

## PREAUTHORIZATIONS

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### 1.0. GENERAL

Preauthorization review shall be performed for all care and procedures listed below. The *contractor* may propose additional authorization reviews. (See [Chapter 7, Section 1](#) for additional guidance.) The admissions/procedures are subject to change over time based upon the Government's assessment of the efficacy of the review. The changes will include adding and/or removing admissions/procedures. *When the beneficiary has other insurance that provides primary coverage, exception to the preauthorization requirements will apply as provided in the TRICARE Policy Manual, Chapter 1, Section 7.1, paragraph I.H. When the contractor is acting as a secondary payor any medically necessary reviews shall be performed on a retrospective basis.*

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**THE FOLLOWING INPATIENT ADMISSIONS WILL BE PREAUTHORIZED:**

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Adjunctive Dental

Mental Health

Substance Abuse

Organ and Stem Cell Transplants

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**THE FOLLOWING OUTPATIENT SERVICES WILL BE PREAUTHORIZED:**

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Adjunctive Dental

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**THE FOLLOWING SERVICES WILL BE PREAUTHORIZED IN ANY SETTING:**

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Program For Persons with Disabilities Services

Hospice

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### 2.0. INPATIENT MENTAL HEALTH

Inpatient mental health requires preauthorization. In the event that inpatient mental health services were not preauthorized, the contractor shall obtain the necessary information and complete a retrospective review. Penalties for failing to obtain preauthorization apply. NAS requirements also apply to inpatient mental health admissions.

### 3.0. EFFECTIVE AND EXPIRATION DATES

The preauthorization shall have an effective date and an expiration date. For organ and stem cell transplants, the preauthorization shall remain in effect as long as the beneficiary continues to meet the specific transplant criteria set forth in the TRICARE Policy Manual, or until the approved transplant occurs.

