

TRICARE Coverage and Payment for Certain Services in Response to the Coronavirus 2019 (COVID-19) Pandemic

Issue Date: December 24, 2020

Authority: 10 USC Chapter 55, Section 1073 (a)(2)

1.0 DESCRIPTION

Changes in TRICARE coverage and payment necessitated by the COVID-19 pandemic.

2.0 POLICY

The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) issued an Interim Final Rule (IFR) with comment in the **Federal Register** on May 12, 2020, temporarily amending the TRICARE regulation to encourage social distancing and prevent the spread of COVID-19 by incentivizing the use of telemedicine services.

2.1 Temporary Coverage of Audio-Only Telephone Services

Existing regulations exclude TRICARE coverage of telephone services (audio-only) except for biotelemetry. Given the CDC guidelines for social distancing and some states governors' orders for residents to stay at home, an exception to the regulatory exclusion is permitted. TRICARE-authorized providers are allowed to render medically necessary care and treatment to beneficiaries over the telephone, when face-to-face, hands-on treatment is not medically necessary.

2.1.1 Telephone services (audio-only) are not excluded when otherwise covered TRICARE services are provided to a beneficiary through this modality, if the services are medically or psychologically necessary and appropriate.

2.1.2 Telephone services involving evaluation and management visits shall be reported utilizing Current Procedural Terminology¹ (CPT) code 99441-3; 98966-8; Healthcare Common Procedure Coding System (HCPCS) code G2012.

2.1.3 Other authorized telephone services (e.g., psychotherapy services) shall be reported with the appropriate CPT or HCPCS code and with the appropriate modifier or place of service code (e.g., 02) to report that the care was delivered via telephone.

2.1.4 Audio-only care is inappropriate where a visual connection would be required to ensure appropriate medical care; e.g., evaluation of a skin lesion by a dermatologist or intensive outpatient programs.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 16.1

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Note: See TRICARE Reimbursement Manual (TRM), [Chapter 2, Section 7](#) for information on copayments and cost-shares in response to the COVID-19 pandemic.

2.2 Temporary Relaxation of State Professional Licensing Requirements

2.2.1 In the United States, if applicable federal or state law permits providers to operate within a jurisdiction without obtaining a license in that state, services provided to beneficiaries by an otherwise authorized TRICARE provider may be cost-shared if that provider holds an equivalent license from any state in the United States, complies with provisions for interstate practice in the state where the beneficiary is receiving care, and is not affirmatively barred or restricted from practicing in any state in the United States. This temporary change does not supplant state authority to regulate licensure, but assures that if licensure requirements are relaxed by any state or the federal government during the period of the COVID-19 pandemic, that providers caring for TRICARE beneficiaries in compliance with applicable state or federal law will be eligible for reimbursement under TRICARE.

2.2.2 For overseas locations, if the host-nation permits providers to operate within that nation without obtaining a license in that nation, services provided to beneficiaries by a TRICARE-authorized provider may be cost-shared if the provider holds an equivalent license in the nation in which they normally practice and meets all requirements for practice under the host nation.

2.2.3 Providers listed on the Department of Health and Human Services (HHS) sanction list remain ineligible to provide care under TRICARE.

3.0 EFFECTIVE DATES

3.1 May 12, 2020 for temporary exception to the prohibition on telephone services in the United States.

3.2 May 12, 2020 for the provision relaxing professional licensing requirements to allow interstate and international licensing.

3.3 For overseas, the effective date is March 10, 2020 for the provisions identified above.

4.0 EXPIRATION

4.1 For services provided in the United States, these provisions expire upon expiration of the President's national emergency for the COVID-19 outbreak.

4.2 For services provided outside the 50 United States, District of Columbia, and U.S. Territories including the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, these provisions expire upon conclusion of the COVID-19 pandemic, as determined by the ASD(HA).

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