

MEDICAL SERVICES

| SECTION | SUBJECT |
|---------|---|
| 1.1 | Sexual Dysfunctions, Paraphilias and Gender Identity Disorders |
| 2.1 | Office Visits |
| 2.2 | Office Visits With Surgery (TRICARE Claimcheck) |
| 3.1 | Home Services |
| 4.1 | Hospital Care |
| 4.2 | Inpatient Concurrent Care |
| 4.3 | Outpatient Observation Stays |
| 5.1 | Skilled Nursing Facility Visits |
| 6.1 | Nursing Home Visits |
| 7.1 | Emergency Department (ED) Services |
| 8.1 | Consultations |
| 9.1 | Immunization Injections |
| 10.1 | TRICARE Standard - Clinical Preventive Services |
| 10.1A | TRICARE Prime - Clinical Preventive Services |
| 10.2 | Papanicolaou (PAP) Tests |
| 10.3 | Well-Child Care |
| 10.4 | Routine Physical Examinations |
| 11.1 | Chelation Therapy |
| 12.1A | Limit On Acute Inpatient Mental Health Care Effective October 1, 1991 |
| 12.1B | Limit On Residential Treatment Center (RTC) Care Effective October 1, 1991 |
| 12.1C | Preauthorization Requirements For Acute Hospital Psychiatric Care Effective October 1, 1991 |
| 12.1D | Preauthorization Requirements For Residential Treatment Center Care Effective October 1, 1991 |
| 12.1E | Preauthorization Requirements For Substance Use Disorder Detoxification And Rehabilitation |
| 12.1F | Psychiatric Partial Hospitalization Programs - Preauthorization And Day Limits |
| 12.2 | Learning Disorders |

| SECTION | SUBJECT |
|---------|---|
| 12.3 | Attention-Deficit/Hyperactivity Disorder |
| 12.4 | Treatment Of Mental Disorders |
| 12.5 | Psychological Testing |
| 12.6 | Psychotherapy |
| 12.7 | Family Therapy |
| 12.8 | Psychotropic Pharmacologic Management |
| 12.9 | Collateral Visits |
| 12.10 | Mental Health Wraparound Demonstration |
| 13.1 | Biofeedback |
| 15.1 | Gastroenterology |
| 15.2 | Continuous Exophageal pH Monitoring (CAEpHM) |
| 16.1 | Ophthalmological Services - Basic Program |
| 17.1 | Speech Services |
| 17.2 | Audiology Services |
| 17.3 | Hearing Aid Services |
| 18.1 | Percutaneous Transluminal Coronary Angioplasty |
| 18.2 | Radiofrequency Catheter Ablation |
| 18.3 | Cardiac Rehabilitation |
| 19.1 | Non-Invasive Peripheral Vascular Diagnostic Studies: Cerebrovascular Arterial Studies |
| 20.1 | Pulmonary Services |
| 21.1 | Allergy Testing And Treatment |
| 22.1 | Sensory Evoked Potentials (SEP) |
| 22.2 | Neurology And Neuromuscular Services |
| 22.3 | Functional Cortical Mapping |
| 22.4 | Electronystagmography |
| 24.1 | Dermatological Procedures - General |
| 24.2 | Phototherapy And Photochemotherapy (PUVA) |
| 25.1 | Physical Medicine/Therapy |
| 25.2 | Osteopathic Manipulative Therapy |
| 25.3 | Occupational Therapy |

| SECTION | SUBJECT |
|---------|---|
| 25.4 | Chiropractic Manipulative Treatment |
| 26.1 | Nutritional Therapy |
| 26.2 | Obstructive Sleep Apnea Syndrome (OSAS) |
| 26.3 | Hyperbaric Oxygen Therapy |
| 26.4 | Chronic Fatigue Syndrome |
| 26.5 | Urgent Care |
| 27.1 | Rehabilitation - General |

