

BENEFIT AUTHORIZATION

ISSUE DATE: July 3, 1997

AUTHORITY: [32 CFR 199.5\(h\)\(3\)](#)

I. POLICY

A. Except as provided in [paragraph I.B.](#), the Managed Care Support Contractor (MCSC) will provide the required authorization for requested services and items under the ECHO.

B. In the case of beneficiaries residing overseas, the Director, TRICARE Area Office (TAO) or designees are responsible for authorizing ECHO benefits.

C. The authorization is based upon the following:

1. The beneficiary is registered in the ECHO; and
2. The requested service or item is allowable as a ECHO benefit; and
3. The requested service or item meets the public facility use requirements when applicable.

D. The authorization shall specify the services by type, scope, frequency, duration, dates, amounts, requirements, limitations, provider name and address, and all other information necessary to provide exact identification of approved benefits. Claims can not be adjudicated without this information.

E. The authorization shall remain in effect until such time as the MCSC determines that:

1. The beneficiary is no longer eligible for the ECHO; or
2. The authorized ECHO service or item is no longer appropriate or required by the beneficiary; or
3. The authorized ECHO service or item becomes a benefit through the TRICARE Basic Program.

F. The MCSC or Director, TAO may waive the required written authorization for rendered services and items that, except for the absence of the written authorization, would be allowable as an ECHO benefit.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 4.1

BENEFIT AUTHORIZATION

I. G. The MCSC or Director, TAO may waive the required public facility use certification when such waiver is appropriate. See [Chapter 9, Section 5.1](#).

II. EFFECTIVE DATE September 1, 2005.

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