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TRICARE
MANAGEMENT ACTIVITY

MB&RB

CHANGE 101
6010.54-M
JULY 2, 2009

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: WEB-BASED TRICARE ASSISTANCE PROGRAM (TRIAP)
AND ENHANCED TRICARE TELEMENTAL HEALTH
(TMH) BENEFIT

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements a demonstration to test the
use of web-based technologies to obtain information and Employee-Assistance
Program (EAP)-like Behavioral Health (BH) services to our beneficiaries. Contractors
are also required to enhance the TRICARE TMH benefit by creating a network of
originating sites to provide TMH services.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 82.


Reta Michak
Acting Chief, Medical Benefits and
Reimbursement Branch

ATTACHMENT(S): 10 PAGE(S)
DISTRIBUTION: 6010.54-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 101
6010.54-M
JULY 2, 2009

REMOVE PAGE(S)

INSERT PAGE(S)

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Section 1.1, pages 5 and 6

Section 1.1, pages 5 and 6

CHAPTER 7

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 1.1

EXCLUSIONS

NOTE: See [Chapter 8, Section 7.1](#) for policy on Nutritional Therapy. Diabetes Outpatient Self-Management Training is covered (see [Chapter 8, Section 8.1](#)).

40. Acupuncture, whether used as a therapeutic agent or as an anesthetic.

41. Hair transplants, wigs (also referred to as cranial prosthesis), or hairpieces, except as allowed in accordance with section 744 of the DoD Appropriations Act for 1981 (see [Chapter 4, Section 2.1](#) and [Chapter 8, Section 12.1](#)).

42. Self-help, academic education or vocational training services and supplies, unless the provisions of [32 CFR 199.4\(b\)\(1\)\(v\)](#) relating to general or special education, apply.

NOTE: See [32 CFR 199.5](#) and [Chapter 9, Section 8.1](#), for training benefits under the Extended Care Health Option (ECHO).

43. Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club membership or other such charges or items (see [Chapter 8, Section 2.1](#)).

44. General exercise programs, even if recommended by a physician and regardless of whether or not rendered by an authorized provider. In addition, passive exercises and range of motion exercises also are excluded, except when prescribed by a physician and rendered by a physical therapist concurrent to, and as an integral part of a comprehensive program of physical therapy (see [Chapter 7, Sections 18.2](#) and [18.3](#)).

45. Services of an audiologist or speech therapist, except when prescribed by a physician and rendered as a part of an otherwise covered benefit or treatment addressed to the physical defect itself and not to any educational or occupational defect (see [Chapter 7, Sections 7.1](#) and [8.1](#)).

46. Eye exercises or visual training (orthoptics) (see [Chapter 4, Section 21.1](#) and [Chapter 7, Section 6.1](#)).

47. Eye and hearing examinations except as specifically provided in [32 CFR 199.4\(c\)\(2\)\(xvi\)](#), [\(c\)\(3\)\(xi\)](#), and [\(e\)\(24\)](#) or except when rendered in connection with medical or surgical treatment of a covered illness or injury. Vision and hearing screening in connection with well-child care is not excluded (see [Chapter 4, Section 21.1](#) and [Chapter 7, Sections 2.1, 2.2, 2.5, 6.1](#) and [8.1](#)).

48. Prostheses, other than those determined to be necessary because of significant conditions resulting from trauma, congenital anomalies, or disease. All dental prostheses are excluded, except for those specifically required in connection with otherwise covered orthodontia directly related to the surgical correction of a cleft palate anomaly (see [Chapter 8, Section 4.1](#)).

49. Orthopedic shoes, arch supports, shoe inserts, and other supportive devices for the feet, including special-ordered, custom-made built-up shoes, or regular shoes later built up (see [Chapter 8, Sections 3.1](#) and [11.1](#)).

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CHAPTER 1, SECTION 1.1

EXCLUSIONS

50. Eyeglasses, spectacles, contact lenses, or other optical devices, except as specifically provided under [32 CFR 199.4\(e\)\(6\)](#) (see [Chapter 7, Section 6.2](#)).

51. Hearing aids or other auditory sensory enhancing devices except as specifically provided in [32 CFR 199.4\(e\)\(24\)](#).

52. Services or advice rendered by telephone are excluded, except that a diagnostic or monitoring procedure which incorporates electronic transmission of data or remote detection and measurement of a condition, activity, or function (biotelemetry) is not excluded when:

a. The procedure without electronic transmission of data or biotelemetry is otherwise an explicit or derived benefit; and

b. The addition of electronic transmission of data or biotelemetry to the procedure is found to be medically necessary and appropriate medical care which usually improves the efficiency of the management of a clinical condition in defined circumstances; and

c. That each data transmission or biotelemetry device incorporated into a procedure that is otherwise an explicit or derived benefit of this section, has been classified by the FDA, either separately or as a part of a system, for use consistent with the defined circumstances in [32 CFR 199.4\(g\)\(52\)\(ii\)](#).

NOTE: See [Chapter 7, Section 22.1](#) for policy on **Telemental Health (TMH)**/Telemedicine.

53. Air conditioners, humidifiers, dehumidifiers, and purifiers.

54. Elevators or chair lifts.

55. Alterations to living spaces or permanent features attached thereto, even when necessary to accommodate installation of covered durable medical equipment or to facilitate entrance or exit.

56. Items of clothing or shoes, even if required by virtue of an allergy.

57. Food, food substitutes, vitamins, or other nutritional supplements, including those related to prenatal care, except as specifically covered (see [Chapter 8, Sections 7.1 and 7.2](#)).

58. Enuretic conditioning programs.

59. Autopsy and postmortem (see [Chapter 6, Section 1.1](#)).

60. All camping even though organized for a specific therapeutic purpose, and even though offered as a part of an otherwise covered treatment plan or offered through an approved facility.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002
CHAPTER 7 - MEDICINE

SECTION	SUBJECT
22.1	Telemental Health (TMH)/Telemedicine
23.1	Augmentative Communication Devices (ACD)
24.1	Phase II And Phase III Cancer Clinical Trials
25.1	Dermoscopy

TELEMENTAL HEALTH (TMH)/TELEMEDICINE

ISSUE DATE: April 17, 2003

AUTHORITY: 32 CFR 199.4 and 32 CFR 199.14

I. DESCRIPTION

A. Telemedicine and Telemental Health (TMH) utilize information and telecommunications technology to transfer medical information for diagnosis, therapy and education. The information may include medical images, live two-way audio and video (e.g., video-conferencing), electronic patient medical records, output data from medical devices and sound files. The telemedical interaction may involve two-way live audio and video visits between patients at the "originating site" and medical professionals at the "distant site." Telemental Health is not a substitute for face-to-face behavioral health care and should be considered as the service delivery mode of choice in those instances in which behavioral health care is difficult to access or where continuity of care is critical (for example, when face-to-face care is no longer possible and continuity with the provider is critical in ensuring health maintenance for the beneficiary).

B. Generally, two different kinds of technology are in use in telemedicine. One technology is a two-way interactive video. This technology is used, for example, when a consultation involving the patient and a specialist is necessary. The videoconferencing equipment or an interactive telecommunication system at two locations permits a "real-time" or "live" service or consultation to take place.

C. The other technology, called "store and forward," is used to transfer video images from one location to another. A camera or similar device records (stores) an image(s) that is then sent (forwarded) via telecommunications media to another location for later viewing. The sending of x-rays, computed tomography scans, or magnetic resonance images are common store-and forward applications. The original image may be recorded and/or forwarded in digital or analog format and may include video "clips" such as ultrasound examinations, where the series of images that are sent may show full motion when reviewed at the receiving location.

II. DEFINITIONS

A. **Interactive Telecommunications System.** Interactive telecommunications systems are defined as multimedia communications equipment that includes, at a minimum, audio-video equipment permitting two-way, real time service or consultation involving the patient and practitioner as appropriate to the medical needs of the patient. Telephone services excluded by 32 CFR 199.4(g)(52) do not meet the definition of interactive telecommunications systems.

B. **Originating Site.** The originating site is the site where the beneficiary is located and must be where an otherwise authorized TRICARE provider normally offers professional medical or psychological services, such as the office of a TRICARE authorized individual professional provider (e.g., physician's office), or a TRICARE authorized institutional provider. A patient's home is not an originating site.

C. **Distant Site.** The term "distant site" means the site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system.

D. **Telepresenter.**

1. **Telemedicine.** An individual with a clinical background (e.g., Licensed Practical Nurse (LPN), Registered Nurse (RN), etc.) trained in the use of the equipment who is available at the originating site to "present" the patient, manage the cameras and perform any "hands-on" activities to successfully complete the exam. For example, a neurological diagnostic exam usually requires a nurse capable of testing a patient's reflexes and other manipulative activities.

2. **Telemental Health (TMH).** Most behavioral health encounters do not require a physical examination by a provider. Therefore, for the provision of TMH, an individual with or without a clinical background (e.g., TRICARE authorized medical or behavioral health provider) who is trained in the use of the equipment and who is available at the originating site to "present" the patient, manage the equipment and perform any "hands-on" activities to successfully complete the clinical encounter, may be utilized. The need for a telepresenter with a clinical background is determined by the provider referring the beneficiary to TMH (for an initial TMH encounter) or by the provider delivering TMH care. When TMH care is provided without prior referral or authorization, the TMH provider will determine during the initial encounter whether the individual is appropriate for TMH care and if a telepresenter with a clinical background is necessary.

III. POLICY

A. **Telemental Health (TMH).**

1. **Scope of Coverage.** The use of interactive audio/video technology may be used to provide clinical consultation, office visits, individual psychotherapy, psychiatric diagnostic interview examination, and pharmacologic management when appropriate and medically necessary. These services and corresponding Current Procedure Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes are listed below:

- Individual psychotherapy (CPT¹ procedure codes 90804 - 90809)
- Psychiatric diagnostic interview examination (CPT¹ procedure code 90801)
- Pharmacologic management (CPT¹ procedure code 90862)

2. **Technical Requirements.** A provider of TMH services shall have video technology components meeting or exceeding American Telemedicine Association (ATA) Standards as

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outlined in their most current applicable consensus standards and guidelines for TMH, but at a minimum as follows:

- a. A minimum bandwidth of 384 kbps (H.263), 256 kbps (H.264), or technical equivalent.
 - b. A monitor with a:
 - Minimum net display of 16 inches diagonally; and
 - Non-anamorphic video picture display.
 - c. A minimum video resolution of one Common Intermediate Format (CIF), or one Source Input Format (SIF).
 - d. Security. All internet protocol sessions shall be encrypted unless they are conducted entirely on a protected network, or using a virtual private network connection.
 - e. No later than July 1, 2010, all originating sites shall have cameras with pan, tilt, and zoom capabilities that can be remotely controlled from the distant site.
3. Current TRICARE rules regarding mental health (e.g., preauthorizations) shall apply to TMH services.

B. Telemedicine Procedures. The use of interactive audio/video technology may be used to provide clinical consultations and office visits when appropriate and medically necessary. These services and corresponding CPT or HCPCS codes are listed below:

- Consultations (CPT² procedure codes 99241 - 99255)
- Office or other outpatient visits (CPT² procedure codes 99201 - 99215)

C. TMH and Telemedicine.

1. Requirements. Requirements, criteria, and limitations applicable to medical and psychological services shall also apply to services involving TMH/telemedicine health.

2. Providers.

a. TRICARE authorized providers rendering TMH/telemedicine services are required to be practicing within the scope and jurisdiction of their license or certifications. Otherwise authorized TRICARE providers must be licensed under all applicable licensing requirements of the state(s) in which services are provided and or received.

b. The provider is responsible for ensuring correct TMH/telemedicine licensure. Violation of state licensure laws may have serious consequences for both the consulting health care providers, as well as the referring provider.

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c. Providers shall ensure that appropriate staff are available to meet patient needs before, during, and after TMH encounters.

3. Conditions of Payment.

a. For TRICARE payment to occur, interactive audio and video telecommunications must be used, permitting real-time communication between the TRICARE authorized provider distant site and the TRICARE beneficiary.

b. As a condition of payment, the patient must be present and participating in the TMH/telemedicine visit.

NOTE: A TMH/telemedicine service originating from a patient's home is not covered.

4. "Store and Forward" Technology. TRICARE allows payment for those telemedicine applications (such as teleradiology or telepathology) in which, under conventional health care delivery, the medical service does not require face-to-face "hands-on" contact between patient and physician. For example, TRICARE permits coverage of teleradiology, which is the most widely used and reimbursed form of telemedicine, as well as physician interpretation of electrocardiogram and electroencephalogram readings that are transmitted electronically.

5. ATA guidelines. In addition to requirements in this Section, TMH shall be delivered according to the requirements as directed in documents representing the most current applicable consensus standards and guidelines for TMH published by the ATA. It is the provider's responsibility to ensure compliance with the ATA guidelines. The policy stated in this section of the TPM has priority over any standard stated in the ATA guidelines. In the event of conflict between the two, the TPM shall be followed.

6. Reimbursement for TMH/Telemedicine

a. Distant Site.

(1) The payment amount for the professional service provided via a telecommunication system by a TRICARE authorized provider at the distant site is the lower of the CHAMPUS Maximum Allowable Charge (CMAC), the billed charge, or the negotiated rate, for the service provided. Payment for an office visit, consultation, individual psychotherapy or pharmacologic management via a telecommunications system should be made at the same amount as when these services are furnished without the use of a telecommunications system.

(2) For TRICARE payment to occur, the provider must be a TRICARE authorized provider and the service must be within a provider's scope of practice under all applicable state(s) law(s) in which services are provided and or received.

(3) The beneficiary is responsible for any applicable copay or cost-sharing. The copayment amount shall be the same as if the service was without the use of a telecommunications system.

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CHAPTER 7, SECTION 22.1

TELEMENTAL HEALTH (TMH)/TELEMEDICINE

b. Originating Site Facility.

(1) For covered TMH/telemedicine services delivered via a telecommunications system, the payment for the originating site facility fee (Q3014) will be the lesser of the originating site fee or the actual charge. The facility fee for the originating site for 2009 is \$23.72. For past and future years, the facility fee for the originating site is included in the annual updates of the CMAC file. It will be updated annually by the Medicare Economic Index (MEI). Annual updates of the originating site facility fee (Q3014) will be included in the annual updates of the CMAC file and TRICARE contractors will implement these updates in accordance with the annual CMAC updates.

(2) Outpatient cost-share rules will apply to this fee.

(3) For reporting TMH/telemedicine services, contractors will use CPT or HCPCS codes with a GT modifier for distant site and Q3014 for originating site to distinguish telemedicine services. By coding and billing the GT modifier with a covered telemedicine procedure code, the distant site provider certifies that the beneficiary was present at an eligible originating site when the TMH/telemedicine service was furnished.

(4) Payment is made only when the originating site is an otherwise authorized TRICARE provider normally offers professional medical or psychological services. No payment shall be made when the originating site does not satisfy this requirement (e.g., no payment shall be made when the originating site is the beneficiary's home).

IV. EFFECTIVE DATE August 1, 2003.

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