



# TRICARE Clinical Preventive Service Benefits



Clinical preventive services are an important part of good comprehensive clinical practice. Every patient encounter should be used as an opportunity for preventive care. These preventive services are either (1) screening procedures to detect disease or (2) primary or secondary preventive interventions to protect or restore health. These services should not require a separate provider visit to accomplish, nor should charges for these services be unbundled.

The following rules apply to TRICARE Prime clinical preventive services:

- They are available to all Prime enrollees.
- They do not require an authorization.
- They do not require a copayment.
- If performed by a network provider, they do not require a referral.
- If performed by a non-network provider, a PCM referral is required.

If you have any questions about benefit coverage, please call the Humana Military Puerto Rico Call Center at 1-800-700-7104.

## TRICARE Clinical Preventive Services

Services	Benefit Level
<b>Comprehensive Health Promotion and Disease Prevention Exam</b>	<b>For ages 24 months or older:</b> One comprehensive disease prevention clinical evaluation and follow-up during age intervals: 2 – 4 5 – 11 12 – 17 18 – 39 40 – 64
<b>Targeted Health Promotion and Disease Prevention Examinations</b>	The following screening examinations may be performed during either the above periodic comprehensive health promotion examination or as part of other patient encounters. The intent is to maximize preventive care.
<b>Breast Cancer</b>	<b>Physical Examination:</b> For women under age 40, physicians may elect to perform clinical breast examination for those who are at high risk, especially those whose first-degree relatives have had breast cancer diagnosed before menopause. For women age 40 and older, annual clinical examinations should be performed.
	<b>Mammography:</b> Baseline mammogram age 40; every two years age 40-50; annually age 50 and over. For high risk women (family history of breast cancer in first-degree relative), baseline mammogram at age 35, then annually.

**TRICARE Clinical Preventive Services (continued)**

Services	Benefit Level
<p><b>Cancer of Female Reproductive Organs</b></p>	<p><b>Physical Examination:</b> Pelvic examination should be performed in conjunction with Pap smear testing for cervical neoplasms and premalignant lesions.</p> <p><b>Papanicolaou smears:</b> Annually starting at age 18 (or younger, if sexually active) until three consecutive satisfactory normal annual examinations. Frequency may then be less often at the discretion of the patient and clinician but not less frequently than every three years.</p>
<p><b>Testicular Cancer</b></p>	<p><b>Physical Examination:</b> Clinical testicular exam annually for males age 13-39 with a history of cryptorchidism, orchiopexy or Testicular atrophy.</p>
<p><b>Prostate Cancer</b></p>	<p><b>Physical Examination:</b> Digital rectal examination should be performed annually for men 40 to 49 years of age who have a family history of prostate cancer, and for all men over 50.</p> <p><b>Prostate Specific Antigen:</b> Annual for the following categories of males: all men age 50 years and older; men age 40 years and over who have a family history of prostate cancer; and men who have had a vasectomy at least 20 years previously who had their vasectomy at age 40 years or older.</p>
<p><b>Colorectal Cancer</b></p>	<p><b>Physical Examination:</b> Digital rectal examination should be included in the periodic health examination of individuals 40 years of age and older.</p> <p><b>Fecal occult blood testing:</b> Once every 12 months for beneficiaries age 50 and over.</p> <p><b>Proctosigmoidoscopy or Sigmoidoscopy:</b> Once every three to five years beginning at age 50.</p> <p><b>Colonoscopy:</b> For individuals with hereditary non-polyposis colorectal cancer syndrome, every two years beginning at age 25, or five years younger than the earliest age of diagnosis of colorectal cancer, whichever is earlier; then annually after age 40.</p> <p>For individuals with familial risk of sporadic colorectal cancer (i.e., individuals with first degree relatives with sporadic colorectal cancer or adenomas before the age 60 or multiple first-degree relatives with colorectal cancer or adenomas), every three to five years beginning at the age that is 10 years earlier than the youngest affected relative.</p>

**TRICARE Clinical Preventive Services (continued)**

Services	Benefit Level
Skin Cancer	<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.
Oral Cavity and Pharyngeal Cancer	<b>Physical Examination:</b> 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.
Thyroid Cancer	<b>Physical Examination:</b> Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.
Infectious Diseases	<b>Tuberculosis screening:</b> Screen annually, regardless of age, all individuals at high risk for tuberculosis (as defined by CDC) using Mantoux tests.
	<b>Rubella antibodies:</b> Females, once, between the ages of 12-18, unless there is a documented history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday.
	<b>Hepatitis B screening:</b> Screen pregnant women for HbsAG during prenatal period.
Cardiovascular Diseases	<b>Cholesterol:</b> Non-fasting total blood cholesterol at least once every five years, beginning age 18.
	<b>Blood pressure screening:</b> For children: annually between 3 and 6 years of age, and every two years thereafter. For adults: a minimum frequency of every two years.
Other	<b>Body Measurement: For children:</b> Height and weight should be measured regularly throughout infancy and childhood. Head circumference should be measured through age 24 months. <b>For adults:</b> 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.
	<b>Vision Care:</b> Pediatric vision screening at birth and at approximately 6 months of age to include a determination of visual acuity, ocular alignment and red reflex, along with external examination of ocular abnormalities. Comprehensive eye examination once every two years for all TRICARE Prime enrollees from the age of 3 to the activation of Medicare eligibility. Diabetic patients, at any age, should have comprehensive eye examinations at least yearly.

**TRICARE Clinical Preventive Services (continued)**

Services	Benefit Level
<p><b>Other (continued)</b></p>	<p><b>NOTE:</b> Comprehensive eye examinations are meant to be more than the standard visual acuity screening test conducted by the member’s Primary Care Manager through the use of a standard Snellen wall chart. Self-referral will be allowed for comprehensive eye examinations since PCMs are incapable of providing comprehensive eye examinations; i.e., a Prime beneficiary will be allowed to set up his or her own appointment for a comprehensive eye examination with a network optometrist and/or ophthalmologist. Referral is required for a non-network optometrist or ophthalmologist.</p>
	<p><b>Hearing screening: For children:</b> All high risk neonates (as defined by the Joint Committee on Infant Hearing) should receive audiology screening before leaving the hospital. If not tested at birth, high-risk children should be screened before 3 months of age. Evaluate hearing of all children as part of routine examinations and refer those with possible hearing impairment as appropriate.</p>
	<p><b>Pediatric Blood Lead:</b> Assessment of risk for lead exposure by structured questionnaire based on Centers for Disease Control and Prevention (CDC) Preventing Lead Poisoning in Young Children (October 1991) during each well child visit from age 6 months through 6 years. Screening by blood lead level determination for all children at high risk for lead exposure per CDC guidelines.</p>
<p><b>Counseling Services</b></p>	<p><b>Patient and Parent Education Counseling:</b> Dietary Assessment and Nutrition; Physical Activity and Exercise; Cancer Surveillance; Safe Sexual Practices; Tobacco, Alcohol and Substance Abuse; Accident and Injury Prevention; Promoting Dental Health; Stress, Bereavement and Suicide Risk Assessment.</p>
<p><b>Immunizations</b></p>	<p>Allows coverage as specified by the Center for Disease Control’s (CDC’s) Advisory Committee on Immunization Practices.</p>

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