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TRICARE
MANAGEMENT ACTIVITY

MB&RB

CHANGE 104
6010.54-M
AUGUST 14, 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)
DEMONSTRATION/TELEMENTAL HEALTH MEDICINE

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change contains revisions to the TRIAP
Demonstration and other clarifications.

EFFECTIVE DATE: August 1, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 85.

Reta Michak
Acting Chief, Medical Benefits and
Reimbursement Branch

ATTACHMENT(S): 2 PAGE(S)
DISTRIBUTION: 6010.54-M

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

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REMOVE PAGE(S)

CHAPTER 7

Section 22.1, pages 3 and 4

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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)
- End Stage Renal Disease (ESRD) related services (HCPCS codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318)

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.

² CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

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.