



TRICARE Covered Benefits and Services



TRICARE covers most medically necessary inpatient and outpatient care. This chart provides an overview of the special rules and limits for TRICARE-covered benefits and services. See the *TRICARE Behavioral Health Care Services* quick reference chart for an overview of behavioral health care services. For additional details, see Sections 5 and 7 of your *TRICARE Provider Handbook*, visit www.triwest.com/provider, or call **1-888-TRIWEST (1-888-874-9378)**.

Covered Outpatient and Inpatient Services

Service	Coverage Details	Prior Authorization Requirements ¹
Adjunctive Dental Care	<ul style="list-style-type: none"> Covered when medically necessary in the treatment of an otherwise covered medical (<i>not dental</i>) condition 	<ul style="list-style-type: none"> Always required Waived only when essential care involves a medical emergency TRICARE may, however, cover medically necessary institutional and general anesthesia services for patients with developmental, mental, or physical disabilities, or for pediatric patients age 5 or younger in conjunction with non-covered or non-adjunctive dental treatment
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	<ul style="list-style-type: none"> Medical equipment or supplies needed by patient in order to arrest or reduce functional loss 	<ul style="list-style-type: none"> Refer to the online Prior Authorization List at www.triwest.com/provider for specific services requiring prior authorization
Emergency Care	<ul style="list-style-type: none"> Covered for qualified medical, maternity, and psychiatric conditions Ambulance services covered for emergency situations 	<ul style="list-style-type: none"> Notify TriWest at 1-888-TRIWEST (1-888-874-9378) within 24 hours (<i>including weekends</i>) of an emergency inpatient admission
Home Health Care (<i>provided by participating home health care agency</i>)	<ul style="list-style-type: none"> Maximum of 28 hours per week part-time or 35 hours per week intermittent skilled nursing care and physical, speech, and occupational therapy 	<ul style="list-style-type: none"> Always required For home health care related to the Extended Care Health Option, see Section 4 of the <i>TRICARE Provider Handbook</i>
Hospice Care	<ul style="list-style-type: none"> Similar to Medicare 	<ul style="list-style-type: none"> Required for all hospice care If patient is not accepted into hospice, provider cannot bill TRICARE for hospice services
Hospitalization (<i>semi-private room/special care units when medically necessary</i>)	<ul style="list-style-type: none"> Covered services include: General nursing; hospital services; physician and surgical services; meals; drugs/medications; operating/recovery room; anesthesia; laboratory tests; X-rays/other radiology services; medical supplies and appliances; and blood and blood products Surgical procedures considered “inpatient only” may only be covered when performed in an inpatient setting 	<ul style="list-style-type: none"> Always required
Maternity Care	<ul style="list-style-type: none"> Medical services for prenatal care, labor, delivery, and postpartum care Eligible beneficiaries can receive maternity care from first obstetric visit through up to six weeks after childbirth 	<ul style="list-style-type: none"> Required for obstetric (<i>inpatient and outpatient</i>) care (<i>Obtain authorization at mother’s first primary care appointment about the pregnancy.</i>) Separate authorization required for certain care; refer to the online Prior Authorization List at www.triwest.com/provider
Skilled Nursing Facility (SNF) Care (<i>semi-private room</i>)	<ul style="list-style-type: none"> Similar to Medicare 	<ul style="list-style-type: none"> Always required
Urgent Care	<ul style="list-style-type: none"> Services covered when required for illness or injury that would not result in further disability or death if not immediately treated, but does require professional attention and has the potential to develop into such a threat if treatment is delayed longer than 24 hours 	<ul style="list-style-type: none"> Authorization not required TRICARE Prime, TRICARE Prime Remote (TPR), and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiaries must contact their primary care provider or TriWest prior to receiving urgent care; beneficiaries may call 1-888-TRIWEST (1-888-874-9378) for direction

1. The prior authorization requirements listed here are not for beneficiaries using TRICARE For Life.



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Covered Clinical Preventive Services

TRICARE Prime, TPR, and TPRADFM beneficiaries may receive clinical preventive services from any network provider without a referral or prior authorization. Active duty service members always require referral and prior authorization before receiving clinical preventive services (*except TPR enrollees receiving care from their primary care provider*). TriWest utilizes HEDIS[®] measures to monitor effectiveness of care to the TRICARE population for a broad range of important health issues, including those marked (**) below.

Service	HEDIS Measures (**) and Procedures and Frequency Limitations
** Asthma Control	HEDIS measure—Percentage of beneficiaries ages 5–56 with persistent asthma who were prescribed medications acceptable as primary therapy for long-term asthma control
Cancer Screenings	<p>** Breast cancer screening: HEDIS measure—Percentage of women ages 40–64 who had at least one mammogram in the past two years</p> <p>** Cervical cancer screening: HEDIS measure—Percentage of women ages 21–64 who had at least one Pap test in the past three years</p> <p>** Colonoscopy: Once every 10 years starting at age 50, or as listed below for individuals at increased risk for:</p> <ul style="list-style-type: none"> • Hereditary non-polyposis colorectal cancer syndrome: Every two years beginning at age 25, or five years younger than earliest age of diagnosis in affected relative, whichever is earlier, and then annually after age 40 • Familial risk of sporadic colorectal cancer: For first-degree relatives with sporadic colorectal cancer or adenoma before the age of 60, or with multiple first-degree relatives with colorectal cancer or adenomas, a colonoscopy should be performed every three to five years, beginning 10 years earlier than the youngest affected relative <p>** Fecal occult blood testing: Annually starting at age 50</p> <p>** Mammograms: Annually for those over age 39 (<i>If a high-risk patient, a baseline mammogram is appropriate at age 35, then annually thereafter.</i>)</p> <p>** Physical exam for colorectal cancer: Digital rectal exam should be included in periodic health exam of individuals age 40 and older</p> <p>** Proctosigmoidoscopy or sigmoidoscopy: Once every three to five years beginning at age 50</p> <p>** Prostate cancer: Digital rectal exam and PSA screening annually for high-risk men ages 40–49 and all men over age 50</p> <p>** Routine Pap smears: Annually starting at age 18 (<i>younger if sexually active</i>); less often at patient’s or provider’s discretion (<i>Frequency should not be less than every three years.</i>)</p> <p>** Skin cancer: Exams covered at any age if beneficiary is at high risk due to family history or increased sun exposure</p>
Cardiovascular	<p>** Cholesterol management for cardiovascular patients: HEDIS measure—Percentage of beneficiaries ages 18–64 who were hospitalized and discharged after surviving an acute myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary angioplasty; or who had a diagnosis of ischemic vascular disease and received a serum cholesterol level (LDL-C) screening</p> <ul style="list-style-type: none"> • Blood pressure screenings: Children ages 3–6, annually; children over age 6 and adults, minimum of every two years • Cholesterol test (non-fasting): Once every five years beginning at age 18
** Comprehensive Diabetes Care	HEDIS measure—Percentage of members ages 18–64 with diabetes (<i>type 1 and type 2</i>) who had each of the following: hemoglobin A1c (HbA1c) testing, retinal eye exam, LDL-C screening, medical attention for kidney disease (<i>nephropathy</i>)
Hearing	Preventive screenings are covered for all high-risk neonates, as defined by the Joint Committee on Infant Hearing. Newborn screenings should be performed on high-risk newborns prior to hospital discharge or within first three months.
Human Papillomavirus (HPV) Vaccine	TRICARE follows Centers for Disease Control and Prevention (CDC) guidelines. Recommended for all females ages 11–26 years who have not completed the vaccine series, regardless of sexual activity or clinical evidence of previous HPV infection. The vaccine is not covered after age 26.
Immunizations	<ul style="list-style-type: none"> • Age-appropriate doses of vaccines, as recommended and adopted by CDC Advisory Committee on Immunization Practices and published in the CDC’s <i>Morbidity and Mortality Weekly Report (MMWR)</i> • Influenza vaccine: Annually for beneficiaries meeting CDC criteria • Immunizations required for active duty family members whose sponsors have permanent change-of-station orders to overseas locations are covered as an outpatient office visit
Infectious Disease Screening	Covered screenings for infectious diseases include hepatitis B, rubella antibodies, and HIV; screening and/or prophylaxis for tetanus, rabies, Rh immune globulin, hepatitis A, hepatitis B, meningococcal meningitis, and tuberculosis. Routine HPV screening is not covered.
Patient/Parent Education	Various education/counseling services may be rendered when included as part of an office visit but are not reimbursed separately.
Shingles Vaccine	The TRICARE medical (<i>not pharmacy</i>) benefit covers a single dose of the shingles vaccine Zostavax [®] , administered in a provider’s office, for beneficiaries age 60 and older per CDC recommended guidelines.
Vision Coverage	Includes routine and comprehensive exams for vision screenings not related to another medical or surgical condition. Coverage varies based on beneficiary category and program option. See Section 5 of the <i>TRICARE Provider Handbook</i> .
Well-Child Care (<i>birth to 6 years</i>)	Includes: Routine newborn care; comprehensive health promotion and disease prevention exams; vision and hearing screenings; height, weight, and head circumference; routine immunizations; and developmental and behavioral appraisal.