CHAPTER 1
SECTION 7.1

SPECIAL AUTHORIZATION REQUIREMENTS

ISSUE DATE: August 4, 1988
AUTHORITY: 32 CFR 199.4(a)(11) and 32 CFR 199.5(a)(4)

I. POLICY

Unless otherwise specifically excepted, the adjudication of the following types of care is subject to the following authorization requirements:

A. Adjunctive dental care must be preauthorized.

B. Program for Persons with Disabilities (formerly known as Program for the Handicapped) benefit must be authorized by the appropriate contractor.

C. Effective October 1, 1991, preadmission and continued stay authorization is required before nonemergency inpatient mental health services may be cost-shared (includes Residential Treatment Center care and alcoholism detoxification and rehabilitation). Effective September 29, 1993, preadmission and continued stay authorization is also required for all care in a partial hospitalization program.

D. Effective November 18, 1991, psychoanalysis must be preauthorized.

E. The Executive Director, TMA, or designee, may require preauthorization of admission to inpatient facilities.

F. For Prime enrollees, the contractor shall preauthorize all outpatient psychotherapy beyond the eighth visit in an enrollment period. For nonenrollees, all outpatient psychotherapy beyond the eighth visit in a fiscal year shall be preauthorized.

G. Each TRICARE Regional Managed Care Support (MCS) contractor may require additional care authorizations not identified in this section. Such authorization requirements may differ between regions. Beneficiaries and providers are responsible for contacting their contractor's Health Care Finder for a listing of additional regional authorization requirements.

NOTE: When a beneficiary has "other insurance" that provides primary coverage, preauthorization requirements in paragraph I.G. will not apply. Any medically necessary reviews the MCS contractor believes are necessary, to act as a secondary payor, shall be performed on a retrospective basis. The conditions for applying this exception are the same as applied to the NAS exception in Chapter 1, Section 6.1, paragraph III.A.

H. Provider payments are reduced for the failure to comply with the preauthorization requirements for certain types of care. See the TRICARE Reimbursement Manual, Chapter 1, Section 28.

- END -