

## Other Provider Certification

Issue Date: June 20, 1988  
Authority: [32 CFR 199.6\(d\)](#)  
Revision:

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### 1.0 ISSUE

How are other providers certified such as ambulance companies, laboratories, pharmacies, etc.?

### 2.0 POLICY

**2.1** Certifying authority. Each contractor is the certifying authority for the following categories of ancillary service or supply providers located within their geographical jurisdiction:

- Ambulance company.
- Independent laboratory.
- Medical equipment firm.
- Medical supply firm.
- Pharmacy.
- Portable x-ray service.
- Mammography suppliers.
- State Vaccine Programs or State Vaccine Program entities (SVPs) as suppliers of vaccines (see [Chapter 11, Section 9.2](#)).

**2.2** Vendors of medical supplies, vaccines, Durable Medical Equipment (DME), or Durable Equipment (DE) which are covered as a Basic Program or Extended Care Health Option (ECHO) benefit.

**2.2.1** The types of vendors which may be approved for medical supplies, vaccines, DME, or DE include, but are not limited to, the following:

**2.2.1.1** Any firm, supplier, or provider that is authorized under Medicare.

**2.2.1.2** Any commissary under the jurisdiction of the Defense Commissary Agency.

**2.2.1.3** Any Post Exchange, Base Exchange, or Station Exchange under the jurisdiction of:

- The Army/Air Force Exchange Service (AAFES); or
- The Department of the Navy; or
- The United States (U.S.) Marine Corps; or
- The U.S. Coast Guard.

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**2.2.1.4** Any civilian retail store.

**2.2.1.5** Any civilian retail pharmacy.

**2.2.1.6** An SVP that meets the requirements of [Chapter 11, Section 9.2](#).

**2.2.2** A photocopy of a printed receipt which identifies the vendor as an allowable type of vendor is sufficient evidence of provider status for those listed that are not Medicare-authorized.

**2.3** Ambulance company. An ambulance company may be approved as a provider when:

**2.3.1** The company meets the requirements of state and local laws in the jurisdiction in which the ambulance firm is licensed.

**2.3.2** The company provides:

**2.3.2.1** A photocopy of the company's current license to provide ambulance services; or

**2.3.2.2** A signed and dated statement on letterhead by an official of the organization operating the ambulance service stating that:

- There is no license requirement for the operation of an ambulance service within the geographic area served by the ambulance service; or
- That the organization is exempt from a license requirement for the operation of an ambulance service with an explanation of the legal basis for exemption.

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