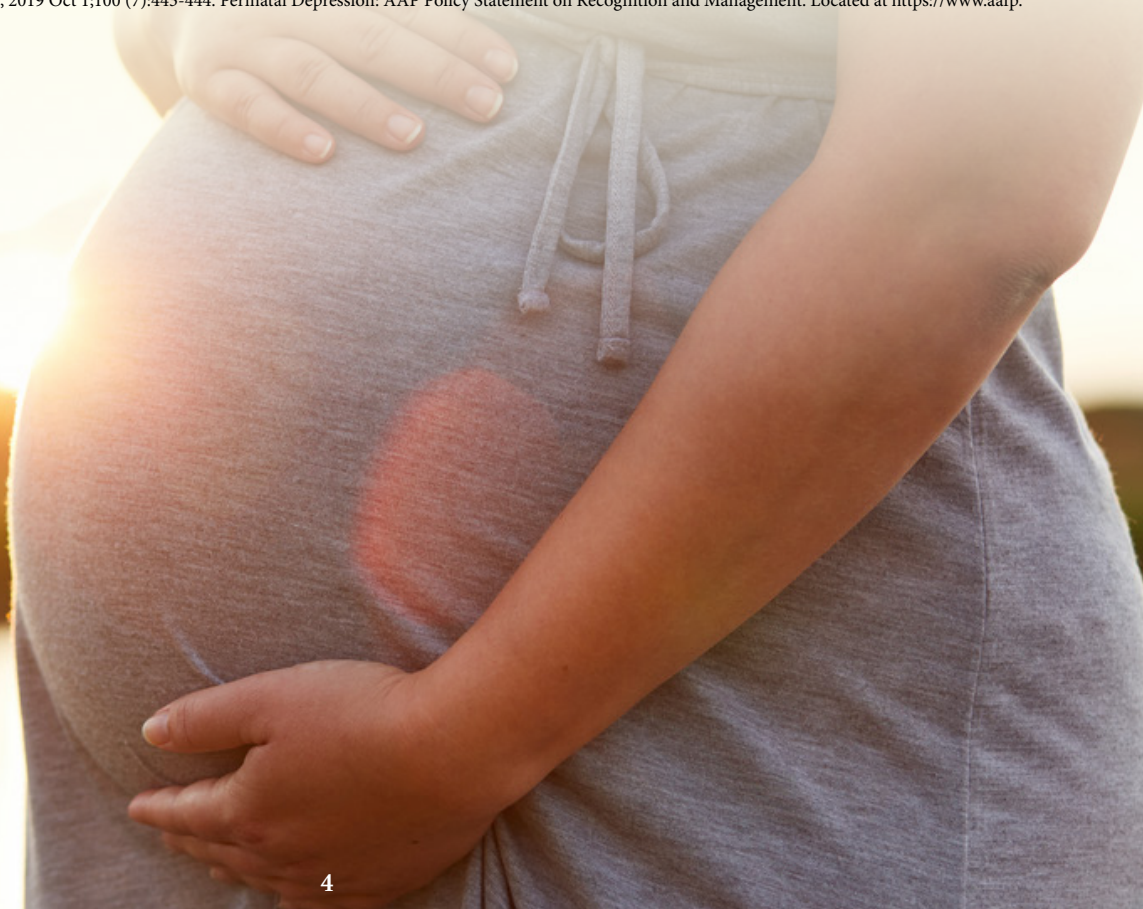
Sources

<https://www.cdc.gov/reproductive-health/depression/cdc-activities.html#:~:text=Depression%20during%20and%20after%20pregnancy,people%2C%20be%20screened%20for%20depression.>

<https://www.acog.org/programs/perinatal-mental-health/patient-screening>

Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence.

American Family Physician – Practice Guidelines, 2019 Oct 1;100 (7):443-444. Perinatal Depression: AAP Policy Statement on Recognition and Management. Located at <https://www.aafp.org/afp/2019/1001/p443.html>.



Avoiding the Three Ps – Plastics, Phthalates and PFAS



According to the [UN Environment Programme](#), over 400 million tons of plastic are produced world-wide each year. Most of this plastic does not get recycled and breaks down into tiny pieces called microplastics, which can get in our soil, food and water. When these plastics break down even further and cannot be seen with a microscope, they are referred to as nanoplastics. Researchers have found microplastics and nanoplastics in human blood and tissues, which means we are eating and drinking and swimming and breathing in these plastics.

Plasticizers such as phthalates are chemicals that companies put in plastic to improve flexibility, durability, transparency, etc. These chemicals may have even more negative health impacts than the plastics themselves. The more broken down a plastic is, the more it releases these chemicals.

Some food containers (both plastic and paper products) are coated with non-stick, grease or water-repelling products that contain forever chemicals (or PFAS). These chemicals can affect how our hormones work and have negative effects on our health.

We encourage you to share these tips for reducing exposure to the chemicals found in plastics with your patients.

- 1 Make the switch from bottled water to tap water.** People often drink bottled water because they think it's healthier than tap water, but in most cases, tap water is perfectly safe. In fact, **it's been shown** that bottled water contains higher amounts of chemical-releasing microplastics and nanoplastics than tap water. If you need to store or carry water, it's better to use a metal or glass container. This is especially true for storing hot beverages or soups because heat releases more chemicals from plastic.
- 2 Consider what you use in the microwave.** Even though some plastic containers are labeled "microwave safe," when you use plastic in the microwave, the high heat can release more chemicals. Use glass, or ceramic containers to store, carry, or heat foods to reduce your risk of exposure to plasticizers. You also can store foods in metal or glass containers instead of plastic containers.
- 3 Cut back on fast food.** Fast food containers and wrappers commonly use PFAS coatings, and researchers have found that a person's PFAS level increases after eating fast food. Over time, FDA regulations will reduce forever chemicals in fast food; however, the **FDA is still reviewing** other regulations for phthalates in food and packaging.
- 4 Check for safe cookware.** Use non-toxic cookware such as stainless steel and ceramic to prepare food.

These easy-to-incorporate tips can reduce exposure to these plastics. Find these and more resources for your patients in the Plastic Safety section of our [Provider Toolkit](#).

Sources

Amato-Lourenço LF, et al. Presence of airborne microplastics in human lung tissue. *J Hazardous Mater.* 416, Aug 15 (2021).
Ragusa A, et al., Plasticenta: First evidence of microplastics in human placenta. *Environ. Intern.* 146, 106274 (2021).
Leslie HA, et al. Discovery and quantification of plastic particle pollution in human blood. *Environment International.* Volume 163, May 2022, 107199.

Tracking Time in Medical Records for Claims

Are you accurately documenting the amount of time you spend with a patient? Your submission of clear medical records and associated claims helps us expedite claims processing. Be sure to include the following in your medical documentation and claim forms:

- Starting and stopping times of visits, and/or
- Entire length of time spent with the patient.

Note: When entering times on claims, use the format HHMM HHMM (for example, 0800 0900). Do not include a hyphen or dash.



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 (CLR)** – to the referring provider within required time frames. Consult documentation includes consultation reports, care notes, operative reports, and discharge summaries.

Once you have rendered care, the “clock” for returning consultation or initial assessment documentation begins.

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

We encourage you and your staff to check out our online module, **“Returning Consult Documentation for Your TRICARE Patients.”** The module, 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



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