

Traveling Stateside with TRICARE Overseas

Getting hurt during vacation or while PCSing is never fun. But getting stuck with the hospital bill just adds salt to the wound. Vacation and PCS season is now in full swing. During this time, many people head back to the United States for extended visits or transition to their next duty station. Oftentimes it is thought that routine care can be taken care of while “back home” in America, but that is not necessarily true. The requirement to receive pre-authorization before seeking non-emergent care has been and continues to be TRICARE policy. It is important for TRICARE Overseas Program (TOP) beneficiaries to understand their TRICARE benefit in order to avoid any unnecessary out-of-pocket expenses.

Routine care and urgent care (i.e. care that needs to be seen within 24 hours) require pre-authorization before treatment is rendered. In both cases, your primary care manager (PCM) will need to be contacted for a referral. Obtaining care before getting proper authorization will result in a denied claim and point-of-service charges for the beneficiary.

Generally, routine care is not authorized while a TOP Prime enrollee is outside their Prime Service Area. It is recommended that routine care be completed before leaving the Naples area or upon your return from your trip. Only under unusual circumstances – and on a case-by-case basis – will routine care be considered for authorization stateside. In these situations, care must be coordinated with your medical team well in advance of leaving the area.

If you are transitioning to your next duty station, you will remain enrolled to your current PCM until you enroll with your new PCM at your new duty station. Should anything come up during this transition period, you should contact your PCM for non-emergent care concerns.

The basic rule of thumb is if routine care can be obtained in the local network where you are enrolled, it should be received in that network – not outside of it.

Emergency care does not require a pre-authorization, but beware there are new kinds of “Emergency Centers” popping up in the United States, which may not be a TRICARE-covered facility. Free-standing emergency rooms that are not affiliated with a hospital may not be TRICARE-authorized. If a provider is not authorized, then TRICARE is prohibited from paying the “facility fees.” This can leave a beneficiary stuck with a big bill. It would be prudent to “know before you go” and check a free-standing ER’s TRICARE status – before emergency care is needed. This can be done by calling the TRICARE contractor in that region. Beneficiaries who seek care at a free-standing ER need to ask if the facility is affiliated with a hospital-based emergency department. If it isn’t, the beneficiary will need to make a decision about getting care elsewhere or being responsible for the facility charges.

You should always contact the TOP Regional Call Center for guidance when care is required when you are away from your PCM. The number for the Europe Call Center is +44-20-8762-8384. But if you are stateside, the toll-free number is 1-877-678-1207.