PREAUTHORIZATIONS

1.0. GENERAL

Preauthorization review shall be performed for all care and procedures listed below. The contractor may propose additional authorization reviews. (See Chapter 7, Section 1 for additional guidance.) The admissions/procedures are subject to change over time based upon the Government's assessment of the efficacy of the review. The changes will include adding and/or removing admissions/procedures. When the beneficiary has other insurance that provides primary coverage, exception to the preauthorization requirements will apply as provided in the TRICARE Policy Manual *(TPM)*, Chapter 1, Section 7.1, paragraph I.J. When the contractor is acting as a secondary payor any medically necessary reviews shall be performed on a retrospective basis.

THE FOLLOWING INPATIENT ADMISSIONS WILL BE PREAUTHORIZED:
Adjunctive Dental
Mental Health
Substance Abuse
Skilled Nursing Facility (SNF) care for TRICARE dual eligible beneficiaries **NOTE:** *Effective for dates of service* ***June 1, 2010****, SNF care received in the U.S. and U.S. territories must be preauthorized for TRICARE dual eligible beneficiaries. The TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) contractor will preauthorize SNF care beginning on day 101, when TRICARE becomes primary payer. For those beneficiaries inpatient on the effective date, a preauthorization will be required August 1, 2010.*
Organ and Stem Cell Transplants
THE FOLLOWING OUTPATIENT SERVICES WILL BE PREAUTHORIZED:
Adjunctive Dental
Mental Health Care after the *eighth* visit each fiscal year. Neither *Primary Care Manager (*PCM*)* nor Health Care Finder *(HCF)* referral is required; however, the *Managed Care Support Contractor (*MCSC*)* shall steer all beneficiaries who contact them to the *Military Treatment Facility (*MTF*)* or appropriate network provider. Additionally, the MCSC shall expound upon the benefits of using the MTF and network providers during all appropriate beneficiary and provider briefings. **NOTE:** Active *D*uty *S*ervice *M*embers *(ADSMs)* require preauthorization before receiving mental health services. The contractor shall comply with the provisions of Chapters 17 and 18 when processing requests for service for active duty personnel.

THE FOLLOWING SERVICES WILL BE PREAUTHORIZED IN ANY SETTING:
Extended Care Health Option (ECHO) Services
Hospice

2.0. INPATIENT MENTAL HEALTH

Inpatient mental health requires preauthorization. In the event that inpatient mental health services were not preauthorized, the contractor shall obtain the necessary information and complete a retrospective review. Penalties for failing to obtain preauthorization apply (see 32 CFR 199.15). *Non-Availability Statement (*NAS*)* requirements also apply to inpatient mental health admissions.

3.0. EFFECTIVE AND EXPIRATION DATES

The preauthorization shall have an effective date and an expiration date. For organ and stem cell transplants, the preauthorization shall remain in effect as long as the beneficiary continues to meet the specific transplant criteria set forth in the *TPM*, or until the approved transplant occurs.