Pre-Authorization Required

- Abortion, non-elective
- Alveolectomy/Airwayptosis
- Autism Services
- Autologous Chondrocyte Implantation (knee)
- Back Pain invasive procedures (facet blocks, radiofrequency ablation)
- Bariatric Surgery
- Biofeedback
- Bileaflet Prosthesis, LTX
- Breast Reduction (Male/Female)
- Calcium Scoring (Electron Beam Computed Tomography)
- Capsular Endoprostheses
- Cardiac Rehabilitation
- Clinical Trials (including NCI trials)
- CT Heart/Aniography
- Developmental Delay Programs including Autism
- Diabetic Diabetic
- Diabetic Education
- DMEDS®
- ECHO - Extended Care Health Option
- Endometrial Ablation
- Feeding Programs
- Genetic Testing
- Hearing Aids (only active duty family members covered)
- Home Health Care
- Hospice
- Hypertensive Oxygen Therapy
- Implants/Dentures for Hearing Loss
- Laser Treatment for Skin Conditions
- MRI of Breast
- Nerve Conduction Velocity (NCV) Studies
- Neuropsychological Testing
- Neurostimulators
- Nutritional "Healing Counseling"
- Occupational Therapy > 12 visits
- OrthoPro
- Osteogenic Stimulation for Fractures
- PET - Positron Emission Tomography
- Phototherapy
- Plastic Surgery (cosmetic procedures not covered)
- Prosthetics
- Pulmonary Rehabilitation
- Sclerotherapy
- Sphygmomanometry
- Skin Tag Removal
- Speech Therapy
- TPS Treatment
- Transplants (except corneal)
- Treatment of Acne and/or Acne Keloidis
- Ultrasound/CT Scan for Bone Density
- Uveolysis, Palpebral Hypoplasia
- Varicose Vein Ligation
- Virtual Colonoscopy
- Dental Implants > 10 Visits
- WoundVac

No Referral or Pre-Authorization Required

- Annual Routine Vision Screening
- Lab Services (in-network providers only)
- Radiology Services (in-network providers only)
- Ambulance (non-emergent)
- Ambulatory Surgery Center (Place of Service 24)
- Obstetrical Care (global pregnancy)
- Physical Therapy - initial 12 visits
- Routine Foot Care - PVD/DM diagnosis only
- Urine Care Centers
- Wound Clinic - initial 10 visits

Pre-Authorization Required

- Abortion, non-elective
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- Autism Services
- Autologous Chondrocyte Implantation (knee)
- Back Pain invasive procedures (facet blocks, radiofrequency ablation)
- Bariatric Surgery
- Biofeedback
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- Breast Reduction (Male/Female)
- Calcium Scoring (Electron Beam Computed Tomography)
- Capsular Endoprostheses
- Cardiac Rehabilitation
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- Diabetic Diabetic
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- Feeding Programs
- Genetic Testing
- Hearing Aids (only active duty family members covered)
- Home Health Care
- Hospice
- Hypertensive Oxygen Therapy
- Implants/Dentures for Hearing Loss
- Laser Treatment for Skin Conditions
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- Ultrasound/CT Scan for Bone Density
- Uveolysis, Palpebral Hypoplasia
- Varicose Vein Ligation
- Virtual Colonoscopy
- Dental Implants > 10 Visits
- WoundVac

No Referral or Pre-Authorization Required

- Counseling and Psychiatric Services - initial 8 visits per benefit year
- Alcohol and Drug Treatment - initial evaluation
- Preventive Care - initial evaluation
- Alcohol and Drug Treatment - continued care
- Electro convulsive Therapy
- PET - Positron Emission Tomography
- Private Nursing
- Restorative Surgery
- Reproductive Services
- Artificial Insemination (AI)
- In Vitro Fertilization (IVF)
- Intruterine Insemination (UI)
- Cryopreservation
- Harvesting Eggs/Sperm
- Sterilization Reversal
- Tubal Embryo Transfer (TET)
- Zygote Intrafallopian Transfer (ZIFT)
- Sex Change Procedure
- Shoes
- Trichury
- Vitamin and Mineral Supplements (oral)
- Weight Management Programs

Commonly Requested Non-Covered Services

- The following services are not part of the USFHP benefit (this list is not all inclusive)
- Abortion, elective
- Acupuncture
- Autopsy
- "C" and "S" HCPCS Codes (see Tricare Policy for exceptions)
- Category III CPT Codes (see Tricare Policy for exceptions)
- Chiropractic Treatment
- Cosmetic Procedures
- Dental Anesthesia, Extractions, and Restorations
- DME/PDP
- Bed Boards
- Bed Table
- Chair Pads
- Dampers (including pull-ups and Depends)
- Equipment and Devices
- Hearing Aids or Lamps
- Hot Water Bottles
- Ice Bags
- Raised Toilet Seats
- Structural Modifications to the Home
- Electron Beam Computed Tomography
- Enuretic Conditioning Program (bladder training)
- Eye Exercises (visual training/orthoptics)
- Eye Glasses/Lenses/Contact Lenses
- Food Supplements (oral)
- Immunizations for Elective Travel
- Interferential Therapy
- Infant Formula
- LAUP - Laser Assisted Uvuloplasty
- LASIK Eye Surgery
- Wheelchair Trap Table
- Whitworth/Whirlpool Bath Equipment
- Home Health Aid
- Light Box Therapy - Seasonal Affective Disorder (SAD)
- Naturosthetic Treatment
- PET - Positron Emission Tomography
- Private Nursing
- Restorative Surgery
- Reproductive Services
- Artificial Insemination (AI)
- In Vitro Fertilization (IVF)
- Intruterine Insemination (UI)
- Cryopreservation
- Harvesting Eggs/Sperm
- Sterilization Reversal
- Tubal Embryo Transfer (TET)
- Zygote Intrafallopian Transfer (ZIFT)
- Sex Change Procedure
- Shoes
- Trichury
- Vitamin and Mineral Supplements (oral)
- Weight Management Programs

Non-Covered Investigational Services

- Breast Ductal Laser®
- Extraocular Shave/Small Surgery for Plantar Faciitis®
- ISET - Intracranial Electrotherapy®
- Intravascular Hemostatic Devices (FDA approved)
- Pulse Electrical Stimulation for OA of the Knee®
- Transcranial Magnetic Stimulation (TMS)®

Resources

*For related medical policy and Tricare Manual Coverage Guidelines, please go to: http://manuals.tricare.mil
**Requires Pharmacy Review