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TRICARE
MANAGEMENT ACTIVITY

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CHANGE 11
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FOR
TRICARE/CHAMPUS POLICY MANUAL


The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the TRICARE/CHAMPUS Policy Manual.

PAGE CHANGE(S): See pages 2 through 4.

SUMMARY OF ADDITIONS/REVISIONS: See pages 5 - 10 of this transmittal.

EFFECTIVE DATE AND IMPLEMENTATION: Upon direction of the Contracting
Officer.

This change is made in conjunction with Operations Manual Change No. 153.


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Director, Program Development

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SUMMARY OF CHANGES

INTRODUCTION

1. Deletes reference to 6020.24-m in second paragraph.

CHAPTER 1

2. Section 3.1 (HOME SERVICES) revised CPT code range to delete inpatient codes and other services not covered under this policy. Added reference for skilled nursing care. Reworded policy B for clarification.
3. Section 7.1 (EMERGENCY DEPARTMENT SERVICES) clarifies that limitations under B. is for “Non-enrolled” beneficiaries.
4. Section 10.1 (TRICARE STANDARD CLINICAL PREVENTIVE SERVICES) adds cross reference and clarification under colorectal cancer, physical examination.
5. Section 13.1 (BIOFEEDBACK) adds an exclusion that was included in Change 23, but inadvertently omitted in Change 28 and lists the exclusions.
6. Section 17.1 (SPEECH SERVICES) adds language regarding speech services available through the local education agency under the Individuals with Disabilities Education Act. This language was contained in the previous Speech Policy. Changes authority.
7. Section 21.1 (ALLERGY TESTING AND TREATMENT) deletes scratch skin tests as an exclusion. This test is covered in CPT codes 95004 and 95010 percutaneous tests.
8. Section 24.1 (DERMATOLOGICAL PROCEDURES-GENERAL) clarifies coverage for hypertrophic scarring and keloids resulting from burns, surgical procedures or traumatic events and acne.
9. Section 25.3 (OCCUPATIONAL THERAPY) Updates CPT code range.
10. Section 26.4 (CHRONIC FATIGUE SYNDROME) corrects a typographical error.
11. Section 26.6 (DIAGNOSTIC GENETIC TESTING AND COUNSELING) new policy clarifies TRICARE coverage regarding diagnostic genetic tests.
12. Section 27.1 (REHABILITATION-GENERAL) clarifies Exclusion A.

CHAPTER 3

13. Section 1.2 (COSMETIC, RECONSTRUCTIVE AND PLASTIC SURGERY – GENERAL GUIDELINES) this change re-organizes paragraphs and adds language for clarity.
14. Section 1.6D (SMALL INTESTINE/COMBINED SMALL INTESTINE-LIVER/ and MULTIVISCERAL TRANSPLANTATION) adds clarification to the criteria for multivisceral transplant that a parent or legal guardian and adults must have a realistic understanding of the clinical outcomes.
15. Section 2.4 (REDUCTION MAMMOPLASTY FOR MACROMASTIA) rewrites the policy to eliminate breast reduction performed in the absence of any signs and/or symptoms of functional abnormalities.
16. Section 3.2 (ORAL SURGERY) changes the (TMJ) surgery policy to be consistent with the current preauthorization and jurisdictional requirements under the managed care support contracts and adds examples/conditions under which surgical treatment of TMJ will be allowed.
17. Section 10.1 (MALE GENITAL SYSTEM) Rewritten for clarity of coverage.
18. Section 13.2 (MATERNITY CARE) adds language stating TRICARE may cost share a surrogate mother's medical expenses.
19. Section 13.4 (CESAREAN SECTION) removes prescriptive language and clarifies coverage for C-sections.

CHAPTER 4

20. Section 1.3 (SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY) (SPECT) adds SPECT bone scan for neck pain, spondylolysis or spondylolisthesis to the exclusions.

CHAPTER 7

21. Section 3.5 (MUCUS CLEARANCE DEVICES) rewrites the description.
22. Section 4.3 (ORTHOTICS) policy paragraph D regarding cranial banding is deleted. Cranial orthosis (Dynamic Orthotic Cranioplasty Band) and cranial molding helmets for nonsynostotic plagiocephaly is added to the exclusions.
23. Section 5.2 (LENSES (INTRA OCULAR OR CONTACT) AND EYEGLASSES) clarification of coverage of intraocular lenses, contact lenses or glasses when performing the function of the human lens.

24. Section 7.1 (PHARMACY) adds guidance for drugs used to treat male organic impotence.
25. Section 7.2 (PHARMACY BENEFIT FOR MEDICARE ELIGIBLES AGE 65 AND OVER- BRAC AREA) authority citation added to policy.
26. Section 11.1 (MEDICAL SUPPLIES AND DRESSINGS) (CONSUMABLES) adds diapers as an exclusion.
27. Section 16.1 (UNPROVEN DEVICES, MEDICAL TREATMENT AND PROCEDURES) Adds to the unproven list; PET for the diagnosis, staging and monitoring of treatment of breast cancer, pancreatic cancer, urinary bladder cancer, colorectal cancer, ovarian cancer, prostate cancer, pituitary tumors, thyroid cancer, esophageal cancer, neuroendocrine gastrointestinal tumors, kidney tumors, testicular tumors, head and neck cancer, musculoskeletal cancer, hepatocellular carcinoma, parathyroid cancer, and germ cell cancer, the diagnosis, evaluation, and monitoring of response to treatment of Alzheimer's disease, Huntington's disease, Wilson's disease, multi-infarct dementia, progressive supranuclear palsy, and Picks; the diagnosis and assessment of schizophrenia; the assessment of substance abusers; the assessment of attention-deficit hyperactivity disorder; and the assessment of head trauma, SPECT bone scan for neck pain, spondylolysis or spondylolisthesis, pancreatic islet cell transplantation, hand transplantation from a cadaver, minimally invasive coronary artery bypass graft surgery, (two main surgical variations classified as minimally invasive CABG – minimally invasive direct coronary artery bypass (MIDCAB) and port access coronary bypass (PACAB)), OrthoLogic 1000 Bone Growth Stimulator, Pelvic floor stimulators, MosiacPlasty, GDC treatment for wide neck aneurysms and ruptured aneurysms, and Somnoplasty. Also revises the citation on organ transplants on the unproven list to all organ transplants not listed as covered in the TRICARE/CHAMPUS Policy Manual or 32 CFR 199.4 (e)(5) and updates the review date to October 1998. Removes from the unproven list TIPS, and PET with FDG.
28. Section 26.1 (ADJUNCTIVE DENTAL CARE) corrects Exclusion A by deleting “which is “and adding “except when”.

CHAPTER 8

29. Section 1.15 (PROGRAM FOR PERSON WITH DISABILITIES (PFPWD): DURABLE EQUIPMENT AND DURABLE MEDICAL EQUIPMENT) modifies the title, and adds CFR citations, descriptions, and clarifying language.

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CHAPTER 9

30. Section 2.1 (PRIME – ENROLLMENT) deletes the requirement for enrollment on CHCS for MHS beneficiaries and clarifies disenrollment procedures.
31. Section 3.1 (PRIME AND STATUS CHANGES) clarifies that automatic enrollment in Prime and TOP Prime for new family members does not apply in cases involving reservists who have been called to active duty for periods for less than 179 days.
32. Section 4.1 (CHCBP) clarifies that CHCBP enrollees are not eligible for the NMOP program.

CHAPTER 10

33. Section 2.8A (CERTIFIED MARRIAGE & FAMILY THERAPISTS) adds Alabama, Arkansas, Hawaii, Mississippi, Missouri, South Dakota and Virginia as states offering licensure/certification for marriage and family counselors.
34. Section 2.8C (MENTAL HEALTH COUNSELORS) Adds Alaska, Connecticut and Indiana as states that offer licensure/certification for mental health counselors.
35. Section 3.2 (UNAUTHORIZED PROVIDER: EMERGENCY SERVICES) corrects a typographical error.
36. Section 7.1 (CERTIFICATION OF ORGAN TRANSPLANT CENTERS) clarifies that heart, liver, and lung transplant centers must either meet TRICARE certification criteria or be certified by Medicare.

CHAPTER 11

37. Section 1.1 (REQUIREMENTS FOR DOCUMENTATION OF TREATMENT IN MEDICAL RECORDS) provides clarification that it is not absolutely necessary that all of the elements of the progress note guidelines (items 1-8) be included in the medical documentation. Rather, this is generally the type of information that should be included in the progress notes. In essence, medical documentation must contain information to verify that the services were medically necessary and appropriate.” We believe that the use of quotes around may in the initial Summary added to the confusion.
38. Section 9.1 (SPECIAL AUTHORIZATION REQUIREMENTS) addresses preauthorization of mental health visits.

39. Section 14.1 (TRICARE CLAIMCHECK) adds information on reimbursement of modifiers.

CHAPTER 12

40. Section 2.1 (TRICARE OVERSEAS PROGRAM (TOP) – COST AND UNIFORM HMO BENEFITS) allows for greater reimbursement flexibility in the adjudication of overseas claims.
41. Section 7.2 (TRICARE OVERSEAS PROGRAM (TOP) – PRIME AND STATUS CHANGES) clarifies that automatic enrollment in Prime for new family members does not apply in cases involving reservists who have been called to active duty for periods of less than 179 days.

CHAPTER 13

42. Section 1.2 (ALLOWABLE CHARGES – NON-NETWORK PROVIDERS) clarifies anesthesia reimbursement.
43. Section 3.3 (OXYGEN AND RELATED SUPPLIES) clarifies that oxygen concentrators may be rented or purchased.
44. Section 3.5 (AMBULANCE SERVICES) clarifies that nonparticipating provider may bill beneficiary lower of billed charge or 115% of allowable.
45. Section 3.6 (LEGEND DRUGS AND INSULIN) clarifies pricing of J codes.
46. Section 5.1 (STATE AGENCY BILLING) clarifies that MCSC shall review requests for waivers and grant waivers.
47. Section 6.1E (HOSPITAL REIMBURSEMENT – TRICARE/CHAMPUS DRG-BASED PAYMENT SYSTEM) (DETERMINATION OF PAYMENT AMOUNTS)) clarifies how to calculate short-stay outlier payment amounts.
48. Section 6.5 (HOSPITAL REIMBURSEMENT – TRICARE/CHAMPUS INPATIENT MENTAL HEALTH PER DIEM PAYMENT) updates policy manual with the 1999 deflator factor.
49. Section 6.9 (HOSPITAL REIMBURSEMENT – OUTPATIENT SERVICES) new policy clarifying the payment of outpatient hospital services.
50. Section 9.1 (AMBULATORY SURGICAL CENTER REIMBURSEMENT) clarifies what radiology and diagnostic procedures are included in the facility charge for ambulatory surgery.

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51. Section 11.1, Table 1 (BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM) this corrects the cross-references in Table 1 and adds that an eligible former spouse enrolled in prime is responsible for the same enrollment fees and co-payment/cost sharing amounts and clarifies the ambulatory surgery cost-share for retirees under TRICARE Standard. Adds home to outpatient mental health and under (MENTAL ILLNESS section under TRICARE STANDARD PROGRAM FOR ACTIVE DUTY FAMILY MEMBERS) reinserts cost-sharing information that was inadvertently omitted when the TRICARE/CHAMPUS policy manual was republished in June 1999.
52. Section 12.1 (DOUBLE COVERAGE) addresses the impact of surrogate mother arrangements on other coverage.
53. Addendum 2, Table 2 (FY 2000) adds additional DRG numbers.
54. Addendum 2, Table 3 (FY 2000) makes corrections to the Wage Index Table based on a correction notice published by HCFA on January 12, 2000.