TRICARE®
Covered Benefits and Services

Health Net Federal Services, LLC (Health Net) manages the TRICARE medical/surgical and behavioral health care benefits. Managed Health Network, Inc. (MHN), a subsidiary of Health Net, Inc., manages the behavioral health care provider network in the TRICARE North Region. TRICARE only covers health care services and devices that are medically necessary and considered proven. Some types of care have limitations. Beneficiary liability for covered services varies according to TRICARE program option (for example, TRICARE Prime).

Benefit Coverage

Benefits and coverage are subject to change. Please visit www.hnfs.com > I’m a Provider > Benefits & Copays > Benefits A–Z for the most up-to-date TRICARE benefit information. Some benefit and exclusion information is also contained in Sections 4 and 5 of the TRICARE North Region Provider Handbook and Health Net’s bi-monthly TRICARE Provider News and email communications.

Exclusions, Limitations and Alternative Health Care Resources

In general, TRICARE excludes services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness (including mental disorder), injury, or for the diagnosis and treatment of pregnancy or well-child care. All services and supplies (including inpatient institutional costs) related to a non-covered condition or treatment, or provided by an unauthorized TRICARE provider, are excluded.

Some military hospitals and clinics offer services or procedures that TRICARE does not cover. Additionally, the director of the Defense Health Agency (DHA) may authorize services for active duty service members (ADSMs) that are not TRICARE benefits. Providers are reimbursed for these services only if they obtain prior authorization from Health Net. ADSMs receiving a denial letter for non-covered services will be given instructions that a waiver from DHA is required. Non-TRICARE Prime Remote (TPR) ADSMs should coordinate the waiver with the military hospital or clinic to which they are enrolled. TPR service members should contact their Uniformed Services Headquarters point of contact/Service Project Officer for waiver consideration. If the director of the DHA approves a waiver, the original request for services can be resubmitted and Health Net will issue an approval.

Items that have limitations may have alternative health care resources. Visit www.hnfs.com > I’m a Provider > Benefits > Alternative Health Care Resources for additional information.

Note: Providers requesting coverage for limited benefits can refer to www.hnfs.com > I’m a Provider > Forms > Letters of Attestation for additional authorization information.

Right of First Refusal/Network Utilization

Military hospitals and clinics have the right of first refusal (ROFR) concerning TRICARE Prime referrals for specialty appointments, inpatient admissions and procedures requiring prior authorization or a referral. This means TRICARE Prime beneficiaries must first try to obtain care at a military hospital or clinic. Military hospital and clinic staff members review requests first to determine if they can provide care within access standards. If the service is not available within access standards, Health Net will issue the referral to a TRICARE civilian network provider. Requests for specialty care referrals or outpatient treatment authorizations to non-network providers will be redirected to TRICARE network providers of the same specialty whenever possible.

Note: The ROFR process does not apply to active duty service members or active duty family members enrolled in TRICARE Prime Remote.
Prior Authorizations and Referrals

Referrals

Referrals are for services that are not considered primary care. An example of a referral is when a primary care manager (PCM) sends a patient to see a cardiologist to evaluate a possible heart problem. All TRICARE Prime beneficiaries (TRICARE Prime, TRICARE Prime Remote, TRICARE Young Adult Prime) must have a referral from their PCM before seeking care from other professional or individual paramedical providers. In addition to a PCM referral, most specialty services for TRICARE Prime beneficiaries, regardless of where they live, require an approval from Health Net.

Prior Authorizations and Inpatient Notifications

Certain services and procedures require Health Net review and approval prior to being provided. These include certain behavioral health care, hospitalization, surgical, and therapeutic procedures. Per TRICARE Reimbursement Manual, Ch. 1, network and non-network providers who submit claims for services without obtaining a prior authorization when required, will receive a 10 percent payment reduction during claims processing. For a network provider, the penalty may be greater than 10 percent depending on his or her network contract. These payment reduction penalties cannot be passed onto the beneficiary for payment.

For TRICARE Prime beneficiaries, Health Net requires notification of all inpatient facility admissions and discharge dates by the next business day following the admission and discharge. Health Net will issue an authorization number after receiving the required clinical information and a discharge date. To ensure military hospitals and clinics have insight to care being delivered in civilian hospitals, clinical records should be faxed to 1-877-809-8667 prior to the beneficiary being discharged.

Prior Authorization and Referral Requirements

Prior authorization and referral requirements are subject to change. We encourage use of Health Net’s Prior Authorization, Referral and Benefit Tool, available at www.hnfs.com, to determine current prior authorization and referral requirements. If a prior authorization or referral is required, Health Net will first review for ROFR (see above) before care is referred to a civilian provider. Visit www.hnfs.com and see Section 6 of the TRICARE North Region Provider Handbook for additional prior authorization and referral information, including the Point of Service (POS) option, obtaining second opinions, changing a provider, processing timelines, extending requests, and appeals.

An active referral is one less than 180 days old for an active duty service member (ADSM) or less than 365 days old for a non-ADSM.

Request Submittals

Health Net can receive prior authorization and referral requests online, by facsimile or by telephone. The fastest way to submit requests is online using the Online Authorization and Referral Tools at www.hnfs.com. If needed, providers can complete an Outpatient or Inpatient TRICARE Service Request/Notification Form and fax it to 1-888-299-4181 (outpatient) or 1-877-809-8667 (inpatient). Only emergent prior authorization and referral requests for care needed within 24 hours should be made by telephone.

Upon approval, the beneficiary and the provider will receive a notification letter from Health Net that lists the specialty provider’s name, specialty services, and dates/number of visits approved. The procedure codes listed on notification letters are not a guarantee of payment. It is the provider’s responsibility to bill the correct procedure code for the actual services rendered. The beneficiary should schedule the first appointment with the specialist indicated on the letter. Please help your TRICARE patients with scheduling, if needed.

Clearly Legible Report Coordination with Referring Providers

TRICARE network providers must complete and send clearly legible reports (CLRs), which include consultations reports, care notes, operative reports and discharge summaries, to the referring military hospital or clinic provider. This helps ensure all treating providers are updated on the beneficiary’s care. Reports should contain a patient’s identifying information such as first name, middle initial, last name, date of birth, and the last four digits of the sponsor’s Social Security number.

Timely return of CLRs is seven (7) days. In urgent and emergency situations, provide a preliminary report within 24 hours. Behavioral health care network providers must submit brief initial assessments within seven (7) business days.

Follow the instructions included with the prior authorization and/or referral letter from Health Net and fax all CLRs directly to the local secure fax number for the requesting military hospital or clinic. The CLR Fax Matrix, found at www.hnfs.com > I’m a Provider > Education > Clearly Legible Reports, lists each military hospital and clinic’s local secure fax number and contact information should you have any CLR questions.

For care referred by a non-military hospital or clinic provider, follow your normal office protocol and forward non-military hospital or clinic referred consultation reports to the requesting provider within seven (7) business days of the service or sooner if clinically appropriate.