

TRICARE BENEFICIARY BULLETIN –FEBRUARY 23, 2012 – 679 WORDS

LEAD MUSIC (:03)

THIS IS THE TRICARE BENEFICIARY BULLETIN, AN UPDATE ON THE LATEST NEWS TO HELP YOU MAKE THE BEST USE OF YOUR TRICARE BENEFIT. I'M AUSTIN CAMACHO. (:10)

FIRST UP: LORRAINE CWIEKA REPORTS ON TRICARE'S COVERAGE OF DURABLE MEDICAL EQUIPMENT.

DURABLE MEDICAL EQUIPMENT, OR DME, IS USED TO IMPROVE, RESTORE OR MAINTAIN FUNCTION OF A BODY PART THAT IS MALFORMED, DISEASED OR INJURED. DME IS GENERALLY COVERED UNDER TRICARE IF PRESCRIBED BY A PHYSICIAN AND IF IT'S DIRECTLY RELATED TO A MEDICAL CONDITION.

DME MAY BE LEASED OR PURCHASED, DEPENDING ON THE COST AND LENGTH OF TIME THE EQUIPMENT IS NEEDED. DME MAY BE COST-SHARED BY TRICARE IF IT:

- IS MEDICALLY NECESSARY AND APPROPRIATE MEDICAL CARE;
- IS ORDERED BY A PHYSICIAN FOR THE SPECIFIC USE OF THE BENEFICIARY; AND
- CAN WITHSTAND REPEATED USE, IS PRIMARILY AND CUSTOMARILY USED TO SERVE A MEDICAL PURPOSE AND GENERALLY IS NOT USEFUL TO AN INDIVIDUAL IN THE ABSENCE OF AN ILLNESS OR INJURY.

TO OBTAIN DME, YOU MUST HAVE A PRESCRIPTION FROM YOUR PHYSICIAN SPECIFYING:

- YOUR DIAGNOSIS;
- TYPE OF EQUIPMENT NEEDED;
- REASON IT IS NEEDED; AND
- LENGTH OF TIME IT WILL BE NEEDED.

FOR MORE INFORMATION ABOUT OBTAINING DME, VISIT TRICARE.MIL/DMEPOS OR CALL YOUR REGIONAL CONTRACTOR.

CONTACT INFORMATION CAN BE FOUND AT
TRICARE.MIL/CONTACTUS.

FOR TRICARE MANAGEMENT ACTIVITY, I'M LORRAINE CWIEKA.

NEXT: ANNEMARIE FELICIO REMINDS TRICARE BENEFICIARIES TO
KEEP DEERS RECORD UP TO DATE.

DEERS IS THE WORLDWIDE DATABASE FOR ALL ACTIVE AND
RETIRED SERVICE MEMBERS, THEIR FAMILY MEMBERS AND OTHERS
WHO ARE ELIGIBLE FOR MILITARY BENEFITS—INCLUDING TRICARE.
THE DEFENSE DEPARTMENT USES THE INFORMATION STORED IN
YOUR DEERS RECORD TO DETERMINE YOUR ELIGIBILITY FOR
TRICARE BENEFITS AND PROGRAMS, AS WELL AS YOUR TRICARE
REGION.

TRICARE ELIGIBILITY IS SHOWN IN DEERS WHEN YOUR RECORDS
ARE UP TO DATE. KEEPING YOUR DEERS INFORMATION ACCURATE
HELPS MAKE SURE THAT YOU CAN ACCESS TRICARE BENEFITS—

INCLUDING DOCTORS' APPOINTMENTS, MEDICATIONS AND REIMBURSEMENTS—WHEN YOU NEED TO.

REMEMBER TO CHECK YOUR DEERS INFORMATION REGULARLY, ESPECIALLY WHEN YOU HAVE A LIFE-CHANGING EVENT SUCH AS MOVING, GETTING MARRIED, GETTING DIVORCED OR HAVING A CHILD. ONLY SPONSORS, OR SPONSOR-APPOINTED INDIVIDUALS WITH VALID POWER OF ATTORNEY, CAN ADD OR DELETE FAMILY MEMBERS. THESE UPDATES MUST BE MADE IN PERSON AT THE NEAREST ID CARD-ISSUING FACILITY. TO FIND A LOCATION, VISIT DMDC.OSD.MIL/RSL.

WHEN THERE IS A CHANGE IN INFORMATION, EACH FAMILY MEMBER'S ELIGIBILITY RECORD MUST BE UPDATED SEPARATELY. FAMILY MEMBERS AGE 18 AND OLDER MAY UPDATE THEIR OWN CONTACT INFORMATION.

FOR TRICARE MANAGEMENT ACTIVITY, I'M ANNEMARIE FELICIO.

IF YOU ARE USING TRICARE STANDARD, YOU MAY BE REQUIRED TO SUBMIT YOUR OWN CLAIMS. IF SUBMITTING YOUR OWN CLAIMS, YOU SHOULD TAKE THE FOLLOWING STEPS TO HELP AVOID LATE OR DENIED PAYMENTS.

HEALTH CARE CLAIMS SHOULD BE SUBMITTED TO THE CLAIMS PROCESSOR IN THE REGION **WHERE YOU LIVE**, UNLESS THE CARE WAS RECEIVED OVERSEAS. CLAIMS MUST BE FILED WITHIN ONE YEAR FROM THE DATE OF SERVICE OR DATE OF INPATIENT DISCHARGE. TO FILE A CLAIM, YOU MUST FILL OUT A *TRICARE DOD/CHAMPUS MEDICAL CLAIM—PATIENT'S REQUEST FOR MEDICAL PAYMENT* FORM. YOU CAN DOWNLOAD FORMS AND INSTRUCTIONS FROM THE TRICARE WEBSITE AT TRICARE.MIL/CLAIMS OR FROM YOUR REGIONAL CONTRACTOR'S WEBSITE.

WHEN FILING A CLAIM, ATTACH A READABLE COPY OF THE PROVIDER'S BILL TO THE CLAIM FORM, MAKING SURE IT CONTAINS THE FOLLOWING:

- PATIENT'S NAME

- SPONSOR'S SOCIAL SECURITY NUMBER OR DEPARTMENT OF DEFENSE BENEFITS NUMBER. ELIGIBLE FORMER SPOUSES SHOULD USE THEIR OWN SSN OR DBN, NOT THEIR SPONSOR'S.
- PROVIDER'S NAME AND ADDRESS. IF MORE THAN ONE PROVIDER'S NAME IS ON THE BILL, CIRCLE THE NAME OF THE PERSON WHO PROVIDED THE SERVICE.
- DATE AND PLACE OF EACH SERVICE
- DESCRIPTION OF EACH SERVICE OR SUPPLY FURNISHED
- CHARGE FOR EACH SERVICE AND
- DIAGNOSIS. IF THE DIAGNOSIS IS NOT ON THE BILL, BE SURE TO COMPLETE BLOCK 8A ON THE FORM.

YOU MAY HAVE TO PAY UP FRONT FOR SERVICES IF YOU SEE A NONPARTICIPATING TRICARE-AUTHORIZED PROVIDER. IN THIS CASE, TRICARE REIMBURSES YOU FOR ITS PORTION OF THE COSTS, MINUS YOUR DEDUCTIBLE AND COST-SHARE.

ONCE YOU COMPLETE THE NECESSARY PAPERWORK, SUBMIT YOUR CLAIM TO YOUR REGIONAL CLAIMS PROCESSOR.

REMEMBER, WHEN YOU VISIT A TRICARE NETWORK PROVIDER, YOU ARE USING YOUR TRICARE EXTRA BENEFIT, AND YOUR PROVIDER SUBMITS THE CLAIM FOR YOU. MAKE SURE YOU GET AN EXPLANATION OF BENEFITS TO SHOW THE CLAIM WAS FILED, CONFIRM THE CORRECT SERVICES WERE BILLED AND CHECK THAT TRICARE PAID ON THE CLAIMS.

VISIT TRICARE.MIL/CLAIMS FOR ADDITIONAL CLAIMS-PROCESSING INFORMATION.

AND THAT'S TODAY'S TRICARE BENEFICIARY BULLETIN. WE'LL HAVE MORE NEWS YOU CAN USE NEXT WEEK. (:03)

TAIL MUSIC (:03)