

Referrals and Prior Authorizations

Referrals

Referral authorization requirements apply only to Prime enrollees. A referral from the primary care manager (PCM) and/or authorization from the health care finder (HCF) are required for Prime enrollees whenever they obtain non-emergency, non-mental health care from anyone other than their PCM.

When required referral authorizations are not obtained, Point of Service rules may apply. Exceptions to this rule occur when:

- A network provider is performing preventive services under the Enhanced Clinical Preventive Services Benefit.

Referral Guidelines

- Prime beneficiaries must always contact their PCM for a referral in advance of receiving any type of treatment outside of the PCM's office, except as otherwise stated above. If the beneficiary does not make contact with his/her PCM requesting a referral prior to treatment, payment may be denied or paid Point of Service.
- Referrals can be made by calling or faxing the health care finder at the Puerto Rico Call Center.

Tips for Making Referrals

- A referral from the PCM is needed for all care not rendered by the Prime enrollee's PCM. The health care finder can suggest network specialists to the PCM and must authorize the referral.
- When completing the referral, always have beneficiary sponsor's Social Security number, diagnosis and clinical data explaining the reason for the referral.
- Call the health care finder at the Puerto Rico Call Center for urgent referrals and always fax the referral authorization form to the HCF.
- When the care is authorized, the health care finder will send the referral by AutoFax to the PCM and the referred-to physician.
- The specialist does not attach the referral to the claim.
- The PCM should give the beneficiary appropriate medical documentation (i.e., testing, diagnostic, lab, X-ray results, etc.) for the specialty appointment.
- The referral will clearly specify the services authorized-by number of visits and timeframe within which treatment must be completed.
- If services needed are beyond the scope of the initial referral authorization, additional services must be approved through the primary care manager (except for behavioral health).
- The beneficiary is notified of an approved referral by HMHS.

Out-of-Area Care

Emergency Care

Cases of true emergencies are covered for TRICARE beneficiaries traveling away from home, whether they are in or out of their TRICARE region.

Non-emergency Urgent and Routine Care

Non-emergency urgent care and routine care for Prime patients traveling out of their PCM's area is covered under the Point of Service benefit, if no referral is obtained.

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Out-of-Area Care (continued)

Claims Filing

Claims for TRICARE Prime enrollees from other regions should be sent to the fiscal intermediary for their home region. Providers may call the toll free number on the patient's identification card to obtain correct billing information and procedures.

Prior Authorizations for Inpatient Care and Outpatient Procedures

Prior authorization is required for some procedures and inpatient hospital admissions, including inpatient rehab and skilled nursing facilities. Prior authorizations are based on medical necessity and are not a guarantee of payment.

Provider penalties may be applied when a TRICARE provider fails to obtain an approved authorization or exceeds the scope of an approved referral/authorization. The patient cannot be billed for these amounts. To avoid penalties, be sure that the necessary authorization or referral has been obtained, and be aware of exactly what services were approved.

TRICARE Puerto Rico Prior Authorization Requirements

Outpatient	Inpatient
Adjunctive Dental	Adjunctive Dental
Hospice	Hospice
	Mental Health and Substance Abuse
	Organ and Stem Cell Transplants

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