



# TRICARE® Covered Services

Take an active role in verifying your TRICARE coverage

TRICARE covers most care that is medically necessary and considered proven, including many preventive health services, to keep you healthy. There are special rules and limitations for certain types of care, and some types of care are not covered at all. TRICARE policies are very specific about which services are covered and which are not. It is in your best interest to take an active role in verifying your coverage. To verify coverage, visit [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices) or call your regional contractor.

**Note:** Overseas, all host nation care must meet TRICARE's policies for coverage. You are financially responsible for 100 percent of the cost for care that TRICARE does not cover. Your beneficiary category and location determine which overseas program options are available to you. Each program option has specific guidelines about how to get care. Check with your TRICARE Overseas Program (TOP) Regional Call Center before visiting host nation providers.

## OUTPATIENT SERVICES

### Ambulance Services

The following ambulance services are covered:

- Emergency transfers between a beneficiary's home, accident scene or other location and a hospital
- Transfers between hospitals
- Ambulance transfers from a hospital-based emergency room to a hospital more capable of providing the required care
- Transfers between a hospital or skilled nursing facility\* and another hospital-based or freestanding outpatient therapeutic or diagnostic department/facility

The following are excluded:

- Use of an ambulance service instead of a taxi service when the patient's condition would have permitted use of regular private transportation

- Transport or transfer of a patient primarily for the purpose of having the patient closer to his or her home, family, friends or health care provider
- Medicabs or ambicabs that function primarily as public passenger conveyances transporting patients to and from their medical appointments

**Note:** Air or boat ambulance is only covered when the pickup point is inaccessible by a land vehicle, or when great distance or other obstacles are involved in transporting the beneficiary to the nearest hospital with appropriate facilities and the patient's medical condition warrants speedy admission or is such that transfer by other means is not advisable.

Overseas, aeromedical evacuations (air evacuations) for emergency care are only approved when medically necessary. TOP Standard, TRICARE For Life, TRICARE Young Adult (TYA) Standard, TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) beneficiaries are required to pay up front for air evacuation and file a claim for reimbursement. Cost-shares paid toward your air evacuation are not reimbursable.

TRICARE will only reimburse air evacuation when it is medically necessary and to the closest, safest location that can provide the required care. For more information about air evacuation overseas, contact your TOP Regional Call Center.

*\* Some health care services (for example, skilled nursing facilities, home health care services and hospice care) are covered by TRICARE only within the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), but are not covered overseas.*

### Breast Pumps, Breast Pump Supplies and Breast-feeding Counseling

Breast pumps, breast pump supplies and breast-feeding counseling are covered for all TRICARE beneficiaries who plan to breast-feed.

*This fact sheet is **not** all-inclusive. For additional information, please visit [www.tricare.mil](http://www.tricare.mil).*

You are covered for one pump per birth or adoption. For your pump to be covered by TRICARE, you must get a prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner or nurse midwife. You may get your pump and supplies from any TRICARE-authorized provider or retail store or pharmacy.

Outpatient breast-feeding counseling from a TRICARE-authorized provider is covered for up to six sessions per birth or adoption in addition to counseling services provided during your inpatient maternity stay or during other health care visits.

No cost-shares or copayments apply to the purchase of these breast-feeding services and supplies. Heavy-duty hospital-grade breast pumps are also covered with a prescription in certain situations.

## Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) are generally covered if directly related to a medical condition and prescribed by a health care provider, dentist or any TRICARE-authorized provider when acting within the scope of their license or certification. Covered DMEPOS generally include:

- DMEPOS that are medically necessary, appropriate and prescribed for a beneficiary's specific use.
- Duplicate DMEPOS items that are necessary to provide a fail-safe, in-home life-support system. In this case, "duplicate" means an item that meets the definition of DMEPOS and serves the same purpose, but may not be an exact duplicate of the original DMEPOS item. For example, a portable oxygen concentrator may be covered as a backup for a stationary oxygen generator.

**Note:** Prosthetic devices must be approved by the U.S. Food and Drug Administration (FDA).

## Emergency Services

TRICARE defines an emergency as a serious medical condition that the average person considers to be a threat to life, limb, sight or safety. However, most dental emergencies, such as going to the emergency room for a severe toothache, are not covered under the TRICARE medical benefit.

## Home Health Care

Home health care covers part-time or intermittent skilled nursing services and home health care services for those confined to the home. All care must be provided by a participating home health care agency and be authorized in advance by your regional contractor. Overseas, significant limitations apply.

## Individual Provider Services

Individual provider services cover office visits; outpatient, office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; rehabilitation services (for example, physical and occupational therapy and speech pathology services); and medical supplies used within the office.

## Laboratory and X-ray Services

Laboratory and X-ray services are generally covered if prescribed. Laboratory-developed tests (LDTs) must be FDA-approved and medically necessary.

**Note:** Non-FDA-approved LDTs may be covered under the Non-FDA Approved LDTs Demonstration Project. For more information, visit [www.tricare.mil/ldt](http://www.tricare.mil/ldt).

## Respite Care for Active Duty Service Members

Respite care is covered for active duty service members (ADSMs) who are homebound as a result of a serious injury or illness incurred while serving on active duty. Respite care is available if the ADSM's plan of care includes frequent interventions by the primary caregiver.\*

The following respite care limits apply:

- Five days per calendar week
- Eight hours per calendar day

Respite care must be provided by a TRICARE-authorized home health care agency and requires prior authorization from the regional contractor and the ADSM's approving authority (for example, the Defense Health Agency—Great Lakes or referring military hospital or clinic). The ADSM is not required to enroll in the Extended Care Health Option (ECHO) program to get the respite care benefit.

\* *More than two interventions are required during the eight-hour period per day that the primary caregiver would normally be sleeping.*

## INPATIENT SERVICES

### Hospitalization (semiprivate room or special care units when medically necessary)

Hospitalization covers general nursing; hospital, health care provider and surgical services; meals (including special diets); medications; operating and recovery room care; anesthesia; laboratory tests; X-rays and other radiology services; medical supplies and appliances; and blood and blood products.

**Note:** Surgical procedures designated "inpatient only" may only be covered when performed in an inpatient setting.

## Skilled Nursing Facility Care (semiprivate room)

Skilled nursing facility (SNF) care covers skilled nursing services; meals (including special diets); physical and occupational therapy and speech pathology; TRICARE Pharmacy Program-approved or covered drugs furnished by the facility; and necessary medical supplies and appliances. TRICARE covers skilled nursing only if it is medically necessary.

**Note:** TRICARE does not cover purely custodial care. SNF care is only covered in the U.S. and U.S. territories.

## SCREENINGS, EXAMS AND PREVENTIVE SERVICES

### Preventive Care in the U.S. and Overseas

With TRICARE Prime, you can get preventive care from your primary care manager (PCM) or from any network provider in your enrolled region (or US Family Health Plan service area) without a referral or prior authorization. With TRICARE Standard and TRICARE Extra, you may get certain preventive care services from any TRICARE-authorized provider for no out-of-pocket costs.

TRICARE Overseas Program (TOP) Prime beneficiaries should contact their PCM at their overseas military hospital or clinic. The PCM will arrange preventive health care services. TOP Prime Remote beneficiaries should contact their TOP Regional Call Center to coordinate care. TOP Standard beneficiaries can make appointments for preventive care with host nation overseas providers, except in the Philippines, where beneficiaries are required to see certified providers for care. Visit [www.tricare-overseas.com/philippines.htm](http://www.tricare-overseas.com/philippines.htm) or [www.tricare.mil/philippines](http://www.tricare.mil/philippines) for more information.

### Comprehensive Health Promotion and Disease Prevention Exams

**Adult:** A comprehensive clinical preventive exam is covered by all TRICARE program options if it includes a vaccine, breast cancer screening, cervical cancer screening, colon cancer screening or prostate cancer screening.

TRICARE Prime beneficiaries in each of the following age groups may get one comprehensive clinical preventive exam without getting a vaccine, breast cancer screening, cervical cancer screening, colon cancer screening or prostate cancer screening (one exam per age group): 18–39, 40–64.

**Note:** ADSMs must have referrals to see civilian providers.

**Pediatric:** Preventive services for children from birth up to age 6 are covered by all TRICARE program options under the well-child care benefit (for more information on well-child care, see the “Targeted Health Promotion and Disease Prevention Services” section of this fact sheet). For children

age 6 and older, a comprehensive clinical preventive exam is covered if it includes a vaccine. School physicals are covered for children ages 5–11 when required by the school.

TRICARE Prime beneficiaries in each of the following age groups may get one comprehensive clinical preventive exam without receiving a vaccine (one exam per age group): 6–11, 12–17.

**Note:** Sports physicals are not covered.

### Targeted Health Promotion and Disease Prevention Services

The following screening exams may be covered for all eligible beneficiaries when provided in connection with a comprehensive clinical preventive exam or during other visits to a provider. The intent is to maximize preventive care.

#### Cancer Screenings

- **Breast cancer:**

- **Clinical breast exam:** For women up to age 40, a clinical breast exam is covered during a preventive health visit. For women age 40 and older, a clinical breast exam should be performed yearly.
- **Mammograms:** Covered yearly for all women beginning at age 40. Covered yearly beginning at age 30 for women with certain risk factors.
- **Breast screening MRI:** Covered yearly, in addition to the yearly mammogram screening, beginning at age 30 for women with certain risk factors.

- **Cervical cancer:**

- **Human papillomavirus (HPV) DNA testing:** Covered as a cervical cancer screening only when performed in conjunction with a Pap test, and only for women age 30 and older.
- **Pap tests:** Covered yearly for women starting at age 18 (younger if sexually active) or less often at patient and provider discretion (though not less than every three years).

- **Colorectal cancer:**

- **Colonoscopy:** Covered once every 10 years beginning at age 50. Colonoscopies are covered more often and/or at an earlier age for individuals with certain increased or high-risk factors.
- **Fecal occult blood testing:** Covered yearly starting at age 50.
- **Proctosigmoidoscopy or sigmoidoscopy:** Covered once every three to five years beginning at age 50. Proctosigmoidoscopy or sigmoidoscopy screenings are covered more often and/or at an earlier age for individuals with certain increased or high-risk factors.

- **Lung cancer:** Low-dose computed tomography screenings are covered yearly for TRICARE Prime beneficiaries ages 55–80 who:

- Have a 30-pack-per-year history of smoking
- Are currently smokers
- Have quit within the past 15 years

Screenings should stop once the individual has not smoked for 15 years, or develops a health problem that significantly limits either life expectancy or his or her ability or willingness to have curative lung surgery.

- **Prostate cancer:** A digital rectal exam and prostate-specific antigen screening is covered yearly for certain high-risk men ages 40–49 and all men over age 50.
- **Skin cancer:** Exams are covered at any age for beneficiaries who are at high risk due to family history, increased sun exposure or clinical evidence of precursor lesions.

### Cardiovascular Diseases

- **Blood pressure screening:** Screening is covered yearly for children age 3 up to age 6 and a minimum of every two years beginning at age 6 (children and adults).
- **Cholesterol screening:** Age-specific, periodic lipid panel as recommended by the National Heart, Lung, and Blood Institute.

### Eye Exams

- **Well-child care coverage (birth up to age 6):**
  - Infants (up to age 3): One eye and vision screening is covered at birth and at 6 months.
  - Children (age 3 up to age 6): One routine eye exam is covered every two years. Active duty family member (ADFM) children are covered for one routine eye exam yearly.
- **Adults and children (over age 6):** ADFMs get one eye exam each year.
- **Diabetic patients (any age):** Eye exams are not limited. One eye exam per year is recommended.
- **Retired service members, their families and others:**
  - TRICARE Prime: Routine eye exam is covered once every two years.
  - TRICARE Standard: Eye exams are not covered after reaching age 6.

**Note:** ADSMs enrolled in TRICARE Prime must get all vision care at military hospitals or clinics unless specifically referred by their PCMs to civilian network providers in their enrolled TRICARE region, or to non-network providers if a network provider is not available. ADSMs enrolled in TOP Prime Remote may get periodic eye exams from network providers without prior authorization as needed to maintain fitness-for-duty status.

### Hearing Exams

Preventive hearing exams are only allowed under the well-child care benefit (birth up to age 6). A newborn audiology screening should be performed on newborns before hospital discharge or within the first month after birth. Evaluative hearing tests may be performed at other ages during routine exams.

### Immunizations

Age-appropriate vaccines, including yearly flu vaccines, are covered as recommended by the Centers for Disease Control and Prevention (CDC). Coverage is effective the date the recommendations for a particular vaccine are published in the CDC's *Morbidity and Mortality Weekly Report*. For more information, visit [www.cdc.gov](http://www.cdc.gov).

The HPV vaccine is a limited benefit and may be covered when the beneficiary has not been previously vaccinated or completed the vaccine series.

- **Females:** The HPV vaccine is covered for females ages 11–26. The series of injections may begin as early as age 9, but must be completed before turning age 27 for coverage under TRICARE.
- **Males:** The HPV vaccine is covered for all males ages 11–21 and is covered for males ages 22–26 who meet certain criteria.

A single dose of the shingles vaccine is covered for beneficiaries age 60 and older.

**Note:** Vaccines for ADFMs whose sponsors have permanent change of station orders to overseas locations are also covered. Vaccines for personal overseas travel are not covered.

### Patient and Parent Education Counseling

Patient and parent education counseling services are expected components of good clinical practice. They are included with appropriate office visits and are covered at no additional charge. Examples include dietary assessment and nutrition; physical activity and exercise; cancer surveillance; safe sexual practices; tobacco, alcohol and substance abuse; dental health promotion; accident and injury prevention; stress; bereavement; and suicide risk assessment.

### Well-Child Care (birth up to age 6)

Well-child care covers routine newborn care; comprehensive health promotion and disease prevention exams; vision and hearing screenings; height, weight and head circumference measurements; routine vaccines; and developmental and behavioral appraisal. TRICARE covers well-child care in accordance with American Academy of Pediatrics (AAP) and CDC guidelines. Your child can get preventive care well-child visits as frequently as the AAP recommends, but no more than nine visits in two years are covered by TRICARE. Visits for diagnosis or treatment of an illness or injury are covered separately under outpatient care.

## OUTPATIENT MENTAL HEALTH CARE SERVICES

### Outpatient Psychotherapy

Referrals and prior authorizations may be required for certain outpatient services. ADSMs should always seek nonemergency mental health care at military hospitals and clinics when available. If services are not available, ADSMs must get referrals from their military hospital or clinic before getting civilian care. All other TRICARE beneficiaries (non-ADSMs) do not need referrals or prior authorizations for the first eight outpatient mental health care visits per fiscal year (FY) (Oct. 1–Sept. 30) for a covered benefit, such as psychotherapy, to a network provider. Prior authorization from your regional contractor is required beginning with the ninth outpatient mental health care visit per FY. Care access and rules vary by beneficiary type, location and TRICARE program option.

Physician referral and supervision may be required when seeing mental health counselors and are always required when seeing pastoral counselors.

**Note:** Overseas, additional limitations on mental health care services may apply.

The following outpatient psychotherapy limits apply:

- **Psychotherapy:** Two sessions per week in any combination of the following types:
  - Individual (adult or child): 60 minutes per session; may extend to 120 minutes for crisis intervention
  - Family or conjoint: 90 minutes per session; may extend to 180 minutes for crisis intervention
  - Group: 90 minutes per session
- **Collateral visits:** Up to 60 minutes per visit are covered. Collateral visits are counted as individual psychotherapy sessions. You have the option of combining collateral visits with other individual or group psychotherapy visits.

### Psychoanalysis

Psychoanalysis is long-term mental health therapy that explores unconscious thoughts to gain insight into behaviors and symptoms. Treatment must be given by approved providers who are specifically trained in psychoanalysis. Psychoanalysis always requires prior authorization.

### Psychological Testing and Assessment

Testing and assessment are covered when medically or psychologically necessary and provided in conjunction with otherwise-covered psychotherapy or as a required part of the assessment and reassessment process for applied behavior analysis under the Comprehensive Autism Care Demonstration. For more information about testing and assessment related to autism care services, visit [www.tricare.mil/autism](http://www.tricare.mil/autism).

Psychological tests are considered diagnostic services and are not counted toward the limit of two psychotherapy visits per week.

### Limitations:

- Testing and assessment are generally limited to six hours per FY. Any testing beyond six hours requires a review for medical necessity. Psychological testing must be medically necessary and not for educational purposes.

### Exclusions:

Psychological testing is not covered for the following circumstances:

- Academic placement
- Job placement
- Child custody disputes
- General screening in the absence of specific symptoms
- Teacher or parental referrals
- Testing to determine whether a beneficiary has a learning disability
- Diagnosed specific learning disorders or learning disabilities

### Medication Management

If you take prescription medications for a mental health disorder, you must be under the care of a provider who is authorized to prescribe those medications. Your provider will manage the dosage and duration of your prescription to ensure you are receiving the best care possible. Medication management appointments are medical appointments and do not count toward the first eight outpatient mental health care visits per FY.

## INPATIENT MENTAL HEALTH CARE SERVICES

Prior authorization is required for all nonemergency inpatient mental health care services. Psychiatric emergencies do **not** require prior authorization for inpatient admission, but authorization is required for continued stay. Admissions resulting from psychiatric emergencies should be reported to your regional contractor within 72 hours of an admission. Authorization is required for continued stay and is coordinated between the inpatient unit and the regional contractor. ADSMs who get care at military hospitals and clinics do not require prior authorization. Emergency and inpatient hospital services are considered medically necessary only when the patient's condition requires hospital personnel and facilities. Generally, these services may be medically necessary in certain detoxification circumstances or for stabilization of a medical condition.

**Note:** Overseas, additional limitations on mental health care services may apply.

### Acute Inpatient Psychiatric Care

Acute inpatient psychiatric care may be covered on an emergency or nonemergency basis. Prior authorization from your regional contractor is required for nonemergency inpatient admissions. In emergency situations, authorization is required for continued stay.

## Psychiatric Partial Hospitalization Program

Psychiatric partial hospitalization programs (PHPs) are capable of providing an interdisciplinary program of therapeutic services at least three hours a day, five days a week, in any combination of day, evening, night and weekend treatment programs. The following rules apply:

- Prior authorization from your regional contractor is required. PHP admissions are not considered emergencies.
- Facilities must be TRICARE-authorized.
- PHPs must agree to participate in TRICARE.

### Limitations:

PHP care is limited to 60 treatment days (whether full- or partial-day treatment) per FY. Limitations may be waived if determined to be medically or psychologically necessary.

## Psychiatric Residential Treatment Center Care

TRICARE covers psychiatric residential treatment center (RTC) extended care for children and adolescents with psychological disorders that require continued treatment in a therapeutic environment. The following rules apply:

- Facilities must be TRICARE-authorized.
- Unless therapeutically contraindicated, the family and/or guardian should actively participate in the continuing care of the patient through either direct involvement at the facility or geographically distant family therapy.
- Prior authorization from your regional contractor is always required.
- RTC care is considered elective and is not considered an emergency.
- Admission primarily for substance use rehabilitation is not authorized for psychiatric RTC care.
- In an emergency, psychiatric inpatient hospitalization must be sought first, since the patient must be stable enough to benefit from psychiatric RTC care.
- Care must be recommended and directed by a psychiatrist or clinical psychologist.

**Note:** RTC care is only covered for patients until reaching age 21.

## SUBSTANCE USE DISORDER SERVICES

Substance use disorders include alcohol or drug abuse or dependence. For TRICARE to reimburse the cost of care, you must see a TRICARE-authorized institutional provider—an authorized hospital or an organized treatment program in an authorized freestanding or hospital-based substance use disorder rehabilitation facility (SUDRF). TRICARE covers substance use disorder services up to three benefit periods per beneficiary, per lifetime.

## Inpatient Detoxification

TRICARE covers emergency and inpatient hospital services when medically necessary for the treatment of the acute phases of substance use withdrawal (detoxification) when the patient's condition requires the personnel and facilities of a hospital or SUDRF.

### Limitations:

- Diagnosis-related group (DRG) exempt facility (a free-standing SUDRF); seven-day limit per detoxification episode
- DRG exempt facility detoxification does not count toward the three lifetime episodes of care limit

Limitations may be waived if determined to be medically or psychologically necessary.

## Rehabilitation

Rehabilitation of a substance use disorder may occur in an inpatient or partial hospitalization setting. TRICARE covers 21 days of rehabilitation per benefit period in a TRICARE-authorized facility (SUDRF), whether inpatient or partial hospitalization or a combination of both.\*

### Limitations:

- 21-day rehabilitation limit per episode
- Three episodes per lifetime

Limitations may be waived if determined to be medically or psychologically necessary.

*\* A benefit period begins with the first day of covered treatment and ends 365 days later.*

## Substance Use Disorder Rehabilitation Facility Outpatient Care

Outpatient substance use care must be provided by an approved SUDRF.

### Limitations:

- **Individual or group therapy:** 60 visits per benefit period\*
- **Family therapy:** 15 visits per benefit period\*
- **Partial hospitalization care:** 21 treatment days per FY

Limitations may be waived if determined to be medically or psychologically necessary.

*\* A benefit period begins with the first day of covered treatment and ends 365 days later.*

## PROVISIONAL COVERAGE FOR EMERGING SERVICES AND SUPPLIES

TRICARE provides coverage for emerging health care services and supplies, such as surgery for femoroacetabular impingement. Provisional coverage requires prior authorization. For more information, visit [www.tricare.mil/provisionalcoverage](http://www.tricare.mil/provisionalcoverage).

## SERVICES OR PROCEDURES WITH SIGNIFICANT LIMITATIONS

The following describes medical, surgical and mental health care services that may **not** be covered unless exceptional circumstances exist.

### Abortion

By law, TRICARE only covers abortion when the mother's life would be endangered if the pregnancy were carried to term or when the pregnancy is the result of rape or incest. Services and supplies related to spontaneous, missed or threatened abortions and abortions related to ectopic pregnancies may also be cost-shared. All medically and psychologically necessary services and supplies related to a covered abortion are covered.

### Bariatric Surgery

These procedures are covered for the treatment of morbid obesity under certain limited circumstances. For more information, contact your regional contractor or visit [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

### Botulinum Toxin (Botox) Injections

Botox injections are not covered for cosmetic use. They may be covered for FDA-approved uses and for off-label use when medically necessary and supported by medical literature as safe and effective.

### Cardiac and Pulmonary Rehabilitation

Both are covered only for certain indications. Phase III cardiac rehabilitation for lifetime maintenance performed at home or in medically unsupervised settings is excluded.

### Cosmetic, Plastic or Reconstructive Surgery

Surgery is only covered when used to restore function, correct a serious birth defect, restore body form after a serious injury, improve appearance of a severe disfigurement after cancer surgery, reconstruct the breast after cancer surgery or when medically necessary.

### Cranial Orthotic Device or Molding Helmet

The Dynamic Orthotic Cranioplasty, known as the DOC Band, is covered postoperatively for adjunctive use for infants ages 3–18 months whose synostosis has been surgically corrected, but who still have moderate to severe cranial deformities.

Cranial orthotic devices are excluded for treatment of nonsynostotic positional plagiocephaly or for the treatment of craniosynostosis before surgery.

### Dental Care and Dental X-rays

Both are covered only for adjunctive dental care (dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition). Prior authorization is required for adjunctive dental care.

### Diagnostic Genetic Testing

Testing is covered when medically proven and appropriate and when the results of the test will influence the medical management of the patient. The test must be FDA-approved. Routine genetic testing is not covered.

### Education and Training

Education and training is covered under your TRICARE program option (for example, TRICARE Prime or TRICARE Standard) for diabetic outpatient self-management training services. Diabetic outpatient self-management training services must be performed by programs approved by the American Diabetes Association. The provider's "Certificate of Recognition" from the American Diabetes Association must accompany the claim for reimbursement. Some education and training may also be covered under ECHO and the Comprehensive Autism Care Demonstration.

### Glasses or Contact Lenses

ADSMs may get glasses at military hospitals or clinics at no cost. For all other beneficiaries, the following are covered:

- Contact lenses and/or glasses for treatment of infantile glaucoma
- Corneal or scleral lenses for treatment of keratoconus
- Scleral lenses to retain moisture when normal tearing is not present or is inadequate
- Corneal or scleral lenses to reduce corneal irregularities other than astigmatism
- Intraocular lenses, contact lenses or glasses for loss of human lens function resulting from intraocular surgery, ocular injury or congenital absence. Benefits for intraocular lenses are limited to the standard fixed non-accommodating monofocal intraocular lenses.

**Note:** Adjustments, cleanings and repairs for glasses are not covered.

### Facility Charges for Non-Adjunctive Dental Services

Generally, dental care is not covered as a TRICARE medical benefit, but instead is covered under the dental benefit. This includes situations that are dental emergencies. Hospital and

anesthesia charges related to routine dental care for children under age 5, or those with disabilities, may be covered in addition to dental care related to some medical conditions.

**Note:** Prior authorization is required.

## Food, Food Substitutes and Supplements or Vitamins

Medically necessary nutritional formulas are covered when used as the primary source of nutrition for enteral, parenteral or oral nutritional therapy. Intraperitoneal nutrition therapy is covered for malnutrition as a result of end-stage renal disease. Ketogenic diets may be cost-shared if part of a medically necessary admission for epilepsy. Vitamins may be cost-shared only when used as a specific treatment of a medical condition. Additionally, prenatal vitamins that require a prescription may be cost-shared, but are covered for prenatal care only.

## Hearing Aids

Hearing aids are covered only for ADFMs who meet specific hearing loss requirements.

- Hearing aids are excluded under any circumstances for retirees, retiree family members, and TRS and TRR members.
- TYA coverage for hearing aids depends on the status of the young adult's sponsor. If the sponsor is an ADSM, hearing aid coverage is the same as for an ADFM. If the sponsor is a TRS member, retiree or TRR member, hearing aids are excluded under any circumstances.

## Laser/LASIK/Refractive Corneal Surgery

Surgery is covered only to relieve astigmatism following a corneal transplant or for the treatment of retinoblastoma.

## Private Hospital Rooms

Private rooms are **not** covered unless ordered for medical reasons or because a semiprivate room is not available. Hospitals that are subject to the TRICARE DRG payment system may provide the patient with a private room, but will be paid only the standard DRG amount. The hospital may bill the patient for the extra charges if the patient requests a private room.

## Reproductive Services

Generally, assisted reproductive services and noncoital reproductive procedures, including artificial insemination, in vitro fertilization and gamete intrafallopian transfer, are not covered under TRICARE. However, there are some types of infertility assessment, testing and care that TRICARE may cover only when used in conjunction with natural conception.

Assisted reproductive services may also be available to service members who have sustained serious or severe illness or injury while on active duty that led to the loss of their natural reproductive ability, including (but not limited to) those with neurological, physiological and/or anatomical injuries.

For more information, visit [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

## Shoes, Shoe Inserts, Shoe Modifications and Arch Supports

Shoe and shoe inserts are covered only in very limited circumstances. Orthopedic shoes may be covered if they are a permanent part of a brace. For individuals with diabetes, extra-depth shoes with inserts or custom-molded shoes with inserts may be covered.

## Tobacco-Cessation Products

TRICARE covers prescription and over-the-counter products to help you quit tobacco at no cost if you get them at a military pharmacy or through TRICARE Pharmacy Home Delivery. Covered tobacco-cessation products are available in the U.S. for TRICARE beneficiaries age 18 and older who are not eligible for Medicare. Overseas, the products are available to ADSMs and their dependents enrolled in a TRICARE Prime option at military pharmacies and through TRICARE Pharmacy Home Delivery (where available, including in the U.S. territories).

For more information, visit [www.tricare.mil/quittobacco](http://www.tricare.mil/quittobacco).

## EXCLUSIONS

The following specific services **are excluded under any circumstances. This list is not all-inclusive.** Check your regional contractor's website for additional information.

**Note:** Medical services that are needed as a result of getting an excluded medical service are not covered.

- Acupuncture (may be offered at some military hospitals or clinics and approved for certain ADSMs, but is not covered for care from civilian providers)
- Alterations to living spaces
- Autopsy services or post-mortem exams
- Birth control/contraceptives (non-prescription)
- Camps (for example, for weight loss)
- Charges that providers may apply to missed or rescheduled appointments
- Chiropractors and naturopaths
- Counseling services that are not medically necessary for the treatment of a diagnosed medical condition (for example, educational, vocational and socioeconomic counseling; stress management; lifestyle modification)
- Custodial care
- Diagnostic admissions
- Domiciliary care
- Dyslexia treatment
- Electrolysis
- Elevators or chair lifts
- Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club memberships or other such charges or items

- Experimental or unproven procedures (unless authorized under specific exceptions in TRICARE regulations)
- Foot care (routine), except if required as a result of a diagnosed, systemic medical disease affecting the lower limbs, such as severe diabetes
- General exercise programs, even if recommended by a physician and regardless of whether rendered by an authorized provider
- Inpatient stays:
  - For rest or rest cures
  - To control or detain a runaway child, whether or not admission is to an authorized institution
  - To perform diagnostic tests, exams and procedures that could have been and are performed routinely on an outpatient basis
  - In hospitals or other authorized institutions above the appropriate level required to provide necessary medical care
- Learning-disability services
- Medications:
  - Drugs prescribed for cosmetic purposes
  - Fluoride preparations
  - Food supplements
  - Homeopathic and herbal preparations
  - Multivitamins
  - Weight reduction products
- Megavitamins and orthomolecular psychiatric therapy
- Mind-expansion and elective psychotherapy
- Surgical and non-surgical services and supplies exclusively for obesity, weight reduction or weight control, except under limited circumstances
- Personal, comfort or convenience items, such as beauty and barber services, radio, television and telephone
- Postpartum inpatient stay for a mother to stay with a newborn infant (usually primarily for the purpose of breast-feeding the infant) when the infant (but not the mother) requires the extended stay, or continued inpatient stay of a newborn infant primarily for purposes of remaining with the mother when the mother (but not the newborn infant) requires extended postpartum inpatient stay
- Psychiatric treatment for sexual dysfunction
- Services and supplies:
  - Provided under a scientific or medical study, grant or research program
  - Furnished or prescribed by an immediate family member
- For which the beneficiary has no legal obligation to pay or for which no charge would be made if the beneficiary or sponsor were not TRICARE-eligible
- Furnished without charge (cannot file claims for services provided free of charge)
- For the treatment of obesity, such as diets, weight-loss counseling, weight-loss medications, wiring of the jaw or similar procedures
- Inpatient stays directed or agreed to by a court or other governmental agency (unless medically necessary)
- Required as a result of occupational disease or injury for which any benefits are payable under a workers' compensation or similar law, whether such benefits have been applied for or paid, except if benefits provided under these laws are exhausted
- That are (or are eligible to be) fully payable under another medical insurance or program, either private or governmental, such as coverage through employment or Medicare (for which TRICARE is the last payer for any remaining charges)
- Sex changes or sexual inadequacy treatment, with the exception of treatment of ambiguous genitalia that has been documented to be present at birth
- Sterilization reversal surgery
- Surgery performed primarily for psychological reasons (for example, psychogenic surgery)
- Therapeutic absences from an inpatient facility, except when such absences are specifically included in a treatment plan approved by TRICARE
- Transportation, except by ambulance
- X-ray, laboratory and pathological services and machine diagnostic tests not related to a specific illness or injury or a definitive set of symptoms, except for cancer screening and other tests allowed under the clinical preventive services benefit

## FOR INFORMATION AND ASSISTANCE

 <b>TRICARE North Region</b> Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) <a href="http://www.hnfs.com">www.hnfs.com</a>	 <b>TRICARE South Region</b> Humana Military, a division of Humana Government Business 1-800-444-5445 <a href="http://HumanaMilitary.com">HumanaMilitary.com</a>	 <b>TRICARE West Region</b> UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a>
 <b>TOP Regional Call Center—Eurasia-Africa<sup>1</sup></b> +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) <a href="mailto:tricarelon@internationalsos.com">tricarelon@internationalsos.com</a>	 <b>TOP Regional Call Center—Latin America and Canada<sup>1</sup></b> +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) <a href="mailto:tricarephl@internationalsos.com">tricarephl@internationalsos.com</a>	 <b>TOP Regional Call Centers—Pacific<sup>1</sup></b> Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) <a href="mailto:sin.tricare@internationalsos.com">sin.tricare@internationalsos.com</a> Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) <a href="mailto:sydtricare@internationalsos.com">sydtricare@internationalsos.com</a>
<b>TRICARE Pharmacy Program</b> 1-877-363-1303 1-877-540-6261 (TDD/TTY) <a href="http://www.express-scripts.com/TRICARE">www.express-scripts.com/TRICARE</a> <a href="http://www.tricare.mil/pharmacy">www.tricare.mil/pharmacy</a>	<b>TRICARE Dental Program</b> 1-855-MET-TDP1 (1-855-638-8371) (stateside) 1-855-MET-TDP2 (1-855-638-8372) (overseas) 1-855-MET-TDP3 (1-855-638-8373) (TDD/TTY) <a href="http://www.metlife.com/tricare">www.metlife.com/tricare</a>	<b>TRICARE Website</b> <a href="http://www.tricare.mil">www.tricare.mil</a>

1. For toll-free contact information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com).

### **An Important Note About TRICARE Program Information**

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.