



DEFENSE  
HEALTH AGENCY

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CHANGE 190  
6010.56-M  
AUGUST 1, 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: MILITARY TREATMENT FACILITY DIRECTED REFERRALS UPDATE**

**CONREQ:** 17989

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** TRICARE Operations Manual Change 170, published on 17 Feb 2016 introduced a policy change for Military Treatment Facility (MTF) directed referrals of greater than 100 miles to non-network providers be coordinated with the TRICARE Regional Offices (TROs) prior to submitting to the Managed Care Support Contractors (MCSCs). The intent of the policy was for referrals where treatment or surgical procedure or inpatient admission was expected to require justification from the MTF and coordination. It was not intended for the TROs to absorb all routine directed referrals nor to take on MCSC's functions of benefit and medical necessity reviews. The TROs have been overwhelmed into reviewing over 100 referrals a week as an unintended consequence of the policy change. This change will further narrow the MTF Directed Referrals that should be coordinated with the TRO and will also assure that the MCSC perform their required functions.

**EFFECTIVE DATE:** August 1, 2016.

**IMPLEMENTATION DATE:** September 1, 2016.

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

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**REMOVE PAGE(S)**

**CHAPTER 8**

Section 5, pages 7 and 8

**INSERT PAGE(S)**

Section 5, pages 7 and 8

**6.1.8.2** MTF directed referrals for initial services to a non-network provider greater than 100 miles from the MTF where specialized treatment, surgical procedure, and/or inpatient admission is expected or being requested require justification from the MTF to the MCSC and coordination between the MCSC and TRO prior to approval by the MCSC. This coordination process is contained within the MOUs between the MTFs, eMSMs, TRO, and MCSC. The MOU will also contain guidance on types of MTF directed referrals excluded from this policy. The MCSC will accomplish benefit review and medical necessity review as required by policy and then coordinate with the TRO prior to completing the referral/authorization. MCSC may ask the TRO for guidance on any MTF or network provider directed referral that meets the intent of this policy.

**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

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**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.

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