

PRIMARY CARE MANAGERS

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I. POLICY

A. TRICARE prime enrollees shall select or have assigned to them primary care managers (PCMs) according to guidelines established by the Military Treatment Facility (MTF) Commander and Regional Director.

1. A PCM may be a network provider, or an MTF PCM by name/supported by a team. If a group practice is listed as a network provider, all members of the group practice must be TRICARE/CHAMPUS-authorized providers.

2. The following types of individual professional providers are considered primary care providers and may be designated PCMs, consistent with governing State rules and regulations: internists, family practitioners, pediatricians, general practitioners, obstetricians/gynecologists, physician assistants, nurse practitioners, and certified nurse midwives.

B. A TRICARE Prime enrollee must seek all his or her primary health care from the PCM with the exception of Clinical Preventive Services. If the PCM is unable to provide a primary care service, the PCM is responsible for referring the enrollee to another primary care provider. A TRICARE Prime enrollee must be referred by the PCM for specialty care or for inpatient care. Failure to obtain a PCM referral when one is required will result in the service being paid under Point of Service procedures with a deductible for outpatient services and cost-shares for in- and outpatient services.

C. The PCM is responsible for notifying the Health Care Finder (HCF) that a referral is being made. The Health Care Finder will assist the Prime enrollee in locating an MTF or network provider to provide the specialty care and in scheduling an appointment. Additionally, the Health Care Finder (or other designated contractor staff) will conduct a prospective review and authorize the service for which the referral was made, when appropriate.

II. EXCEPTIONS

PCM referral is not required for the following services:

A. Services provided directly by the PCM.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 1, SECTION 9.1

PRIMARY CARE MANAGERS

B. Emergency care;

C. The first eight sessions of mental health care in an enrollment period when provided by a network mental health provider. If the care is provided by a network provider, the claim is to be processed under TRICARE Prime rules. The network provider, however, shall notify the Health Care Finder (HCF) of the care and obtain authorization on behalf of the beneficiary. This authorization is only to permit claims processing and does not include or represent a clinical review. Point of Service cost-sharing applies only if the first eight sessions are provided by a non-network provider; and

D. Services provided as part of the comprehensive clinical prevention program offered to Prime enrollees.

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