



TRICARE provider news

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

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Ensure you're using the correct forms!



If you have a beneficiary who is submitting their own claim, please ensure you are providing the most up-to-date claim form. This helps to ensure accuracy for the beneficiary, timeliness for processing the claim and helps to avoid confusion during submission! [Get the correct DD2642 form.](#)

Reference numbers can now be created for basic inquiries through an automated phone system



Providers can now create reference numbers for basic inquiries on claim status, eligibility/benefits or referral/authorization status when using our automated phone system. To create a reference number, simply use your provider Tax Identification Number (TIN) and today's date in MM/DD/YYYY format.

• **Example:** 78599632104182024

Healthcare kickbacks



Healthcare kickbacks involve payments or other incentives given to individuals or organizations in exchange for referrals, services or products, often resulting in financial gain for the parties involved.

Kickbacks can constitute healthcare fraud when they involve illegal or improper payments intended to influence patient referrals, prescriptions or purchasing decisions, leading to unnecessary treatments or services.

Kickbacks contribute to wasteful spending within the healthcare system by driving up costs through unnecessary procedures, medications or services that may not benefit patients.

To report suspected kickbacks or any fraud and/or abuse, report [online](#) or by phone at (800) 333-1620.

Consult report reminder!



As a reminder, all network providers should send consult reports back to the military hospital or clinic via the fax number on the referral as part of their network contract.

Formulary Search Tool: TRICARE providers and patients have access to pharmacy coverage details



The TRICARE Formulary Search Tool is an online tool that helps providers view medication coverage details, including where prescriptions can be filled, applicable copayment information and other important coverage details. When using the tool, providers will be able to help their TRICARE patients make informed choices when it comes to their medication therapy and patients will gain a better understanding of their prescription drug coverage.

To get started, visit the [TRICARE Formulary Search Tool](#) and type in the brand or generic name and strength of the medication. You will also need to enter the beneficiary's gender and age. The tool allows for filtering and sorting by strength, form, route and type. A completed search will show:

- Whether the medication is included in the TRICARE formulary.
- General information about the drug, including what it is used for, possible side effects, frequently asked questions (FAQs) and an image of the selected drug.
- If the medication can be filled at a military pharmacy, TRICARE Home Delivery, or a retail network pharmacy and applicable copayments.
- Any forms needed to process the prescription, including prior authorization and medical necessity forms.
- Alternative medication options and their cost at TRICARE Home Delivery and retail network pharmacies.

For more information, visit the helpful links section underneath the search bar at:

- esrx.com/tform

Changes to Freestanding Ambulatory Surgery Centers (ASC) reimbursement effective Oct. 1

Effective for service dates on or after October 1, 2023, TRICARE policy requires claims for care rendered at freestanding Ambulatory Surgery Centers (ASC) to process using the Medicare ASC Payment System for reimbursement. See the [TRICARE Reimbursement Manual \(TRM\) Ch. 9, Sec. 2 Ambulatory Surgical Center \(ASC\) Reimbursement for service on or after October 1, 2023](#), for additional details.



Freestanding ASCs that **specifically service pediatric populations**, and do not have a Medicare participation agreement, must be accredited by the Joint Commission or the Accreditation Association for Ambulatory Health Care (AAAHC) and enter into a participation agreement with TRICARE.

Please see the following general guidance on claims reimbursement:

- Freestanding ASCs that do not meet all the above Medicare eligibility requirements are no longer eligible for reimbursement for services rendered on or after October 1, 2023.
- For services rendered before October 1, 2023, claims will be processed using the rates found on [Ambulatory Surgical Center \(ASC\) Payment](#) page.
- Claims are now releasing in phases.

Additionally, per [TRM Ch. 1, Sec 7](#), facility claims should be filed on a UB-04.

For more information about this TRICARE policy change, visit the [TRM, Ch. 9, Sec. 2](#).

For more information on participating with Medicare, providers should contact the [Centers for Medicare & Medicaid Services \(CMS\)](#).

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