TRICARE Provider Telehealth/Telemedicine FAQs

For TRICARE West Region Providers

Scope of Services

1. **What services can be performed via telemedicine?**

   See TRICARE Policy Manual, Chapter 7, Section 22.1, 2.1.1.2.

   For care provided on or after July 26, 2017, the use of interactive telecommunications systems may be used to provide diagnostic and treatment services for otherwise covered TRICARE benefits when such services are medically or psychologically necessary and appropriate medical care.

2. **How can I confirm a CPT Code is approved for telemedicine?**

   Use the Military Health System CPT Code Lookup.

3. **What are the prescribing requirements for telemedicine?**

   See TRICARE Policy Manual, Chapter 7, Section 22.1, 2.1.4.

   The provider may prescribe pharmaceuticals in conjunction with a telehealth visit to the same extent as during an in-person visit. The contractor shall ensure the provider submits prescription(s) for pharmaceutical(s) that are medically or psychologically necessary and appropriate and prescribed by a licensed clinician who is directly involved in the patient's current telehealth episode of care.

4. **Can telemedicine providers prescribe controlled substances?**

   Telemedicine providers must abide by all applicable state and federal prescribing requirements for controlled substances, including the Ryan Haight Act.

5. **Can providers provide telehealth services for beneficiaries across state lines?**

   Requirements differ from state-to-state. Refer to respective state-specific guidance. All providers must abide by state-specific credentialing requirements.

Referrals

1. **When are referrals required for telemedicine?**

   All referral requirements for telemedicine are the same as referral requirements for in-person care. Requirements differ by benefit plan; however, per the TRICARE Policy Manual Chapter 7, Section 22.1, referrals are required for all active duty service members (ADSM). Providers can use the Referrals and Authorization Decision Support (RADS) tool to determine when a referral is required, which can be accessed on the provider portal at availity.com.

2. **How do I verify that a beneficiary is TRICARE eligible prior to delivering care?**

   Civilian providers can use the TriWest online RADS tool (available on the provider portal at availity.com) to determine if an approval from TriWest is required. See https://www.tricare.mil/Plans/Eligibility for more information on beneficiary eligibility.

   See Section 3.2 in the TRICARE West Region Provider Handbook for additional information on TRICARE Eligibility.

3. **How do I verify a referral exists for a beneficiary?**

   You can verify a referral exists for a beneficiary via the online referral management system on the provider portal at availity.com.

4. **If a referral/prior-auth doesn't exist for the services I'm providing to a beneficiary, can I submit one?**

   Please refer to Section 5 of the TRICARE West Region Provider Handbook for the latest information on TRICARE Referral and Authorization requirements.

   In general, TRICARE Prime active duty service member (ADSM) referrals must be initiated by the beneficiary's Primary Care Manager (PCM). If the beneficiary has an active referral, specialists can request additional services for the same episode of care.

   If an ADSM requires a referral, does not have a PCM, and requires urgent care, they can obtain a retroactive referral or contact the TRICARE Nurse Advice Line at 1-800-TRICARE, option 1.

   For mental health services, the rendering provider can submit a referral on behalf of the beneficiary if one does not exist, via the online referral management system on the provider portal at availity.com.

Claims/Billing

1. **How and when do I need to bill for telemedicine services?**

   All claims for TRICARE covered services must be submitted to PGBA for processing, in accordance with the TriWest 2025 TRICARE Provider Handbook. This must be done no later than one year (365 days) after services are provided or one year from the date of discharge for an inpatient admission.

   To ensure timely submission and payment, TriWest strongly recommends filing claims within 30 days of the date of service. The claim must be submitted to PGBA within 90 calendar days from the date of another health insurance adjudication.

2. **What is TriWest's Claim ID number for TRICARE?**

   99726

3. **Is cost share applicable for beneficiaries?**

   TriWest applies the appropriate cost sharing amount depending upon the beneficiary's benefit plan. This can be found at TRICARE Costs and Fees Sheet.

4. **What rates are leveraged for provider reimbursement?**

   All covered services will be paid according to the CMAC allowable fee schedule as detailed in the Provider Agreement.

Provider Trainings

1. **Are there telemedicine trainings I can take for TRICARE?**

   Yes. Providers can access telehealth training via the provider portal at availity.com. The training is titled *TRICARE: Telehealth and Telemedicine for TRICARE Providers-On-Demand Training.*

Telehealth Platform/Technology Requirements

1. **What platforms can I use to conduct telemedicine visits?**

   Platforms/technology used for telemedicine visits must meet the requirements outlines in the TRICARE Policy Manual, Chapter 7, Section 22.1, Sub-Section 2.2.1 Technical Requirements.

Reporting and Documentation

1. **What information do I need to document in the patient's medical record?**

   See TRICARE Policy Manual, Chapter 7, Section 22.1, Sub-Section 2.2.3.4 for information around what must be included for documentation of telemedicine encounters. Elements include but are not limited to provider and patient location for billing purposes.

Miscellaneous

1. **Where can I go to access more provider specific information on TRICARE?**

   See TriWest 2025 TRICARE Provider Handbook for more information.