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**CHANGE 159
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The Defense Health Agency has authorized the following addition(s)/revision(s).

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PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: June 6, 2016.

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**ATTACHMENT(S): 5 PAGE(S)
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CHANGE 159
6010.57-M
MAY 4, 2016

REMOVE PAGE(S)

CHAPTER 7

Section 2.2, pages 1 and 2

CHAPTER 10

Section 1.1, page 1

CHAPTER 11

Section 3.2, pages 1 and 2

INSERT PAGE(S)

Section 2.2, pages 1 and 2

Section 1.1, page 1

Section 3.2, pages 1 and 2

SUMMARY OF CHANGES

CHAPTER 7

1. Section 2.2. This change clarifies where preventative services are available for TRICARE Prime enrollees. EFFECTIVE DATE: June 6, 2016.

CHAPTER 10

2. Section 1.1. This section was edited to clarify the eligibility dates as recorded in Defense Enrollment Eligibility Reporting System. EFFECTIVE DATE: June 6, 2016.

CHAPTER 11

3. Section 3.2. This section was edited to allow providers six months to obtain state licensure when available or during any specific grace period established by a State. EFFECTIVE DATE: June 6, 2016.

Clinical Preventive Services - TRICARE Prime

Issue Date: May 15, 1996
Authority: [32 CFR 199.17](#)

1.0 POLICY

1.1 TRICARE Prime enrollees may receive Prime Clinical Preventive Services from any network provider **within their region of enrollment** without referral or authorization. If a Prime Clinical Preventive Service is not available from a network provider (e.g., a network provider is not available within prescribed access parameters), an enrollee may receive the service from a non-network provider with a referral from the Primary Care Manager (PCM) and authorization from the contractor. If an enrollee uses a non-network provider without first obtaining a referral from the PCM and authorization from the contractor payment is made under the Point of Service (POS) option only for services that are otherwise covered under TRICARE Standard. Payment will not be made under the POS option for clinical preventive services that are not otherwise covered under TRICARE Standard.

1.2 There shall be no copayments associated with the individually TRICARE reimbursable services listed below. The contractor shall apply all appropriate claims processing and rebundling edits before determining if the below listed Current Procedural Terminology (CPT) procedure code is individually reimbursable. The contractor need not establish additional edits to identify claims within the age, sex, race, or clinical history **parameter** included below. However, a 30 day administrative tolerance will be allowed for any time interval requirements imposed on screening mammography and Papanicolaou (PAP) smears; e.g., if an asymptomatic woman 50 years of age or older received a screening mammography on September 15, coverage for another screening mammography would be allowed on or after August 17 of the following year.

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT PROCEDURE CODE
COMPREHENSIVE HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS	For ages 24 months or older: One comprehensive disease prevention clinical evaluation and follow up during age intervals: 2-4; 5-11; 12-17; 18-39; 40-64.	CPT ¹ codes 99382 - 99386 and 99392 - 99396.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 7, Section 2.2

Clinical Preventive Services - TRICARE Prime

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT PROCEDURE CODE
TARGETED HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS	The following screening examinations may be performed during either the above periodic comprehensive health promotion examination or as part of other patient encounters. The intent is to maximize preventive care.	
School Physicals:	Physical Examinations: For beneficiaries ages five through 11 that are required in connection with school enrollment. The effective date for coverage of school enrollment physicals is October 30, 2000.	CPT ¹ codes 99201 - 99205*, 99211 - 99214*, 99383, and 99393
	*Standard office visit evaluation and management CPT ¹ procedure codes (i.e., code ranges 99201 - 99205 and 99211 - 99214) may be used in billing for school physicals; however, payment may not exceed what would have otherwise been reimbursed under the comprehensive preventive medicine service codes for beneficiaries ages five through 11 (CPT ¹ procedure codes 99383 and 99393).	
Breast Cancer:	Clinical Breast Examination (CBE): For women under age 40, CBE may be performed during a covered periodic preventive health exam. For women age 40 and older, CBE should be performed annually.	See appropriate level evaluation and management codes.
	Screening Mammography: Covered annually for all women over beginning at age 40. Covered annually beginning at age 30 for women who have a 15% or greater lifetime risk of breast cancer (according to risk assessment tools based on family history such as the Gail model, the Claus model, and the Tyrer-Cuzick model), or who have any of the following risk factors: <ol style="list-style-type: none"> 1. History of breast cancer, Ductal Carcinoma In Situ (DCIS), Lobular Carcinoma In Situ (LCIS), Atypical Ductal Hyperplasia (ADH), or Atypical Lobular Hyperplasia (ALH); 2. Extremely dense breasts when viewed by mammogram; 3. *Known BRCA1 or BRCA2 gene mutation; 4. *First-degree relative (parent, child, sibling) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves; 5. Radiation therapy to the chest between the ages of 10 and 30 years; or 6. History of Li-Fraumeni, Cowden, or hereditary diffuse gastric cancer syndrome, or a first-degree relative with a history of one of these syndromes. 	CPT ¹ codes 77052 and 77057. HCPCS codes G0202, G0204, and G0206.
	* Listing of the BRCA1 and BRCA2 gene mutations as additional risk factors here does not imply or constitute TRICARE coverage of BRCA1 or BRCA2 genetic testing as a clinical preventive service.	
	Breast Screening Magnetic Resonance Imaging (MRI): Covered annually, in addition to the annual screening mammogram, beginning at age 30 for women who have a 20% or greater lifetime risk of breast cancer (according to risk assessment tools based on family history such as the Gail model, the Claus model, and the Tyrer-Cuzick model), or who have any of the following risk factors: <ol style="list-style-type: none"> 1. *Known BRCA1 or BRCA2 gene mutation; 	CPT ¹ codes 77058 and 77059.

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Eligibility Requirements For TRICARE Beneficiaries

Issue Date: September 9, 1993

Authority: [32 CFR 199.3](#)

1.0 POLICY

1.1 Individuals who are determined by the applicable Uniformed Service as meeting the TRICARE eligibility requirements under [32 CFR 199.3](#) will be shown as eligible on the Defense Enrollment Eligibility Reporting System (DEERS). The DEERS record will indicate the dates of eligibility. Except for newborns, **the DEERS record must indicate the dates** eligible for TRICARE. If the **newborn** beneficiary's date of birth is within 365 days of the contractor's eligibility query to DEERS, the contractor shall consider the newborn to be eligible.

1.2 Same-sex spouses and their family members of Uniformed Service members are eligible for TRICARE. The effective date of coverage is June 26, 2013, or the date of eligibility as reflected in DEERS, whichever is later.

- END -

State Licensure And Certification

Issue Date: September 20, 1990

Authority: [32 CFR 199.6\(c\)\(2\)\(i\)](#) and [\(c\)\(2\)\(ii\)](#)

1.0 ISSUE

TRICARE requirement for state licensure and certification.

2.0 POLICY

2.1 State Licensure/Certification. Otherwise covered services shall be cost-shared only if the individual professional provider holds a current, valid license or certification to practice his or her profession in the state where the service is rendered. Licensure/certification in a profession other than that for which the provider is seeking authorization is not acceptable. The licensure/certification must be at the full clinical level of practice. Full clinical practice level is defined as an unrestricted license that is not subject to limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction. The services provided must be within the scope of the license, certification, or other legal authorization. Licensure or certification is required to be an authorized provider when offered in the state where the service is rendered, even if such licensure or certification is not required by the state where the service is rendered. Providers who practice in a state where licensure or certification is optional are required to obtain that licensure or certification to become an authorized provider. A temporary professional state license which allows full and unrestricted scope of practice fully satisfies any Individual Professional Provider certification requirement for the period during which the temporary license is valid. The authorized status of the provider expires when the temporary license expires unless the temporary license is renewed or a regular license is issued to the provider.

2.2 Certified Membership in National or Professional Association that Sets Standards for the Profession. If the state does not offer licensure or certification, the provider must have membership in or certification by (or be eligible to have membership in or certification by) the appropriate national or professional association that sets standards for the specific profession. Associate, provisional, or student membership is not acceptable. Membership or certification must be at the full clinical level. If the provider does not have membership in or certification by the standard setting national or professional association, acceptable proof of eligibility is a letter or other written documentation from the appropriate association stating that the provider meets the requirements to be a member of or certified by the association.

2.3 Time Period for Obtaining Licensure or Certification. When a new State law is enacted that requires or provides for a certain category of provider to be in possession of licensure or certification, authorized providers must obtain the license as soon as the State begins issuance. A period of time, not to exceed a maximum of six months, will be authorized to obtain the license.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 11, Section 3.2

State Licensure And Certification

This six month time frame may be changed if the State provides a specific grace period (a longer or shorter time period) for obtaining licensure.

- END -