



2022 TRICARE® Provider Handbook Summary of Changes

The TRICARE West Region Provider Handbook is updated on an annual basis. Below please find an overview of the updates included for 2022, as of the Jan. 1, 2022 publication date. As a reminder, continue to use www.tricare-west.com, www.tricare.mil and www.health.mil as your resources for TRICARE benefit updates.

Section 1: Welcome to the TRICARE and the West Region:

Website Registration: Added note about the transition to ID.me for website registration, expected to occur sometime in 2022.

Mental Health and Applied Behavior Analysis Provider Search: Added information about applied behavior analysis and telehealth providers.

Section 2: Important Provider Information:

Applied Behavior Analysis (ABA) Provider Types: Added licensed assistant behavior analysts as authorized ABA supervisors.

Applied Behavior Analysis Provider Requirements: Added criminal background checks and National Provider Identifier (NPI) as certification requirements.

Charging Administrative Fees: Added new section explaining that network providers may not charge beneficiaries administrative fees.

Section 3: TRICARE Eligibility

Uniformed Services Identification (USID) Card: Removed the exception of expired USID cards due to the COVID-19 pandemic.

TRICARE Pharmacy Program: Removed exclusion of e-prescriptions for controlled drugs, as some military pharmacies are now allowing it.

Section 4: Medical Coverage

Cancer Screenings: Changed age for colonoscopy screenings from 50 to 45 and removed the definition of average, increased and high risk.

COVID-19 Clinical Trials: Added information on COVID-19 clinical trials for TRICARE beneficiaries.

COVID-19 Vaccines: Added information about vaccines being a covered benefit.

Routine Eye Exams: Removed Common Procedural Terminology (CPT®) codes 99172 (ocular function screening) and 99173 (visual acuity screening).

Lactation Counseling: Added information about the new TRICARE Childbirth and Breastfeeding Support Demonstration effective Jan. 1, 2022.

Telemedicine: Removed the ABA 02 modifier exception.

Exclusion List: Under PET scans, removed recurrence of renal cell cancer, initial diagnosis; staging and monitoring of ovarian cancer, stroke, anorexia nervosa, head trauma, Parkinson's disease, Huntington's chorea, psychiatric disorders and acute respiratory distress syndrome. Added diagnosis of renal mass or possible renal cell carcinoma recurrence and Fronto-temporal dementia.

Section 5: Mental Health Care Services

Mental Health Care Providers: added licensed psychological associates and removed supervised licensed professional counselors.

Behavioral Health Sequelae of Sexual Trauma: Removed this section as the pilot has ended. This is not a covered benefit.

Substance Use Disorder Partial Hospitalization Programs: Added licensed TRICARE-authorized physician and removed psychiatrist as those who can provide general direction.

Telemental Health: Added information on telehealth partners that HNFS has partnered.

Audio-Only Telemental Care: Removed part of the exception that parent/caregiver guidance performed via telemedicine must be rendered using audio and video platforms.

Section 6: Health Care Management and Administration

Extending Prior Authorization and Referral Requests from Specialists: Added adjunctive dental request.

Section 7: Claims Processing and Billing Information

Synchronous and Asynchronous Telemedicine Services: Removed the ABA 02 modifier exception.

Preventive Care Services Z Codes: Removed proctosigmoidoscopy as a preventive care service.

Routine Eye Exams: Removed comprehensive screening for determination of vision or visual acuity.

Autism Care Demonstration Billing: Removed the adoption of the American Medical Association's new CPT® Category I codes for ABA services and added information about the Autism Care Demonstration.

Section 8: TRICARE Reimbursement Methodologies

Joint Response Reimbursement: Removed the service date requirements.

Treat-and-Release: Removed the service date requirements.

Diagnosis-Related Group Reimbursement: Updated to state that DRG payment includes New Technology Add-On Payments in accordance with Medicare.

Hospital Value-Based Purchasing (HVBP): Added this section to include that TRICARE has aligned with Medicare's HVBP program for hospitals subject to DRG-based payments.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies Pricing: Added information about reimbursement rates based on service dates.

Low Utilization Payment Adjustment (LUPA): Added Medicare-certified HHAs providing fewer than the threshold of visits.

Episodes/Periods of Care: Removed the conditions for 60-day episodes of care that began on or before Dec. 31, 2019.

Split Percentage Payments and Requests for Anticipated Payments: Added period of care date conditions.

Tips for Filing a Request for Anticipated Payment: Revised to meet current standards.

Tips for a Final Claim: Revised to meet current standards.

Inpatient Rehabilitation Facilities: Added information that acute care hospitals rendering IRF services must meet Sunpart B of CMS 42 CFR 412 requirements and that submission of claim must be either Healthcare Insurance Portability and Accountability Act (HIPAA) compliant electronic claim or paper claim (UB-04).

Section 9: Provider Resources

Acronyms: Added additional acronyms.

Glossary of Terms: Added Autism Service Navigators, Comprehensive Care Plans, Laboratory Developed Tests, Letters of Attestation.