

TRICARE Referrals and Authorizations 2013



TRICARE Prime & TRICARE Prime Remote

- Referrals are requests for specialty services or procedures that are not considered primary care
- Includes urgent care that is not provided by the primary care manager (PCM)
- Exceptions include emergency care, certain preventive and diagnostic services, and the first 8 behavioral health visits
- Military treatment facility (MTF) PCMs enter referral requests into the military health care system
- Civilian PCMs fax a *Health Net Federal Services (HNFS) TRICARE Service Request/Notification Form* to Health Net at 1-888-299-4181
 - The form is available on the HNFS web site: www.healthnetfederalservices.com
 - HNFS enters the referral into their system and then forwards it to the NMCP Referral Management Center (RMC), which enters it into the military system
- The appropriate specialty clinic reviews the referral entry
 - NMCP has right of first refusal (ROFR) for all referrals
 - If the specialty care **is** available at NMCP, the patient can schedule an appointment by calling the Hampton Roads Appointment Center (HRAC) at 1-866-645-4584
 - If the specialty care **is not** available at NMCP, the patient will be told when calling the HRAC that the care is being deferred to the civilian network, and the referral will be forwarded to HNFS
 - Within 7-10 business days, HNFS will send the patient an authorization letter with instructions on scheduling an appointment with a civilian specialist
 - The patient may call HNFS at 1-877-874-2273 for assistance before actually receiving the letter
 - The patient may then contact the civilian specialist's office to schedule an appointment
- The access-to-care (ATC) standard for scheduling an initial appointment for routine specialty care is 28 days
- ASAP or urgent specialty referral requests are usually coordinated doctor-to-doctor

TRICARE Extra/Standard, TRICARE Reserve Select, TRICARE Plus & TRICARE For Life (TFL)

- Non-Prime patients do not require referrals for most specialty care or certain diagnostic services (such as an MRI) if they get them from a civilian provider
- Patients with other health insurance (OHI), such as an employer health plan or Medicare, must follow their plan requirements; a review will be performed at the time the claim is submitted to TRICARE after payment by the OHI
- Non-Prime patients may receive specialty care at NMCP on a space-available basis; a referral request is needed
 - The patient's civilian doctor may fax a request for specialty or diagnostic services to the NMCP RMC at (757)953-9481
 - The RMC enters the referral into the military system
 - The applicable clinic will review the referral entry
 - If the requested specialty clinic at NMCP **does** have space available, an appointment will be scheduled when the patient calls the HRAC
 - If NMCP **does not** have space available, the patient will have to choose a civilian specialist

Prior Authorization - All TRICARE Beneficiaries

- When TRICARE is the primary payer, all TRICARE patients require prior authorization for certain services, such as:
 - Certain behavioral health care
 - Transplants except corneal transplants
 - Clinical trials
 - Home health care, home infusion therapy and hospice
 - Extended Care Health Option (ECHO) - ADFMs only
 - Adjunctive dental care including dental anesthesia

Active Duty Service Members (ADSMs)

- ADSMs require prior authorization for all inpatient admissions and outpatient facility care, and are required to obtain approval for most civilian care and services

Information and Assistance at Naval Medical Center Portsmouth

Beneficiary Counseling and Assistance Coordinators, Building 3, 3rd Floor, (757) 953-2610/2611
Hampton Roads Appointment Center, (866) 645-4584
TRICARE Operations, Marketing and Beneficiary Education, (757) 953-6153
TRICARE Service Center, Health Net Federal Services, Building 249, (877) 874-2273
www.med.navy.mil/SITES/NMCP/Pages/default.aspx