

CHAPTER 11
SECTION 2.1

NONAVAILABILITY STATEMENT (DD FORM 1251) FOR INPATIENT
CARE AND OUTPATIENT AND INPATIENT MATERNITY CARE

Issue Date: February 16, 1983

Authority: [32 CFR 199.4\(a\)\(9\)](#) and [32 CFR 199.7\(a\)\(7\)](#)

I. DEFINITION

A valid Nonavailability Statement (NAS) is an official Department of Defense document (DD Form 1251 ([Enclosure 1](#))) issued by the commander (or a designee) of a Uniformed Services Medical Treatment Facility (MTF) which certifies that a specific medical service was not available to a beneficiary at, or through, the MTF at the time the beneficiary sought the service.

II. POLICY

A. A claim shall not be paid for nonemergency inpatient care rendered to a non-enrolled beneficiary who resided at the time the care was rendered within a U.S. Postal Service Zip Code area listed as a part of an MTF catchment area in the zip code directory, unless the NAS authorization resides on the Defense Enrollment Eligibility Reporting System (DEERS) or the claim is accompanied by a valid NAS or, in the case of an electronic media claim (EMC) or UB-92 claim, there is an endorsement on the claim that the NAS is on file with the provider. See [paragraph III. EXCEPTIONS](#), below.

B. A NAS for inpatient medical care in connection with covered or noncovered dental care is required only if the non-enrolled retiree or active duty, or retiree family member resides in a catchment area of certain MTFs designated to provide dental services to retirees and family members. The claim must also include preauthorization from the dental contractor for the hospitalization. Although the dental care may not be a TRICARE benefit, a NAS is required for any related medical condition.

C. A NAS is not an authorization for TRICARE benefits. A NAS in no way authorizes the listed service or services as a TRICARE benefit.

D. Requirements for NAS. The policy in effect at the time the care is rendered apply in determining the applicable requirements for the NAS. The authority for issuing a NAS is limited to an MTF commander (or the commander's designee). The DoD Instruction 6015.23, "Delivery of Healthcare at Military Treatment Facilities (MTFs)" applies to NASs.

E. NAS for Maternity Care. Effective for maternity episodes wherein the first prenatal visit occurs on or after October 5, 1999, for a beneficiary who lives in an MTF catchment area and who is not enrolled in TRICARE Prime, an NAS shall be required for TRICARE/

CHAMPUS cost-share of nonemergency health care services related to outpatient prenatal, outpatient or inpatient delivery, and outpatient postpartum care subsequent to the visit which confirms the pregnancy. Maternity services provided in a birthing center or at home shall also require an NAS. An NAS shall not be required for a beneficiary who has other health insurance for primary coverage. For maternity episodes wherein the first prenatal visit occurs between March 26, 1998, through October 4, 1999, an NAS shall be required for inpatient maternity care only (with no NAS requirement for outpatient prenatal or postpartum care). The maternity NAS shall be subject to the requirements of [paragraph II.A.](#)

F. NAS Validity.

1. A NAS is valid for a medically necessary hospital admission which occurs within 30 calendar days of issuance. The NAS shall remain valid from the date of admission until 15 days after discharge for any follow-on treatment which is directly related to the admission.

2. A NAS is valid for the adjudication of TRICARE claims for all related care otherwise authorized which is received from a civilian source while the beneficiary resided within the MTF catchment area which issued the NAS.

3. A NAS issued by a Command outside the United States is not valid for care in facilities which are located within the 50 states, Puerto Rico, or in the District of Columbia. Conversely, a NAS issued by an MTF in the U.S. is not valid outside the 50 states, Puerto Rico, or District of Columbia.

4. For maternity care, for the purposes of NAS validity, the date of admission is the date when the patient entered into the prenatal care program with a civilian provider. The maternity NAS should be issued no earlier than 30 days before the first prenatal visit. The maternity NAS shall remain valid until 42 days following termination of the pregnancy.

5. For newborn care, in the event that a newborn infant remains in the hospital continuously after the discharge of the mother, the mother's NAS shall be deemed valid for the infant in the same hospital for up to 15 days after the mother's discharge. Beyond this 15-day limit, a claim for nonemergency inpatient care requires a valid NAS in the infant's name.

6. In cases of multiple inpatient admissions for the same diagnosis, a NAS may be issued for an entire episode of treatment, valid for a one year period from the date of issuance, (e.g., inpatient chemotherapy or dialysis, etc.). In no case shall a NAS be valid for more than one year.

7. For validity of NASs for bone marrow and organ transplantation issued by specialized treatment service facilities, see [OPM, Chapter 19, Section 3.](#)

G. A retroactively issued NAS is issued only if the services listed could not have been rendered in the MTF, or it would have been medically inappropriate to have sought MTF admission at the time services were delivered in the civilian sector.

H. Knowledge of NAS requirement. A beneficiary is responsible for determining if a NAS is required for his or her area of residence and for obtaining one, if required, by first

seeking nonemergency care in the responsible MTF. The requirement for a NAS applies to any nonemergency care while the non-enrolled beneficiary is away from his or her residence.

I. Related Claims. A copy of the NAS valid for a specific inpatient admission is required for any inpatient services claim (institutional, professional or ancillary service claim) related to that admission or the claim must be associated with the previously submitted inpatient hospital claim and its required NAS.

III. EXCEPTIONS

A. When a beneficiary has “other insurance” that provides primary coverage, a NAS is not required for nonemergency services provided to a beneficiary who resides within an MTF catchment area. The conditions for applying this provision are:

1. The “other insurance” must be primary under the provisions of [Chapter 13, Section 12.1](#).
2. Documentation that the “other insurance” processed the claim and of the exact amount paid must be submitted with the TRICARE claim.
3. For NAS purposes, the “other insurance” must be a medical-hospital-surgical plan which at least covers inpatient hospitalization of the beneficiary.
4. When the mother's “other insurance” does not cover the newborn, a NAS will not be required for the first three days of newborn care. If a newborn becomes a patient in his or her own right, the NAS requirement applies.

B. Emergency. A NAS is not required to adjudicate a claim for a medical or psychiatric emergency. A medical emergency is the sudden and unexpected onset of a medical condition or the acute exacerbation of a chronic condition that is threatening to life, limb, or sight, and requires immediate medical treatment or which manifests painful symptomatology requiring immediate palliative efforts to alleviate suffering (pain associated with pregnancy or incipient birth after the 34th week of gestation are not emergency conditions). Examples include heart attacks, poisoning, convulsions, kidney stones, placenta previa, abruptio placenta, etc. A psychiatric emergency is a condition listed in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders which causes the beneficiary to pose an imminent risk to self or imminent danger to others.

C. CHAMPVA. Civilian Health and Medical Program of the Veterans Administration (CHAMPVA) beneficiaries are not subject to the NAS requirements since they are not eligible for MTF care.

D. Active-duty-mother's newborn. If an active duty service member is admitted and gives birth in a civilian hospital, a NAS for the infant is not required if the infant's stay does not exceed 3 days.

E. Illegitimate Newborn of Active-Duty or Retiree Father and Ineligible Mother. The NAS requirements for the illegitimate newborn (who qualifies as an eligible TRICARE

beneficiary) of an active-duty or retiree father and an ineligible mother are the same as for newborns of active-duty mothers.

F. Specific Programs.

1. A NAS is not required for care rendered by the following providers or programs:

External Resource-Sharing

Program for Persons with Disabilities (formerly known as Program for the Handicapped)

Residential Treatment Centers (RTC)

Skilled Nursing Facilities (SNF)

Student Infirmarys

Substance Use Disorder Rehabilitation Facilities (SUDRF)

G. NASs are not issued for care received by NATO family members (NATO personnel do not have Social Security numbers and are not usually listed in DEERS). TRICARE/CHAMPUS may cost-share covered care for NATO family members without an NAS, e.g., outpatient maternity care (prenatal care, home deliveries, postpartum care, etc.).

H. A NAS is not required for beneficiaries who are enrolled in TRICARE Prime even when these beneficiaries use the POS option.

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