



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 110
6010.54-M
NOVEMBER 13, 2009**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: SMOKING CESSATION COUNSELING

CONREQ: 14825

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements the National Defense Authorization Act (NDAA) Fiscal Year (FY) 2009 smoking cessation counseling benefit.

EFFECTIVE DATE: October 14, 2008.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

**Reta Michak
Acting Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 9 PAGE(S)
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**CHANGE 110
6010.54-M
NOVEMBER 13, 2009**

REMOVE PAGE(S)

CHAPTER 1

Section 1.1, pages 1, 2, and 7

CHAPTER 8

Table of Contents, pages i and ii

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INDEX

pages 21 and 22

INSERT PAGE(S)

Section 1.1, pages 1, 2, and 7

Table of Contents, pages i and ii

Section 19.1, pages 1 and 2

pages 21 and 22

EXCLUSIONS

ISSUE DATE: June 1, 1999

AUTHORITY: [32 CFR 199.4\(g\)](#)

I. POLICY

A. In addition to any definitions, requirements, conditions, or limitations enumerated and described in other sections of this manual, the following specifically are excluded:

1. Services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness (including mental disorder) or injury or for the diagnosis and treatment of pregnancy or well-baby care.

2. X-ray, laboratory, and pathological services and machine diagnostic tests not related to a specific illness or injury or a definitive set of symptoms except for cancer screening mammography, cancer screening papanicolaou (PAP) tests and other tests allowed under the Preventive Services policy. (See [Chapter 7, Section 2.1](#); [Chapter 7, Section 2.2](#); and [Chapter 12, Section 8.1](#).)

3. Services and supplies related to inpatient stays in hospitals or other authorized institutions above the appropriate level required to provide necessary medical care.

4. Services and supplies related to an inpatient admission primarily to perform diagnostic tests, examinations, and procedures that could have been and are performed routinely on an outpatient basis.

NOTE: If it is determined that the diagnostic x-ray, laboratory, and pathological services and machine tests performed during such admission were medically necessary and would have been covered if performed on an outpatient basis, benefits may be extended for such diagnostic procedures only, but cost-sharing will be computed as if performed on an outpatient basis.

5. Postpartum inpatient stay of a mother for purposes of staying with the newborn infant (usually primarily for the purpose of breast feeding the infant) when the infant (but not the mother) requires the extended stay; or continued inpatient stay of a newborn infant primarily for purposes of remaining with the mother when the mother (but not the newborn infant) requires extended postpartum inpatient stay.

6. Therapeutic absences from an inpatient facility, except when such absences are specifically included in a treatment plan approved by TRICARE.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 1.1

EXCLUSIONS

7. Custodial care. The term “custodial care”, as defined in [32 CFR 199.2](#), means treatment or services, regardless of who recommends such treatment or services or where such treatment or services are provided, that (a) can be rendered safely and reasonably by a person who is not medically skilled; or (b) is or are designed mainly to help the patient with the activities of daily living, also known as “essentials of daily living” as defined in [32 CFR 199.2](#).

8. Domiciliary care. The term “domiciliary care”, as defined in [32 CFR 199.2](#), means care provided to a patient in an institution or homelike environment because--(a) providing support for the activities of daily living in the home is not available or is unsuitable; or (b) members of the patient’s family are unwilling to provide the care.

9. Inpatient stays primarily for rest or rest cures.

10. Costs of services and **supplies** to the extent amounts billed are over the allowed cost or charge.

11. Services or supplies for which the beneficiary or sponsor has no legal obligation to pay; or for which no charge would be made if the beneficiary or sponsor was not eligible under TRICARE; or whenever TRICARE is a secondary payer for claims subject to the DRG-based payment system, amounts, when combined with the primary payment, which would be in excess of charges (or the amount the provider is obligated to accept as payment in full, if it is less than the charges).

12. Services or supplies furnished without charge.

13. Services and supplies paid for, or eligible for payment, directly or indirectly by a local, state, or Federal Government, except as provided under TRICARE, or by government hospitals serving the general public, or medical care provided by a Uniformed Service medical care facility, or benefits provided under title XIX of the Social Security Act (Medicaid).

NOTE: This exclusion applies to services and items provided in accordance with beneficiary’s Individualized Family Service Plan as required by Part C of the Individuals with Disabilities Education Act, and which are otherwise eligible under the TRICARE Basic Program or the Extended Care Health Option (ECHO) but determined not to be “medically or psychologically necessary” as that term is defined within [32 CFR 199.2](#).

14. Services and supplies provided as a part of or under a scientific or medical study, grant, or research program.

15. Unproven drugs, devices, and medical treatments or procedures (see [Chapter 1, Section 2.1](#)).

16. Services or supplies provided or prescribed by a member of the beneficiary’s immediate family, or person living in the beneficiary’s or sponsor’s household.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 1.1

EXCLUSIONS

61. Housekeeping, homemaker, or attendant services, sitter or companion (for exceptions, see [32 CFR 199.4\(e\)\(19\)](#) regarding hospice care) (see the TRICARE Reimbursement Manual ([TRM](#)), [Chapter 11, Sections 1 and 4.](#))

62. All services and supplies (including inpatient institutional costs) related to a noncovered condition or treatment, or provided by an unauthorized provider.

63. Personal, comfort, or convenience items, such as beauty and barber services, radio, television, and telephone (for exceptions, see [32 CFR 199.4\(e\)\(19\)](#) regarding hospice care).

NOTE: Admission kits are covered.

64. Megavitamin psychiatric therapy, orthomolecular psychiatric therapy.

65. All transportation except by ambulance, as specifically provided under [32 CFR 199.4\(d\)](#) and [\(e\)\(5\)](#).

NOTE: Transportation of an ECHO beneficiary to or from a facility or institution to receive authorized ECHO services or items may be cost-shared under [32 CFR 199.5\(c\)\(6\)](#). Transportation of an accompanying medical attendant to ensure the safe transport of the ECHO beneficiary may also be cost-shared (see [Chapter 9, Section 11.1](#)).

66. All travel even though prescribed by a physician and even if its purpose is to obtain medical care, except as specified in [32 CFR 199.4\(a\)\(6\)](#).

NOTE: For the exception for certain Prime travel expenses and non-medical attendants, see [32 CFR 199.17\(p\)\(4\)\(vi\)](#) and the [TRM, Chapter 1, Section 30](#).

67. Services and supplies provided by other than a hospital, unless the institution has been approved specifically by TRICARE. Nursing homes, intermediate care facilities, halfway houses, homes for the aged, or institutions of similar purpose are excluded from consideration as approved facilities.

68. Service animals (Seeing Eye dogs, hearing/handicap assistance dogs, seizure and other detection animals, service monkeys, etc.) are excluded from coverage under the Basic or ECHO programs.

- END -

OTHER SERVICES

SECTION	SUBJECT
1.1	Ambulance Service
2.1	Durable Medical Equipment: Basic Program
2.2	Infantile Apnea Cardiorespiratory Monitor
2.3	External And Implantable Infusion Pump
2.4	Cold Therapy Devices For Home Use
2.5	Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor
2.6	Breast Pumps
2.7	Pulsed Irrigation Evacuation (PIE)
3.1	Orthotics
4.1	Prosthetic Devices And Supplies
5.1	Medical Devices
5.2	Neuromuscular Electrical Stimulation (NMES) Devices
6.1	Medical Supplies And Dressings (Consumables)
7.1	Nutritional Therapy
7.2	Liquid Protein Diets
8.1	Diabetes Outpatient Self-Management Training Services
8.2	Therapeutic Shoes For Diabetics
9.1	Pharmacy Benefits Program
10.1	Oxygen And Oxygen Supplies
11.1	Podiatry
12.1	Wigs Or Hairpiece
13.1	Adjunctive Dental Care
13.2	Dental Anesthesia And Institutional Benefit
14.1	Physician-Assisted Suicide
15.1	Custodial Care Transitional Policy (CCTP)
16.1	Mucus Clearance Devices
17.1	Lymphedema

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002
CHAPTER 8 - OTHER SERVICES

SECTION SUBJECT

18.1 Continuous Passive Motion (CPM) Devices

I 19.1 Smoking Cessation Counseling

SMOKING CESSATION COUNSELING

ISSUE DATE: November 13, 2009

AUTHORITY: Public Law 110-417, Section 713

I. CPT¹ PROCEDURE CODES

99406, 99407, 96152, 96153

II. BACKGROUND

The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2009 (Public Law 110-417, Section 713) signed into effect on October 14, 2008, authorized provision of smoking cessation counseling under TRICARE.

III. POLICY

Coverage may be extended for smoking cessation counseling in accordance with [paragraph IV](#).

IV. POLICY CONSIDERATIONS

A. Smoking cessation counseling is covered for all non-Medicare eligible TRICARE beneficiaries who desire to quit smoking and reside in one of the 50 United States or the District of Columbia, or are enrolled to a Managed Care Support Contractor (MCSC) in the 50 United States or the District of Columbia. There is no requirement for the beneficiary to be diagnosed with a smoking related illness in order to take advantage of this benefit.

B. Smoking cessation counseling MUST be rendered by a TRICARE-recognized and TRICARE-authorized provider to be cost-shared. Please reference [32 CFR 199.6](#) for provider types recognized and eligible for authorization under TRICARE.

C. Two quit attempts per beneficiary per fiscal year are covered; a third quit attempt may be covered with physician justification and preauthorization.

D. Up to eight (8) face-to-face “intermediate” individual visits (99406), or four (4) “intensive” individual visits (99407), or five (5) fifteen-minute face-to face individual counseling interventions (96152), or twenty (20) fifteen-minute units (five hours) of group counseling intervention (96153) per quit attempt are covered.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 8, SECTION 19.1

SMOKING CESSATION COUNSELING

V. EXCLUSIONS

A. Smoking cessation counseling rendered by a provider type NOT recognized under TRICARE or by a provider that is not TRICARE-authorized.

B. TRICARE beneficiaries who are also Medicare eligible (dual-eligible beneficiaries) are excluded from coverage under this policy.

VI. EFFECTIVE DATE October 14, 2008.

- END -

INDEX	CHAPTER	SECTION
R		
Radiation Oncology	5	3.1
Radiofrequency Ablation (RFA)	4	13.1
Radiologic Guidance	5	2.2
Rare Diseases	1	3.1
Reduction Mammoplasty For Macromastia	4	5.4
Regional Director Requirements	1	10.1
Rehabilitation - General	7	18.1
Rehabilitation - Home Therapies/Services - Skilled Nursing, Physical Therapy, Occupational Therapy, And Speech- Language Pathology Services	2	2.1
Requirements For Documentation Of Treatment In Medical Records	1	5.1
Residential Treatment Center (RTC)		
Care Limitations	7	3.2
Preauthorization Requirements	7	3.4
Resource Sharing	1	11.1
Respiratory System	4	8.1
Routine Physical Examinations	7	2.6

INDEX	CHAPTER	SECTION
S		
Salivary Estriol Test	4	18.1
Sensory Evoked Potentials (SEP)	7	15.2
Services Rendered By Employees Of Authorized Independent Professional Providers	11	10.1
Sexual Dysfunctions, Paraphilias and Gender Identity Disorders	7	1.1
Silicone Or Saline Breast Implant Removal	4	5.5
Simultaneous Pancreas-Kidney Transplantation (SPK)	4	24.7
Single Photon Emission Computed Tomography (SPECT)	5	4.1
Small Intestine (SI) Transplantation	4	24.4
Small Intestine-Liver (SI/L) Transplantation	4	24.4
Smoking Cessation Counseling	8	19.1
Special Authorization Requirements	1	7.1
Special Education	9	9.1
Special Otorhinolaryngologic Services	7	8.1
Speech Services	7	7.1
State Licensure And Certification	11	3.2
Stereotactic Radiofrequency Pallidotomy With Microelectrode Mapping For Treatment Of Parkinson's Disease	4	20.2
Thalamotomy	4	20.3
Substance Use Disorders Rehabilitation Facilities (SUDRFs) Certification Process	7	3.7
Preauthorization Requirements	11	8.1
	7	3.5
Surgery For Morbid Obesity	4	13.2
Survivor Status	10	7.1