



# TRICARE provider news

ISSUE 3 | 2026

Up-to-the-minute information for TRICARE® providers in the East Region

## Applied Behavior Analysis (ABA) providers: Don't miss your required annual training!

As part of the Autism Care Demonstration (ACD), TRICARE-certified ACD-Corporate Service Providers (ACSP) and Sole Provider (SP) practices are required to attend a provider education training hosted by Humana Military at least once annually. The training includes ACD requirements, correct billing practices, claims filing, authorizations, exclusions, medical record documentation, provider responsibilities and more. Failure to attend the training will result in a 10% claims penalty.

A representative responsible for the ACSP is required to attend and is expected to share information with their associates. All associates from the ACSP are not required to attend.

[Register for an upcoming training](#) or see [TRICARE Operations Manual \(TOM\) Ch. 18, Sec. 3, Para. 8.3 and 9.3](#) for TRICARE provider education requirements.

## Behavioral health is now mental health

Please use the term “mental health” instead of “behavioral health” when documenting or referring to TRICARE patient care. When requesting authorizations for Applied Behavior Analysis (ABA), providers should select “mental health” in the [provider self-service portal](#).



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## Get to know TRICARE Select



[TRICARE Select](#) may be a good option for eligible beneficiaries who are not enrolled in TRICARE Prime. TRICARE Select is a self-managed, Preferred Provider

Organization (PPO) plan available to eligible TRICARE beneficiaries who are non-active duty, not enrolled in TRICARE Prime.

### How it works:

- A provider must be TRICARE-authorized (any individual, institution/organization or supplier that is licensed by a state, accredited by national organization, or meets other standards of the medical community, and is certified to provide benefits under TRICARE).
- Referrals are not required for most primary and specialty appointments.
- Prior authorization may be required from Humana Military for some services.

TRICARE Select beneficiaries do not have Primary Care Managers (PCM) and may self-refer to any TRICARE-authorized provider. However, certain services (e.g., inpatient admissions for substance abuse disorders and mental health, adjunctive dental care, home health services) require prior authorization from Humana Military.

TRICARE Select is a great choice for your patients who:

- live in an area where they can't use TRICARE Prime
- have Other Health Insurance (OHI)
- are seeing a provider who isn't in the TRICARE network and don't want to switch

Eligible beneficiaries pay an annual outpatient deductible, cost-shares (or percentage) for covered services and Group A retirees must pay enrollment fees.

Find out more about [TRICARE Select](#) and encourage beneficiaries to [enroll today](#).



## Appointments with TRICARE Prime patients

Navigating appointments with TRICARE Prime patients requires careful attention to referral requirements and documentation. Before scheduling or conducting a visit, providers should determine if a referral is needed by using the [CPT look up tool](#) available in [provider self-service](#). See a [quick guide on viewing an existing referral](#) in provider self-service.

If the TRICARE Prime patient does not have a referral on file for the visit, the Primary Care Manager (PCM) should initiate the referral to avoid a point-of-service (POS) deductible. [Learn more](#) about a POS deductible.

For more information on referrals and authorizations, visit: [Referrals and Authorizations | Humana Military](#).

## Check us out on Facebook!

Be sure to follow us on Facebook to get all the latest from Humana Military and TRICARE East:  
[Facebook.com/HumanaMilitary](https://www.facebook.com/HumanaMilitary)



## Digital prescription tools for TRICARE beneficiaries



Express Scripts® offers digital tools you can share with beneficiaries to help them manage prescriptions and get the most from their TRICARE pharmacy benefit.

### Express Scripts Pharmacy mobile app

The Express Scripts Pharmacy mobile app makes it easy for beneficiaries to manage their medications anytime, anywhere. The app can be used to order medications, check prior authorization status and schedule medication delivery through [TRICARE Pharmacy Home Delivery](#).

With the app, beneficiaries can:

- Receive updates as TRICARE Pharmacy Home Delivery orders are filled and shipped
- Request and approve prescriptions that are ready to be refilled
- Set up dose reminders with automated alerts
- Ship prescriptions to a temporary address during travel, relocation or deployment

Beneficiaries can download the free app from the Apple App Store or Google Play Store or visit [militaryrx.express-scripts.com](https://militaryrx.express-scripts.com) to learn more.

### Express Scripts online account

TRICARE beneficiaries can create an online account to manage pharmacy benefit information in one place. With an online account, they can:

- View all prescriptions and check coverage details
- Schedule and track TRICARE Pharmacy Home Delivery shipments
- Review prior authorization requirements and status
- View Explanation of Benefits (EOB) statements

Beneficiaries can create an account or log in at [militaryrx.express-scripts.com](https://militaryrx.express-scripts.com)

### Opt-in text messages

TRICARE beneficiaries can choose to receive text updates about their TRICARE Pharmacy Home Delivery orders. Encourage beneficiaries to review and update their [communication preferences](#) so they can receive order updates directly on their phone.



## Coverage updates for risk-reducing surgeries and mental health treatments

TRICARE recently updated its policy to add new procedure codes and clarifying language for certain risk-reducing surgeries, while also introducing additional exclusions for the treatment of some mental disorders.

### Risk-reducing surgeries

TRICARE now includes coverage for certain risk reducing surgeries for individuals at high risk for developing cancer. Covered procedures include prophylactic bilateral mastectomy, prophylactic salpingo-oophorectomy, or salpingectomy as clinically indicated, and prophylactic hysterectomy. These surgeries are considered proven treatments when provided in concurrence with National Comprehensive Cancer Network (NCCN) or American College of Obstetricians and Gynecologists (ACOG) clinical practice guidelines.

### Mental health services

This policy change adds new exclusions for certain treatments including off-label use of Cranial Electrical Stimulation (CES) for the treatment of post-traumatic stress disorder (PTSD) and mental health disorders related to traumatic brain injury (TBI). This change also adds a new exclusion for repetitive Transcranial Magnetic Stimulation (rTMS) for the treatment of PTSD.

For more information about these updates, please refer to the [TRICARE Policy Manual \(TPM\) Ch. 4, Sec. 5.3](#) and [TPM Ch. 7, Sec. 3.7](#).

## Expanded TRICARE clinical trials



TRICARE coverage of clinical trials and related services has been updated and is no longer exclusive to a cancer diagnosis. [TRICARE Policy Manual \(TPM\) Ch. 7, Sec. 24.1](#) has expanded the definition to include “severely debilitation, life-threatening, a rare disease, or infectious disease.” No changes are needed for authorizations that have already been processed for cancer.

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New clinical trial types of service are now available in provider self-service. If a beneficiary needs clinical trial participation, please submit the request using one of the service types below:

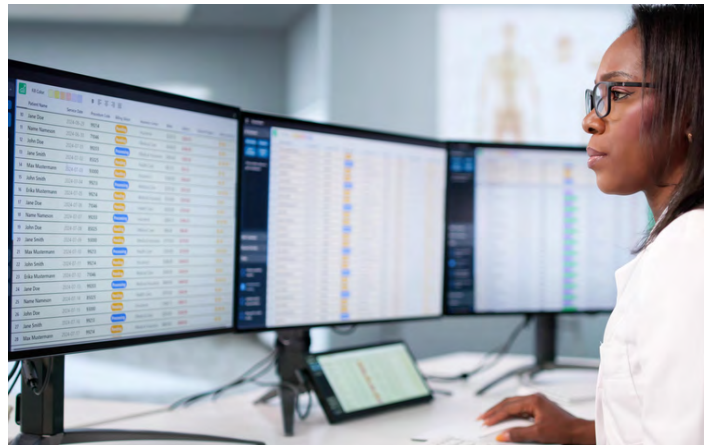
- Cancer clinical trial
- Rare disease clinical trial
- Infectious disease clinical trial

All clinical trials require prior authorization for services, including those conducted in an office setting and those involving TRICARE Select coverage. Claims should only be submitted after obtaining the patient’s signed consent to participate in the clinical trial, as coverage for related services and supplies is dependent upon the patient’s enrollment and active participation in the trial.

The case manager’s role is to evaluate the authorization to include clinical findings, compare them with the National Cancer Institute (NCI) trial requirements, and approve and coordinate any complex care needs due to the trial. Based on the TRICARE Reimbursement Manual (TRM) requirements, the Defense Health Agency (DHA) requires us to have access to the following information:

1. Clinical information related to the diagnosis
2. Clinical trial NCI number
3. Copy of informed consent signed and dated by the beneficiary
4. Trial start date
5. Rendering provider and facility of the trial
6. Provider point of contact
7. Confirmation, signed/dated by the physician, that the beneficiary meets the trial eligibility inclusion criteria

Claims for services related to an approved clinical trial should be submitted with the appropriate diagnosis code(s) and modifiers to indicate the care is related to a clinical trial. This will ensure proper processing and reimbursement of the claim.



## Claim code change: Replacement valves for breast pumps

TRICARE clarified a change order from last fall related to valve replacements for breast pumps. Starting October 1, 2025, the Centers for Medicare and Medicaid Services (CMS) established HCPCS A4288, which replaces codes A9999 XG and A9900 XG.

Some key points include:

- Claims submitted after this date using A9999 XG and A9900 XG will be denied. Providers will need to submit a corrected claim.
- Under the new procedure code A4288, one unit equals one valve.
- For claims submitted prior to October 1, 2025, using A9999 XG or A9900 XG, if valves were billed as sets instead of individual units, providers will also need to submit corrected claims.

For more information, see [TRICARE Policy Manual \(TPM\), Ch. 8, Sec. 2.](#)

## Updates to TRICARE coverage of cervical cancer screening



Effective April 14, 2026, TRICARE has updated its coverage policy for cervical cancer screening to reflect the latest clinical practice guidelines from the American College of Obstetricians and Gynecologists and the American Society for Colposcopy and Cervical Pathology.

### Pap tests

TRICARE now covers Papanicolaou (Pap) testing to screen for cervical cancer **every three years for female beneficiaries ages 21 through 65**. Screening is not recommended for women under age 21, regardless of sexual initiation or other risk factors.

### HPV DNA testing

Primary Human Papillomavirus (HPV) DNA testing is now covered under the following conditions:

- Once every **five years for women ages 30 through 65**.
- U.S. Food and Drug Administration (FDA)-cleared HPV self-collection testing methods are included in the coverage.

### Co-testing

Co-testing, which combines a Pap test with HPV DNA testing to detect high risk HPV strains and cervical cell changes, is **now covered for women ages 30 through 65 every five years**.

Please note that the **family planning benefit** does not include cervical cancer screening, such as Pap tests and HPV testing, or routine gynecologic examinations, including related laboratory testing. However, family planning benefits may be allowed during an office visit during which cervical cancer screening is performed.

For more information about these updates, please refer to the [TRICARE Policy Manual \(TPM\), Ch. 7, Sec. 2.1](#), [TPM Ch. 7, Sec. 2.2](#), [TPM Ch. 7, Sec. 2.3](#) and [TPM Ch. 7, Sec. 2.4](#).

See [TRICARE cancer coverage of female reproductive organs](#).



## Provider Plug In

### GET PLUGGED IN ON TRICARE CERTIFICATION APPLICATIONS!

Providers **must** be TRICARE-certified to file claims and receive payment for TRICARE services. Certified providers must meet the licensing and certification requirements of TRICARE regulations and practice for that area of healthcare.

## Change coming to autism rating scale



The Social Responsiveness Scale (SRS-2) outcome measure is being updated and will transition to the SRS-3 by the end of 2026. Providers can [sign up](#) to receive updates on this new edition.

