



| *Yes = PRIOR AUTHORIZATION REQUIRED No = NO PRIOR AUTHORIZATION REQUIRED | | | | |
|--|---|---|-------|---------------------------|
| *Any and all codes (listed/non-listed under CPT/Rev/HCPC) pertaining to each Category and Details/Notes section are subject to the corresponding PA Requirements | | | | |
| Category | Details/Notes | CPT/Rev/HCPC Codes | USFHP | TRICARE Operations Manual |
| Adjunctive Dental and Dental Anesthesia and Institutional Benefits | Adjunctive dental care to treat a covered medical condition, injury, or disease. | D9110, D9120, D9210, D9211, D9212, D9215, D9220, D9221, D9222, D9223, D9230, D9239, D9241, D9242, D9243, D9248, D9310, D9410, D9420, D9430, D9440, D9450, D9610, D9612, D9630, D9910, D9911, D9940, D9941, D9942, D9950, D9999, D9920, D9930, D9951, D9952, D9970, D9971, D9972, D9973, D9974, D9975 | Yes | Ch. 7, Sect. 4-4.2 |
| Autism Care Demonstration (ACD) | Applied Behavioral Analysis (ABA) | All Codes related to the evaluation and treatment | Yes | Ch. 7, Sect. 4-4.2 |
| Clinical Trials | | Modifier Q0, Q1 and DX Z00.6 | Yes | n/a |
| Electroconvulsive Therapy (ECT) | | 00104, 90870 | Yes | Ch. 7, Sect. 4-4.2 |
| Emerging technology/new indications for existing technology | See Tricare Policy Manual Chapter 13, Section 1.1 | See Tricare Policy Manual Chapter 13, Section 1.1 for related codes. | Yes | Ch. 7, Sect. 4-4.2 |
| Home health/Home infusion | | 99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, S9122, S9123, S9124, T1000, T1022, T1028, T1030, T1031, T1502 | Yes | Ch. 7, Sect. 4-4.2 |
| Hospice | | Q5001, Q5002, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5009, Q5010 | Yes | Ch. 7, Sect. 4-4.2 |
| Inpatient admissions | Acute hospital (includes inpatient hospice), Mental Health (MH) & Substance Use Disorder (SUD) services, Residential Treatment Facility (RTF) | All, except for Maternity Admissions | Yes | Ch. 7, Sect. 4-4.2 |
| Inpatient admissions - Post Acute level of care | Acute Rehabilitation facilities, Long-Term Acute Care, Skilled Nursing Facilities (SNF) | All | Yes | Ch. 7, Sect. 4-4.2 |
| Low Protein Modified Foods (LPMF) for the treatment of Inborn Errors of Metabolism (IEM) | | 97802, 97803, 97804, B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4102, B4103, B4105, B4148, B4148, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4187, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998, B9999, S9433, S9434, S9435 | Yes | Ch. 7, Sect. 4-4.2 |
| Psychoanalysis | | 90845 | Yes | Ch. 7, Sect. 4-4.2 |
| Spravato™ (esketamine) | Spravato™ (esketamine) nasal spray shall be preauthorized under the medical benefit | G2082, G2083 | Yes | Ch. 7, Sect. 4-4.2 |
| Transcranial Magnetic Stimulation (TMS) | | 90867, 90868, 90869 | Yes | Ch. 7, Sect. 4-4.2 |
| Transplant evaluations | All testing, scans and laboratory associated with transplant evaluation and placement | All codes related to the evaluation | Yes | Ch. 7, Sect. 4-4.2 |
| Transplant surgeries | | 32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38230, 38232, 38240, 38241, 38243, 47133, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 50380, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 84999, L8698 | Yes | Ch. 7, Sect. 4-4.2 |