



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

**DEC 05 1995**

MEMORANDUM FOR LEAD AGENTS THROUGH: SURGEONS GENERAL

SUBJECT: Refinement of the TRICARE Prime Clinical Services Benefit

Attached is a [refined statement of the clinical preventive services](#) to be provided to enrollees in TRICARE Prime. Currently, managed care support contracts include a very similar list as an attachment, and contractors are required to cover preventive services for Prime enrollees.

The list of TRICARE Prime clinical preventive services has been revised pursuant to concerns raised by Region Six that some of the request for proposal (RFP) requirements may have exceeded nationally recognized standards for preventive services, and targeted services for some individuals at low risk. The new list represents the collective expertise of military preventive medicine and reflects prevailing national standards for clinical preventive services. It continues to guarantee TRICARE Prime enrollees high quality, state-of-the-art preventive services.

It is my expectation that this list of preventive services will be part of the standard of care for primary care managers (PCMs) for TRICARE Prime beneficiaries, whether they are assigned to a military facility primary care manager or one in the civilian network. Accordingly, we have set in motion the process for modifying RFPs and existing managed care support contracts to reflect this new policy. We will be developing specifications to enable contractors to identify and pay appropriately for these services. Lead Agents should establish procedures to assure that appropriate preventive services are provided to Prime enrollees assigned to military treatment facility PCMs.

A handwritten signature in black ink that reads "Edward D. Martin".

Edward D. Martin, M.D.

Principal Deputy Assistant Secretary

**HA POLICY 96-012**

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## **TRICARE PRIME CLINICAL PREVENTIVE SERVICES BENEFITS**

The following are clinical preventive services expected of good comprehensive clinical practice in which every patient encounter should be used as an opportunity for preventive care. These preventive services are either (1) screening procedures to detect disease or (2) primary or secondary prevention interventions to protect or restore health. These services may be provided during acute and chronic care visits or during preventive care visits for asymptomatic individuals to maintain and promote good health.

Routine history and physical examination are no longer recommended for health promotion and disease prevention in individuals who are not being monitored as a part of a therapeutic plan for chronic disease. Instead, the U.S. Preventive Services Task Force and other major authorities recommend that every patient encounter be used as an opportunity for preventive care and that a variety of age and sex specific services be combined into these encounters and periodic health promotion disease prevention surveillance examinations.

<b>SERVICES</b>	<b>FREQUENCY OR AGE INTERVAL</b>
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### **SCREENING EXAMINATIONS:**

<b>COMPREHENSIVE HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS</b>	<b>For ages 24 months or older:</b> One comprehensive disease prevention clinical evaluation and follow up during age intervals: 2-4; 4-11; 12-17; 18-39; 40-64.
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## TARGETED HEALTH PROMOTION AND DISEASE PREVENTION EXAMINATIONS

The following screening examinations may be performed during either the above periodic comprehensive health promotion examination or as part of other patient encounters. The intent is to maximize preventive care.

### Breast Cancer:

**Physical Examination:** For women under 40, health care providers may elect to perform clinical breast examination for those who are at high risk, especially those whose first-degree relatives have had breast cancer diagnosed before menopause. For women age 40 and older, annual clinical examination should be performed.

**Mammography:** Baseline mammogram age 40; every two years age 40-50; annually age 50 and over; For high risk women (family history of breast cancer in a first degree relative), baseline mammogram age 35, then annually.

### Cancer of Female Reproductive Organs:

**Physical Examination:** Pelvic examination should be performed in conjunction with Pap smear testing for cervical neoplasms and premalignant lesions.

**Papanicolaou smears:** Annually starting at age 18 (or younger, if sexually active) until three consecutive satisfactory normal annual examinations. Frequency may then be less often at the discretion of the patient and clinician but not less frequently than every three years.

### Testicular Cancer:

**Physical Examination:** Clinical testicular exam annually for males age 18-39 with a history of cryptorchidism, orchiopexy, or testicular atrophy.

### Prostate Cancer:

**Physical Examination:** Digital rectal examination should be included in the periodic health examination of males 40 years of age and older. Should be combined with colorectal examination.

**Colorectal Cancer:**

**Physical Examination:** Digital rectal examination should be included in the periodic health examination of individuals 40 years of age and older. For males, should be combined with digital prostatic examination.

**Fecal occult blood testing:** Annually 50 and over if at increased risk for colorectal cancer as defined by the U. S. Preventive Services Task Force.

**Proctosigmoidoscopy or Sigmoidoscopy:** Once every 3-5 years beginning at age 50.

**Colonoscopy:** Performed every five years beginning age 40 for individuals at increased risk for colon cancer with first degree relative with a history of colon cancer.

**Skin Cancer:**

**Physical Examination:** Skin examination should be performed for individuals with a family or personal history of skin cancer, increased occupational or recreational exposure to sunlight, or clinical evidence of precursor lesions.

**Oral Cavity and Pharyngeal Cancer:**

**Physical Examination:** A complete oral cavity examination should be part of routine preventive care for adults at high risk due to exposure to tobacco or excessive amounts of alcohol. Oral examination should also be part of a recommended annual dental check-up.

**Thyroid Cancer:**

**Physical Examination:** Palpation for thyroid nodules should be performed in adults with a history of upper body irradiation.

**Infectious Diseases:**

**Tuberculosis screening:** Screen annually, regardless of age, all individuals at high risk for tuberculosis (as defined by CDC) using Mantoux tests.

**Rubella antibodies:** females, once, age 12-18, unless documented history of adequate rubella vaccination with at least one dose of rubella vaccine on or after the first birthday.

**Hepatitis B screening:** Screen pregnant women for HBsAG during prenatal period.

**Cardiovasuclar Diseases:****Cholesterol:**

For children: Screen for total cholesterol children older than 2 years of age who have a parent with a total cholesterol level 240 mg/dL or greater or with a family history of premature cardiovascular disease.

For adults: Non-fasting total blood cholesterol: At least once every five years, beginning age 18.

**Blood pressure screening:**

For children: annually between 3 and 6 years of age, and every 2 years thereafter.

For adults: a minimum frequency of every two years.

**Other:****Body Measurement:**

For children: Height and weight should be measured regularly throughout infancy and childhood. Head circumference should be measured through age 24 months.

For adults: Height and weight should be measured periodically. The optimal frequency is a matter of clinical discretion. Those individuals who are 20% or more above desirable weight should receive appropriate nutritional and exercise counseling.

**Vision Screening:**

For children: eye and vision screening by primary care provider during routine examinations at birth, approximately 6 months, 3 years and 5 years of age. Additionally, age 3-6: comprehensive eye examination for amblyopia and strabismus.

For adults: comprehensive eye examination, including screening for visual acuity and glaucoma, every 3 to 5 years in African Americans aged 20 to 39 years, and regardless of race, every 2 to 4 years in individuals aged 40 to 64 years. Diabetic patients, at any age, should have comprehensive eye examinations at least yearly.

**Hearing screening:**

For children: all high risk neonates (as defined by the Joint Committee on Infant Hearing) audiology screening before leaving the hospital. If not tested at birth, high-risk children should be screened before three years of age. Evaluate hearing of all children as part of routine examinations and refer those with possible hearing impairment as appropriate.

For adults: Hearing screening not necessary for asymptomatic adults under 65 unless exposed regularly to excessive noise. The optimal frequency of hearing assessment should be determined by clinical discretion. Screening for occupational noise-induced hearing loss should be performed under worksite programs and is not covered by this benefit.

**Pediatric Blood Lead:** Assessment of risk for lead exposure by structured questionnaire based on Centers for Disease Control and Prevention (CDC) *Preventing Lead Poisoning in Young Children* (October 1991) during each well child visit from age six months through 6 years. Screening by blood lead level determination for all children at high risk for lead exposure per CDC guidelines

**COUNSELING SERVICES:**

**Patient & parent education counseling:**

These are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.

Dietary Assessment & Nutrition;  
Physical Activity & Exercise;  
Cancer Surveillance including breast self-examination for women and testicular self-examination for men;  
Abstinence & Safe Sexual Practices;  
Tobacco, Alcohol and Substance Abuse;  
Accident & Injury Prevention;  
Promoting Dental Health;  
Stress, Bereavement, & Suicide Risk Assessment.

**IMMUNIZATIONS:**

By age appropriate dose and vaccine for the following diseases according to the current CDC Advisory Committee on Immunization Practices (ACIP) recommendations: Tetanus, Diphtheria, Pertussis, Poliomyelitis, Mumps, Measles, Rubella, Influenza, Pneumococcal Disease, *Haemophilus Influenza* type B, Hepatitis A, Hepatitis B, and Varicella.