
Prior Authorization List — Effective 11/01/07

All services listed below, provided by TRICARE civilian providers, must be reviewed for medical necessity and require prior authorization for all TRICARE programs administered by TriWest.

View a comprehensive list of codes requiring prior authorization.  [View PDF Version](#)

BEHAVIORAL HEALTH / OUTPATIENT

- Psychoanalysis
- Crisis intervention (CPT codes 90808 and 90809)
- Electroconvulsive therapy
- Medical hypnotherapy
- Interpretation or Explanation of Results (collateral visits)
- Behavioral health sessions after self-referred initial visit & 8 sessions (Pastoral Counselors, Licensed Professional Counselors and Mental Health Counselors require a physician referral)
- Psychological testing (Inpatient & Outpatient)
- Medication management exceeding twice/month
- TOVA (Test of Variables of Attention) testing

DENTAL

- Adjunctive dental (including anesthesia); and/or
- All dental care provided by a dentist or oral surgeon

DRUGS

- Injectables
- Chemotherapy drugs
- A complete list of these drugs is also available on the Prior Authorization Drug List at

HOME HEALTH CARE

HOSPICE

HYPERBARIC OXYGEN

INPATIENT FACILITIES

- All elective medical / surgical admissions
- All behavioral health including emergencies

NON-EMERGENT TRANSPORTS AND NON-EMERGENT AMBULANCE

RADIOLOGY

- Pet Scan
- Brain MRI
- Spine MRI
- Breast MRI
- Other (Please see TriWest.com for a complete listing of the CPT codes that require Prior authorization in this category)

SURGICAL PROCEDURES

- Abortion, elective
- Implanted pumps
- Transplants, except corneal
- Cosmetic procedures
- Spine
- Bariatric
- In-utero fetal
- Hysterectomies
- Obstructive Sleep Apnea

www.triwest.com, Provider Connection.

- Other

NOTE: NDC code is required on all prior authorization requests

DURABLE MEDICAL EQUIPMENT (DME) / PROSTHETICS

- Air flotation mattress and/or electric hospital bed
- Bone growth stimulator
- Chest compression system
- Gait trainers / standers
- Lift devices
- Insulin pump
- Neurostimulators
- Augmentative communication device
- Wound vac
- Power wheelchair or scooters
- Orthotics
- Prosthetics
- Other (E0485 and E0486)

ENTERAL FEEDINGS

EXTENDED CARE HEALTH OPTION (ECHO) PROGRAM

All services covered under the program

GENETIC TESTING

HEARING AIDS

REFERRALS

Referrals are necessary when a Primary Care Manager (PCM) cannot provide the necessary services. Active Duty Service Members (ADSMs) must always have a referral for all care outside of a Military Treatment Facility (MTF), except for emergencies. Referrals are required for most services for Prime and TRICARE Prime Remote (TPR) beneficiaries, even if the service is not listed on the Prior Authorization List. Referrals are not the same as authorizations. Refer to the provider handbook for additional information.

AUTHORIZATIONS

Authorizations are required for all procedures listed on the Prior Authorization List for all TRICARE beneficiaries in programs administered by TriWest, including Prime, TPR, Standard, Extra, TRICARE Reserve Select, and ECHO.

AUTHORIZATIONS ARE NOT REQUIRED FOR SERVICES NOT LISTED ON THE PRIOR AUTHORIZATION LIST

THERAPIES

- **PRIME BENEFICIARIES**
 - Physical therapy
 - Occupational therapy
 - Speech therapy
- **STANDARD BENEFICIARIES**
 - Speech therapy ages 3-21 ONLY

NOTE: Speech therapy for Prime and Standard requires an Individual Education Plan (IEP) for beneficiaries ages 3-21.

UNLISTED CODES

In order for TriWest to make an appropriate benefit determination, all care billed with an unlisted code(s) must include a description of the item and pricing, if available, and be prior authorized with the exception of unlisted supplies with a cumulative amount of \$100.00 or less.

Please note that all services must be covered benefits under TRICARE in order to be reimbursed. However, not all services require a prior authorization from TriWest. The following is a partial list of services which do not require authorization.

- Emergency Services
- Eight routine outpatient Behavioral Health visits per beneficiary, per fiscal year
- Labs (except for genetic testing, which requires authorization)
- Radiographs
- Ultrasounds — Only covered if medically necessary. Screening to determine the baby's sex is not covered.
- Dexa Scans — Screening is not covered.
- CT Scans — Screening is not covered.
- Durable Medical Equipment (DME) not on the Prior Authorization List does not require prior authorization.
- Cardiac stress tests and myocardial imaging
- Intravenous Pyelogram (IVP)
- Upper gastrointestinal (UGI)
- Mammograms — Annually for those over age 39. If patient is at high risk for breast cancer, a baseline mammogram is appropriate at age 35, then annually thereafter.
- Colonoscopy — Screening and diagnostic
- Esophagogastroduodenoscopy (EGD)
- Pulmonary Function Test (PFT)
- Eye exams — Refer to www.triwest.com, Provider Connection, for more information on the vision benefit.
- Annual Pap smear

OTHER HEALTH INSURANCE (OHI)

TRICARE is always primary for ADSMs. For all other TRICARE beneficiaries with OHI, TRICARE is secondary. TRICARE beneficiaries who have OHI are not required to obtain prior authorizations for covered services, except for the following services:

- Adjunctive dental care
- All Behavioral Health services, except for the initial eight self-referred visits annually
- Extended Care Health Option (ECHO) services
- Home health services
- Hospice services
- Solid organ and stem cell transplants
- Services after the beneficiary has exhausted the OHI benefits