TRICARE provider news

Up-to-the-minute information for TRICARE® providers in the East Region

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Update to TRICARE's Childbirth and Breastfeeding Support Demonstration (CBSD)

The CBSD allows Certified Labor Doulas (CLD), lactation consultants or lactation counselors to provide care to eligible beneficiaries.

TRICARE recently made changes to the CBSD to include the addition of the National Black Doulas Association (NBDA) as a certifying organization, participation in a Medicaid doula program as substitution for CLD certification, and a new requirement for CLDs to sign participation agreements to be eligible for TRICARE reimbursement.

NBDA accepted as CLD Certification Organization

Effective April 11, 2024, the NBDA is accepted as an additional certifying organization for CLDs. The CLD must hold a NBDA Birth Doula Certification to be considered eligible as a TRICARE-authorized provider.

Medicaid participation for CLDs

Effective April 11, 2024, participation in a Medicaid doula program may be substituted for the national board certification requirement for CLDs practicing in states with an active statewide doula Medicaid benefit.

Active Medicaid participation in lieu of national board certification will only be accepted for CLDs performing services in the same state in which they are a Medicaid doula. Participation must be in a permanent statewide Medicaid doula program, excluding geographically or time limited programs and programs with requirements set by affordable care or managed care organizations.

Participation agreement requirements

To be eligible for reimbursement for dates of service on or after January 1, 2025, CLDs in the 50 US states and the District of Columbia must have a signed participation agreement on file. Participation agreements are effective the date signed and shall not be backdated to allow retroactive eligibility for reimbursement.

Participation agreement

Providers who complete participation agreements are not considered a network provider as the participation agreement is required for all TRICARE certified doulas. To become a network provider, you must have a contract with Humana Military.

Childbirth Support Services Reimbursement - Phase 2

The Childbirth Support Services Reimbursement Phase 1 will terminate at the end of the day on December 31, 2024. (See TRICARE Operations Manual (TOM) Ch. 18, Sec. 11, Para. 6.4 for more information). Childbirth support services reimbursement Phase 2 will be fully implemented by January 1, 2025, with a transition period starting June 10, 2024.

Here are some additional highlights about this change:

- During the transition period, providers that sign the participation agreement are eligible for Phase 2 reimbursement now through December 31, 2024.
- The contractor shall reimburse a maximum of 24, 15-minute increments combined for antepartum and postpartum visits per birth event.
- The contractor shall reimburse the continuous labor support visit using CPT code T1033.
- The contractor shall reimburse only one continuous labor support visit per birth event.
- A participating CLD may bill under either Phase 1 or Phase 2 (i.e., use codes for either phase) during the transition period.
- The contractor shall not reimburse a CLD for both Phase 1 and Phase 2 codes for the same date(s) of service.
- The contractor shall not require a referral for childbirth support services except for a TRICARE Prime beneficiary receiving services from an out-of-network provider. If a TRICARE Prime beneficiary receives childbirth support services from an out-of-network CLD without a referral, Point of Service (POS) charges may apply.
- The contractor shall not reimburse claims from a CLD for services not personally performed.
- The contractor shall reimburse childbirth support services under Phase 2 using the reimbursement rates published to the DHA website.
- The Defense Health Agency (DHA) will post the reimbursement rates to the DHA website by March 1 of each year, except for the CY 2024 rates, which will be published following publication of the federal register notice announcing the Phase 2 reimbursement methodology.

- Antepartum and postpartum support visits are timed per 15-minute increment.
- The contractor shall reimburse antepartum and postpartum support visits using CPT code T1032.

If you are already TRICARE certified as a CLD, in order to remain compliant with the new requirements of the demonstration, you will only need to complete the Certified Labor Doula (CLD) - Participation Agreement Only.

If you are not currently TRICARE certified as a CLD, please complete the entire Certified Labor Doula – (CLD) application.

Please check back as new information becomes available about these changes.

For more information on the CBSD, visit the TOM, Ch. 18, Sec. 11 and CBSD provider resources.

CLDs may access TRICARE certification applications here.

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U.S. Navy photo by Mass Communication Specialist 1st Class Tiffini Jones Vanderwyst

Flu Season is here!

Make sure your patients are ready for flu season! The Centers for Disease Control and Prevention (CDC) recommends people get their annual flu vaccine to help protect against infection by the influenza virus.

TRICARE beneficiaries have multiple options for getting vaccinated.

Retail pharmacies: Covered vaccines, including for the flu, are free at participating retail network pharmacies when administered by a pharmacist. TRICARE beneficiaries can find a pharmacy nearby and should contact their pharmacy before arriving to confirm that the desired vaccine is available. **Note**: A pharmacist must administer the vaccine, not a provider, to avoid being subject to a cost-share (i.e., copayment).

Military immunization clinics: The flu vaccine is always free at a military hospital or clinic. Find a military, hospital or clinic that offers vaccines.

Civilian and TRICARE authorized providers: TRICARE beneficiaries can get covered vaccines from a TRICARE-authorized provider at a participating network clinic at no cost. TRICARE beneficiaries may be subject to a cost-share (i.e., copayment) for the office visit or other services received during the office visit.

To learn more visit the Express Scripts Vaccine Resource Center.

Reminder for submitting claims

Help us process your claim in a timely manner! As a reminder, the 837P is the electronic professional claim (CMS 1500) submission by clearinghouses or providers. Please keep in mind:

- Procedure codes and modifiers must be valid for the date of service submitted on the claim.
- No dates can be in the future.

No-hassle ways to verify patient eligibility

Providers can verify patient eligibility through provider self-service or through Humana Military's automated phone system. Make sure to have the correct patient ID!

Possible ID numbers you may encounter include:

SSN: a nine-digit number no longer on ID cards, which is acceptable for claims submissions (The sponsor's SSN is acceptable on family member claims). DoD ID number: a 10-digit number on the front of ID cards, which is not acceptable for claims submissions.

DBN: an 11-digit number on the back of some ID cards, which is acceptable for claims submissions (do not include any dashes).

Be sure to check:

Expiration date: Check the date in the EXPIRATION DATE box on the ID card. If expired, the beneficiary must update his or her information in the Defense Enrollment Eligibility Reporting System (DEERS).

Civilian status: The back of the ID card should read YES in the Civilian box to verify eligibility.

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Humana Military's web-based eligibility check option allows you to use either the sponsor SSN or the DBN member ID to verify eligibility. A current approved referral/authorization number for the patient also works when using our web-based eligibility check.

Find out more: Verifying TRICARE eligibility

Submitting corrected/revised claims

A corrected claim is used to update a previously processed claim with new or additional information. A corrected claim is beneficiary and claim specific and should only be submitted if the original claim information was incomplete or inaccurate. A corrected claim does not constitute an appeal.

Corrected/Revised claim submission instructions:

EDI Payer ID: TREST (Preferred method)
TRICARE East Region Claims
Attn: Corrected Claims
PO Box 8904
Madison, WI 53708-8904
Fax: (608) 327-8523

Incomplete medical documentation

- Medical records are to be a complete story of what happened from beginning to end during a patient's visit to a provider. It is the provider's responsibility to ensure the medical record is detailed, complete and accurate.
- Incomplete medical records may exclude critical information such as diagnosis details and treatment plans, making them a threat to a patient's safety. This makes them inadequate for accurate medical decision making.
- An incomplete medical record can often delay or prevent a provider from being paid in a timely manner or from being paid at all.
- Each medical record must substantiate the rendered service or supply on all submitted claims.
- A complete medical record should also contain the patient's full name on each page of documentation, not just their first name or nickname.
- All records must be dated and authenticated by the provider rendering the services.
- Incomplete medical records are also a violation of the TRICARE policy.
- TRICARE policy requires providers to maintain contemporaneous medical records.
- Accurate and complete medical record keeping is an essential aspect of healthcare.

The PI Investigator used the following TRICARE policy resource when researching this topic:

TRICARE Policy Manual 6010.60-M, April 2015, Ch. 1, Sec. 5.1, 3.2, Requirements for Documentation of Treatment Medical Records, specifies that "institutional and medical professional providers must maintain adequate contemporaneous clinical records to substantiate that specific care was actually furnished, was medical necessary and appropriate, and to identify the individual(s) who provided the care. The requirements apply to all medical records environments, both paper-based and computerized or electronic