

## CLINICAL PREVENTIVE SERVICES - TRICARE PRIME

ISSUE DATE: May 15, 1996  
 AUTHORITY: [32 CFR 199.17](#)

### I. POLICY

A. TRICARE Prime enrollees may receive Prime Clinical Preventive Services from any network provider without referral, authorization, or preauthorization from the Primary Care Manager (PCM), or any other authority. If a Prime Clinical Preventive Service is not available from a network provider (e.g., a network provider is not available within prescribed access parameters), an enrollee may receive the service from a non-network provider with a referral from the PCM and authorization from the contractor. If an enrollee uses a non-network provider without first obtaining a referral from the PCM and authorization from the **Health Care Finder (HCF)** payment is made under the Point of Service (POS) option only for services that are otherwise covered under TRICARE Standard. Payment will not be made under the POS option for clinical preventive services that are not otherwise covered under TRICARE Standard.

B. There shall be no co-payments associated with the individually TRICARE reimbursable services listed below. The contractor shall apply all appropriate claims processing and rebundling edits before determining if the below listed CPT procedure code is individually reimbursable. The contractor need not establish additional edits to identify claims within the age, sex, race or clinical history perimeters included below. However, a 30 day administrative tolerance will be allowed for any time interval requirements imposed on screening mammographies and Pap smears; e.g., if an asymptomatic woman 50 years of age or older received a screening mammography on September 15, coverage for another screening mammography would be allowed on or after August 17 of the following year.

SERVICES	FREQUENCY OR AGE INTERVAL	RELEVANT CPT <sup>1</sup> CODE
<b>SCREENING EXAMINATIONS:</b>		
COMPREHENSIVE HEALTH PROMOTION AND PREVENTION EXAMINATIONS	For ages 24 months or older: One comprehensive disease prevention clinical evaluation and follow up during age intervals: 2-4; 5-11; 12-17; 18-39; 40-64.	99382-99386, 99392-99396

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<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>School Physicals:</b>	<b>Physical Examinations:</b> For beneficiaries ages 5 through 11 that are required in connection with school enrollment. <b>The effective date for coverage of school enrollment physicals is October 30, 2000.</b>	99201-99205*, 99211-99214*, 99383 and 99393
	NOTE: Standard office visit evaluation and management CPT <sup>1</sup> procedure codes (i.e., code ranges 99201-99205 and 99211-99214) may be used in billing for school physicals; however, payment may not exceed what would have otherwise been reimbursed under the comprehensive preventive medicine service codes for beneficiaries ages 5 through 11 (CPT <sup>1</sup> procedure codes 99383 and 99393).	
<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.	See appropriate level evaluation and management codes.
	<b>Mammography:</b> Annual screening mammograms for women over age 39; For high risk women (family history of breast cancer in a first degree relative), baseline mammogram age 35, then annually.	76083, 76092 HCPCS codes G0202, G0204, G0206
<b>Cancer of Female Reproductive Organs:</b>	<b>Physical Examination:</b> Pelvic examination should be performed in conjunction with Pap smear testing for cervical neoplasms and premalignant lesions.	See appropriate level evaluation and management codes.
	<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.	88141-88155, 88164-88167, 88174, 88175, 99201-99215, or 99301-99313.
<b>Testicular Cancer:</b>	<b>Physical Examination:</b> Clinical testicular exam annually for males age 13-39 with a history of cryptorchidism, orchiopexy, or testicular atrophy.	See appropriate level evaluation and management codes.

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<b>Prostate Cancer:</b>	<b>Physical Examination:</b> Digital rectal examination should be offered annually for all men aged 50 years and over; men aged 45 and over with a family history of prostate cancer in at least one (1) other family member; all African American men aged 45 and over regardless of family history; and men aged 40 and over with a family history of prostate cancer in two (2) or more other family members.	See appropriate level evaluation and management codes.
	<b>Prostate Specific Antigen:</b> Annually for the following categories of males: all men aged 50 years and older; men aged 45 years and over with a family history of prostate cancer in at least one (1) other family member; all African American men aged 45 and over regardless of family history; men aged 40 and over with a family history of prostate cancer in two (2) or more other family members; and men who have had a vasectomy at least 20 years previously who had their vasectomy at age 40 years or older.	84153
<b>Colorectal Cancer:</b>	<b>Physical Examination:</b> Digital rectal examination should be included in the periodic health examination of individuals 40 years of age and older.	See appropriate level evaluation and management codes.
	<b>Fecal occult blood testing:</b> Once every 12 months (either guaiac-based testing or immunochemical-based testing) for beneficiaries who have attained age 50 (i.e., at least 11 months have passed following the month in which the last covered screening fecal-occult blood test was done). The effective date for coverage of immunochemical-based testing is August 20, 2003.	82270, 82274, and HCPCS code G0107.
	<b>Proctosigmoidoscopy or Sigmoidoscopy:</b> Once every 3-5 years beginning at age 50.	45300-45321, 45327, 45330-45339.
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<b>Colorectal Cancer (Continued):</b>	<p><b>Colonoscopy for Individuals at Average Risk for Colon Cancer:</b> Once every 10 years for individuals age 50 or above. The effective date for coverage of colonoscopy for individuals at average risk is March 15, 2006.</p> <p><b>Colonoscopy for Individuals at Increased Risk for Colon Cancer:</b> Performed every 2 years beginning at age 25, or 5 years younger than the earliest age of diagnosis of colorectal cancer, whichever is earlier and then annually after age 40 for individuals with hereditary non-polyposis colorectal cancer syndrome. 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) may receive a colonoscopy every 3 to 5 years beginning at age 10 years earlier than the youngest affected relative.</p>	45355, 45378-45385, and HCPCS codes G0105 and G0121.
<b>Skin Cancer:</b>	<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.	See appropriate level evaluation and management codes.
<b>Oral Cavity and Pharyngeal Cancer:</b>	<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.	See appropriate level evaluation and management codes.
<b>Thyroid Cancer:</b>	<b>Physical Examination:</b> Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.	See appropriate level evaluation and management codes.
<b>Infectious Diseases:</b>	<b>Tuberculosis screening:</b> Screen annually, regardless of age, all individuals at high risk for tuberculosis (as defined by CDC) using Mantoux tests.	86580 and 86585
	<b>Rubella antibodies:</b> females, once, age 12-18, unless documented history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday.	86762
	<b>Hepatitis B screening:</b> Screen pregnant women for HBsAG during prenatal period.	87340

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Cardiovascular Diseases:	<b>Cholesterol:</b> Non-fasting total blood cholesterol: At least once every five years, beginning age 18.	80061
	<b>Blood pressure screening:</b> For children: annually between 3 and 6 years of age, and every 2 years thereafter. For adults: a minimum frequency of every two years.	See appropriate level evaluation and management codes.
	<b>Abdominal Aortic Aneurysm (AAA):</b> One time AAA screening by ultrasonography for men, age 65 - 75, who have ever smoked.	76999
	<b>Body Measurement:</b> For children: Height and weight should be measured regularly throughout infancy and childhood. Head circumference should be measured through age 24 months. For adults: 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.	See appropriate level evaluation and management codes.
	<b>Vision Care:</b> Pediatric vision screening at birth and approximately 6 months of age to include determination of vision on visual acuity, ocular alignment and red reflex, along with external examination of ocular abnormalities. Comprehensive eye examination once every 2 years for all TRICARE Prime enrollees age 3 and older. Diabetic patients, at any age, should have comprehensive eye examinations at least yearly.	92002, 92004, 92012, 92014, 92015, 99172, and 99173.
	NOTE: Comprehensive eye examinations are meant to be more than the standard visual acuity screening test conducted by the member's primary care physician 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 either an optometrist and/or ophthalmologist.	

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<b>Other (Continued):</b>	<b>Hearing screening:</b> For children: all high risk neonates (as defined by the Joint Committee on Infant Hearing) audiology screening before leaving the hospital. If not tested at birth, high-risk children should be screened before three months of age. Evaluate hearing of all children as part of routine examinations and refer those with possible hearing impairment as appropriate.	92551, 92587, and 92588
	<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 six months through 6 years. Screening by blood lead level determination for all children at high risk for lead exposure per CDC guidelines.	83655
<b>COUNSELING SERVICES:</b>		
<b>These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.</b>	<b>Patient &amp; parent education counseling:</b> Dietary Assessment & Nutrition; Physical Activity & Exercise; Cancer Surveillance; Safe Sexual Practices; Tobacco, Alcohol and Substance Abuse; Accident & Injury Prevention; Promoting Dental Health; Stress, Bereavement, & Suicide Risk Assessment.	These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.
<b>IMMUNIZATIONS:</b>		
	Age appropriate dose of vaccines <b>that have been</b> recommended and adopted by the Advisory Committee on Immunization Practices (ACIP) <b>and accepted by the Director of the CDC and the Secretary of Health and Human Services (HHS) and published in a CDC Morbidity and Mortality Weekly Report (MMWR).</b> Refer to the CDC's home page ( <a href="http://www.cdc.gov">http://www.cdc.gov</a> ) for current schedule of CDC recommended vaccines. <b>The effective date of coverage for the Human Papilloma Virus (HPV) vaccine is October 13, 2006.</b>	
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