

[\[Categorical Listing\]](#) [\[Numerical Listing\]](#)

This policy clarifies HA Policies [94-005](#) and [96-025](#) and is clarified by HA Policy [98-031](#)



THE ASSISTANT SECRETARY OF DEFENSE  
WASHINGTON, DC 20301-1200

22 April 97

MEMORANDUM FOR                      SURGEON GENERAL OF THE ARMY  
   SURGEON GENERAL OF THE NAVY  
   SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Clarification of Mental Health Utilization Review Policies

Reference: ASD(HA) [Policy 94-005](#), "Utilization Management (UM) Activities in the Direct Care System under TRICARE," November 23, 1994  
ASD(HA) [Policy 96-025](#), "Updated TRICARE Policy Guidelines," January 29, 1997

I am aware of differing interpretations across regions with respect to utilization and peer review for mental health services. This memorandum provides clarification for two areas where policy interpretation has been inconsistent.

Screening criteria developed by HMSI are used by first level reviewers to determine appropriateness of proposed level/intensity of services. When proposed treatment is not consistent with that suggested by criteria, the case should be forwarded to a physician for evaluation. At no time should level of care be negotiated at the first level of review. Approval of care or referral to second level review are the only alternatives available to first level reviewers.

It has also become apparent that different interpretations of the HMSI criteria are being applied with regard to residential treatment center (RTC) admission decisions. Admission to a RTC does not require prior treatment failure at a lower level of care. Prior treatment failure should be one of many factors considered in these decisions, not the determining factor. Please refer to HMSI criteria for specific admission requirements.

Use of review criteria provides a tool for first level screening and highlights complex cases requiring physician review and evaluation. Physician reviewers render second level review and reconsideration determinations using appropriate tools and available information in addition to his/her professional judgement about the psychological or medical necessity of care. Proposed level or intensity of service may only be denied or negotiated by a physician.

Lead Agents should carefully review existing regional programs for compliance in these matters. My point of contact for this effort is CDR John Sentell, MC, USN, who may be reached at telephone (703) 697-8975.



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Acting Assistant Secretary of Defense

**HA POLICY 97-046**

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