

TRICARE BENEFICIARY BULLETIN – FEBRUARY 25, 2010 – 755

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 REMINDS BENEFICIARIES THAT
SOME SERVICES MAY REQUIRE PRIOR AUTHORIZATION

SOME HEALTH CARE SERVICES – LIKE VISITING A PRIMARY
CARE PROVIDER WHEN SICK OR FOR A FOLLOW-UP
APPOINTMENT – ARE CONSIDERED ROUTINE. HOWEVER, FOR
OTHER SERVICES – SUCH AS CARE FROM A MEDICAL SPECIALIST
OR SPECIAL TESTS – TRICARE REQUIRES PRIOR
AUTHORIZATION.

ROUTINE CARE INCLUDES GENERAL OFFICE VISITS FOR THE

TREATMENT AND FOLLOW-UP CARE FOR AN ONGOING MEDICAL CONDITION. THESE DO NOT NEED PRIOR AUTHORIZATION.

HOWEVER, IF YOUR PROVIDER RECOMMENDS SPECIAL TESTS, SERVICES, HOSPITALIZATIONS OR OTHER PROCEDURES, A PRIOR AUTHORIZATION MAY BE REQUIRED. SOME SERVICES REQUIRING PRIOR AUTHORIZATION ARE: HOME HEALTH SERVICES, HOSPICE CARE, ANESTHESIA, TRANSPLANTS AND NON-EMERGENCY INPATIENT ADMISSIONS. BECAUSE THERE IS NO ALL-INCLUSIVE LIST OF SERVICES REQUIRING PRIOR AUTHORIZATION, YOU SHOULD SPEAK WITH YOUR PROVIDER AND REGIONAL CONTRACTOR TO CONFIRM PRIOR AUTHORIZATION BEFORE GETTING CARE.

IN MOST CASES, THE HEALTH CARE PROVIDER RECOMMENDING THE PROCEDURE REQUESTS THE PRIOR AUTHORIZATION DIRECTLY FROM THE REGIONAL CONTRACTOR AND COORDINATES THE PROCESS ON THE BENEFICIARY'S BEHALF. IF THE PHYSICIAN FAILS TO GET PRIOR AUTHORIZATION, THE PATIENT MAY BE RESPONSIBLE FOR PAYMENT.

STANDARD BENEFICIARIES IN PARTICULAR, SINCE THEY OFTEN MAKE THEIR OWN APPOINTMENTS AND SELF-REFER TO SPECIALISTS, SHOULD BE CAREFUL TO FOLLOW TRICARE'S PRIOR AUTHORIZATION GUIDELINES.

IF YOU HAVE OTHER HEALTH INSURANCE YOU NEED TO FOLLOW THE RULES OF THEIR COMMERCIAL HEALTH PLAN. GENERALLY, THEY DON'T NEED PRIOR AUTHORIZATION FOR TRICARE-COVERED SERVICES, BUT THERE ARE EXCEPTIONS. TO LEARN MORE ABOUT PRIOR AUTHORIZATION AND WHAT IS COVERED VISIT TRICARE.MIL.

FOR TRICARE MANAGEMENT ACTIVITY, I'M LORRAINE CWIEKA.

NEXT, ANNMARIE FELICIO REPORTS ON TRICARE'S ULTRASOUND COVERAGE POLICY

THE ULTRASOUND IMAGE OF A BABY IS MORE AND MORE OFTEN THE VERY FIRST PICTURE NEW PARENTS HAVE OF THEIR CHILD.

ALONG WITH GIVING PARENTS A PICTURE OF THE GROWING FETUS, THESE POPULAR ULTRASOUND IMAGES ARE ALSO AN IMPORTANT TOOL FOR THE OBSTETRICIAN CARING FOR MOTHER AND BABY.

TRICARE COVERS MEDICALLY NECESSARY ULTRASOUNDS FOR EXPECTANT MOMS, BUT DOES NOT COVER ROUTINE ULTRASOUNDS. SO, WHAT DOES THIS MEAN?

A MEDICALLY NECESSARY ULTRASOUND IS ONE DOCTORS PERFORM WHEN THEY HAVE A CONCERN ABOUT THE PROGRESSION OF A PREGNANCY. SOME OF THE REASONS A DOCTOR MIGHT ORDER AN ULTRASOUND INCLUDE ESTIMATING GESTATIONAL AGE, EVALUATING A FETUS' GROWTH OR WELL-BEING AND DIAGNOSING A MULTIPLE PREGNANCY. DOCTORS CAN ALSO USE AN ULTRASOUND TO CHECK THE CONDITION OF A MOTHER AND FETUS IF PRENATAL CARE WAS STARTED LATE IN THE PREGNANCY. THESE ULTRASOUNDS ARE COVERED BY TRICARE.

SOME DOCTORS MAY OFFER MOTHERS-TO-BE ROUTINE ULTRASOUNDS 16 TO 20 WEEKS INTO THEIR PREGNANCY, OR TO DETERMINE THE SEX OF THE CHILD. THESE ULTRASOUNDS ARE NOT COVERED BY TRICARE. IF ULTRASOUNDS ARE PERFORMED WITHOUT A VALID MEDICAL REASON BENEFICIARIES MAY BE RESPONSIBLE FOR PAYMENT.

TRICARE STRONGLY RECOMMENDS MOTHERS-TO-BE SEEK APPROPRIATE PRENATAL CARE. TRICARE PRIME COVERS ALL NECESSARY MATERNITY CARE, FROM THE FIRST OBSTETRIC VISIT THROUGH SIX WEEKS AFTER A BABY IS BORN.

BENEFICIARIES USING TRICARE STANDARD AND EXTRA PAY THEIR NORMAL DEDUCTIBLES AND COST SHARES FOR OFFICE VISITS AND INPATIENT MATERNITY CARE.

FOR TRICARE MANAGEMENT ACTIVITY, I'M ANNMARIE FELICIO.

FINALLY, KNOWING THE DIFFERENCES BETWEEN URGENT AND EMERGENCY CARE

WHILE MANY TRICARE BENEFICIARIES PAY NO OUT-OF-POCKET COSTS FOR EMERGENCY ROOM SERVICES, THE AVERAGE COST FOR AN EMERGENCY ROOM VISIT IS 10 TIMES MORE THAN AN URGENT CARE VISIT. IN MANY CASES, USING THE EMERGENCY ROOM IS NOT NECESSARY, AND A PATIENT'S CONDITION CAN BE TREATED THROUGH URGENT CARE.

KNOWING THE DIFFERENCES BETWEEN OF URGENT CARE AND EMERGENCY CARE CAN HELP YOU SEEK THE MOST APPROPRIATE SERVICE.

TRICARE DEFINES URGENT CARE AS MEDICALLY NECESSARY TREATMENT FOR AN ILLNESS OR INJURY THAT WOULD NOT RESULT IN FURTHER DISABILITY OR DEATH IF NOT TREATED IMMEDIATELY, BUT THAT REQUIRES PROFESSIONAL ATTENTION WITHIN 24 HOURS.

IN MOST CASES, YOU CAN RECEIVE URGENT CARE FROM YOUR PRIMARY CARE MANAGER, OR PCM, BY MAKING A SAME-DAY APPOINTMENT.

HOWEVER, IF YOUR PRIMARY CARE PHYSICIAN IS UNABLE TO PROVIDE THIS CARE IN A TIMELY MANNER, YOU MAY BE REFERRED TO A NETWORK URGENT CARE PROVIDER. IT IS IMPORTANT THAT YOU OBTAIN A REFERRAL FROM YOUR PCM **BEFORE** YOU RECEIVE URGENT CARE.

TRICARE DEFINES AN EMERGENCY AS A MEDICAL, MATERNITY OR PSYCHIATRIC CONDITION THAT WOULD LEAD A PRUDENT LAYPERSON TO BELIEVE THAT A SERIOUS MEDICAL CONDITION EXISTS; THAT THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION WOULD RESULT IN A THREAT TO LIFE, LIMB OR SIGHT; WHEN A PERSON HAS SEVERE, PAINFUL SYMPTOMS REQUIRING IMMEDIATE ATTENTION TO RELIEVE SUFFERING; OR WHEN A PERSON IS AT IMMEDIATE RISK TO SELF OR OTHERS.

YOU DO NOT NEED TO CALL YOUR PCM OR REGIONAL CONTRACTOR BEFORE RECEIVING EMERGENCY MEDICAL CARE. HOWEVER, IN ALL EMERGENCY SITUATIONS, YOU MUST NOTIFY

YOUR PCM OR YOUR REGIONAL CONTRACTOR IF YOU DO NOT
HAVE AN ASSIGNED PCM WITHIN 24 HOURS OF OR ON THE
BUSINESS DAY FOLLOWING ADMISSION TO COORDINATE
ONGOING CARE AND TO ENSURE YOU RECEIVE PROPER
AUTHORIZATION.

FOR TRICARE MANAGEMENT ACTIVITY, I'M AUSTIN CAMACHO.

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

TAIL MUSIC (:03)