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The TRICARE Management Activity 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.

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Chief, Medical Benefits and  
Reimbursement Branch**

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**REMOVE PAGE(S)**

**CHAPTER 7**

Table of Contents, pages 1 and 2

Section 2.1, pages 11 and 12

Section 2.2, pages 5 and 6

Section 8.1, pages 1 and 2

**CHAPTER 8**

Section 16.1, page 1

**INDEX**

pages 5 and 6

**INSERT PAGE(S)**

Table of Contents, pages 1 and 2

Section 2.1, pages 11 and 12

Section 2.2, pages 5 and 6

Section 8.1, pages 1 and 2

Section 16.1, page 1

pages 5 and 6

## **SUMMARY OF CHANGES**

### **CHAPTER 7**

1. Table of Contents. Corrects typo.
2. 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.
3. 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.
4. Section 8.1. Clarifies that audiologists are not authorized to bill Evaluation and Management (E&M) codes.

### **CHAPTER 8**

5. 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.

### **INDEX**

6. Corrects typo.



## Chapter 7

### Medicine

Section/Addendum	Subject/Addendum Title
1.1	Sexual Dysfunctions, Paraphilias, And Gender Identity Disorders
2.1	Clinical Preventive Services - TRICARE Standard
2.2	Clinical Preventive Services - TRICARE Prime
2.3	Family Planning
2.4	Cervical Cancer Screening
2.5	Well-Child Care
2.6	Routine Physical Examinations
2.7	Chelation Therapy
2.8	Hydration, Therapeutic, Prophylactic, And Diagnostic Injections And Infusions
3.1	Limit On Acute Inpatient Mental Health Care
3.2	Limit On Residential Treatment Center (RTC) Care
3.3	Preauthorization Requirements For Acute Hospital Psychiatric Care
3.4	Preauthorization Requirements For Residential Treatment Center (RTC) Care
3.5	Preauthorization Requirements For Substance Use Disorder Detoxification And Rehabilitation
3.6	Psychiatric Partial Hospitalization Programs (PHPs) - Preauthorization And Day Limits
3.7	Substance Use Disorders
3.8	Learning Disorders
3.9	Attention-Deficit/Hyperactivity Disorder
3.10	Treatment Of Mental Disorders
3.11	Ancillary Inpatient Mental Health Services
3.12	Psychological Testing
3.13	Psychotherapy
3.14	Family Therapy
3.15	Psychotropic Pharmacologic Management
3.16	Collateral Visits
3.17	Eating Disorders

**TRICARE Policy Manual 6010.57-M, February 1, 2008**  
Chapter 7, Medicine

<b>Section/Addendum</b>	<b>Subject/Addendum Title</b>
4.1	Biofeedback
4.2	Dialysis
5.1	Gastroenterology
6.1	Ophthalmological Services
6.2	Lenses (Intraocular Or Contact) And Eye Glasses
6.3	Cardiovascular Therapeutic Services
7.1	Speech Services
8.1	Special Otorhinolaryngologic Services
8.2	Hearing Aids And Hearing Aid Services
9.1	Electronystagmography (ENG)
10.1	Echocardiogram For Dental And Invasive Procedures
11.1	Cardiac Rehabilitation
12.1	Non-Invasive Vascular Diagnostic Studies
13.1	Pulmonary Services
14.1	Allergy Testing And Treatment
15.1	Neurology And Neuromuscular Services
15.2	Sensory Evoked Potentials (SEP)
16.1	Central Nervous System (CNS) Assessments/Tests
16.2	Health And Behavior Assessment/Intervention
16.3	Chemotherapy Administration
16.4	Education And Training For Patient Self Management
17.1	Dermatological Procedures - General
18.1	Rehabilitation - General
18.2	Physical Medicine/Therapy
18.3	Occupational Therapy
18.4	Osteopathic Manipulative Therapy
18.5	Chiropractic Manipulative Treatment (CMT)
19.1	Diagnostic Sleep Studies
20.1	Hyperbaric Oxygen (HBO) Therapy
21.1	Chronic Fatigue Syndrome (CFS)
22.1	Telemental Health (TMH)/Telemedicine
23.1	Augmentative Communication Devices (ACDs)

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:

#### 4.2.1 Cancer Screening Examinations

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

**4.2.1.2** 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.

**4.2.1.3** 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.

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

#### 4.2.2 Infectious Diseases

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

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

#### 4.2.3 Cardiovascular Disease

**4.2.3.1** 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.

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

#### 4.2.4 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.

#### 4.2.5 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.

**4.2.6 Audiology Screening**

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

**4.2.7 Counseling Services**

**4.2.7.1** Patient and parent education counseling for:

- Dietary assessment and nutrition;
- Physical activity and exercise;
- Cancer surveillance;
- Safe sexual practices;
- Tobacco, alcohol and substance abuse;
- Promoting dental health;
- Accident and injury prevention; and
- Stress, bereavement and suicide risk assessment.

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

**5.0 EFFECTIVE DATE**

Unless otherwise stated, the effective date of health promotion and disease prevention services covered in connection with immunizations, PAP smears, mammograms, or examinations for colon and prostate cancer is October 6, 1997.

- END -

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
<p><b>Colorectal Cancer (Continued):</b></p>	<p><b>Optical (Conventional) Colonoscopy for Individuals at <u>Average</u>, <u>Increased</u>, or <u>High Risk</u> for Colon Cancer (Continued):</b></p> <p><b>Increased Risk (Individuals with a family history):</b></p> <p>1. Once every five years for individuals with a first degree relative diagnosed with <b>sporadic</b> colorectal cancer or an adenomatous polyp <b>before the</b> age of 60, or in two or more first degree relatives at any age. Optical colonoscopy should be performed beginning at age 40 or 10 years younger than the earliest affected relative, whichever is earlier.</p> <p>2. Once every 10 years, beginning at age 40, for individuals with a first degree relative diagnosed with <b>sporadic</b> colorectal cancer or an adenomatous polyp at age 60 or older, or colorectal cancer diagnosed in two second degree relatives.</p> <p><b>High Risk:</b></p> <p>1. Once every one to two years for individuals with a genetic or clinical diagnosis of Hereditary Non-Polyposis Colorectal Cancer (HNPCC) or individuals at increased risk for HNPCC. Optical colonoscopy should be performed beginning at age 20 to 25 or 10 years younger than the earliest age of diagnosis, whichever is earlier.</p> <p>2. For individuals diagnosed with Inflammatory Bowel Disease (IBD), Chronic Ulcerative Colitis (CUC), or Crohn's disease, cancer risk begins to be significant eight years after the onset of pancolitis or 10 to 12 years after the onset of left-sided colitis. For individuals meeting these risk parameters, optical colonoscopy should be performed every one to two years with biopsies for dysplasia.</p> <p>The effective date for coverage of optical colonoscopy for individuals at <b>increased</b> or <b>high risk</b> is October 6, 1997.</p>	
	<p><b>Computed Tomographic Colonography (CTC) for Individuals in whom an Optical Colonoscopy is Medically Contraindicated or Incomplete:</b> CTC is covered as a colorectal cancer screening ONLY when an optical colonoscopy is medically contraindicated OR cannot be completed due to a known colonic lesion, structural abnormality, or other technical difficulty is encountered that prevents adequate visualization of the entire colon. CTC is NOT covered as a colorectal cancer screening for any other indication or reason.</p> <p>The effective date for coverage of CTC for this indication is March 15, 2006. CTC is NOT covered as a colorectal cancer screening for any other indication or reason.</p>	<p>CPT<sup>1</sup> Level III codes 0066T or 0067T.</p>

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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
<b>Skin Cancer:</b>	<b>Physical Examination:</b> Skin examination should be performed for individuals with a family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, or clinical evidence of precursor lesions.	See appropriate level evaluation and management codes.
<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 Centers for Disease Control and Prevention (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 documented 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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## Special Otorhinolaryngologic Services

Issue Date: April 19, 1983

Authority: [32 CFR 199.4\(c\)\(3\)\(iv\)](#), [\(g\)\(47\)](#), [32 CFR 199.5\(c\)](#), and 10 USC 1079(e)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

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

### 2.0 DESCRIPTION

**2.1** 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.

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

### 3.0 POLICY

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

**3.2** 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.

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

**3.4** 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 and 92602), and age seven years or older with programming (CPT<sup>1</sup> procedure codes 92603 and 92604). See [Chapter 4, Section 22.2](#).

**3.5** Evaluation for prescription of non-speech-generating augmentative and alternative communication device, including programming and modification, may be cost-shared only for

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**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 7, Section 8.1

Special Otorhinolaryngologic Services

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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).

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

**4.0 EXCLUSION**

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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### 1.0 HCPCS PROCEDURE CODES

A7025, A7026, E0480, E0482 - E0484, S8185

### 2.0 DESCRIPTION

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

**2.2** 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.

**2.3** 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).

### 3.0 POLICY

**3.1** Mucus clearance devices 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.

**3.2** 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.

### 4.0 EXCLUSION

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

- END -



**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Index

<b>S</b>	<b>Chap</b>	<b>Sec/Add</b>	<b>T (CONTINUED)</b>	<b>Chap</b>	<b>Sec/Add</b>
Sensory Evoked Potentials (SEP)	7	15.2	Transitional Assistance Management Program (TAMP)	10	5.1
Services Rendered By Employees Of Authorized Independent Professional Providers	11	10.1	Transitional Survivor Status And Survivor Status	10	7.1
Sexual Dysfunctions, Paraphilias, And Gender Identity Disorders	7	1.1	Transjugular Intrahepatic Portosystemic Shunt (TIPS)	4	10.1
Silicone Or Saline Breast Implant Removal	4	5.5	Transplant		
Simultaneous Pancreas-Kidney (SPK) Transplant	4	24.7	Combined Heart-Kidney (CHKT)	4	24.3
Single Photon Emission Computed Tomography (SPECT)	5	4.1	Combined Liver-Kidney (CLKT)	4	24.6
Skilled Nursing Facility (SNF) Visits	2	3.1	Donor Costs	4	24.9
Small Intestine (SI) Transplant	4	24.4	Heart	4	24.2
Small Intestine-Liver (SI/L) Transplant	4	24.4	Heart-Lung	4	24.1
Smoking Cessation Counseling	8	19.1	Kidney	4	24.8
Special Authorization Requirements	1	7.1	Liver	4	24.5
Special Education And Other Educational Services	9	9.1	Living Donor Liver (LDLT)	4	24.5
Special Otorhinolaryngologic Services	7	8.1	Lung	4	24.1
Speech Services	7	7.1	Multivisceral	4	24.4
Standards			Pancreas-After-Kidney (PAK)	4	24.7
Inpatient Rehabilitation And Partial Hospitalization For The Treatment Of Substance Use Disorders	11	F	Pancreas-Transplant-Alone (PTA)	4	24.7
Psychiatric Partial Hospitalization Programs (PHPs)	11	A	Pancreatic Islet Cell	4	24.7
Residential Treatment Centers (RTCs) Serving Children And Adolescents	11	H	Simultaneous Pancreas-Kidney (SPK)	4	24.7
State Licensure And Certification	11	3.2	Small Intestine (SI)	4	24.4
Stereotactic Radiofrequency Pallidotomy With Microelectrode Mapping For Treatment Of Parkinson's Disease	4	20.2	Small Intestine-Liver (SI/L) Combined	4	24.4
Stereotactic Radiofrequency Thalamotomy	4	20.3	Treatment Of Mental Disorders	7	3.10
Substance Use Disorder Rehabilitation Facilities (SUDRFs) Certification Process	11	8.1	TRICARE Certified Mental Health Counselor (TCMHC)	11	3.11
Substance Use Disorders	7	3.7	TRICARE For Life (TFL)	10	6.1
Surgery For Morbid Obesity	4	13.2	TRICARE Overseas Program (TOP)	12	1.1
			Medical Benefit Variations	12	1.2
			Outside The 50 United States And The District Of Columbia Locality-Based Reimbursement Rate Waiver	12	1.3
			TRICARE Reserve And National Guard (NG) Family Member Benefits	10	8.1
<b>T</b>	<b>Chap</b>	<b>Sec/Add</b>	<b>U</b>	<b>Chap</b>	<b>Sec/Add</b>
Telemental Health (TMH)/Telemedicine	7	22.1	Ultrasound	5	2.1
Therapeutic Apheresis	4	9.4	Unauthorized Institution - Related Professional Services	11	4.1
Therapeutic Shoes For Diabetics	8	8.2	Unauthorized Provider - Emergency Services	11	4.2
Thermography	5	5.1	Unfortunate Sequelae From Noncovered Services in a Military Treatment Facility (MTF)	4	1.2
Transcranial Magnetic Stimulation (TMS)	7	3.10	Unproven Drugs, Devices, medical Treatments, And Procedures	1	2.1
Transfusion Services For Whole Blood, Blood Components, And Blood Derivatives	6	2.1	Urinary System	4	14.1

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Index

---

<b>V</b>	<b>Chap</b>	<b>Sec/Add</b>
Veterans Affairs (VA) Health Care Facilities	11	2.1

<b>W</b>	<b>Chap</b>	<b>Sec/Add</b>
Waiver Of Liability	1	4.1
Initial Denial Determination	1	4.1
MCSC Reconsideration Determinations	1	4.1
TQMC Reconsideration Determinations	1	4.1
Well-Child Care	7	2.5
Wigs Or Hairpiece	8	12.1

- END -