

AUTHORIZATION REQUIREMENTS

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I. POLICY

Each TOP TRICARE Area Office (TAO) Director may require authorizations. Such authorization requirements may differ between TOP regions. Beneficiaries and providers are responsible for contacting their TOP TAO Director or Health Care Finder (HCF) 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. Overseas Extended Care Health Option (ECHO) benefits must be authorized by the TOP TAO Director or designee, prior to receiving the ECHO benefit.

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

C. TOP Prime enrollees (other than TGRO/TPRC) 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. Determination of overseas countries requiring authorization for care will be made by the appropriate overseas TAO Director or designee.

D. TOP **Active Duty Service Member (ADSM)** urgent/emergent care received in the continental United States (CONUS) does not require authorization. Authorization is required for all non-emergent/urgent care received in CONUS, including non-emergent/urgent inpatient mental health care. TOP ADSM claims for non-emergent/urgent care obtained in CONUS should only be paid when accompanied by the appropriate payment authorization forms (SF1034 or NAVMED6320/10).

E. TOP enrolled **Active Duty Family Members (ADFM)**s are not required to obtain authorization for CONUS non-emergent/non-urgent care except for CONUS non-emergent/urgent inpatient mental health care.

F. For TOP Prime ADFMs and TOP Standard beneficiaries, CONUS non-emergent inpatient mental health pre-authorizations/authorizations will be performed by the mental health review contractor. Claims for drugs, radiological diagnostics (excluding **Magnetic Resonance Imaging (MRI)** and **Positron Emission Tomography (PET)** scans), and ancillary

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services obtained from OCONUS providers are exempt from the TOP authorization requirements.

G. TRICARE Global Remote Overseas (TGRO) and TRICARE Puerto Rico Contract (TPRC) healthcare contractor claims do not require authorization by the overseas claims processing contractor responsible for processing overseas claims.

H. Effective for dates of service **June 1, 2010**, Skilled Nursing Facility (SNF) care received in the U.S. and U.S. territories must be preauthorized for TRICARE dual eligible beneficiaries. The dual eligible contractor will preauthorize SNF care beginning on day 101, when TRICARE becomes primary payer.

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