



DEFENSE
HEALTH AGENCY

HPOB

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
16401 EAST CENTRETECH PARKWAY
AURORA, CO 80011-9066**

**CHANGE 177
6010.56-M
MARCH 29, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

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

**CHANGE TITLE: CORRECTION: CONTRACTOR HANDLING OF URGENT AUTHORIZATION
REQUESTS**

CONREQ: 17090

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This correction removes the language in TRICARE Operations Manual change 144, Chapter 8 Section 5, Paragraph 7.0, per the Decision Paper 'REMOVING LANGUAGE FROM THE TRICARE OPERATIONS MANUAL REGARDING EXIGENT CASES REQUIRING IMMEDIATE COORDINATION WITH THE REGIONAL OFFICES' approved on March 7, 2016.

Change 144 previously published on April 27, 2015.

EFFECTIVE DATE: March 7, 2016.

IMPLEMENTATION DATE: April 29, 2016.

ARENDALE.JOHN.LOUIS.II.1150775368
HN.LOUIS.II.1150775368
0775368
Digitally signed by
ARENDALE.JOHN.LOUIS.II.1150775368
DN: c=US, o=U.S. Government, ou=DoD,
ou=PKJ, ou=TMA,
cn=ARENDALE.JOHN.LOUIS.II.1150775368
8
Date: 2016.03.25 13:47:10 -06'00'

**John L. Arendale
Section Chief, Health Plan
Operations Branch (HPOB)
Defense Health Agency (DHA)**

**ATTACHMENT(S): 2 PAGES
DISTRIBUTION: 6010.56-M**

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

CHANGE 177
6010.56-M
MARCH 29, 2016

REMOVE PAGE(S)

CHAPTER 8

Section 5, pages 7 and 8

INSERT PAGE(S)

Section 5, pages 7 and 8

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.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 8, Section 5

Referrals/Preauthorizations/Authorizations

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.

- END -