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THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

11 May 98

MEMORANDUM FOR: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy for TRICARE Specialty Care Standards and Authorizations

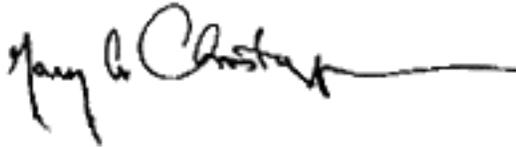
Recent Congressional interest and beneficiary feedback indicate that our TRICARE Prime specialty care referral processes and authorization requirements require clarification. This memorandum is to clarify policy to ensure TRICARE Prime enrollees obtain necessary specialty care and ancillary services in a timely manner.

The TRICARE program was designed so that the first priority for referral for specialty care or inpatient care is to the local military medical treatment facility (MTF). If the MTF does not have the capability to provide the needed care, or cannot provide the care within the required access standards, then the Health Care Finder (HCF) should authorize and assist in obtaining needed care from the TRICARE network of providers. The determination as to whether the MTF can provide the needed care should be made within one day of the request.

In addition, the TRICARE program does not require a separate authorization from the HCF for ancillary tests ordered by a military or civilian primary care manager (PCM) or for ancillary services rendered as part of an authorized specialty evaluation or treatment. In such situations, the specialty care itself was authorized and if, in the specialist's professional judgment, laboratory or radiology tests are required as a part of the specialty evaluation or treatment, those services are considered an extension of the care which has been authorized, and need not be individually and separately authorized by the HCF. The only exceptions are for those procedures, such as MRIs, that contractually require a specific medical necessity review.

This requires PCMs to provide care to the limits of the scope of their practice, and to carefully consider what evaluations, tests, and procedures will likely result from the referral, whether provided in the direct care system or civilian network. Before referring a beneficiary to the civilian network, MTF resources should be promptly evaluated and used to provide needed services in a medically acceptable timeframe. PCMs may need to discuss care with specialty providers before, during, and after the referral to ensure the patient's needs are being met.

Our intent is to streamline health care delivery for our TRICARE Prime beneficiaries. Our point of contact is Lieutenant Colonel Kathy Larkin at (703) 695-3323.



Gary A. Christopherson
Acting Assistant Secretary of Defense

HA Policy 98-036

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