Chapter 7

Well-Child Care

Issue Date: April 19, 1983
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1.0 CPT PROCEDURE CODES

54150, 54160, 81000 - 81015, 81099, 83655, 84030, 84035, 85014, 85018, 86580, 86585, 90465 - 90468, 90471 - 90474, 90476 - 90748, 92002, 92004, 92012, 92014, 92015, 92551, 92585 - 92588, 99172, 99173, 99381 - 99383, 99391 - 99393, 99431, 99433, 99499.

2.0 DESCRIPTION

Well-child care includes routine newborn care, health supervision examinations, routine immunizations, periodic health screening, and developmental assessment in accordance with the American Academy of Pediatrics (AAP) guidelines.

3.0 POLICY

Well-child care is covered for beneficiaries from birth to age six when services are provided by the attending pediatrician, family physician, ophthalmologist or optometrist, certified Nurse Practitioner (NP), or certified Physician Assistant (PA). Well-child services are considered preventive and are subject to the same cost-sharing/copayment and authorization requirements prescribed under the TRICARE Prime and Standard Clinical Preventive Services benefits.

4.0 POLICY CONSIDERATIONS

4.1 Visits for diagnosis or treatment of an illness or injury are not included in the well-child benefit. Benefits should be extended on the basis of the medical necessity for the services.

4.2 For children whose health screening and immunizations may not be current, payment may be made for well-child visits and immunizations up to midnight of the day prior to the day the child turns six years old, and thereafter under the TRICARE Preventive Services (see Sections 2.1 and 2.2).

4.3 Immunizations are covered for 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 Centers for Disease Control and Prevention (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 web site (http://www.cdc.gov) for access to the MMWRs and a current schedule of CDC recommended vaccines. Immunizations required by dependents of active duty military personnel who are traveling outside the United States as a result of an active duty

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We refer you to the provided text as it is relevant to our understanding and task. Please note that the document contains detailed information on well-child care, including specific services covered and guidelines for care. It is important to consult the TRICARE Policy Manual for comprehensive guidance on these matters.
4.7.1 Immunizations are covered for age appropriate dose of vaccines recommended and adopted by CDC’s ACIP. Immunizations recommended by dependents of active duty military personnel who are traveling outside the United States as a result of an active duty member’s duty assignment, and such travel is being performed under orders issued by a Uniformed Service.

4.7.2 Tuberculin test: at 12 months of age and once during second year of age.

4.7.3 Hemoglobin or hematocrit testing: once during first year of age, once during second year of age.

4.7.4 Urinalysis: once during first year of age, once during second year of age.

4.7.5 Annual blood pressure screening for children between three and six years of age.

4.7.6 Blood lead test: (CPT2 procedure code 83655): Assessment of risk for lead exposure by structured questionnaire based on CDC Preventing Lead Poisoning in Young (October 1991) during each well-child visit from age six months to under six years of age.

4.7.7 Health guidance and counseling, including breast feeding and nutrition counseling.

4.7.8 One routine eye examination by an ophthalmologist or optometrist every two years beginning at age three. The routine eye exams offered between the ages of three and six should include screening for amblyopia and strabismus.

4.7.9 Additional services or visits required because of specific findings or because the particular circumstances of the individual case are covered if medically necessary and otherwise authorized for benefits.

4.8 Well-child services are considered preventive and are subject to the same cost-sharing/copayment and authorization requirements as prescribed under TRICARE Preventive Services (see Section 2.1 and 2.2).

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