



# 2024 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 2024, as of the Jan. 1, 2024 publication date. As a reminder, continue to use [www.tricare-west.com](http://www.tricare-west.com), [www.tricare.mil](http://www.tricare.mil) and [www.health.mil](http://www.health.mil) as your resources for TRICARE benefit updates.

## Section 1:

**Website Registration (p. 2):** Revised.

**Mental Health and Applied Behavior Analysis Provider Search (p. 3):** Added link to Autism Care Demonstration Provider Directory.

**Choosing Wisely® (p. 6):** Revised to match current standards.

## Section 2:

**Military Health System Notice of Privacy Practices (p. 9):** Revised instructions on how to download copies of the MHS Notice of Privacy Practices.

**TRICARE Provider Types (p. 9):** Added clarification on balance billing (network providers agree to accept TRICARE-allowable charge as payment in full).

**Corporate Services Provider Class (p. 11):** Removed freestanding kidney dialysis centers from the corporate services provider list.

**Delegated Credentialing (p. 12):** Moved roster frequency submission details to the “Submission Frequency” section.

**Applied Behavior Analysis Provider Types (p. 13):** Added state-certified behavior technicians. Also added Qualified Applied Behavior Analysis Credentialing Board and Behavioral Intervention Certification Council to the list of acceptable places to obtain certification (if applicable).

**Updating Provider Information (p. 18):** Removed COVID-19 content.

## Section 3:

**Verifying Eligibility (p. 20):** Clarified that having a baby and adopting a child are considered qualifying life events. Corrected details about registering children in DEERS (must be within 90 days from the day of birth or court appointment).

**TRICARE Prime Coverage Options (p. 22):** Added note that National Guard members who are on pre-activation orders are not required to enroll in TRICARE Prime or TRICARE Prime Remote.

**Authorization Denials (p. 32):** Added bullet about active duty service members who have TRICARE Prime Remote.

## Section 4:

**Medical Coverage (p. 33):** Removed content about temporary COVID-19 benefit impacts.

**Covered Services (p. 35):** Added pre-authorization exception if the beneficiary has other health insurance for home health care.

**Covered Services (p. 36):** Removed COVID-19 waiver information for skilled nursing facility care.

**Cancer Clinical Trials (p. 39):** Revised the COVID-19 section to specify that clinical trials are no longer covered unless the beneficiary was enrolled in a trial prior to April 10, 2023.

**Laboratory Developed Tests (p. 40):** Added a note that TRICARE covers preconception and prenatal carrier screenings for certain conditions.

**Fetal Surgery Referral Line (p. 41):** Added information about the fetal surgery dedicated call center.

**Breast Pumps and Supplies (p. 42):** Revised the number of breast milk bags from 90 to 100.

**Exclusion List (p. 45):** Added the diagnosis of systemic sarcoidosis to the positron emission tomography (PET) scan exclusions.

## Section 5:

**Clinical Documentation for Mental Health Care Services (p. 50):** Removed partial hospitalization programs from the list of mental health care provider types required to meet certain criteria.

**Gender Dysphoria Treatment (p. 51):** Added exception that active duty service members may be eligible for gender-affirming surgery evaluations under a blanket Supplemental Health Care Program waiver.

## Section 6:

**Referral Requirements by Beneficiary Category (p. 55):** Removed note that most specialty services for TRICARE Prime beneficiaries require an approval from Health Net Federal Services, LLC, regardless of where they live.

**Making Changes to Active Authorizations and Referrals (p. 58):** Added this entire section.

**Extending Pre-Authorization and Referral Requests From Specialists (p. 59):** Removed this section.

**Concurrent Review (p. 63):** Added note that providers can use the Inpatient Concurrent Review Form to request an extended hospital stay.

**CAQH (p. 66):** Added note that providers in Minnesota can use CAQH Provider Data Portal or Minnesota Credentialing Collaborative. Note to providers in Washington state: Since publication of the 2024 TRICARE Provider Handbook, OneHealth Port is transitioning to CAQH. Please refer to [www.tricare-west.com](http://www.tricare-west.com) for details.

**Conditions of Participation for Network Providers (p. 67):** Revised for clarity.

**Fraud and Abuse (p. 68):** Revised for clarity.

**Fraud and Abuse (p. 68):** Added additional steps for reporting incidents.

## Section 7:

**Important Billing Tips (p. 71):** Under corrected claims, added that if there is more than one claim to correct, providers must submit each corrected claim on a separate claim form.

**Preventive Care Services (p. 76):** Removed billing codes from the school physical row.

---

## Section 8:

**Ambulatory Surgery Grouper Rates (p. 88):** Removed this entire section.

**Ambulatory Surgery Center (p. 88):** Added this entire section.

**End Stage Renal Disease Pricing (p. 93):** Added this entire section.

**Episodes/Period of Care (p. 94):** Added that a CMS Notice of Admission is not required by TRICARE and that pre-authorization will be used to establish care.

**Requests for Anticipated Payments/Notice of Admission (p. 94):** Removed split-percentage payments. Providers must submit an initial claim (referred to as a request for anticipated payment) and a final claim.

**Tips for Filing a Request for Anticipated Payment (p. 11):** Removed this entire section.

**Tips for Filing a Claim (p. 94):** Added a tip for providers to ensure pre-authorization is on file for dates of service that cover the home health agency plan of care (HHA POC). Removed requirement that the claim must contain a minimum of five lines to be processed as a final request for anticipated payment.

**New Technology Add-On Payments (p. 96):** Added this entire section.

**Outpatient Prospective Payment System (p. 97):** Added that as of Oct. 1, 2023, cancer and children's hospitals are subject to OPPS (and removed cancer and children's hospitals from the list of organizations that are exempt from OPPS).

## Section 9:

**Acronyms:** Expanded acronym list.

---