

Chapter 1

Section 7.1

Primary Care Managers (PCMs)

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Revision:

1.0 POLICY

1.1 TRICARE Prime enrollees shall select or have assigned to them PCMs according to guidelines established by the Military Treatment Facility (MTF) Commander/Enhanced Multi-Service Market (eMSM) Manager and Director, TRICARE Regional Offices (TROs).

1.1.1 A PCM may be a network provider, or an MTF/eMSM PCM by name/supported by a team. If a group practice is listed as a network provider, all members of the group practice must be TRICARE-authorized providers.

1.1.2 The following types of individual professional providers are considered primary care providers and may be designated PCMs, consistent with governing State rules and regulations: internists, family practitioners, pediatricians, General Practitioners (GPs), obstetricians/gynecologists (OB/GYNs), Physician Assistants (PAs), Nurse Practitioners (NPs), and Certified Nurse Midwives (CNMs).

1.2 A TRICARE Prime enrollee must seek all his or her primary health care from the PCM with the exception of Clinical Preventive Services. If the PCM is unable to provide a primary care service, the PCM is responsible for referring the enrollee to another primary care provider. A TRICARE Prime enrollee must be referred by the PCM for specialty care or for inpatient care. Failure to obtain a PCM referral when one is required will result in the service being paid under Point of Service procedures with a deductible for outpatient services and cost-shares for in- and outpatient services.

1.3 The PCM is responsible for notifying the contractor that a referral is being made. The contractor will assist the Prime enrollee in locating an MTF/eMSM or network provider to provide the specialty care and in scheduling an appointment. Additionally, the contractor will conduct a prospective review and authorize the service in accordance with the contractor's best practices.

2.0 EXCEPTIONS

PCM referral is not required for the following services:

2.1 Services provided directly by the PCM.

2.2 Emergency care.

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2.3 Services provided as part of the comprehensive clinical prevention program offered to Prime enrollees.

2.4 The first eight outpatient mental health visits per beneficiary in a fiscal year do not require PCM or Health Care Finder (HCF) referral and do not require preauthorization. Mental health visits exceeding eight in a fiscal year require authorization, but do not require a referral. The authorization of outpatient mental health care after the first eight visits (visits nine forward) shall be in accordance with the contractor's best practices. This does not apply to mental health care received by active duty personnel. Mental health care for active duty personnel requires preauthorization. See [Chapter 7, Section 3.10](#).

Note: Service members require preauthorization before receiving mental health services. The contractor shall comply with the provisions of the TRICARE Operations Manual (TOM), [Chapters 16](#) and [17](#) when processing requests for service for active duty personnel.

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