Chapter 7 Section 2.2

# Clinical Preventive Services - TRICARE Prime

Issue Date: May 15, 1996
Authority: 32 CFR 199.17

## 1.0 POLICY

**1.1** TRICARE Prime enrollees may receive Prime Clinical Preventive Services from any network provider without referral or authorization. If a Prime Clinical Preventive Service is not available from a network provider (e.g., a network provider is not available within prescribed access parameters), an enrollee may receive the service from a non-network provider with a referral from the Primary Care Manager (PCM) and authorization from the contractor. If an enrollee uses a non-network provider without first obtaining a referral from the PCM and authorization from the contractor payment is made under the Point of Service (POS) option only for services that are otherwise covered under TRICARE Standard. Payment will not be made under the POS option for clinical preventive services that are not otherwise covered under TRICARE Standard.

**1.2** There shall be no copayments associated with the individually TRICARE reimbursable services listed below. The contractor shall apply all appropriate claims processing and rebundling edits before determining if the below listed Current Procedural Terminology (CPT) procedure code is individually reimbursable. The contractor need not establish additional edits to identify claims within the age, sex, race, or clinical history perimeters included below. However, a 30 day administrative tolerance will be allowed for any time interval requirements imposed on screening mammographies and Papanicolaou (PAP) smears; e.g., if an asymptomatic woman 50 years of age or older received a screening mammography on September 15, coverage for another screening mammography would be allowed on or after August 17 of the following year.

| SERVICES | FREQUENCY OR AGE INTERVAL | RELEVANT CPT CODE[1] |
|---|---|---|
| **SCREENING EXAMINATIONS:** | | |
| **COMPREHENSIVE HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS** | **For ages 24 months or older: One comprehensive disease prevention clinical evaluation and follow up during age intervals: 2-4; 5-11; 12-17; 18-39; 40-64.** | 99382 - 99386, 99392 - 99396 |

[1] CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

| SERVICES | FREQUENCY OR AGE INTERVAL | RELEVANT CPT CODE[1] |
|---|---|---|
| **TARGETED HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS** | The following screening examinations may be performed during either the above periodic comprehensive health promotion examination or as part of other patient encounters. The intent is to maximize preventive care. | |
| **School Physicals:** | **Physical Examinations**: For beneficiaries ages five through 11 that are required in connection with school enrollment. The effective date for coverage of school enrollment physicals is October 30, 2000. | 99201 - 99205*, 99211 - 99214*, 99383, and 99393 |
| | **Note:** Standard office visit evaluation and management CPT[1] procedure codes (i.e., code ranges 99201 - 99205 and 99211 - 99214) may be used in billing for school physicals; however, payment may not exceed what would have otherwise been reimbursed under the comprehensive preventive medicine service codes for beneficiaries ages five through 11 (CPT[1] procedure codes 99383 and 99393). | |
| **Breast Cancer:** | **Physical Examination**: For women under age 40, physicians may elect to perform clinical breast examination for those who are at high risk, especially those whose first-degree relatives have had breast cancer diagnosed before menopause. For women age 40 and older, annual clinical examinations should be performed. | See appropriate level evaluation and management codes. |
| | **Mammography**: Annual screening mammograms for women over age 39; For high risk women (family history of breast cancer in a first degree relative), baseline mammogram age 35, then annually. | 76083, 76092<br>HCPCS codes G0202, G0204, G0206 |
| | **Magnetic Resonance Imaging (MRI):** Annual screening breast MRI for asymptomatic women age 30 or older considered to be at high risk of developing breast cancer per the guidelines of the American Cancer Society (ACS) as follows: 1) Women with a BRCA1 or BRCA2 gene mutation; 2) Women with a first degree relative (parent, child, sibling) with a BRCA1 or BRCA2 mutation, even if untested; 3) Lifetime risk approximately 20-25% or greater as defined by BRCAPRO or other models that are largely dependent on family history; 4) History of chest radiation between the ages of 10 and 30; 5) History of LiFraumeni, Cowden, or Bannayan-Riley-Ruvalcaba syndromes or first degree relative with the syndrome.The effective date for breast cancer screening MRI is March 1, 2007. | 77058 and 77059 |
| **Cancer of Female Reproductive Organs:** | **Physical Examination**: Pelvic examination should be performed in conjunction with Pap smear testing for cervical neoplasms and premalignant lesions. | See appropriate level evaluation and management codes. |
| | **Papanicolaou smears**: Annually starting at age 18 (or younger, if sexually active) until three consecutive satisfactory normal annual examinations. Frequency may then be less often at the discretion of the patient and clinician but not less frequently than every three years. | 88141 - 88155, 88164 - 88167, 88174, 88175, 99201 - 99215, or 99301 - 99313. |
| **Testicular Cancer:** | **Physical Examination**: Clinical testicular exam annually for males age 13 through 39 with a history of cryptorchidism, orchiopexy, or testicular atrophy. | See appropriate level evaluation and management codes. |

[1] CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

| SERVICES | FREQUENCY OR AGE INTERVAL | RELEVANT CPT CODE[1] |
|---|---|---|
| **Prostate Cancer:** | **Physical Examinations**: Digital rectal examination should be offered annually for all men aged 50 years and over; men aged 45 and over with a family history of prostate cancer in at least one other family member; all African American men aged 45 and over regardless of family history; and men aged 40 and over with a family history of prostate cancer in two or more other family members. | See appropriate level evaluation and management codes. |
| | **Prostate Specific Antigen**: Annually for the following categories of males: all men aged 50 years and older; men aged 45 years and over with a family history of prostate cancer in at least one other family member; all African American men aged 45 and over regardless of family history; men aged 40 and over with a family history of prostate cancer in two or more other family members; and men who have had a vasectomy at least 20 years previously who had their vasectomy at age 40 years or older. | 84153 |
| **Colorectal Cancer:** | **Physical Examination**: Digital rectal examination should be included in the periodic health examination of individuals 40 years of age and older. | See appropriate level evaluation and management codes. |
| | **Fecal occult blood testing**: Once every 12 months (either guaiac-based testing or immunochemical-based testing) for beneficiaries who have attained age 50 (i.e., at least 11 months have passed following the month in which the last covered screening fecal-occult blood test was done). The effective date for coverage of immunochemical-based testing is August 20, 2003. | 82270, 82274, and HCPCS code G0107. |
| | **Proctosigmoidoscopy or Sigmoidoscopy**: Once every three to five years beginning at age 50. | 45300 - 45321, 45327, 45330 - 45339. |
| | **Colonoscopy for Individuals at Average Risk for Colon Cancer**: Once every 10 years for individuals age 50 or above. The effective date for coverage of colonoscopy for individuals at average risk is March 15, 2006.<br>**Colonoscopy for Individuals at Increased Risk for Colon Cancer**: Performed every two years beginning at age 25, or five years younger than the earliest age of diagnosis of colorectal cancer, whichever is earlier and then annually after age 40 for individuals with hereditary non-polyposis colorectal cancer syndrome. Individuals with familial risk of sporadic colorectal cancer (i.e., individuals with first degree relatives with sporadic colorectal cancer or adenomas before the age 60 or multiple first degree relatives with colorectal cancer or adenomas) may receive a colonoscopy every three to five years beginning at age 10 years earlier than the youngest affected relative. | 45355, 45378 - 45385, and HCPCS codes G0105 and G0121. |
| **Skin Cancer:** | **Physical Examination**: Skin examination should be performed for individuals with a family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, or clinical evidence of precursor lesions. | See appropriate level evaluation and management codes. |
| **Oral Cavity and Pharyngeal Cancer:** | **Physical Examination**: A complete oral cavity examination should be part of routine preventive care for adults at high risk due to exposure to tobacco or excessive amounts of alcohol. Oral examination should also be part of a recommended annual dental check-up. | See appropriate level evaluation and management codes. |

[1] CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

| SERVICES | FREQUENCY OR AGE INTERVAL | RELEVANT CPT CODE[1] |
|---|---|---|
| **Thyroid Cancer:** | **Physical Examination**: Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation. | See appropriate level evaluation and management codes. |
| **Infectious Diseases:** | **Tuberculosis screening**: Screen annually, regardless of age, all individuals at high risk for tuberculosis (as defined by CDC) using Mantoux tests. | 86580 and 86585 |
| | **Rubella antibodies**: females, once, age 12-18, unless documented history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday. | 86762 |
| | **Hepatitis B screening**: Screen pregnant women for HBsAG during prenatal period. | 87340 |
| **Cardiovascular Diseases:** | **Cholesterol**: Non-fasting total blood cholesterol: At least once every five years, beginning age 18. | 80061 |
| | **Blood pressure screening**: For children: annually between three and six years of age, and every two years thereafter. For adults: a minimum frequency of every two years. | See appropriate level evaluation and management codes. |
| | **Abdominal Aortic Aneurysm (AAA)**: One time AAA screening by ultrasonography for men, age 65 - 75, who have ever smoked. | 76999 |
| **Other:** | **Body Measurement**: For children: Height and weight should be measured regularly throughout infancy and childhood. Head circumference should be measured through age 24 months.<br>For adults: Height and weight should be measured periodically. The optimal frequency is a matter of clinical discretion. Those individuals who are 20% or more above desirable weight should receive appropriate nutritional and exercise counseling. | See appropriate level evaluation and management codes. |
| | **Vision Care**: Pediatric vision screening at birth and approximately 6 months of age to include determination of vision on visual acuity, ocular alignment and red reflex, along with external examination of ocular abnormalities. Routine eye examination once every two years for retirees and eligible family members age three and older who are enrolled in Prime. Active Duty Family Member (ADFM) age three and older who are enrolled in Prime may receive a routine eye exam annually (see Section 6.1). Diabetic patients, at any age, should have routine eye examinations at least yearly. | 92002, 92004, 92012, 92014, 92015, 99172, and 99173. |
| | **Note:** Routine eye examinations are meant to be more than the standard visual acuity screening test conducted by the member's primary care physician through the use of a standard Snellen wall chart. Self-referral will be allowed for routine eye examinations since PCMs are incapable of providing this service; i.e., a prime beneficiary will be allowed to set up his or her own appointment for a routine eye examination with any network optometrist or ophthalmologist. | |
| **Other (Continued):** | **Hearing screening**: For children: all high risk neonates (as defined by the Joint Committee on Infant Hearing) audiology screening before leaving the hospital. If not tested at birth, high-risk children should be screened before three months of age. Evaluate hearing of all children as part of routine examinations and refer those with possible hearing impairment as appropriate. | 92551, 92587, and 92588 |

[1] CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

| SERVICES | FREQUENCY OR AGE INTERVAL | RELEVANT CPT CODE[1] |
|---|---|---|
| | **Pediatric Blood Lead**: Assessment of risk for lead exposure by structured questionnaire based on Centers for Disease Control and Prevention (CDC) Preventing Lead Poisoning in Young Children (October 1991) during each well child visit from age six months through six years. Screening by blood lead level determination for all children at high risk for lead exposure per CDC guidelines. | 83655 |
| **COUNSELING SERVICES:** | | |
| **These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.** | **Patient & parent education counseling**: Dietary Assessment & Nutrition; Physical Activity & Exercise; Cancer Surveillance; Safe Sexual Practices; Tobacco, Alcohol and Substance Abuse; Accident & Injury Prevention; Promoting Dental Health; Stress, Bereavement, & Suicide Risk Assessment. | These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge. |
| **IMMUNIZATIONS:** | | |
| | Age appropriate dose of vaccines that have been recommended and adopted by the Advisory Committee on Immunization Practices (ACIP) and accepted by the Director of the CDC and the Secretary of Health and Human Services (HHS) and published in a CDC **Morbidity and Mortality Weekly Report** (MMWR). Refer to the CDC's home page (http://www.cdc.gov) for current schedule of CDC recommended vaccines. The effective date of coverage for the Human Papilloma Virus (HPV) vaccine is October 13, 2006. | |

[1] CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

- END -