



TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

**CHANGE 91  
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**REMOVE PAGE(S)**

**CHAPTER 1**

Section 1.1, pages 1 through 6

**CHAPTER 4**

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**CHAPTER 5**

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**CHAPTER 8**

Section 13.1, pages 3 and 4

**CHAPTER 11**

Section 3.14, page 1

**APPENDIX A**

pages 25 through 33

**INSERT PAGE(S)**

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Section 19.1, pages 1 and 2

Section 13.1, pages 3 and 4

Section 3.14, page 1

pages 25 through 33

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 1.1. Update of the T3 TPM to contain pertinent language from the TNEX TPM introduction.

### **CHAPTER 4**

2. Section 5.3. Prophylactic Mastectomy, Prophylactic Oophorectomy, and Prophylactic Hysterectomy policy revises the exclusion section to clarify that the nipple-sparing and skin-sparing techniques, types of subcutaneous mastectomy, are not prophylactic assurance against breast cancer in high-risk individuals or a cancer treatment.

### **CHAPTER 5**

3. Section 4.1. Corrects typographical error.

### **CHAPTER 7**

4. Section 2.1. Inserts coverage criteria for computed tomographic colonography. This indication is in TNEX, as well as T3 under Standard, but was erroneously omitted from T3 Prime.
5. Section 18.1. Administrative changes to correct and clarify policy language by inserting the word "covered" so the citation reads "otherwise covered services".
6. Section 19.1. Clarifies that an unattended sleep study may be covered when ordered by a physician, and deletes the reference to proven.

### **CHAPTER 8**

7. Section 13.1. Corrects "breath" to read "breathe".

### **CHAPTER 11**

8. Section 3.14. Update the American Dietetic Association's name to match the current, and proper, name.

### **APPENDIX A**

9. Added new acronym.



## General Policy And Responsibilities

Issue Date:

Authority: 32 CFR 199

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### 1.0 PROGRAM DESCRIPTION

TRICARE is the Department of Defense's (DoD) managed health care program for Active Duty Service Members (ADSMs), service families, retirees and their families and survivors. TRICARE is a blend of the military's Direct Care (DC) system of hospitals and clinics and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). A key feature of the DoD's managed care implementation is the creation within the United States of three Health Services Regions. Within each region, a TRICARE Regional Director (RD) is responsible for managing health care services in the region.

### 2.0 OFFICE OF RECORD

The Medical Benefits and Reimbursement Branch (MB&RB) is the "office of record" for the TRICARE Policy Manual (TPM) and TRICARE Reimbursement Manual (TRM). In accordance with Federal Acquisition Regulations (FAR), Subpart 37.203, contractors cannot make policy decisions, as this is an inherent government function. Consistent with Subpart 7.503, the Office of MB&RB has the responsibility for ensuring that all medical benefits considered for cost-sharing under TRICARE are supported by scientific peer reviewed literature and within the constraints of the law and regulation. These responsibilities include promulgating policy interpretations and maintaining continuous regulatory and policy updates based on congressional mandate and the current standards of medical care.

### 3.0 GENERAL POLICY

3.1 TRICARE offers beneficiaries three health care options:

#### 3.1.1 TRICARE Prime Plan

Beneficiaries who enroll in TRICARE Prime are assigned or select a Primary Care Manager (PCM). A PCM is a provider of primary care, who furnishes or arranges for all health care services required by the Prime enrollee. Military Treatment Facility (MTF) Commanders have the authority and responsibility to set priorities for enrollment to MTF PCMs. When MTF's primary care capacity is full, civilian PCMs, who are all part of the contractor's network, are available to provide care to patients.

3.1.1.1 Expanded benefits. As enrollees of Prime, patients receive certain clinical preventive services that are provided without cost-share for the patient.

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

### Chapter 1, Section 1.1

#### General Policy And Responsibilities

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**3.1.1.2** Reduced cost. Prime enrollees' cost-share for civilian services is substantially reduced from that which is applicable under TRICARE Extra and TRICARE Standard. In addition, when a TRICARE Prime enrollee is referred to a non-participating provider, the enrollee is only responsible for the copayment amount, but not for any balance billing amount by the non-participating provider.

#### **3.1.2 TRICARE Extra Plan**

Beneficiaries who do not enroll in Prime may still benefit from using the providers in the contractor's network where possible. On a case by case basis, beneficiaries may participate in TRICARE Extra by receiving care from a network provider. The beneficiary will take advantage of the reduced charges under Extra and a reduction in cost-shares. Covered services are the same as under TRICARE Standard.

#### **3.1.3 TRICARE Standard Plan**

The TRICARE Standard plan is identical to the CHAMPUS fee for service program. Its benefits and costs are unchanged from the CHAMPUS program.

### **3.2 Eligibility for TRICARE**

#### **3.2.1 Active Duty Eligibility**

All active duty members are considered TRICARE Prime. They must, however, take action to be enrolled in Prime, and be assigned to a PCM (see the TRICARE Operations Manual (TOM) for PCM provisions under the TRICARE Prime Remote (TPR) program).

#### **3.2.2 Non-Active Duty Eligibility**

All individuals entitled to civilian health care under Sections 1079 or 1086 or Title 10, Chapter 55, United States Code, are eligible for TRICARE. These non-active duty individuals, commonly referred to as "TRICARE eligibles", include the spouse and children of active duty personnel, retirees and their spouses and children, and survivors.

**Note:** This group also includes former spouses as defined in Section 1072(2), of Title 10, Chapter 55, United States Code (USC). Not included are those individuals who are entitled to care in the DC system but ordinarily are not entitled to civilian care, such as family member parents and parents-in-law.

#### **3.2.3 TRICARE For Life (TFL)**

Pursuant to Section 712 of the National Defense Authorization Act for FY 2001, Medicare eligible beneficiaries based on age, whose TRICARE eligibility is determined by 10 USC Section 1086, are eligible for Medicare Part A, and those who are enrolled in Medicare Part B, are eligible for the TRICARE benefit effective October 1, 2001. These beneficiaries are not eligible to enroll in TRICARE Prime.

### **3.2.4 Supplemental Health Care Program (SHCP) and TPR Program**

See the TOM, [Chapters 16](#) and [17](#).

### **3.2.5 Non-DoD TRICARE Eligibles**

TRICARE eligibles sponsored by non-DoD uniformed services (the Public Health Service (PHS), the United States Coast Guard, and the National Oceanic and Atmospheric Administration (NOAA)) are eligible for TRICARE and may enroll in TRICARE Prime.

### **3.2.6 North Atlantic Treaty Organization (NATO) Beneficiaries**

Family members of active duty members of the armed forces of foreign NATO nations who are eligible for outpatient care under TRICARE may access care under TRICARE Extra and TRICARE Standard only. They are not eligible to enroll in TRICARE Prime.

### **3.2.7 Prime Enrollment**

Eligible beneficiaries must enroll in Prime to receive the expanded benefits and special cost-sharing. All active duty and non-active duty individuals who wish to take advantage of the full benefits of the Prime program and have their claims adjudicated correctly must take specific action to enroll.

**Note:** Included in all of the TRICARE benefit packages is a retail pharmacy network and a mail service pharmacy program.

## **3.3 Administrative Policy**

### **3.3.1 Benefit Policy**

**3.3.1.1** Benefit policy applies to the scope of services and items which may be considered for cost-sharing by the TRICARE within the intent of the 32 CFR 199.

**3.3.1.2** The current edition of the American Medical Association's (AMA's) **Physicians' Current Procedural Terminology** (CPT) is incorporated by reference into this Manual to describe the scope of services potentially allowable as a benefit, subject to explicit requirements, limitations, and exclusions, in this Manual or in the 32 CFR 199.

**3.3.1.3** Procedures listed in the CPT and the **Healthcare** Common Procedure Coding System (HCPCS) may be cost-shared only when the procedure is "appropriate medical care" and is "medically or psychologically necessary" and is not "unproven" as defined in the [32 CFR 199.4\(g\)\(15\)](#), and the procedure is not explicitly excluded in the TRICARE program.

### **3.3.2 Program Policy**

Program Policy applies to beneficiary eligibility, provider eligibility, claims adjudication, and quality assurance. Program policy implementation instructions are found in the TRICARE Systems Manual (TSM) and the TOM.

**3.3.3** Any benefit or program administration issue for which benefits or program operation policy guidance is required, or when TRICARE policy is silent on an issue, the contractor is required to describe in writing and submit to the Chief, **MB&RB**, TRICARE Management Activity (TMA), 16401 East Centretech Parkway, Aurora, CO 80011-9066.

### **3.3.4 Reimbursement Policy**

**3.3.4.1** Reimbursement policy sets forth the payment procedures used for reimbursing TRICARE claims. The related implementation instructions for these payment procedures are found in the TSM and the TOM.

**3.3.4.2** The TRM provides the methodology for pricing allowable services and items and for payment to specific categories and types of authorized allowable services and items and for payment to specific categories and types of authorized providers. These methods allow the contractor to price and render payment for specific examples of services or items which are not explicitly addressed in the Manual but which belong to a general category or type which is addressed in the Manual.

## **3.4 Administrative and Effective Dates**

### **3.4.1 Issuance Date**

The date located on the first page of each separate policy issuance. This is the date that the issuance was initially issued by TMA.

### **3.4.2 Revision Date**

The revision date is at the bottom of each page that has been revised along with the change number. This is the date that TMA changed the issuance in any way. Each time an issuance is changed, the revised page and/or issuance is given a change number. The revision date and the change number together identify a unique version of the issuance on a specific subject.

### **3.4.3 Effective Date**

A date within the body of the text of an issuance which establishes the specific date that a policy is to be applied to benefit adjudication or in program administration. An effective date may be earlier than the issuance or revision date. This date is explicit (e.g., Effective Date: January 1, 1998). The policy effective date takes precedence over the issuance date and the revision date. In the absence of an effective date the policy or instruction is considered to have always been applicable because the newly published policy or instruction confirms the application of existing published program requirements.

### **3.4.4 Implementation Date**

The implementation date of a policy or instruction is not noted in the issuance as this date is determined by the terms of the contract modification between TMA and the contractor. Unless otherwise directed by TMA, contractors are not to identify finalized claims for readjudication under revised or new policy. However, the contractor shall readjudicate any denied claim affected by the policy that is brought to the contractor's attention by any source. Pending claims and denied

claims in reconsideration shall be adjudicated using the current applicable policy.

## **4.0 GENERAL RESPONSIBILITIES**

### **4.1 Regional Director (RD)**

The RD, working with all the MTFs within the region, is responsible for organizing and managing health care delivery for all TRICARE and the Military Health System (MHS) beneficiaries in the region. Supporting the RD is a Managed Care Support Contractor (MCSC) with responsibility for establishing a network of health care providers to supplement the care available at the MTFs and for performing a variety of health care administrative services on behalf of the RD. RDs are also responsible for planning and delivering services to meet the health needs of the beneficiaries in the region, whether through the MTFs or the contractor. The RD is primarily responsible for oversight and administration of those tasks in the MCS contract that relate to the delivery and management of care.

### **4.2 Military Treatment Facility (MTF) Commanders**

MTF Commanders are responsible for managing health care delivery for the active duty personnel and TRICARE eligibles who are enrolled in Prime with MTF PCMs, as well as for providing care to other TRICARE and the MHS beneficiaries who are eligible for care in MTFs. The MTF Commander sets priorities for assignment of MTF PCMs and works directly with the contractor in network development, resource sharing arrangements and similar local initiatives (see the TOM, [Chapter 17](#) for SHCP).

### **4.3 Managed Care Support Contractor (MCSC)**

The MCSC is responsible for establishing provider networks in those Prime Service Areas (PSAs) and BRAC sites designated by the TRICARE RD. The provider networks must include both primary care providers and specialists. The contractor shall ensure that first priority for referral of Prime enrollees for specialty care or inpatient care is the MTF. The contractor processes all Prime, Extra, and Standard claims for all beneficiaries, except for TRICARE for Life (TFL), who reside in the Region and performs other tasks specified in the contracts and the manuals. The contractor has a number of responsibilities for support of the RD as well as the MTF.

### **4.4 TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC)**

The TDEFIC is responsible for processing all TRICARE claims for services rendered within the fifty United States and the District of Columbia, as well as Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands, to individuals who have dual eligibility under both TRICARE and Medicare.

### **4.5 Administrative Personnel**

The Procurement Contracting Officer (PCO) and the Contracting Officer's Representative (COR) are TMA personnel who oversee the functions of the MCS contract, with special emphasis in areas such as claims processing, and who coordinate contract oversight and administration among the variety of TRICARE Regional Office staff. The PCO is the sole authority for directing the contractor or modifying provisions of the contract (some of this authority may be delegated to the

ACO at the Office of the RD).

**4.6 Assistant Secretary of Defense (Health Affairs) (ASD(HA))**

Overall policy for TRICARE is established by the ASD(HA).

**5.0 GEOGRAPHIC AVAILABILITY**

**5.1** TRICARE is effective throughout the United States. TRICARE Overseas Program (TOP) Regions are established but operate under different procedures than TRICARE in the United States.

**5.2** Within a region, the contractor is required to create a provider network to support PSAs.

**5.3** The contractor is encouraged to establish a provider network and offer either Prime or Extra or both in as many non-PSAs as patient population (including enrollees in the TPR Program) and provider availability make cost effective.

- END -

## Prophylactic Mastectomy, Prophylactic Oophorectomy, And Prophylactic Hysterectomy

Issue Date: October 25, 1993  
Authority: [32 CFR 199.4\(c\)\(2\)](#)

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

19300 - 19307, 58150 - 58294, 58541 - 58554, 58661, 58720, 58940 - 58956

### 2.0 DESCRIPTION

**2.1** Prophylactic mastectomy is an extirpative procedure (usually simple or total mastectomy) which removes all breast tissue which would be otherwise subject to breast carcinoma. Carefully selected indications have been developed for prophylactic mastectomy and are included in this policy.

**2.2** Prophylactic oophorectomy is removal of the ovaries before development of cancerous cells. Carefully selected indications have been developed for prophylactic oophorectomy and are included in this policy.

**2.3** Prophylactic hysterectomy is removal of the uterus before development of cancerous cells. Carefully selected indications have been developed for prophylactic hysterectomy and are included in this policy.

### 3.0 POLICY

**3.1** Bilateral prophylactic mastectomies are covered for patients at increased risk of developing breast carcinoma who have one or more of the following:

**3.1.1** Atypical hyperplasia of lobular or ductal origin confirmed on biopsy; or

**3.1.2** A history of breast cancer in multiple first-degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer (Family Cancer Syndrome). A positive Breast Cancer (BRCA) genetic test is not necessary; or

**3.1.3** Fibronodular, dense breasts which are mammographically and/or clinically difficult to evaluate and the patient presents with either of the above (or both) clinical presentations.

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**3.2** Unilateral prophylactic mastectomies are covered when the contralateral breast has been diagnosed with cancer for patients with:

**3.2.1** Diffuse microcalcifications in the remaining breast, especially when ductal in-situ carcinoma has been diagnosed in the contralateral breast; or

**3.2.2** Lobular carcinoma in-situ; or

**3.2.3** Large breast and/or ptotic, dense or disproportionately-sized breast that are difficult to evaluate mammographically and clinically; or

**3.2.4** In whom observational surveillance is elected for lobular carcinoma in-situ and the patient develops either invasive lobular or ductal carcinoma; or

**3.2.5** A history of breast cancer in multiple first-degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer (Family Cancer Syndrome). A positive BRCA genetic test is not necessary.

**3.3** Benefits will only be allowed for subcutaneous mastectomies performed as an alternative treatment for benign breast diseases if the individual is not at high risk of breast cancer.

**3.4** Prophylactic oophorectomy is covered for women who meet any of the following criteria:

**3.4.1** Women who have been diagnosed with an hereditary ovarian cancer syndrome based on a family pedigree constructed by an authorized provider competent in determining the presence of an autosomal dominant inheritance pattern; or

**3.4.2** Women with a personal history of steroid hormone receptor-positive breast cancer; or

**3.4.3** Women with a personal history of breast cancer and at least one first degree relative (mother, sister, daughter) with a history of ovarian cancer; or

**3.4.4** Women who have two or more first degree relatives with a history of breast or ovarian cancer; or

**3.4.5** Women with one first degree relative and one or more second degree relative (grandmother, aunt, or niece) with ovarian cancer.

**3.4.6** Some families have pedigrees that are very small, and therefore have only one first degree relative with ovarian cancer or young-onset breast, colon, or endometrial cancer that may suggest increased risk for ovarian cancer. These individuals may also be considered for prophylactic oophorectomy. Effective January 1, 2006.

**3.5** Prophylactic hysterectomy is covered:

**3.5.1** For women who are about to undergo or are undergoing tamoxifen therapy.

**3.5.2** For women who have been diagnosed with Hereditary Non-Polyposis Colorectal Cancer (HNPCC) or are found to be carriers of HNPCC-associated mutations.

#### 4.0 EXCLUSION

Subcutaneous mastectomy (to include nipple-sparing and skin-sparing mastectomy) that is not extirpative (i.e., fail to remove all breast tissue) is excluded. These surgical techniques are not effective as prophylactic assurance against breast cancer when high risk indications are present, nor are these techniques effective cancer treatment. Therefore, benefits will not be allowed for these types of surgical techniques in the prevention of breast carcinoma or cancer treatment.

- END -



## Chapter 5

## Section 4.1

# Nuclear Medicine

Issue Date: June 30, 1993

Authority: 32 CFR 199.4(b)(2)(vii) and (c)(2)(ix)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODE RANGE

78000 - 79999

### 2.0 DESCRIPTION

Nuclear Medicine uses very small amounts of radioactive materials or radiopharmaceuticals to diagnose and treat disease. Radiopharmaceuticals are substances that are attracted to specific organs, bones, or tissues. The radiopharmaceutical used in nuclear medicine emit gamma rays that can be detected externally by gamma or Positron Emission Tomography (PET) cameras. These cameras work in conjunction with computers used to form images that provide data and information about the area of body being imaged. The following techniques are used in the diagnosis, management, treatment, and prevention of disease:

- Planar, Single Photon Emission Computed Tomography (SPECT);
- Positron Emission Tomography (PET);
- Tomography;
- Nuclear Medicine Scan;
- Radiopharmaceutical;
- Gamma Camera;
- In Vitro Fertilization (IVF) procedures done in test tubes - Radioimmunoassay (RIA) is a type of in vitro procedure; and
- In vivo procedures are when trace amounts of radiopharmaceuticals are given directly to a patient.

### 3.0 POLICY

3.1 PET is covered for:

3.1.1 The diagnosis and management of seizure disorders.

3.1.2 Evaluation of ischemic heart disease.

3.1.3 The diagnosis, staging, restaging, and monitoring of treatment of pancreatic cancer.

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Nuclear Medicine

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- 3.1.4** PET and PET/CT for the staging and restaging of differentiated (follicular, papillary, Hürthle cell) thyroid cancer.
- 3.1.5** PET and PET/CT for ruling out recurrence of ovarian cancer.
- 3.1.6** PET and PET/CT for staging, restaging, and detection of recurrence of colorectal cancer.
- 3.1.7** PET/CT for metastatic bladder cancer.
- 3.1.8** Restaging of gastrointestinal stromal tumor (a rare disease).
- 3.1.9** The diagnosis and management of lung cancer when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).
- 3.1.10** PET and PET/CT for the diagnosis, staging, and monitoring of treatment of lymphoma.
- 3.2** SPECT is covered for:
- 3.2.1** Myocardial perfusion imaging utilizing SPECT.
- 3.2.2** Brain imaging utilizing SPECT for the evaluation of seizure disorder.
- 3.2.3** Prostatic radioimmunoscintigraphy imaging utilizing SPECT for the following indications:
- 3.2.3.1** Metastatic spread of prostate cancer and for use in post-prostatectomy patients in whom there is a high suspicion of undetected cancer recurrence.
- 3.2.3.2** Newly diagnosed patients with biopsy-proven prostate cancer at high risk for spread of their disease to pelvic lymph nodes.
- 3.2.4** Indium<sup>111</sup> - for detecting the presence and location of myocardial injury in patients with suspected myocardial infarction.
- 3.2.5** Indium<sup>111</sup>- labeled anti-TAG72 for tumor recurrence in colorectal and ovarian cancer.
- 3.2.6** SPECT for other indications is covered when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).
- 3.3** Indium<sup>111</sup> Pentetreotide (Octreoscan) Scintigraphy is covered for:
- 3.3.1** The localization and monitoring of treatment of primary and metastatic neuroendocrine tumors.
- 3.3.2** Other indications when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).

**3.4** Bone Density Studies (CPT<sup>2</sup> procedure codes 78350 and 78351) are covered for:

**3.4.1** The diagnosis and monitoring of osteoporosis.

**3.4.2** The diagnosis and monitoring of osteopenia.

**3.4.3** Patients must present with signs and symptoms of bone disease or be considered at high-risk for developing osteoporosis. High-risk factors for osteoporosis are those identified as the standard of care by the American College of Obstetricians and Gynecologists (ACOG).

#### **4.0 EXCLUSIONS**

**4.1** Bone density studies for the routine screening of osteoporosis.

**4.2** PET for the diagnosis and monitoring of treatment of Alzheimer's disease, fronto-temporal dementia or other forms of dementia is unproven.

**4.3** PET and PET/CT for the initial diagnosis of differentiated thyroid cancer and for medullary cell thyroid cancer.

**4.4** Ultrasound ablation (destruction of uterin fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT<sup>2</sup> procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

**4.5** PET and PET/CT for the diagnosis, staging, restaging, and monitoring of treatment of gastric cancer is unproven.

**4.6** PET and PET/CT for the initial diagnosis, staging, and monitoring of treatment of ovarian cancer is unproven.

**4.7** PET and PET/CT for the initial diagnosis and monitoring of treatment of colorectal cancer is unproven.

**4.8** PET for the diagnosis of renal mass or possible Renal Cell Carcinoma (RCC) recurrence.

**4.9** Scintimammography (HCPCS code S8080), Breast-Specific Gamma Imaging (BSGI) (CPT<sup>2</sup> procedure codes 78800, 78801), and Molecular Breast Imaging (MBI) are unproven for all indications.

#### **5.0 EFFECTIVE DATES**

**5.1** January 1, 1995, for PET for ischemic heart disease.

**5.2** December 1, 1996, for PET for lung cancer.

**5.3** October 14, 1990, for SPECT for myocardial perfusion imaging.

**5.4** January 1, 1991, for SPECT for brain imaging.

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- 5.5** October 28, 1996, for <sup>111</sup>In-Capromab Pendetide, CyT 356 (ProstaScint™).
- 5.6** June 1, 1994, for Octreoscan Scintigraphy.
- 5.7** May 26, 1994, for bone density studies.
- 5.8** January 1, 2006, for PET and PET/CT for pancreatic cancer.
- 5.9** February 16, 2006, for PET and PET/CT for thyroid cancer.
- 5.10** December 1, 2008, for PET and PET/CT for ruling out recurrence of ovarian cancer.
- 5.11** May 1, 2007, for PET and PET/CT for staging, restaging, and detection of recurrence of colorectal cancer.
- 5.12** January 1, 2010, for PET/CT for metastatic bladder cancer.
- 5.13** January 1, 2007, for PET and PET/CT for lymphoma.
- 5.14** January 1, 2010, for PET for gastrointestinal stromal tumor (a rare disease).

- END -

the preparation, handling, and collection of the screening cervical PAP test are considered to be an integral part of the routine office examination visit and will not be allowed.

**4.1.1.2.2.3** Reimbursement for the cytopathology laboratory procedure associated with screening PAP tests should be billed using CPT<sup>5</sup> procedure codes 88141 - 88155, 88164 - 88167, 88174, and 88175. Reimbursement of these procedures is limited to the total CHAMPUS Maximum Allowable Charge (CMAC) and will only be paid once regardless of whether the attending physician or the laboratory bills for the services.

**4.1.1.2.2.4** Extra and Standard plans may cost-share services that are rendered during the same office visit of a screening PAP test as long as the services are considered medically necessary and are documented as such, and would not otherwise be considered integral to the office visit.

**4.1.1.2.2.5** A 30 day administrative tolerance will be allowed for interval requirements between screening PAP tests.

**4.1.1.2.2.6** The effective date for cancer screening for PAP smears is November 5, 1990.

**4.1.1.2.3 Human Papillomavirus (HPV) Deoxyribonucleic Acid (DNA) Testing**

HPV DNA testing is covered as a cervical cancer screening only when performed in conjunction with a PAP smear, and only for women aged 30 and older.

**4.1.1.2.3.1** To be eligible for reimbursement as a cervical cancer screening, HPV DNA testing (CPT<sup>5</sup> procedure codes 87620 - 87622) must be billed in conjunction with a PAP smear (CPT<sup>5</sup> procedure codes 88141 - 88155, 88164 - 88167, 88174, and 88175) that is provided to a woman aged 30 or older.

**4.1.1.2.3.2** The effective date for coverage of HPV DNA testing as a cervical cancer screening is September 7, 2010.

**4.1.1.3 Colorectal Cancer**

**4.1.1.3.1** The following cancer screenings and frequencies are covered for individuals at **average risk** for colon cancer:

- Fecal Occult Blood Testing (FOBT). Either guaiac-based or immunochemical-based testing of three consecutive stool samples once every 12 months for beneficiaries who have attained age 50 (i.e., at least 11 months have passed following the month in which the last covered screening FOBT was done). The effective date for coverage of guaiac-based testing is October 6, 1997. The effective date for coverage of immunochemical-based testing is August 20, 2003.
- Proctosigmoidoscopy or Flexible Sigmoidoscopy. Once every three to five years beginning at age 50. The effective date for coverage of proctosigmoidoscopy or sigmoidoscopy for individuals at **average risk** is October 6, 1997.

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- Optical (Conventional) Colonoscopy. Once every 10 years beginning at age 50 for individuals at **average risk** for colon cancer. The effective date for coverage of optical colonoscopy for individuals at **average risk** is March 15, 2006.

**4.1.1.3.2** A family history of colorectal cancer or adenomatous polyps increases an individual's risk of colon cancer. The following identifies these risk factors and the cancer screenings and frequencies covered for individuals at **increased risk** for colon cancer:

- One or more first-degree relatives diagnosed with sporadic colorectal cancer or an adenomatous polyp before the age of 60 or in two or more first-degree relatives at any age. Optical colonoscopy should be performed every three to five years beginning at age 40 or 10 years earlier than the youngest affected relative, whichever is earlier.
- One or more first-degree relatives diagnosed with sporadic colorectal cancer or an adenomatous polyp at age 60 or older, or two second-degree relatives diagnosed with colon cancer. Either flexible sigmoidoscopy (once every five years) or optical colonoscopy (once every 10 years) should be performed beginning at age 40.

**4.1.1.3.3** Certain other risk factors put an individual at **high risk** for colon cancer. The following identifies these risk factors and the cancer screenings and frequencies covered for individuals at **high risk** for colon cancer:

- Individuals with known or suspected Familial Adenomatous Polyposis (FAP). Annual flexible sigmoidoscopy beginning at age 10 to 12.
- Family history of Hereditary Non-Polyposis Colorectal Cancer (HNPCC) syndrome. Optical colonoscopy should be performed once every one to two years beginning at age 20 to 25, or 10 years younger than the earliest age of diagnosis of colorectal cancer, whichever is earlier.
- Individuals diagnosed with Inflammatory Bowel Disease (IBD), Chronic Ulcerative Colitis (CUC), or Crohn's disease. For these individuals, 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.

**4.1.1.3.4** The effective date for coverage of flexible sigmoidoscopy or optical colonoscopy for individuals at **increased** or **high risk** for colon cancer is October 6, 1997.

**4.1.1.3.5** Computed Tomographic Colonography (CTC).

- CTC (CPT<sup>6</sup> procedure code 74263) 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

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technical difficulty is encountered that prevents adequate visualization of the entire colon.

- The effective date for coverage of CTC as indicated above is March 15, 2006.
- CTC is **NOT** covered as a colorectal cancer screening for any other indication or reason.

#### **4.1.1.4 Prostate Cancer**

##### **4.1.1.4.1 Rectal Examination**

Digital rectal examination will be offered annually for all men beginning at age 50 who have at least a 10 year life expectancy. It should also be offered to begin for men age 45 and over with a family history of prostate cancer in at least one other first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65) and to all African American men aged 45 and over regardless of family history. Testing should be offered to start at age 40 for men with a family history of prostate cancer in two or more other family members.

##### **4.1.1.4.2 Prostate-Specific Antigen (PSA)**

###### **4.1.1.4.2.1 Annual testing for the following categories of males:**

- All men aged 50 years and older.
- Men aged 45 years and over with a family history of prostate cancer in at least one other family member.
- All African American men aged 45 and over regardless of family history.
- Men aged 40 and over with a family history of prostate cancer in two or more other family members.

**4.1.1.4.2.2** Screening will continue to be offered as long as the individual has a 10 year life expectancy.

**4.1.1.4.3** The effective date for prostate cancer screening is October 6, 1997.

#### **4.1.2 Infectious Diseases**

##### **4.1.2.1 Hepatitis B Screening**

The effective date for screening pregnant women for HBsAG during the prenatal period was March 1, 1992.

#### 4.1.2.2 Human Immunodeficiency Virus (HIV) Testing

**4.1.2.2.1** Effective July 7, 1995, TRICARE may share the cost of routine HIV screening tests for pregnant women, and

**4.1.2.2.2** Extra and Standard plans may share the cost of HIV testing when medically necessary; i.e., when performed on individuals with verified exposure to HIV or who exhibit symptoms of HIV infection (persistent generalized lymphadenopathy). Claims for HIV testing must include documentation by the attending physician verifying medical necessity. Claims that meet the criteria for coverage are to be reimbursed following the reimbursement methodology applicable to the provider's geographic location.

**4.1.2.2.3** HIV testing is covered when done in conjunction with routine pre-operative services by an independent laboratory or clinic. If the HIV testing is done while the patient is in an inpatient setting, the testing should be included in the Diagnosis Related Group (DRG).

#### 4.1.2.3 Prophylaxis

The following preventive therapy may be provided to those who are at risk for developing active disease:

**4.1.2.3.1** Tetanus immune globulin (human) and tetanus toxoid administered following an injury.

**4.1.2.3.2** Services provided following an animal bite:

**4.1.2.3.2.1** Extra and Standard plans may cost-share the administration of anti-rabies serum or human rabies immune globulin and rabies vaccine.

**4.1.2.3.2.2** Extra and Standard plans may also cost-share the laboratory examination of the brain of an animal suspected of having rabies if performed by a laboratory which is an authorized provider and if the laboratory customarily charges for such examinations. In order for the examination charges to be paid, the animal must have bitten a beneficiary, the charges for the examination must be submitted under the beneficiary's name, and the beneficiary must be responsible for the cost-share on the claim.

**Note:** Charges by any source for boarding, observing, or destroying animals, or for the collection of brain specimens are not covered.

**4.1.2.3.3** Rh immune globulin when administered to an Rh negative woman during pregnancy and following the birth of an Rh positive child or following a spontaneous or induced abortion.

**4.1.2.3.4** For treatment provided to individuals with verified exposure to a potentially life-threatening medical condition (i.e., hepatitis A, hepatitis B, meningococcal meningitis, etc.), claims must include documentation by the attending physician verifying exposure.

**4.1.2.3.5** Isoniazid therapy for individuals at **high risk** for TB to include those:

**4.1.2.3.5.1** With a positive Mantoux test without active disease;

**4.1.2.3.5.2** Who have had close contact with an infectious case of TB in the past three months regardless of their skin test reaction; or

**4.1.2.3.5.3** Who are members of populations in which the prevalence of TB is greater than 10% regardless of their skin test reaction - including injection drug users, homeless individuals, migrant workers, and those born in Asia, Africa, or Latin America.

**Note:** In general, isoniazid prophylaxis should be continued for at least six months up to a maximum of 12 months.

**4.1.2.3.6** Immunizations.

**4.1.2.3.6.1** Coverage is extended for the age appropriate dose of vaccines that meet the following requirements:

- The vaccine has been recommended and adopted by the Advisory Committee on Immunization Practices (ACIP) for use in the United States; and
- The ACIP adopted recommendations have been accepted by the Director of the Centers for Disease Control and Prevention (CDC) and the Secretary of Health and Human Services (HHS) and published in a CDC **Morbidity and Mortality Weekly Report** (MMWR).
- Refer to the CDC's web site (<http://www.cdc.gov>) for a current schedule of CDC recommended vaccines for use in the United States.
- The effective date of coverage for CDC recommended vaccines is October 6, 1997, OR the date ACIP recommendation for the vaccine were published in a MMWR, whichever date is LATER.

**4.1.2.3.6.2** Immunizations recommended specifically for travel outside the United States are NOT covered, EXCEPT for immunizations required by dependents of active duty military personnel who are traveling outside the United States as a result of an active duty member's duty assignment, and such travel is being performed under orders issued by a Uniformed Service are covered.

### **4.1.3 Genetic Testing**

**4.1.3.1** Genetic testing and counseling is covered during pregnancy under any of the following circumstances:

**4.1.3.1.1** The pregnant woman is 35 years of age or older;

**4.1.3.1.2** One of the parents of the fetus has had a previous child born with a congenital abnormality;

**4.1.3.1.3** One of the parents of the fetus has a history (personal or family) of congenital abnormality; or

**4.1.3.1.4** The pregnant woman contracted rubella during the first trimester of the pregnancy.

**4.1.3.1.5** There is a history of three or more spontaneous abortions in the current marriage or in previous mating of either spouse; or

**4.1.3.1.6** The fetus is at an **increased risk** for a hereditary error of metabolism detectable in vitro; or

**4.1.3.1.7** The fetus is at an **increased risk** for neural tube defect (family history or elevated maternal serum alpha-fetoprotein level); or

**4.1.3.1.8** There is a history of sex-linked conditions (i.e., Duchenne muscular dystrophy, hemophilia, x-linked mental retardation, etc.).

**Note:** Extra and Standard plans may not cost-share routine or demand genetic testing or genetic tests performed to establish the paternity or sex of an unborn child.

#### **4.1.4 School Physicals**

**4.1.4.1** Physical examinations are covered 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.

**4.1.4.2** Cost-sharing and deductibles are to be applied as prescribed under the beneficiary's respective coverage plan (i.e., in accordance with the cost-sharing and deductible guidelines and either TRICARE Standard or Extra coverage plans).

**4.1.4.3** Standard office visit evaluation and management CPT<sup>7</sup> codes (i.e., CPT<sup>7</sup> procedure 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<sup>7</sup> procedure codes 99383 and 99393).

#### **4.1.5 Other**

**4.1.5.1** Physical examinations and immunizations provided to the spouse and children of Active Duty Service Members (ADSMs) 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.

**4.1.5.2** 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.

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## **4.2 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:

### **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**

For adults, height and weight is typically measured and Body Mass Index (BMI) calculated at each primary care visit. Individuals identified with a BMI of 25 or above typically receive appropriate nutritional and physical activity counseling as part of the primary care visit. For children and adolescents, height and weight typically is measured and BMI-for-age calculated and plotted at each primary care visit using the CDC "Data Table of BMI-for-age Charts". Children/adolescents with a BMI value greater than the 85th percentile typically receive appropriate nutritional and physical activity counseling as part of the primary care visit.

#### **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 -

## Rehabilitation - General

Issue Date: June 5, 1995

Authority: [32 CFR 199.4\(a\)\(1\)](#), [\(e\)\(24\)](#), and 10 USC 1077(a)(17)

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### 1.0 DESCRIPTION

Rehabilitation is the reduction of an acquired loss of ability to perform an activity in the manner, or within the range considered normal, for a human being.

### 2.0 POLICY

**2.1** Section 704 of the National Defense Authorization Act for Fiscal Year 2002 (NDAA FY 2002), PL 107-107, states the Department “may” provide any rehabilitative therapy to improve, restore, or maintain function, or to minimize or prevent deterioration of function, of a patient when prescribed by a physician. Any therapy for the purpose of improving restoring, maintaining, or preventing deterioration of function, must be medically necessary and appropriate medical care. The rehabilitation therapy must be rendered by an authorized provider, necessary to the establishment of a safe and effective maintenance program in connection with a specific medical condition, provided at a skilled level and must not be custodial care or otherwise excluded from coverage (e.g., exercise or able to be provided at a non-skilled level).

**2.2** Services which have been demonstrated to be capable of reliably confirming the severity of impaired function attributable to a physical impairment may be cost-shared when medically necessary and appropriate.

**2.3** Services or items which have been demonstrated to be usually capable of reducing or arresting the severity of impaired function attributable to a physical impairment may be cost-shared when medically necessary and appropriate.

**2.4** Otherwise **covered** services that incidentally address cognitive deficits as factors involved with the restoration of lost neuromuscular functions are covered.

**2.5** Otherwise **covered** services such as diagnostic or assessment tests and examinations that are prescribed specifically and uniquely to measure the severity of cognitive impairment are covered.

**2.6** The following therapies and services rendered by an employee of an authorized institutional provider may be cost-shared when part of a comprehensive rehabilitation treatment plan:

- Physical therapy.
- Rehabilitation counseling.
- Mental health services.

- Speech pathology services.
- Occupational therapy.

**2.7** The specialized knowledge of a skilled provider may be required to establish a maintenance program intended to prevent or minimize deterioration caused by a medical condition.

Establishing such a program is a skilled service. The initial evaluation of the patient's needs, the designing by a skilled provider of a maintenance program which is appropriate to the capacity and tolerance of the patient, the instruction of the patient or family members in carrying out the program and infrequent evaluations may be required.

**2.8** While a patient is under a restorative rehabilitative therapy program, the skilled provider should reevaluate his/her condition when necessary and adjust any exercise program that the patient is expected to carry out himself/herself or with the aid of family members to maintain the function being restored. Consequently, by the time it is determined that no further restoration is possible, i.e., by the end of the last restorative session, the provider will have already designed the maintenance program required and instructed the patient or family member in the carrying out of the program. Therefore, where a maintenance program is not established until after the restorative rehabilitative therapy has been completed, it would not be considered medically necessary and appropriate medical care and would be excluded from coverage.

**2.9** Once a patient has reached the point where no further significant practical improvement can be expected, the skills of an authorized provider will not be required in the carrying out of an activity/exercise program required to maintain function at the level to which it has been restored. The services of a skilled provider in designing a maintenance program will be covered, carrying out the program is not considered skilled care, medically necessary or appropriate medical care consequently such services are not covered.

**2.10** Services that are palliative in nature are not considered medically necessary and appropriate medical care and are not covered. These services generally do not require physician judgement and skill for safety and effectiveness.

### **3.0 EXCLUSIONS**

**3.1** Community and work integration training, such as listed in CPT<sup>1</sup> procedure code 97537 is excluded.

**3.2** Vocational rehabilitation. Educational services intended to provide a beneficiary with the knowledge and skills required for the performance of a specific occupation, vocation, or job.

**3.3** Coma stimulation. Activities of external stimulation intended to arouse a beneficiary from a coma.

**3.4** Programs. Standard bundles of services (programs) as an all-inclusive priced unit or services.

**Note:** Services rendered during such a program encounter must be itemized and each reviewed to determine if rendered by an authorized individual professional provider, if it is a covered benefit, and whether it is medically necessary and appropriate.

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## Diagnostic Sleep Studies

Issue Date: October 12, 1984  
Authority: [32 CFR 199.4\(a\)\(1\)](#)

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

95805 - 95811, 95822, 95827

### 2.0 HCPCS PROCEDURE CODES

G0398, G0399

### 3.0 DESCRIPTION

Sleep studies and polysomnography refer to the continuous simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep for six or more hours with physician review, interpretation, and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as Nasal Continuous Positive Airway Pressure (NCPAP). Polysomnography is distinguished from sleep studies by the inclusion of sleep staging which is defined to include a 1-4 lead Electroencephalogram (EEG), Electro-oculogram (EOG), and a submental Electromyogram (EMG). Additional parameters of sleep include: Electrocardiogram (ECG); airflow; ventilation and respiratory effort; gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis; extremity muscle activity, motor activity-movement; extended EEG monitoring; penile tumescence; gastroesophageal reflux; continuous blood pressure monitoring; snoring; body positions; etc.

### 4.0 POLICY

Diagnostic testing can be covered only if the patient has the symptoms or complaints of one of the conditions listed below:

**4.1 Narcolepsy.** This term refers to a syndrome characterized by abnormal sleep tendencies, including excessive daytime sleepiness, disturbed nocturnal sleep and pathological manifestation of Rapid Eye Movement (REM) sleep. The most typical REM sleep manifestations are cataplexy and sleep-onset REM periods, but sleep paralysis and hypnagogic hallucinations may also be present. Related diagnostic testing (e.g., Multiple Sleep Latency Test - CPT<sup>1</sup> procedure code 95805) is covered if the patient has inappropriate sleep episodes (e.g., while driving, in the middle of a meal, in the midst of conversation), amnesiac episodes, or continuous agonizing drowsiness.

**4.2 Obstructive Sleep Apnea Syndrome (OSAS).**

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**4.3** Impotence. Effective February 1, 1988.

**4.4** Diagnostic testing for OSAS is a covered benefit. An U.S. Food and Drug Administration (FDA) approved dental orthosis may be covered for the treatment of OSAS. The device must be used for the treatment of OSAS and not for adjunctive dental.

**4.5** Parasomnias or abnormal sleep behavior, such as bruxism, sleepwalking, enuresis, and seizure disorder evaluations when the distinction between seizure activity and other forms of sleep disturbances is uncertain. Effective February 3, 1991.

**4.6** An unattended home/portable sleep study is covered as an alternative to in-facility Polysomnography (PSG) for the diagnosis of Obstructive Sleep Apnea (OSA) in an adult when ALL of the following criteria are met:

**4.6.1** When ordered by a physician.

**4.6.2** When the patient meets all of the following criteria:

- High pretest probability of OSA as evidenced by clinical features, signs and symptoms (e.g., age, sex, Body Mass Index (BMI), loud snoring, awakening with gasping or choking, excessive daytime sleepiness, observed cessation of breathing during sleep);
- The ordering physician determines a home portable sleep study is an appropriate alternative to in-laboratory PSG;
- No significant co-morbid conditions exist that could impact the accuracy of the study (e.g., moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure);
- No sleep disorders other than OSA are suspected (e.g., central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders, narcolepsy); or
- Diagnosis of OSA has been established, therapy has been initiated, and response to treatment is to be evaluated.

**4.6.3** When the following type of portable monitor is used:

- Type II monitor with a minimum of seven channels (e.g., electroencephalogram (EEG) and electro-oculogram (EOG) for sleep staging, electrocardiogram (ECG), chin electromyogram (EMG), airflow, breathing/respiratory effort, and oxygen saturation.
- Type III monitor with a minimum of four monitored channels including ventilation or airflow (at least two channels of respiratory movement or respiratory movement and airflow), heart rate or ECG, and oxygen saturation.
- Type IV monitors will not be covered.

aspiration of foreign matter during the intake of food.

**2.3.7.1.1** Vestibuloplasty (CPT<sup>1</sup> procedure codes 40840 - 40845) may be considered adjunctive dental when it is determined to be an appropriate and medical necessary surgical procedure for correction of a severe cleft lip/cleft palate.

**Note:** Vestibuloplasty is EXCLUDED when performed to prepare the mouth for dentures.

**2.3.7.1.2** Orthodontics should be a covered treatment in any congenital deformity of the head and neck, wherein the orthodontia:

**2.3.7.1.2.1** Corrects dentoalveolar arch discrepancies that are part of, or the result of, the congenital anomaly and are severe enough to prevent the usual and normal action of mastication and ingestion of normally solid foods.

**2.3.7.1.2.2** Corrects dentoalveolar arch discrepancies, the correction of which is necessary to satisfactorily correct other aspects of the general deformity, or to prevent relapse of such treatment.

**2.3.7.1.2.3** Corrects dentoalveolar arch discrepancies that are, in themselves, severe enough to obviously disfigure the face.

**2.3.7.1.2.4** The following is a listing of congenital anomalies that affect the face and possibly the dentoalveolar arches, or their relationships to each other:

- Cleft palate isolated.
- Lateral or oblique facial clefting.
- Cleft mandible.
- Klippel-Fiel Syndrome.
- Pierre Robin Syndrome.
- Trisomies 18, 21, 13 - 15.
- Chondroectodermal dysplasia (Ellis-van Creveld Syndrome).
- Bird headed dwarfism (Nanocephalic or primordial dwarfism).
- Turner's Syndrome (X-0 Syndrome).
- Klinefelter's Syndrome.
- Craniofacial dysostosis (Crouzon's Syndrome).
- Occuloauriculovertebral dysplasia (Goldenhar's Syndrome).
- Occulamandibulofacial Syndrome (Hallerman Striff Syndrome, Ullrich et al Syndrome).
- Treacher Collins Syndrome.
- Hemifacial microsomia.
- Hemifacial hyperplasia.

**2.3.7.1.2.5** Coverage of orthodontia for congenital anomalies of the head and/or neck which do not appear in the above listing must be evaluated to assess the significance of their functional impairments related to the dentoalveolar arch discrepancies described in [paragraphs 2.3.7.1.2.1](#)

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and 2.3.7.1.2.2; i.e., the dentoalveolar arch discrepancies of an unlisted congenital anomaly must impose a significant functional impairment in order for coverage of orthodontia under TRICARE.

**2.3.7.1.2.6** The severity and functional impairment of a given congenital anomaly must be assessed on a case-by-case basis from a series of medical records over a period of time. The congenital impairment of the head and/or neck must be at a level resulting in an inability of a beneficiary to perform normal bodily functions (e.g., the inability to eat, breathe, and/or speak normally) in order for coverage to be extended. The functional impairment must be disabling and ongoing.

### **2.3.7.2 Preauthorization Requirements**

**2.3.7.3** Preauthorization is required for all adjunctive dental and orthodontia directly related to, and an integral part of, the medical and surgical correction of a severe congenital anomaly.

**2.3.7.4** Orthodontia benefits for severe congenital anomalies of the head and neck will be continued as long as the primary physician requires support of his/her treatment or until the best reasonably attainable results have been achieved by the orthodontist. Once active orthodontic treatment has been completed and the patient is placed in the retention phase of treatment, benefit payment ends. If the primary physician or dentist subsequently determines that additional orthodontia work is required, a new preauthorization is required.

### **2.3.8 Iatrogenic Dental Trauma**

Dental care which is prophylactic, restorative, prosthodontic (e.g., dentures and bridge work) and/or periodontic qualifies as adjunctive dental care when performed in preparation for, or as a result of, trauma to the teeth and supporting structures caused by medically necessary treatment of an injury or disease. There must be a direct cause-effect relationship between the otherwise covered medical treatment and the ensuing dental trauma, and the ensuing dental trauma must be functionally associated (adjunct) with the treatment of the physician induced trauma. This must be based on sound medical practice and substantiated in the current medical literature. The following are examples of conditions which are eligible for payment under the iatrogenic dental trauma provision. Because these examples are not meant to be all-inclusive, similar conditions or circumstances may be brought to the attention of the Deputy Director, TRICARE Management Activity (TMA), or designee, for consideration.

#### **2.3.8.1 Radiation Therapy for Oral or Facial Cancer**

**2.3.8.1.1** It is generally recognized that certain dental care may be required in preparation for or as a result of in-line radiation therapy for oral or facial cancer.

**2.3.8.1.2** Treatment may include dental prophylactic, restorative, periodontic and/or orthodontic procedures. Without this necessary care, patients who undergo radiation therapy about the head may be at risk for development of osteonecrosis because their dental needs were not met either prior to, or in conjunction with, radiation therapy. Since the problem here deals with cancer, it may not be possible to wait for prior authorization before beginning radiation therapy. Out of necessity, dental care may have to be initiated before benefit authorization is granted. Extraction of affected teeth due to poor dental health (e.g., multiple dental caries and/or periodontal disease) may necessitate the coverage of dentures or bridge work.

## Chapter 11

## Section 3.14

### Registered Dietitian (RD)

Issue Date: May 25, 2011

Authority: [32 CFR 199.4\(d\)\(3\)\(ix\)](#) and [32 CFR 199.6\(c\)\(3\)\(iii\)\(M\)](#)

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#### 1.0 ISSUE

Registered Dietitian (RD)

#### 2.0 POLICY

**2.1** A dietitian may provide Diabetes Self-Management Training (DSMT) via an accredited DSMT program when the dietitian meets all of the following criteria:

**2.1.1** Has received at least a bachelor's degree from an accredited U.S. college or university;

**2.1.2** Has been accredited by the [Academy of Nutrition and Dietetics](#)' commission for a Didactic Program in Dietetics;

**2.1.3** Has passed the Registration Examination for Dietitians as specified by state licensure; and

**2.1.4** Is under the supervision of a physician who is overseeing the DSMT program.

**2.2** The services of a RD will only be covered as part of a DSMT program. See [Chapter 8, Section 8.1](#).

- END -



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

### Appendix A

#### Acronyms And Abbreviations

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PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group

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RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
<b>RIA</b>	<b>Radioimmunoassay</b>
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation

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RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile

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SIRT	Selective Internal Radiation Therapy
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office

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TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy

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TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions

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TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence

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USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	Web DEERS Online Enrollment System (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web

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X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

2D	Two Dimensional
3D	Three Dimensional

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