

CHAPTER 12  
SECTION 9.1

## TRICARE PRIME - PRIMARY CARE MANAGERS

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### I. POLICY

A. TRICARE prime enrollees shall select or have assigned to them primary care managers (PCMs) according to guidelines established by the Military Treatment Facility (MTF) Commander and Lead Agent.

1. A PCM may be an individual professional provider, a group practice, military clinic (including PRIMUS and NAVCARE clinics), treatment site, or other health care delivery arrangement that is either part of the MTF or is a member of the MCS contractor's civilian preferred provider network. If a group practice is listed as a network provider, all members of the group practice must be CHAMPUS-authorized providers.

2. The following types of individual professional providers are considered primary care providers and may be designated PCMs, consistent with governing State rules and regulations: internists, family practitioners, pediatricians, general practitioners, obstetricians/gynecologists, physician assistants, nurse practitioners, and certified nurse midwives.

B. A TRICARE Prime enrollee must seek all his or her primary health care from the PCM with the exception of care listed in [Chapter 12, Section 8.1](#), "Clinical Preventive Services." If the PCM is unable to provide a primary care service, the PCM is responsible for referring the enrollee to another primary care provider. A TRICARE Prime enrollee must be referred by the PCM for specialty care or for inpatient care. Failure to obtain a PCM referral when one is required will result in the service being paid under Point of Service procedures with a deductible for outpatient services and cost-shares for in- and outpatient services (refer to [Chapter 12, Section 10.1](#)).

### II. POLICY CONSIDERATIONS

A. The PCM is responsible for notifying the Health Care Finder (HCF) that a referral is being made. The Health Care Finder will assist the Prime enrollee in locating an MTF or network provider to provide the specialty care and in scheduling an appointment. Additionally, the Health Care Finder (or other designated contractor staff) will conduct a prospective review and authorize the service for which the referral was made. The Health Care finder will annotate the contractor's system to show that both an appropriate referral was made by the PCM and an authorization was issued for the care; this will permit the

services to be reimbursed under TRICARE Prime rules. If either the referral or the authorization is not performed, the service must be reimbursed under Point of Service rules, assuming the service would otherwise be covered under the provisions of TRICARE Standard.

B. MTF PCMs may be delegated authority by the MTF Commander or Lead Agent to authorize referrals within the MTF. All referrals to civilian providers and all referrals made by a civilian PCM must be made through the Health Care Finder and must receive Health Care Finder authorization.

C. See [Chapter 12, Section 4.1](#) for information on Health Care Finder services and [Chapter 12, Section 10.1](#) for information on the Point of Service option.

### III. EXCEPTIONS

PCM referral is not required for the following services:

A. Services provided directly by the PCM.

B. Emergency care;

C. The first eight sessions of mental health care in an enrollment period when provided by a network mental health provider. **If the care is provided by a network provider, the claim is to be processed under TRICARE Prime rules.** The network provider, however, shall notify the Health Care Finder (HCF) of the care **and obtain authorization on behalf of the beneficiary. This authorization is only to permit claims processing and does not include or represent a clinical review. Point of Service cost-sharing applies only if the first eight sessions are provided by a non-network provider** (refer to [Chapter 12, Section 4.1, paragraph III.](#)); and

D. Services provided according to [Chapter 12, Section 8.1](#), as part of the comprehensive clinical prevention program offered to Prime enrollees.

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