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The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: MILITARY TREATMENT FACILITY DIRECTED REFERRALS

CONREQ: 17500

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change mandates TRICARE Region Office (TRO) coordination and approval for Military Treatment Facility directed referrals for civilian care outside the MTF's catchment area and/or outside the region.

EFFECTIVE DATE: March 17, 2016.

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ATTACHMENT(S): 6 PAGES
DISTRIBUTION: 6010.56-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

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REMOVE PAGE(S)

CHAPTER 8

Section 5, pages 5 through 7

CHAPTER 15

Addendum A, pages 1 and 2

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Chapter 8, Section 5

Referrals/Preauthorizations/Authorizations

REQUIRED DATA ELEMENT*	DESCRIPTION/PURPOSE/USE
SERVICE (CONTINUED)	
Reason for Request	Provide preauthorization for outpatient treatment by the DVA for routine or urgent conditions while the active duty patient is in a terminal leave status.
Service 1 - Provider	Any DVA provider.
Service 1 - By Name Provider Request if Applicable - First and Last Name	DVA provider only.
Note 4: When issuing an authorization for the DVA to provide a Compensation and Pension (C&P) examination for a service member as required by Chapter 17, Section 2, paragraph 3.2.2 , the MTF shall make special entries for data elements as follows:	
Patient Primary Provisional Diagnosis	V68.01 - Disability Examination or Z02.71 - Disability Examination
Reason for Request	DVA only: Integrated Disability Evaluation System (IDES) C&P Examinations for Fitness for Duty Determination
Service 1 - Provider	Any DVA Provider
Service 1 - By Name Provider Request if Applicable - First and Last Name	DVA Provider Only
Service 1 - Service Quantity	Number of C&P Examinations Authorized
Special Instructions:	
This blanket preauthorization is only for routine and urgent outpatient primary medical care provided by the DVA while the patient is in a terminal leave status. Terminal leave for this patient concludes at midnight on DD MM YY. The referral in Note 4 shall be considered a blanket authorization for any DVA provider to conduct the authorized number C&P exams and associated ancillary services.	

6.1.1 The contractor shall use the CHCS generated order number (DMIS-YYMMDD-XXXXX) as a unique identifier. The first four digits of the UIN is the DMIS of the referring facility only. Using the unique identifier, the contractor will locate related referrals, authorizations, and claims. Contractor generated MTF reports shall be modified to accommodate the unique identifier and NPI as needed. The unique identifier shall also be used for all related customer service inquiries. UINs and NPIs will be attached to all MTF referrals and will be portable across all regions of care. The contractor shall capture the NPIs from the referral transmission report and forward the NPI to the referred-to provider on all referrals.

6.1.2 The MCSC where care is rendered will apply their best business practices when authorizing care for referrals to their network and will retain responsibility for managing requests for additional services or inpatient concurrent stay reviews associated with the original referral as well as changes to the speciality provider identified to deliver the care. The MCSC authorizing the care shall forward the referral/authorization information, including the range of codes authorized (i.e., Episode Of Care (EOC)) and the name, the NPI, and demographic information of the speciality provider to the MCSC for the region to which the patient is enrolled. If the patient is enrolled overseas, the MCSC will provide the same service and information required above to the TOP contractor. If a CONUS Prime retiree/retiree family member receives authorization to obtain care overseas from an MCSC, the MCSC shall forward the authorization information to the TOP contractor to ensure appropriate adjudication of the claim. Claims submitted by the provider will be processed by the MCSC or the TOP contractor according to [Chapter 8, Section 2](#).

6.1.3 The contractor shall screen the information provided and return, by fax or other electronic means acceptable to the MTF and the MCSC, incomplete requests within one business day. The return of a referral to the MTF is considered processed to completion. One business day is defined as the work day following the day of transmission at the close of business at the location of the receiving entity. A business day is Monday through Friday, excluding federal holidays.

6.1.4 The contractor shall verify that the services are a TRICARE benefit through appropriate medical review and screening to ensure that the service requested is reimbursable through TRICARE. The contractor's medical review shall be in accordance with the contractor's best business practices. This process does not alter the TRICARE Operations Manual (TOM), TRICARE Policy Manual (TPM), or TRICARE Systems Manual (TSM) provisions covering active duty personnel or TRICARE For Life (TFL) beneficiaries.

6.1.5 The MCSC shall advise the patient, referring MTF, and receiving provider of all approved referrals. The MTF single Point Of Contact (POC) shall be advised via fax or other electronic means acceptable to the MTF and the MCSC. (The MTF single POC may be an individual or a single office with more than one telephone number.) The notice to the beneficiary shall contain the unique identifier and information necessary to support obtaining ordered services or an appointment with the referred to provider within the access standards. The notice shall also provide the beneficiary with instructions on how to change their provider, if desired. If the MCSC is made aware the beneficiary changed the provider listed on the referral, the MCSC will make appropriate modifications to MTF issued referral (to revise the provider the beneficiary was referred to by the MTF). The revised referral shall contain the same level of data as the initial MTF referral. The revised referral will be issued to the current provider, with a copy to the MTF. For same day, 24-hour, and 72-hour referrals no beneficiary notification shall be issued. The MCSC shall notify the provider to whom the beneficiary is being referred of the approved services, to include clinical information furnished by the referring provider.

6.1.6 If services are denied, the MCSC shall notify the patient and shall advise the patient of their right to appeal consistent with the TOM. The MCSC shall also notify the referring single MTF POC by fax of the initial denial.

6.1.7 For services beyond the initial authorization, the MCSC shall use its best practices in determining the extent of additional services to authorize. The MCSC shall not request a referral from the MTF but shall provide the MTF, through the MTF's single POC, a copy of the authorization and clinical information that served as the basis for the new authorization.

6.1.8 Directed Referrals (CONUS Only)

6.1.8.1 The MCSC is responsible for establishing and maintaining an adequate network (Chapter 5, and TRM, Chapter 1, Section 1) to produce the best quality and outcomes for TRICARE beneficiaries. MTF directed referrals could impede the MCSC's ability to maintain and manage the network. Directed referrals are any provider generated by-name request for services. Directed referrals are expected to be rare; however, a description of appropriate circumstances is outlined in the MOU and the process for submitting directed referrals for services within the PSA will be contained within the MOUs between the MTFs, Enhanced Multi-Service Markets (eMSMs), TRICARE Regional Office (TRO), and MCSC.

6.1.8.2 Directed referrals for covered services to a non-network provider for services greater than 100 miles from the MTF require justification and coordination between the MTF and TRO prior to submission to and approval by the MCSC. This coordination process is contained within the MOUs between the MTFs, eMSMs, TRO, and MCSC. The MCSC will verify MTF/eMSM and TRO coordination prior to completing the referral/authorization as outlined in the MOU. MCSC may ask the TRO for guidance on any MTF or Network provider directed referral.

6.1.8.3 The MCSC will make and document appropriate determinations considering the justification provided by the MTF for directed referrals to non-network providers. The MCSC shall track and report MTF-directed referrals to the TRO as specified in the corresponding Contract Data Requirements List (CDRL).

6.2 Referrals From The Contractor To The MTF

Referrals subject to the ROFR provision from the civilian sector shall be processed as follows:

6.2.1 The MCSC shall fax, or send via other electronic means acceptable to the MTF and MCSC, the referral to the single MTF POC. The request shall contain the minimum data set described in [paragraph 6.1](#) (with the exception of the UIN) plus the civilian provider's fax number, telephone number, and mailing address. This data set shall be provided to the MTF in plain text with or without diagnosis or procedure codes. This transmission will generally take place within one business day. A business day is Monday through Friday, excluding Federal holidays.

6.2.1.1 Referrals to the MTF shall be classified as follows:

6.2.1.1.1 Urgent referrals are those that must be accepted or declined by the MTF within 90 minutes. If the MTF fails to respond within that time period, the referral is considered a passive denial and the patient is directed to the network by the MCSC.

6.2.1.1.2 Routine referrals are those that must be accepted or declined by the MTF within two business days. If the MTF fails to respond within that time period, the referral is considered a passive denial and the patient is directed to the network by the MCSC.

6.2.2 The MTF will respond via fax or other electronic means acceptable to the MTF and the MCSC as defined in [paragraph 6.2.1](#), to the single POC provided in the MOU by the MCSC. When no response is received from the MTF within the time frames specified above, the MCSC shall process the referral request as if the MTF declined to see the patient. The MCSC shall provide each MTF with a report of the number of referrals forwarded based on the ROFR provision.

6.2.3 ROFR requests will be forwarded for Prime beneficiaries if the MTF has indicated the desire to receive referral request based on specialty or selective diagnosis code or procedure codes, and/or enrollment category. ROFR requests shall be provided prior to the MCSCs medical necessity and covered benefit review to afford the MTF the opportunity to see the patient prior to any decision.

6.2.4 In instances where the MTF elects to accept the patient, the MTF will advise the MCSC as defined in [paragraph 6.2.1](#). The MCSC will notify the beneficiary of the MTF's acceptance and provide instructions for contacting the MTF to obtain an appointment.

7.0 EXIGENT CASES REQUIRING IMMEDIATE COORDINATION WITH REGIONAL OFFICE

In cases involving serious medical conditions or other instances where time is of the essence, the contractor shall initiate an expedited review and suspend case processing if the care does not satisfy TRICARE benefit criteria. The contractor shall notify the TRICARE Regional Office (TRO) as soon as possible of its findings and forward the entire case file to the TRO for review. The case shall remain suspended until the TRO notifies the contractor of the DHA's determination. The types of cases that may require immediate TRO coordination include, but are not limited to, the following:

- Life-threatening illness
- Rare disease
- Treatment of cancer patients
- Treatment of very ill children
- Organ transplant

- END -

Chapter 15

Addendum A

Model Memorandum Of Understanding (MOU)

Note: Model provided for example only. This is not intended to be all inclusive.

This Agreement is entered into this ____ day of 200__ by and between _____ (“Contractor”) and _____ (“MTF” or “Regional Director”).

This Memorandum of Understanding (MOU) describes the respective responsibilities of both parties under the Managed Care Support (MCS) program. This MOU reflects the actions expected to be taken by the Contractor and the Military Treatment Facility (MTF) Commander (or Regional Director) and the degree to which each party will consult with the other before taking certain actions. All actions executed within the scope of this MOU will be reflected as a change to the Regional Health Services Plan and coordinated with the Regional Director prior to implementation.

The MTF Commander (or Regional Director) will take certain actions without a requirement to consult with the Contractor. The Contractor shall be informed as expeditiously as possible of the Commander’s decisions on all these actions. These actions include:

- determining which enrollees will be assigned PCMs at the MTF;
- determining the types of specialty care cases to be referred to the MTF;
- establishing the utilization management and quality assurance procedures employed for case management cases of care delivered in both the direct and civilian care settings;
- changing MTF capabilities/staffing;
- referring their TRICARE Prime and Active Duty Service Member (ADSM) enrollees to a non-network civilian provider when it is clearly in the best interest of the Government and the beneficiary.

The MTF Commander (or Regional Director) will take certain actions only after receiving input from the Contractor. These activities include:

- changing the location of the TRICARE Service Centers (TRICARE overseas contract only); and
- acting on early TRICARE PRIME disenrollment requests.

The Contractor will take certain actions only after receiving input from the MTF Commander (or Regional Director). These include:

- developing beneficiary referral and reallocation patterns to the MTF (see Attachment A);

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Model Memorandum Of Understanding (MOU)

- developing external resource sharing agreements and clinical support agreements;
- developing the enrollment plan and procedures;
- developing TRICARE PRIME disenrollment procedures;
- changing TRICARE Service Center staffing levels (TRICARE overseas contract only); and
- conducting provider education programs.

The Contractor will take certain actions without a requirement to consult with MTF Commanders (or Regional Director). These are:

- meeting other contractual obligations specified in the Contractor's contract with the Department of Defense.

In witness whereof, the parties have executed this Memorandum of Understanding.

(Signature) (Date)

(Signature) (Date)

Printed Name and Title of
Contractor Representative

Printed Name and Title of MTF
Commander or Representative
(Not Required if this is a Regional
Director MOU)

Approved

(Signature) (Date)

(Signature) (Date)

Procuring Contracting Officer (PCO)

Printed Name and Title of Lead
Agent or Representative