

## AUTHORIZATION REQUIREMENTS

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### I. POLICY

Each TOP Regional Director may require authorizations. Such authorization requirements may differ between TOP regions. Beneficiaries and providers are responsible for contacting their TOP Regional Director or Health Care Finder for a listing of TOP regional authorization requirements. Unless otherwise specifically excluded in this chapter, the adjudication of the following types of care requires TOP authorization/preauthorization.

A. Program for Persons with Disabilities (PFPWD) (formerly known as Program for the Handicapped) must be preauthorized. The Managed Care Support Contractor (MCS) is responsible for preauthorization of PFPWD benefits overseas.

B. The Regional Director or designee shall preauthorize all outpatient psychotherapy beyond the eighth (8th) visit in a fiscal year when required.

C. TOP non-enrollees do not require pre-authorization/authorization for care except for stateside non-emergent inpatient mental health services (pre-admission and continued stay).

D. TOP enrollees are required to obtain authorization for care rendered in the following countries: Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey and the United Kingdom. Pre-authorizations/authorizations for non-remote overseas countries requiring authorization for care will be performed by the appropriate overseas Regional Director or designee.

E. TOP enrollees are required to obtain authorization for stateside non-emergent/non-urgent care. Pre-authorization/authorization for non-emergent/urgent stateside care required by TOP enrollee will be performed by the appropriate overseas Regional Director or designee.

F. Inpatient mental health pre-authorizations/authorizations will be performed by the MCS contractor for all TOP Standard and Prime enrollees stateside inpatient mental care.

G. TOP remote site care does not require authorization by the MCS contractor.

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