



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. This overview is **not** intended to be all inclusive. For additional details, see Section 5 of your *TRICARE Provider Handbook*, visit www.humana-military.com, or call **1-800-444-5445**.

Covered Outpatient and Inpatient Services

Service	Coverage Details	Prior Authorization Requirements
Adjunctive Dental Care	<ul style="list-style-type: none"> Covered when medically necessary 	<ul style="list-style-type: none"> Always required Waived only when essential care involves medical emergency
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 Covered when medically necessary and prescribed by physician or with certificate of medical necessity 	<ul style="list-style-type: none"> Required for specific items See “Prior Authorization Lists for the South Region” in Section 7 of the <i>TRICARE Provider Handbook</i>.
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 Humana Military at 1-800-444-5445 of any TRICARE Prime beneficiary emergency inpatient admissions within 24 hours or the next business day.
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 ECHO-related home health care, see Section 4 of the <i>TRICARE Provider Handbook</i>.
Hospice Care <i>(palliative care for individuals with a prognosis of less than 6 months)</i>	<p>Covered and provided in three benefit periods:</p> <ul style="list-style-type: none"> First 2 benefit periods: Up to 90 days each beginning the day a hospice election statement is signed by beneficiary and physician’s certificate of terminal illness is signed by attending physician and hospice medical director Final benefit period: Unlimited number of 60-day periods, each of which requires recertification of terminal illness 	<ul style="list-style-type: none"> Required for all hospice care If patient is not accepted into hospice, provider cannot bill TRICARE
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; blood and blood products 	<ul style="list-style-type: none"> Notify Humana Military by Web, fax, or Interactive Voice Response (IVR) of inpatient admission within 24 hours or the next working day of the admission.
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 OB (<i>inpatient and outpatient</i>) care for TRICARE Prime, TPR, and TPRADFM beneficiaries (Obtain authorization at mother’s first primary care appointment about the pregnancy.) Separate authorization required for certain care (See the <i>TRICARE Provider Handbook</i>.) Notify Humana Military of inpatient admission for delivery for TRICARE Standard beneficiaries within 24 hours or the next working day.
Skilled Nursing Facility (SNF) Care <i>(semi-private room)</i>	<p>Covered when:</p> <ul style="list-style-type: none"> Patient has qualifying medical condition treated in a hospital for at least three consecutive days Patient admitted to SNF within 30 days of hospital discharge (<i>with some exceptions</i>) Provider demonstrates necessity of SNF care 	<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"> TRICARE Prime referral required Urgent care for TRICARE Prime, TRICARE Prime Remote (TPR), and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiaries should be provided by assigned PCM unless beneficiary has a referral.

The information in this chart may contain updates that were not printed in the *TRICARE Provider Handbook*.



TRICARE Covered Benefits and Services

Covered Clinical Preventive Services

TRICARE Prime, TRICARE Prime Remote (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 manager*).

Service	Procedures and Frequency Limitations
Cancer Screenings	<ul style="list-style-type: none"> • Colonoscopy: Once every 10 years starting at age 50 for persons with average risk, or as listed below for individuals with increased risk for colorectal cancer: <ul style="list-style-type: none"> • Hereditary non-polyposis colorectal cancer syndrome: Every 2 years beginning at age 25, or 5 years younger than earliest age of diagnosis in affected relative, whichever is earlier (Annual screening should be performed after age 40.) • Familial risk of sporadic colorectal cancer: Every 3 to 5 years beginning 10 years earlier than youngest affected relative • Fecal occult blood testing: Annually starting at age 50 and above • Mammograms: Annually for those over age 39 (If a high-risk patient, a baseline mammogram is appropriate at age 35, then annually thereafter.) • Physical examination: Digital rectal exams should be performed on individuals age 40 and older. • Proctosigmoidoscopy or sigmoidoscopy: Once every 3 to 5 years after age 50 • Routine Pap smears: Annually starting at age 18 (<i>younger if sexually active</i>); less often at patient's or provider's discretion (Frequency should not be less than every 3 years.) • Skin cancer: Exams covered at any age if beneficiary is at high risk due to family history or increased sun exposure
Cardiovascular	<ul style="list-style-type: none"> • Cholesterol test (non-fasting): Once every 5 years beginning at age 18 • Blood pressure screenings: Children ages 3 to 6, annually; children over age 6 and adults, minimum of every 2 years
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 3 months. Evaluative hearing tests may be performed at other ages during routine exams.
Immunizations	<ul style="list-style-type: none"> • Age-appropriate doses of vaccines as recommended and adopted by CDC Advisory Committee on Immunization Practices • Influenza vaccine: Annually for beneficiaries meeting CDC's specified criteria for high risk • Immunizations required for active duty family members whose sponsors have permanent change-of-station (PCS) orders to overseas locations 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 and B, meningococcal meningitis, and tuberculosis
Patient/Parent Education	Various education/counseling services are covered when included as part of an office visit. See Section 5 of the <i>TRICARE Provider Handbook</i> for additional details.
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; developmental and behavioral appraisal

Vision Coverage

Routine and comprehensive eye exams for a vision screening not related to another medical or surgical condition are covered. Vision coverage varies based on beneficiary category and program option. For more information, see Section 5 of the *TRICARE Provider Handbook*.

Beneficiary Type	Coverage Details
Active Duty Service Member (ADSM)	<ul style="list-style-type: none"> • Must receive all vision care at military treatment facility (MTF) unless referred to civilian provider • TPR ADSMs covered for comprehensive eye exam from network provider to maintain fitness-for-duty
Active Duty Family Member (ADFM)	<ul style="list-style-type: none"> • Covered for one eye exam annually, regardless of program option • TRICARE Prime and TPRADFM beneficiaries: Annual exams also include clinical preventive services
Retired Service Members and All Others	<ul style="list-style-type: none"> • TRICARE Prime beneficiaries: Covered for clinical preventive eye exams (<i>see below</i>) • TRICARE Standard and TRICARE Extra beneficiaries: No vision coverage after age 6 <ul style="list-style-type: none"> • Infants: One eye and vision screening at birth and 6 months by primary physician • Children ages 3 to 6: One comprehensive eye exam every 2 years by optometrist or ophthalmologist

TRICARE Prime Clinical Preventive Eye Exams

Covered for:

- **Infants:** One eye and vision screening at birth and 6 months by assigned primary care manager
- **Children ages 3 to 6:** One comprehensive eye exam every 2 years by optometrist or ophthalmologist
- **Adults & children over age 6:** One comprehensive eye exam every 2 years by optometrist or ophthalmologist