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TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 162  
6010.54-M  
AUGUST 1, 2012**

**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:** APRIL 2012 CONSOLIDATED TRICARE POLICY MANUAL CHANGES

**CONREQ:** 15968

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** See page 3.

**EFFECTIVE DATE:** Upon direction of the Contracting Officer.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

**Ann N. Fazzini  
Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S): 8 PAGE(S)  
DISTRIBUTION: 6010.54-M**

**CHANGE 162**  
**6010.54-M**  
**AUGUST 1, 2012**

**REMOVE PAGE(S)**

**CHAPTER 7**

Section 2.1, pages 11 and 12

Section 2.2, pages 7 and 8

Section 8.1, pages 1 and 2

**CHAPTER 8**

Section 16.1, page 1

**CHAPTER 11**

Section 3.7, page 1

**INSERT PAGE(S)**

Section 2.1, pages 11 and 12

Section 2.2, pages 7 and 8

Section 8.1, pages 1 and 2

Section 16.1, page 1

Section 3.7, page 1

## **SUMMARY OF CHANGES**

### **CHAPTER 7**

1. Section 2.1. In accordance with 32 CFR 199.18(b)(2)(i) which provides that preventive services are developed based upon guidelines from Health and Human Services (HHS) we are revising the lipid screening coverage based on current National Heart, Lung, and Blood Institute (NHLBI) guidelines.
2. Section 2.2. In accordance with 32 CFR 199.18(b)(2)(i) which provides that preventive services are developed based upon guidelines from HHS we are revising the lipid screening coverage based on current NHLBI guidelines.
3. Section 8.1. Clarifies that audiologists are not authorized to bill Evaluation and Management (E&M) codes.

### **CHAPTER 8**

4. Section 16.1. Clarifies that the policy provides coverage for mucus clearance devices for beneficiaries with mucus producing lung diseases, and for beneficiaries with secretory impairment that requires mucus clearance.

### **CHAPTER 11**

5. Section 3.7. Corrects typo and grammatical error.



5. Other.

a. Physical examinations and immunizations provided to the spouse and children of active duty service members in conjunction with official travel outside the United States. Claims must include a copy of the travel orders or other official documentation verifying the official travel requirement.

b. Routine chest x-rays and electrocardiograms required for admission when a patient is scheduled to receive general anesthesia on an inpatient or outpatient basis.

NOTE: Extra and Standard plans may not cost-share routine chest x-rays or electrocardiograms for admissions not involving services that require general anesthesia.

B. Health Promotion and Disease Prevention Services Covered in Connection with Immunizations, Pap Smears, Mammograms, or Examinations for Colon and Prostate Cancer.

The following health prevention services are only covered in connection with immunizations, Pap smears, mammograms, or screening examinations for colon and prostate cancer; i.e., preventive services provided during the same comprehensive preventative office visit as the associated immunization, Pap smear, mammogram, or colon and prostate examination or preventive services provided as a result of a referral made during that same office visit. The contractor shall apply all appropriate claims processing and rebundling edits before determining if the following preventive services are individually reimbursable. The contractor need not establish additional edits to identify claims within the age, sex, race, or clinical history parameters included below, or research claims history to ensure that an association exists between the following preventive services and an immunization, Pap smear, mammogram, or colon and prostate cancer examination:

1. Cancer Screening Examinations.

a. Testicular Cancer. Examination of the testis annually for males between the ages of 13 through 39 with history of cryptorchidism, orchiopexy, or testicular atrophy.

b. Skin Cancer. Examination of the skin should be performed for individuals with family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, or clinical evidence of precursor lesions.

c. Oral Cavity and Pharyngeal Cancer. 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.

d. Thyroid Cancer. Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.

2. Infectious Diseases.

a. TB Screening. Screen annually, regardless of age, for all individuals at high risk for TB (as defined by CDC) using Mantoux tests.

b. Rubella Antibodies. Test females once, between the ages of 12 through 18, unless history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday is documented.

3. Cardiovascular Disease.

a. Cholesterol Screening. Age-specific, periodic lipid panel as recommended by the National Heart, Lung, and Blood Institute (NHLBI). Refer to the NHLBI web site (<http://www.nhlbi.nih.gov/guidelines>) for current recommendations.

b. Blood Pressure Screening. Blood pressure screening at least every two years after age six.

4. Body Measurements. 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.

5. Vision Screening. Vision screening continues to be excluded from coverage under the Extra and Standard plans except for the one routine eye examination per calendar year per person for family members of active duty members and vision screening allowed under the well-child benefit.

6. Audiology Screening. Preventive hearing examinations are only allowed under the well-child care benefit.

7. Counseling Services.

a. Patient and parent education counseling for:

- (1) Dietary assessment and nutrition;
- (2) Physical activity and exercise;
- (3) Cancer surveillance;
- (4) Safe sexual practices;
- (5) Tobacco, alcohol and substance abuse;
- (6) Promoting dental health;
- (7) Accident and injury prevention; and
- (8) Stress, bereavement and suicide risk assessment.

b. These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 7, SECTION 2.2

CLINICAL PREVENTIVE SERVICES - TRICARE PRIME

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT PROCEDURE CODE
<b>Oral Cavity and Pharyngeal Cancer:</b>	<b>Physical Examination:</b> A complete oral cavity examination should be part of routine preventive care for adults at <b>high risk</b> 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.
<b>Thyroid Cancer:</b>	<b>Physical Examination:</b> Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.	See appropriate level evaluation and management codes.
<b>Infectious Diseases:</b>	<b>Tuberculosis (TB) Screening:</b> Screen annually, regardless of age, all individuals at <b>high risk</b> for tuberculosis (as defined by CDC) using Mantoux tests.	CPT <sup>1</sup> codes 86580 and 86585.
	<b>Rubella Antibodies:</b> Test females once between the ages of 12 and 18, unless history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday is documented.	CPT <sup>1</sup> code 86762.
	<b>Hepatitis B Screening:</b> Screen pregnant women for HBsAG during prenatal period.	CPT <sup>1</sup> code 87340.
<b>Cardiovascular Diseases:</b>	<b>Cholesterol Screening:</b> Age-specific, periodic lipid panel as recommended by the National Heart, Lung, and Blood Institute (NHLBI). Refer to the NHLBI web site ( <a href="http://www.nhlbi.nih.gov/guidelines">http://www.nhlbi.nih.gov/guidelines</a> ) for current recommendations.	CPT <sup>1</sup> code 80061.
	<b>Blood Pressure Screening:</b> 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.
	<b>Abdominal Aortic Aneurysm (AAA):</b> One time AAA screening by ultrasonography for men, age 65-75, who have ever smoked.	CPT <sup>1</sup> code 76999.
<b>Other:</b>	<b>Body Measurement:</b> For children: Height and weight should be measured regularly throughout infancy and childhood. Head circumference should be measured through age 24 months. 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.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 7, SECTION 2.2

CLINICAL PREVENTIVE SERVICES - TRICARE PRIME

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT PROCEDURE CODE
<b>Other (Continued):</b>	<p><b>Vision Care:</b> Pediatric vision screening at birth and approximately six 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 all TRICARE Prime enrollees age three and older. Diabetic patients, at any age, should have routine eye examinations at least yearly.</p>	<p>CPT<sup>1</sup> codes 92002, 92004, 92012, 92014, 92015, 99172, and 99173.</p>
<p>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).</p>		
	<p><b>Hearing Screening:</b> According to the American Academy of Pediatrics (AAP) and the Joint Committee on Infant Hearing (JCIH) all newborns should undergo hearing screening using evoked Otoacoustic Emissions (OAE) testing or automatic Auditory Brainstem Response (ABR) testing before one month of age; preferably, before leaving the hospital. An infant who does not pass the hearing screening should undergo appropriate audiological and medical evaluations to confirm the presence of a hearing loss at no later than three months of age.</p>	<p>CPT<sup>1</sup> codes 92551 and 92585 - 92588.</p>
	<p>A hearing evaluation should be a part of routine examinations for all children, and those with possible hearing impairment should be referred for appropriate testing.</p>	
	<p><b>Pediatric Blood Lead:</b> 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 <b>high risk</b> for lead exposure per CDC guidelines.</p>	<p>CPT<sup>1</sup> code 83655.</p>
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## SPECIAL OTORHINOLARYNGOLOGIC SERVICES

ISSUE DATE: April 19, 1983

AUTHORITY: [32 CFR 199.4\(c\)\(3\)\(iv\)](#), [\(g\)\(45\)](#), [\(g\)\(47\)](#), and [32 CFR 199.5\(c\)](#)

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### I. CPT<sup>1</sup> PROCEDURE CODES

92502 - 92512, 92516, 92520, 92526, 92551 - 92597, 92601 - 92617, 92626, 92627, 92630, 92633, 92640, 92700

### II. DESCRIPTION

Otolaryngology is that branch of medicine concerned with the screening, diagnosis and management of medical and surgical disorders of the ear, the upper respiratory and upper alimentary systems and related structures and the head and neck.

Audiology is the discipline involved in the prevention, identification and the evaluation of hearing disorders, the selection and evaluation of hearing aids, and the re-habilitation of individuals with hearing impairment. Audiological services, including function tests, performed to provide medical diagnosis and treatment of the auditory system.

### III. POLICY

A. **Otorhinolaryngology** services, including audiological services are covered for the diagnosis and treatment of a covered medical condition. |

B. Prior to September 1, 2005, hearing aid services and supplies may be cost-shared only for eligible beneficiaries through the Program for Persons with Disabilities (PFPWD) on the basis of a hearing disability or of multiple disabilities, one of which involves a hearing disability.

C. On or after September 1, 2005, hearing aid services and supplies may be cost-shared only for Active Duty Family Members (ADFMs) with a profound hearing loss through the TRICARE Basic Program. See [Chapter 7, Section 8.2](#).

D. Diagnostic analysis of cochlear implant with programming is covered for patients under seven years of age (**Current Procedural Terminology**<sup>1</sup> (CPT) procedure codes 92601, 92602), and age seven years or older with programming (CPT<sup>1</sup> procedure codes 92603, 92604). See [Chapter 4, Section 22.2](#). |

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**TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002**

CHAPTER 7, SECTION 8.1

SPECIAL OTORHINOLARYNGOLOGIC SERVICES

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E. Evaluation for prescription of non-speech-generating augmentative and alternative communication device, including programming and modification, may be cost-shared only for eligible beneficiaries through the Extended Care Health Option (ECHO) on the basis of a speech disability or of multiple disabilities, one of which involves a speech disability (CPT<sup>2</sup> procedure codes 92605 - 92609).

F. Audiologists are not authorized to bill using Evaluation and Management (E&M) codes (CPT<sup>2</sup> procedure codes 99201 - 99499).

IV. EXCLUSIONS

Uvulopalatopharyngoplasty (UPPP) (CPT<sup>2</sup> procedure code 42145) for the treatment of Upper Airway Resistance Syndrome (UARS) is unproven.

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## MUCUS CLEARANCE DEVICES

ISSUE DATE: June 5, 1995

AUTHORITY: 32 CFR 199.4

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### I. HCPCS PROCEDURE CODES

A7025, A7026, E0480, E0482 - E0484, S8185

### II. DESCRIPTION

A. Mucus clearance devices are designed to clear mucus secretions from the lungs of patients with mucociliary clearance impairment.

B. Some mucus clearance devices resemble a combination of a smoker's pipe and a referee's whistle. It consists of a hardened plastic mouthpiece at one end, a plastic perforated cover at the opposite end, and a valve on the inside created by a high-density stainless steel ball resting in a plastic circular cone.

C. Other bronchial drainage systems include an air oscillator and an inflatable vest and uses high-frequency chest wall oscillations, which also clear mucus from the airway wall. This type of system is a mechanical form of Chest Physical Therapy (CPT) used as an alternative to conventional CPT in patients with Cystic Fibrosis (CF).

### III. POLICY

A. Mucus clearances may be cost-shared for beneficiaries with mucus producing lung diseases, including, but not limited to CF and Chronic Obstructive Pulmonary Disease (COPD) (which encompasses both chronic bronchitis and emphysema), and for beneficiaries with secretory impairment that requires mucus clearance.

B. The mucus clearance device used must be U.S. Food and Drug Administration (FDA) approved. Coverage can only begin effective the date of FDA approval.

### IV. EXCLUSION

Intrapulmonary Percussive Ventilation (IPV) (Healthcare Common Procedure Coding System (HCPCS) code E0481) for the treatment of CF is unproven.

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## CLINICAL PSYCHOLOGIST

ISSUE DATE: December 5, 1984

AUTHORITY: [32 CFR 199.6\(c\)\(3\)\(iii\)\(A\)](#)

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### I. ISSUE

Clinical Psychologist.

### II. POLICY

A. To be certified as an authorized clinical psychologist, an individual must be licensed or certified by the state for the independent practice of psychology; **and**:

1. Posses**s** a doctoral degree in psychology from a regionally accredited university; **and**

2. Have two years of supervised clinical experience in psychological health services of which at least one year is post-doctoral and one year (may be the post-doctoral year) is in an organized psychological health service training program; **or**

3. As an alternative to [paragraph II.A.1.](#) and [2.](#), be listed in the National Register of Health Service Providers in Psychology.

B. A provider has fulfilled the degree requirement if the provider holds a doctorate from a regionally accredited institution and if the doctorate (or doctorate combined with additional coursework) fulfills the licensing/certifying/registering jurisdiction's educational requirements to become a licensed/certified/registered psychologist at the independent practice level.

C. A provider who does not qualify as an authorized clinical psychologist is to be offered the alternative of applying for provider status under another mental health provider category or of applying for listing in the National Register of Health Service Providers in Psychology.

- END -

