Billing Guidelines for Physician Assistant and Nurse Practitioner Services

In response to questions from TRICARE providers, the billing guidelines for services provided by physician assistants (PAs) and nurse practitioners (NPs) are outlined below.

PAs may provide covered services under the general supervision of a physician as outlined in the TRICARE Policy Manual, Chapter 11, Section 3.12, II.A. The employing physician, group or clinic should bill for covered services with their tax identification number and National Provider Identifier (NPI) and identify the PA as the rendering provider. Services should be billed as separately identified line items (e.g., PA office visit) and accompanied by the rendering PA provider number and NPI.

For NPs, covered services should also be billed by the employing physician, group or clinic listing the NP as the rendering provider. However, NPs can bill on their own behalf for certain services in accordance with TRICARE policy and federal and state laws.

If you have an NP or PA employed in your organization and they are not yet credentialed or certified as a TRICARE provider, please contact Health Net’s toll-free line at 1-877-TRICARE (1-877-874-2273) to obtain the necessary documents.

When providing care to TRICARE beneficiaries, PAs and NPs must be identified as the rendering provider on all claims.

TRICARE will reimburse PAs and NPs for necessary medical services at the applicable CHAMPUS maximum allowable charge fee schedule. The TRICARE-allowable charge for PA and NP services may not exceed 85 percent of the TRICARE-allowable charge for a comparable service rendered by a physician, taking any negotiated discount into consideration, as outlined in the TRICARE Reimbursement Manual, Chapter 1, Section 6.III. The supervising physician must be a TRICARE-authorized provider.

Focus on Drug-Eluting Stent Procedures

The Health Net Federal Services Clinical Quality Management Department has completed a focused review on drug-eluting stent (DES) procedures for TRICARE beneficiaries. A DES contains drugs that potentially reduce the chance an artery will become blocked again. The review was done to determine if any beneficiaries were experiencing undue complications.

The population studied was TRICARE Prime beneficiaries without other health insurance who had a DES inserted between Jan. 1, 2006, and March 31, 2006. A sample group of 99 beneficiaries’ claims and medical records were reviewed.

The guidelines published by the American College of Cardiology in 2005 were the standard of care measurement used in this focused review. Outcomes measured included the use of anti-platelet medications and complication rates.

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Focus on Drug-Eluting Stent Procedures

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The use of anti-platelet medication is required for DES procedures. During hospitalization, 100 percent of beneficiaries received at least one anti-platelet drug. At discharge, all 99 beneficiaries were prescribed at least one anti-platelet drug: 94 beneficiaries (95 percent) were prescribed aspirin; 97 beneficiaries (98 percent) were prescribed Plavix®; and 93 beneficiaries (94 percent) were prescribed aspirin and Plavix.

The most life-threatening complication of stent placement is thrombosis. The expected rate of stent thrombosis within 30 days of DES insertion when anti-platelet medication is administered is 1 percent. The rate for this focused review population was 0 percent.

Two beneficiaries (2 percent) did experience a stent thrombosis. One occurred at two months and one at six months. Both beneficiaries were taking aspirin and Plavix at the time of their thrombosis.

The data does not support any clinical recommendations based on the findings of high-practice standards and low-complication rates.

In 2006, the Food and Drug Administration (FDA) performed a review of the utilization of DES as a result of reported late stent thrombosis. The FDA did not change its approval or recommendations for use based on its 2006 review. However, it was noted that off-label use of DESs is high (more than 60 percent) and larger and longer studies are needed to determine the appropriate duration of anti-platelet treatment.

Understanding TRICARE’s “Hold Harmless” Policy

TRICARE requires network providers to fully inform TRICARE beneficiaries in advance of receiving services or procedures not covered by TRICARE that these services may not be covered. If you do not fully inform the beneficiary and Health Net has not authorized the service or procedure, you will be expected to accept full financial liability for the cost of the care. You may not bill the beneficiary for those non-covered services. General agreements to pay cannot be used for this purpose.

What does “fully inform” mean?

To fully inform a beneficiary that a requested service or treatment is not covered, you must advise the beneficiary in advance of proceeding with the service or treatment. You must inform the beneficiary that the specific requested service or treatment is not covered by TRICARE and provide an estimate of the cost for the requested service or treatment. Documentation should also include the date(s) the services or procedure(s) are to be performed.

These actions must be documented by including both of the following in the patient’s file, in writing:

• A statement or letter written and signed by the beneficiary prior to receipt of the services

• Notes demonstrating that the beneficiary has been fully informed that the services are excluded or excludable and that the beneficiary has agreed to pay for them.

In order to ensure you have met this requirement, Health Net strongly recommends that you and the beneficiary complete the Request for Non-Covered Services form, which can be downloaded from www.healthnetfederalservices.com. Use of this form will provide proper documentation so you are relieved of full financial responsibility.

Be sure to keep copies of the written documentation for your records in the event you need this documentation for patient billing or appeals purposes.

There have been cases when a TRICARE beneficiary agreed to pay for non-covered services in full without written documentation. The provider rendered the care in good faith only to be denied reimbursement, and the beneficiary was not held financially liable for those non-covered services.

Protect yourself from this situation by taking the necessary steps to adhere to TRICARE’s hold harmless policy. For more information regarding services and procedures covered by TRICARE, visit www.healthnetfederalservices.com or call 1-877-TRICARE (1-877-874-2273).

Patient Bill of Rights and Responsibilities

TRICARE beneficiaries have rights and responsibilities pertaining to their health care. For more information, beneficiaries may visit the Health Net Federal Services Web site at www.healthnetfederalservices.com, access the Beneficiary portal and click on the “Bill of Rights” link under TRICARE Resources.
Costs for Inpatient Services Increase Slightly

Each fiscal year, some of the costs for TRICARE-covered inpatient services may increase slightly. The following tables highlight the new rates for inpatient services for fiscal year 2008 (Oct. 1, 2007–Sept. 30, 2008).*

For additional information about copayments and cost-shares for TRICARE-covered services, visit the TRICARE Web site at www.tricare.mil. You can also visit Health Net Federal Services, LLC., (Health Net) online at www.healthnetfederalservices.com, or call 1-877-TRICARE (1-877-874-2273) for more information.

*While the inpatient rate increases are technically effective Oct. 1, 2007, there may be some delay between then and the time Health Net receives direction from the TRICARE Management Activity and is able to implement the change.

Beneficiary Costs for Inpatient Services for Civilian Hospital Admissions

<table>
<thead>
<tr>
<th>Program</th>
<th>Active Duty Family Members</th>
<th>Retirees, Their Families and Other Eligible Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRICARE Prime</td>
<td>(no change)</td>
<td>(no change)</td>
</tr>
<tr>
<td></td>
<td>$0 per admission</td>
<td>$11 per day or $25 per admission, whichever is greater. No charge for separately billed professional services.</td>
</tr>
<tr>
<td>TRICARE Standard</td>
<td>Increases from $14.80 to $15.15 per day or $25 per admission, whichever is greater. No charge for separately billed professional services.</td>
<td>(no change)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$535 per day or 25% of the total charge, whichever is less, plus 25% of the TRICARE-allowable charge for separately billed professional services.</td>
</tr>
<tr>
<td>TRICARE Extra</td>
<td>Increases from $14.80 to $15.15 per day or $25 per admission, whichever is greater. No charge for separately billed professional services.</td>
<td>(no change)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$250 per day or 25% of total charge, whichever is less, plus 20% of the TRICARE-allowable charge for separately billed professional services.</td>
</tr>
</tbody>
</table>

Beneficiary Costs for Inpatient Behavioral Health Services at Civilian Facilities

<table>
<thead>
<tr>
<th>Program</th>
<th>Active Duty Family Members</th>
<th>Retirees, Their Families and Other Eligible Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRICARE Prime</td>
<td>(no change)</td>
<td>(no change)</td>
</tr>
<tr>
<td></td>
<td>$0 per admission</td>
<td>$40 per day. No charge for separately billed professional services.</td>
</tr>
<tr>
<td>TRICARE Standard</td>
<td>(no change)</td>
<td>High-volume Hospital (no change): 25% of hospital-specific charges.</td>
</tr>
<tr>
<td></td>
<td>$20 per day or $25 per admission, whichever is greater.</td>
<td>Low-volume Hospital: Increases from $181 to $187 per day or 25% of the billed charges, whichever is lower.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residential Treatment Center (no change): 25% of the TRICARE-allowable charge.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partial Hospitalization (no change): 25% of the TRICARE-allowable charge, plus 25% of the TRICARE-allowable charge for separately billed professional services.</td>
</tr>
<tr>
<td>TRICARE Extra</td>
<td>(no change)</td>
<td>(no change)</td>
</tr>
<tr>
<td></td>
<td>$20 per day or $25 per admission, whichever is greater.</td>
<td>20% of total charge, plus 20% of the TRICARE-allowable charge for separately billed professional services.</td>
</tr>
</tbody>
</table>

Military Treatment Facility Inpatient Admission Cost Increase

The cost for inpatient care provided at a military treatment facility increases from $14.80 to $15.15 per day for active duty family members and retiree family members using TRICARE Standard or TRICARE Extra and for retiree family members enrolled in TRICARE Prime.
November is Lung Cancer Awareness Month

Encourage Your Patients to Kick the Smoking Habit

November is Lung Cancer Awareness Month and its related events are intended to raise awareness around lung cancer and the dangers of smoking, with the ultimate goal of decreasing the incidence of lung cancer in the nation’s population.

The American Cancer Society® (ACS) estimates that more than 40 million American adults smoke cigarettes. Though tobacco use is not the sole cause of lung cancer, smoking is responsible for one third of the deaths caused by cancer. Furthermore, more than eight million Americans currently suffer from chronic smoking-related illnesses.

During this period of heightened awareness and throughout the year, you can help educate your patients about these health risks. Take the opportunity to explain to your patients some of the health benefits they may experience once they quit smoking.

Even though many smokers are aware of the risks associated with smoking and some would prefer to quit, most simply are not prepared to do so. Talk with your patients about finding a cessation plan that will work best for them. Studies show that smokers are most likely to become nonsmokers if they have a plan and access to appropriate resources. You might also encourage your patients to pick a “Quit Day” that has personal significance for them, such as a birthday or wedding anniversary, as an added incentive to break the habit.

To learn more about how to help your patients become smoke-free, visit the ACS Web site at www.cancer.org. You can also suggest to your patients that they call the ACS Quitline, which is available 24 hours a day, seven days a week at 1-800-ACS-2345 (1-800-227-2345), for information and assistance with quitting smoking.