



# TRICARE Covered Benefits and Services



HUMANA MILITARY  
HEALTHCARE SERVICES  
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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 Sections 5 and 7 of the *TRICARE Provider Handbook*, visit [www.humana-military.com](http://www.humana-military.com), or call **1-800-444-5445**.

## Covered Outpatient and Inpatient Services

Service	Coverage Details	Prior Authorization Requirements <sup>1</sup>
<b>Adjunctive Dental Care</b>	<ul style="list-style-type: none"> <li>Covered when medically necessary</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Always required</li> <li>Waived only when essential care involves a medical emergency</li> </ul>
<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</b>	<ul style="list-style-type: none"> <li>Medical equipment or supplies needed by patient in order to arrest or reduce functional loss</li> <li>Covered when medically necessary and prescribed by physician or with certificate of medical necessity</li> </ul>	<ul style="list-style-type: none"> <li>Referral required for TRICARE Prime beneficiaries</li> </ul>
<b>Emergency Care</b>	<ul style="list-style-type: none"> <li>Covered for qualified medical, maternity, and psychiatric conditions</li> <li>Ambulance services covered for emergency situations</li> </ul>	<ul style="list-style-type: none"> <li>Notify Humana Military at <b>1-800-444-5445</b> of any TRICARE Prime beneficiary emergency inpatient admissions within 24 hours or on the next business day</li> </ul>
<b>Home Health Care</b> (provided by participating home health care agency)	<ul style="list-style-type: none"> <li>Maximum of 28 hours per week part-time or 35 hours per week intermittent skilled nursing care and physical, speech, and occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>Always required</li> <li>For home health care related to the Extended Care Health Option (ECHO), see Section 4 of the <i>TRICARE Provider Handbook</i></li> </ul>
<b>Hospice Care</b> (palliative care for individuals with a prognosis of less than 6 months)	<p>Covered and provided in three benefit periods:</p> <ul style="list-style-type: none"> <li><b>First 2 benefit periods:</b> 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</li> <li><b>Final benefit period:</b> Unlimited number of 60-day periods, each of which requires recertification of terminal illness</li> </ul>	<ul style="list-style-type: none"> <li>Required for all hospice care</li> <li>If patient is not accepted into hospice, provider cannot bill TRICARE</li> </ul>
<b>Hospitalization</b> (semi-private room/special care units when medically necessary)	<ul style="list-style-type: none"> <li><b>Covered services include:</b> 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</li> <li>Surgical procedures considered "inpatient only" may only be covered when performed in an inpatient setting</li> </ul>	<ul style="list-style-type: none"> <li>Notify Humana Military by Web, fax, or Interactive Voice Response (IVR) of inpatient admission within 24 hours or the next working day</li> </ul>
<b>Maternity Care</b>	<ul style="list-style-type: none"> <li>Medical services for prenatal care, labor, delivery, and postpartum care</li> <li>Eligible beneficiaries can receive maternity care from first obstetric visit through up to six weeks after childbirth</li> </ul>	<ul style="list-style-type: none"> <li>Required for obstetric (inpatient and outpatient) care for TRICARE Prime, TPR, and TPRADFM beneficiaries (Obtain authorization at mother's first primary care appointment about the pregnancy.)</li> <li>Separate authorization required for certain care</li> <li>Notify Humana Military of inpatient admission for delivery for TRICARE Standard beneficiaries within 24 hours or the next working day</li> </ul>
<b>Skilled Nursing Facility (SNF) Care</b> (semi-private room)	<p>Covered when:</p> <ul style="list-style-type: none"> <li>Patient has qualifying medical condition treated in a hospital for at least three consecutive days</li> <li>Patient admitted to SNF within 30 days of hospital discharge (with some exceptions)</li> <li>Provider demonstrates necessity of SNF care</li> </ul>	<ul style="list-style-type: none"> <li>Always required</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>TRICARE Prime referral required</li> <li>Urgent care for TRICARE Prime, TPR, and TPRADFM beneficiaries should be provided by their assigned primary care manager, unless beneficiary has a referral</li> </ul>

1. The prior authorization requirements listed here are not for beneficiaries using TRICARE For Life unless the service is not covered by Medicare.



# TRICARE Covered Benefits and Services

## Covered Clinical Preventive Services

TRICARE Prime, TRICARE Prime Remote (TPR), and TRICARE Prime Remote for Active Duty Family Members (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
<b>Cancer Screenings</b>	<ul style="list-style-type: none"> <li>• <b>Colonoscopy:</b> Once every 10 years starting at age 50, or as listed below for individuals at increased risk for:               <ul style="list-style-type: none"> <li>• <b>Hereditary non-polyposis colorectal cancer syndrome:</b> 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</li> <li>• <b>Familial risk of sporadic colorectal cancer:</b> 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</li> </ul> </li> <li>• <b>Fecal occult blood testing:</b> Annually starting at age 50</li> <li>• <b>Mammograms:</b> Annually for those over age 39 (<i>If a high-risk patient, a baseline mammogram is appropriate at age 35, then annually thereafter.</i>)</li> <li>• <b>Physical exam for colorectal cancer:</b> Digital rectal exam should be included in periodic health exam of individuals age 40 and older</li> <li>• <b>Proctosigmoidoscopy or sigmoidoscopy:</b> Once every three to five years beginning at age 50</li> <li>• <b>Prostate cancer:</b> Digital rectal exam and PSA screening annually for high-risk men ages 40–49 and all men over age 50</li> <li>• <b>Routine Pap smears:</b> Annually starting at age 18 (<i>younger if sexually active</i>); less often at patient’s and provider’s discretion (<i>Frequency should not be less than every three years.</i>)</li> <li>• <b>Skin cancer:</b> Exams covered at any age if beneficiary is at high risk due to family history or increased sun exposure</li> </ul>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>• <b>Blood pressure screenings:</b> Children ages 3 to 6, annually; children over age 6 and adults, minimum of every two years</li> <li>• <b>Cholesterol test (non-fasting):</b> Once every five years beginning at age 18</li> </ul>
<b>Hearing</b>	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. Evaluative hearing tests may be performed at other ages during routine exams.
<b>Human Papillomavirus (HPV) Vaccine</b>	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.
<b>Immunizations</b>	<ul style="list-style-type: none"> <li>• 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></li> <li>• Influenza vaccine: Annually for beneficiaries meeting CDC’s criteria</li> <li>• 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</li> </ul>
<b>Infectious Disease Screening</b>	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.
<b>Patient/Parent Education</b>	Various education and counseling services may be rendered when included as part of an office visit but are not reimbursed separately. See Section 5 of the <i>TRICARE Provider Handbook</i> for additional details.
<b>Shingles Vaccine</b>	The TRICARE medical ( <i>not pharmacy</i> ) benefit covers a single dose of the shingles vaccine Zostavax <sup>®</sup> , administered in a provider’s office, for beneficiaries age 60 and older per CDC recommended guidelines.
<b>Well-Child Care (birth to 6 years)</b>	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. A maximum of nine well-child visits are allowed in a two-year period. <b>Note:</b> The nine-visit maximum may increase in the near future. Consult the <i>TRICARE Policy Manual</i> periodically for any updates regarding this benefit.

## Vision Coverage

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