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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 99
6010.57-M
SEPTEMBER 19, 2013**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: ELIMINATION OF THE NON-AVAILABILITY STATEMENT (NAS) REQUIREMENT FOR NON-EMERGENCY INPATIENT MENTAL HEALTH CARE

CONREQ: 16539

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change eliminates the requirement that states a Non-Availability Statement (NAS) is needed for non-emergency inpatient mental health care in order for a TRICARE Standard beneficiary's claim to be paid. Currently, NAS are required for non-emergency inpatient mental health care for TRICARE Standard beneficiaries who live within a military treatment facility catchment area.

EFFECTIVE DATE: March 28, 2013.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TOM, Change No. 108, Feb 2008 TRM, Change No. 89, and Feb 2008 TSM, Change No. 54.

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**ATTACHMENT(S): 4 PAGE(S)
DISTRIBUTION: 6010.57-M**

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

CHANGE 99
6010.57-M
SEPTEMBER 19, 2013

REMOVE PAGE(S)

CHAPTER 1

Section 6.1, pages 1 through 4

INSERT PAGE(S)

Section 6.1, pages 1 through 4

Non-Availability Statement (NAS) (DD Form 1251) For Inpatient Care

Issue Date: February 16, 1983

Authority: [32 CFR 199.4\(a\)\(9\)](#) and [32 CFR 199.7\(a\)\(7\)](#)

1.0 DEFINITION

A valid Non-Availability Statement (NAS) is an official Department of Defense (DoD) Document (DD Form 1251 ([Figure 1.6.1-1](#))) issued by the commander (or a designee) of a Uniformed Services Medical Treatment Facility (USMTF) which certifies that a specific medical service was not available to a non-enrolled beneficiary at, or through, the Military Treatment Facility (MTF) at the time the beneficiary sought the service.

2.0 POLICY

2.1 Effective for admissions on or after December 28, 2003, the NAS requirement is eliminated except for mental health admissions. **For non-emergency inpatient behavioral health care, the NAS requirement is eliminated for admissions on or after March 28, 2013.** For overseas NAS procedures, authorization and referral requirements, including requirements for EWRAS, see the TRICARE Operations Manual (TOM), [Chapter 24, Sections 12, 17, and 18](#). An NAS is not an authorization for TRICARE benefits. An NAS in no way authorizes the listed service or services as a TRICARE benefit.

2.2 Requirements for NAS. The policy in effect at the time the care is rendered apply in determining the applicable requirements for the NAS. The authority for issuing an NAS is limited to an MTF commander (or the commander's designee). The DoD Instruction (DoDI) 6015.23, "Delivery of Health care at Military Treatment Facilities: Foreign Service Care: Third-Party Collection; Beneficiary Counseling and Assistance Coordinators (BCACs)" ([Figure 1.6.1-2](#)) applies to NAS **as determined by the Assistant Secretary of Defense (Health Affairs) (ASD(HA))**. See [paragraph 2.3.1](#).

2.3 Waiver To NAS Elimination Requirement

2.3.1 With the exception of maternity care, the ASD(HA) may require NASs when:

- Significant costs would be avoided by performing specific procedures at the affected MTFs, or
- Specific procedures must be provided at the affected MTFs to ensure proficiency levels of the practitioners, or
- The lack of NAS data would significantly interfere with TRICARE contract administration.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 6.1

Non-Availability Statement (NAS) (DD Form 1251) For Inpatient Care

2.3.2 In exercising the above authority, the ASD(HA) must give 60-day notice to the Armed Services Committees of the House and the Senate and publish a notice in the **Federal Register**. The MTF, the TRICARE Region, and the contractors must publicize any NAS requirements to the affected beneficiaries.

2.4 NAS Validity

2.4.1 An NAS is valid for a medically necessary hospital admission which occurs within 30 calendar days of issuance. The NAS shall remain valid from the date of admission until 15 days after discharge for any follow-on treatment which is directly related to the admission.

2.4.2 An NAS is valid for the adjudication of TRICARE claims for all related care otherwise authorized which is received from a civilian source while the beneficiary resided within the MTF catchment area which issued the NAS.

2.5 A retroactively issued NAS is issued only if the services listed could not have been rendered in the MTF, or it would have been medically inappropriate to have sought MTF admission at the time services were delivered in the civilian sector.

2.6 Knowledge of NAS requirement. A beneficiary is responsible for determining if an NAS is required for his or her area of residence and for obtaining one, if required, by first seeking nonemergency care in the responsible MTF.

2.7 Related Claims. A copy of the NAS is required for any inpatient services claim (institutional, professional or ancillary service claim) related to that admission or the claim must be associated with the previously submitted inpatient hospital claim and its required NAS.

3.0 EXCEPTIONS

3.1 When a beneficiary has Other Health Insurance (OHI) that provides primary coverage, an NAS is not required for nonemergency services provided to a beneficiary who resides within an MTF catchment area. The conditions for applying this provision are:

3.1.1 The OHI must be primary under the provisions of TRICARE Reimbursement Manual (TRM), [Chapter 4, Section 1](#).

3.1.2 Documentation that the OHI processed the claim and of the exact amount paid must be submitted with the TRICARE claim.

3.1.3 For NAS purposes, the OHI must be a medical-hospital-surgical plan which at least covers inpatient hospitalization of the beneficiary.

3.2 Emergency. An NAS is not required to adjudicate a claim for an emergency. See [Chapter 2, Section 4.1](#) to determine what constitutes an emergency.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 6.1

Non-Availability Statement (NAS) (DD Form 1251) For Inpatient Care

3.3 Specific Programs. An NAS is not required for care rendered by the following providers or programs:

- External Resource-Sharing
- Extended Care Health Option (ECHO)
- Residential Treatment Centers (RTCs)
- Skilled Nursing Facilities (SNFs)
- Student Infirmaries
- Substance Use Disorder Rehabilitation Facilities (SUDRF)

3.4 An NAS is not required for beneficiaries who are enrolled in TRICARE Prime even when these beneficiaries use the Point of Service (POS) option. Prime enrollees are subject to the referral and authorization requirement.

Note: Newborns born into Active Duty Service Member (ADSM) families or retiree families where one parent/family member is enrolled in TRICARE Prime are deemed enrolled in Prime for 60 days and no NAS is required for such newborns. The TRICARE Regional Director (RD) of each TRICARE Regional Office (TRO) and Deputy Director of each TRICARE Area Office (TAO) are granted the authority to extend the deemed period up to 120 days, on a case-by-case or regional basis.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 6.1

Non-Availability Statement (NAS) (DD Form 1251) For Inpatient Care

FIGURE 1.6.1-1 DD 1251 (SAMPLE)

UNIFORMED SERVICES MEDICAL TREATMENT FACILITY NONAVAILABILITY STATEMENT (NAS)		REPORT CONTROL SYMBOL
<i>Privacy Act Statement</i>		
AUTHORITY:	44 USC 3101, 41 CFR 101 et seq., 10 USC 1066 and 1079, and EO 9397, November 1943 (SSN).	
PRINCIPAL PURPOSE:	To evaluate eligibility for civilian health benefits authorized by 10 USC, Chapter 55, and to issue payment upon establishment of eligibility and determination that the medical care received is authorized by law. The information is subject to verification with the appropriate Uniformed Service.	
ROUTINE USE:	CHAMPUS and its contractors use the information to control and process medical claims for payment; for control and approval of medical treatments and interface with providers of medical care; to control and accomplish reviews of utilization; for review of claims related to possible third party liability cases and initiation of recovery actions; and for referral to Peer Review Committees or similar professional review organizations to control and review providers' medical care.	
DISCLOSURE:	Voluntary; however, failure to provide information will result in denial of, or delay in payment of, the claim.	
1. NAS NUMBER (Facility) (Yr-Julian) (Seq.No.)		2. PRIMARY REASON FOR ISSUANCE (X one)
		a. PROPER FACILITIES ARE TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER
3. MAJOR DIAGNOSIC CATEGORY FOR WHICH NAS IS ISSUED (Use code from reverse)		b. PROFESSIONAL CAPABILITY IS TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER
		c. PROPER FACILITIES OR PROFESSIONAL CAPABILITY ARE PERMANENTLY NOT AVAILABLE AT THIS FACILITY
		d. IT WOULD BE MEDICALLY INAPPROPRIATE TO REQUIRE THE BENEFICIARY TO USE THE MTF (Explain in Remarks)
4. PATIENT DATA		
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYMMDD)	c. SEX
d. ADDRESS (Street, City, State, and ZIP Code)		e. PATIENT CATEGORY (X one)
		(1) Dependent of Active Duty
		(2) Dependent of Retiree
		(3) Retiree
		(4) Survivor
		(5) Former Spouse
		f. OTHER NON CHAMPUS HEALTH INSURANCE (X one)
		(1) Yes, but only CHAMPUS Supplemental
		(2) Yes (List in Remarks)
		(3) No
5. SPONSOR DATA (if you marked 4e(3) Retiree above, print "Same" in 5a.)		
a. NAME (Last, First, Middle Initial)	b. SPONSOR'S OR RETIREE'S SOCIAL SECURITY NO.	
6. ISSUING OFFICIAL DATA		
a. NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE		d. PAY GRADE
		e. DATE ISSUED (YYMMDD)
7. REMARKS (Indicate block number to which the answer applies.)		