



*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			*PA Requirement	
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 labortory 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