

CHAPTER 11
SECTION 3.1

COOPERATIVE CARE

Issue Date: April 5, 1989

Authority: [32 CFR 199.1\(c\)\(2\)\(iv\)](#)

I. POLICY

A. Cooperative Care allows an active duty Uniformed Services attending physician and a TRICARE/CHAMPUS-eligible Military Health System beneficiary to cooperatively access civilian sources of medical services and items to facilitate efficient Military Treatment Facility (MTF) management of medically necessary care and minimum beneficiary cost.

B. The active duty Uniformed Service attending physician must provide the TRICARE/CHAMPUS-eligible beneficiary with a completed Department of Defense Form 2161 (Referral for Civilian Medical Care) at the time of the referral. Standard Form 513 (Medical Record Consultation Sheet) is not acceptable for Cooperative Care.

C. By the use of a Cooperative Care referral, the Uniformed Service attending physician certifies that:

1. The TRICARE beneficiary was advised that the referral for civilian medical care requires that the beneficiary pay a portion of the cost of the services and items for which the referral is being made, and
2. The services and items cannot be provided by the MTF, and
3. The MTF will promptly provide such Cooperative Care referral related medical information as the contractor requires to adjudicate resulting TRICARE/CHAMPUS claims.

II. EXCLUSIONS AND LIMITATIONS

A. Claims for Cooperative Care services and items are subject to all requirements, exclusions, and limitations of TRICARE/CHAMPUS Policy Manual and 32 CFR 199.

B. CHAMPVA claims are excluded from Cooperative Care.

C. Cooperative Care will not apply in those TRICARE regions, as the alternating financing provision is implemented.

III. POLICY CONSIDERATIONS

A. Each Military Treatment Facility (MTF) shall advise the contractor, in writing, of the name, duty telephone number, and usual duty hours of the MTF's Cooperative Care point-of-contact.

B. If an outpatient procedure requires an outpatient non-availability statement (ONAS) and it is also a cooperative care referral procedure, both the ONAS and DD Form 2161 are required.

C. For inpatient claims, if a claim indicates the referring or ordering provider is a Uniformed Service physician and a DD Form 2161 is not attached. The claim shall be referred to the cooperative care coordinator to determine if the services require a cooperative care form.

IV. EFFECTIVE DATE

Revision number 2 is effective June 30, 1993. Revision number 2 removed many limitations to the scope of cooperative care.

- END -