

# TRICARE Non-Covered Services

The following list consists of excerpts from various TRICARE manuals, Code of Federal Regulations (CFR), and other sources. This list is not a comprehensive list of those services not covered by the TRICARE program and is subject to change by TRICARE Management Activity (TMA).

For additional information on whether specific services are covered, require a referral or an authorization, or require a medical necessity review, registered secure website users may consult the West Region Benefit Lookup Tool at [www.triwest.com/provider](http://www.triwest.com/provider).

- Abortion, unless the life of the mother would be endangered if the fetus were carried to term
- Acupuncture
- Air conditioners, humidifiers, dehumidifiers and purifiers
- All transportation except by ambulance\*\*
- All travel – *Note: See 32 CFR 199.17(p)(4)(vi) and the TRICARE Reimbursement Manual, Chapter 1, Section 30 for the exception for certain Prime travel expenses and non-medical attendants.*
- Alterations to living spaces or permanent features attached thereto\*\*
- Alternative medical care by non-certified providers
- Artificial insemination
- Autopsy and postmortem
- Biofeedback for behavioral health
- Breast implants for augmentation (cosmetic)
- Camping
- Chiropractic services
- Cold therapy devices
- Cosmetic surgery
- Court or governmental directed inpatient stays that are not medically or psychologically necessary
- Custodial care
- Dental prostheses (except for some directly related to surgical correction of a cleft palate abnormality)
- Dental care or oral surgery, except as specifically provided in 32 CFR 199.4(e)(10) or the TRICARE Policy
- Manual Chapter 4, Section 7.1 and Chapter 8, Section 13.1
- Diagnostic tests to establish paternity or determine sex of an unborn child
- Domiciliary care
- Educational or vocational counseling\*\*
- Electrolysis
- Elevators or chair lifts\*\*
- Employment-related physicals
- Enuretic conditioning programs
- Exercise equipment, spas, whirlpools, hot tubs, swimming pools or health club memberships
- Experimental procedures
- Eye exercises or visual training (orthoptics)
- Food, food substitutes, vitamins, or other nutritional supplements
- Hair transplants
- Hearing aids, except as provided for active duty Service members and active duty family members
- Hypnotherapy
- Housekeeping, homemaker or attendant services, sitter or companion
- Inpatient stays to control or detain a runaway child
- Intensive outpatient program
- Items of clothing or shoes
- Manual and basic electric breast pumps
- Medical devices: Non-FDA approved devices or devices used for non-FDA approved purposes
- Naturopathic services
- Non-prescription contraceptives



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## Non-Covered Services (cont.)

- Orthodontia/braces unless part of the medical or surgical correction of a severe congenital anomaly or when required in preparation for, or as a result of, physician-induced dental trauma
- Orthopedic shoes, arch supports, shoe inserts, and other supportive devices for the feet, including special-ordered, custom-made built-up shoes, or regular shoes later built up (except for diabetics who have some coverage)
- Personal comfort or convenience items
- Radial keratotomy, PRK, LASEK, LASIK
- Removal of corns or calluses
- Respite care\*\* – except for Primary Caregivers for AD/SMs
- Routine eyeglasses, spectacles, contact lenses, or other optical devices (except for specific medical conditions)
- Routine podiatry
- Self-help, academic education or vocational training services\*\* and supplies
- Services and supplies provided by nursing homes, intermediate care facilities, halfway houses, homes for the aged, or similar type of institution
- Services or supplies that are provided or prescribed by a member of the beneficiary's immediate family, or a person living in the beneficiary's or sponsor's household.
- Services and supplies that are not medically or psychologically necessary for diagnosis or treatment.
- Services or advice tendered by telephone in the absence of interactive audio and video telecommunication permitting real-time communication between physician and the TRICARE beneficiary
- Services or supplies provided under a scientific or medical study, grant, or research program
- Services payable under Workers' Compensation
- Sex therapy, advice, counseling, behavior modification, psychotherapy for mental disorders involving sexual deviation
- Smoking cessation drugs or programs
- Sterilization reversal
- Therapeutic absences from an inpatient facility
- Treatment of dyslexia
- Unproven procedures
- Wigs/cranial prosthesis not required as a result of treatment of malignant disease

*\*\*Active duty family members covered under the Extended Care Health Option (ECHO) program may have a limited benefit for these services.*

**Note:** *Military Treatment Facilities (MTFs) may authorize services for active duty Service members that are not covered benefits. In these circumstances, payment for the non-covered services will be allowed.*



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