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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 20
6010.57-M
NOVEMBER 16, 2009**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

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

CHANGE TITLE: SMOKING CESSATION COUNSELING

CONREQ: 14921

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): 8 PAGE(S)
DISTRIBUTION: 6010.57-M**

CHANGE 20
6010.57-M
NOVEMBER 16, 2009

REMOVE PAGE(S)

CHAPTER 1

Section 1.2, pages 5 through 7

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Chapter 1, Section 1.2

Exclusions

1.1.42 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 ECHO.

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

1.1.44 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](#)).

1.1.45 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](#)).

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

1.1.47 Eye and hearing examinations except as specifically provided in [32 CFR 199.4\(b\)\(2\)\(xvi\)](#), [\(b\)\(3\)\(xi\)](#), 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](#)).

1.1.48 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](#)).

1.1.49 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](#)).

1.1.50 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](#)).

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

1.1.52 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:

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

1.1.52.2 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

1.1.52.3 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 U.S. Food and Drug Administration (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.

1.1.53 Air conditioners, humidifiers, dehumidifiers, and purifiers.

1.1.54 Elevators or chair lifts.

1.1.55 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.

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

1.1.57 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](#)).

1.1.58 Enuretic conditioning programs.

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

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.

1.1.61 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](#)).

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

1.1.63 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.

1.1.64 Megavitamin psychiatric therapy, orthomolecular psychiatric therapy.

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

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Chapter 1, Section 1.2

Exclusions

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](#)).

1.1.66 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](#).

1.1.67 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.

1.1.68 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 -

Chapter 8

Other Services

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2.1	Durable Medical Equipment (DME): Basic Program
2.2	Infantile Apnea Cardiorespiratory Monitor
2.3	External And Implantable Infusion Pump (IIP)
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2.5	Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor
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15.1	Custodial Care Transitional Policy (CCTP)
16.1	Mucus Clearance Devices
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Chapter 8, Other Services

Section/Addendum	Subject/Addendum Title
18.1	Continuous Passive Motion (CPM) Devices
19.1	Smoking Cessation Counseling

Smoking Cessation Counseling

Issue Date: November 13, 2009

Authority: Public Law 110-417, Section 713

1.0 CPT¹ PROCEDURE CODES

99406, 99407, 96152, 96153

2.0 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.

3.0 POLICY

Coverage may be extended for smoking cessation counseling in accordance with [paragraph 4.0](#).

4.0 POLICY CONSIDERATIONS

4.1 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.

4.2 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.

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

4.4 Up to eight (8) face-to-face "intermediate" individual visits (CPT¹ procedure code 99406), or four (4) "intensive" individual visits (CPT¹ procedure code 99407), or five (5) fifteen-minute face-to-face individual counseling interventions (CPT¹ procedure code 96152), or twenty (20) fifteen-minute units (five hours) of group counseling intervention (CPT¹ procedure code 96153) per quit attempt are covered.

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Chapter 8, Section 19.1

Smoking Cessation Counseling

5.0 EXCLUSIONS

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

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

6.0 EFFECTIVE DATE

October 14, 2008.

- END -

