

How to Submit Request for **INITIAL** Pre-Authorization of Inpatient or Outpatient Medical Care at a VA Facility under DVA/DoD Memorandum of Agreement (MOA) to DHA-GL

NOTE - This process guides references how to submit an **INITIAL** Request for Pre-Authorization of Inpatient or Outpatient Medical Care at a VA Facility under DVA/DoD Memorandum of Agreement (MOA) for Active Duty Service Members with SCI, TBI and/or Blind Diagnoses to Defense Health Agency Great Lakes DHA-GL.

Who this is for MTF Nurse Case Managers or Social Work Case Managers who manage care for Active Duty Service members with Spinal Cord Injury, Traumatic Brain Injury, and/or Blindness

Purpose Defense Health Agency Great Lakes [DHA-GL/MMSO] is responsible for pre-authorization of all VAMC medical care for Active Duty Service Members accepted under the DVA/DOD Memorandum of Agreement for SCI, TBI, and/or Blind diagnoses.

Eligibility Active Duty Service Member must meet the following criteria:

- ADSM from Air Force, Army, Navy, or Marines who is enrolled in TRICARE Prime OR Prime Remote [MOA does not apply to Coast Guard, Public Health Service, or National Oceanic and Atmospheric Administration, and members on LOD].
- ADSM must show current Active Duty eligibility in DEERS.
- ADSM must at least have one of the following primary diagnoses of Spinal Cord Injury, Traumatic Brain Injury, and/or Blind to meet the qualifying criteria to receive services under the DVA/DOD MOA for care.
- ADSM may receive Polytrauma medical care under MOA only if it accompanies one of the qualifying diagnoses of SCI, TBI, or Blind. PRIMARY DX must be SCI, TBI, and/or BLIND

Before Referral to DHA-GL A. MTF Case Manager confirms the following:

Step	Case Manager Confirms
1	Active duty service member sustains a diagnosis of qualifying injury of SCI, TBI, Blindness. Polytrauma is only included in conjunction with a qualifying injury.
2	MTF contacts VAMC in accordance with MOA guidance for acceptance. See Tricare Operations Manual [TOM]. Chapter 17 Addendum D http://manuals.tricare.osd.mil/DisplayManualPdfFile/TO08/141/AsOf/T008/c17adD.pdf
3	VAMC has 3 days to accept or decline admission of patient
4	MTF receives acceptance for patient admission to VAMC <ul style="list-style-type: none"> a. Case Manager contacts Patient Administration for GPMRC movement b. MTF authorizes (through Tricare) ground transports from airfield to VAMC

Filing

B. Follow these steps to receive pre-authorization for VA medical care, and begin involvement of DHA-GL MOA TEAM :

Step	
1	MTF Case Manager contacts DHA-GL/ MMSO via encrypted email or fax for authorization # for admission to accepting VAMC. <ul style="list-style-type: none"> a. For service member's last name beginning with letters A-L, contact DOD/VA MOA Nurse Consultant @ 888-647-6676 ext. 1276603; Fax 847.688.6369. b. For service member's last name beginning with letters M-Z, contact DOD/VA MOA Nurse Consultant @ 888-647-6676 ext. 1276734; Fax 847.688.6369.

Step	
2	<p>MTF Case Manager completes Referral & Authorization for SCI/TBI/Blind Rehab—DHA-GL Worksheet-07 (select from drop-down box under Request Worksheets).</p> <ol style="list-style-type: none"> a. PLEASE NOTE: ANY INCOMPLETE PACKET WITHOUT COMPLETED DHA-GL WORKSHEET FORM 07 AND APPROPRIATE CLINICAL DOCUMENTATION CANNOT BE PROCESSED. NO DHA-GL AUTHORIZATION NUMBER CAN BE GIVEN UNTIL COMPLETE PACKET IS RECEIVED. b. MTF must provide the following information to DHA-GL: <ol style="list-style-type: none"> i. DEERS updated to show stateside enrollment (if member was overseas) ii. Clinical information will be accepted by fax, or <i>only encrypted</i> email iii. <i>Concise</i> H & P, Narrative Summary or Discharge Summary which includes DOI and mechanism of injury. (Please DO NOT send medication sheets, progress notes, therapy notes, nurses notes) iv. Complete Sections I and II of DHA-GL Worksheet 7, except DHL-GL Authorization number v. Designate MTF Case Manager responsible for following through MEB (this could be a CBWTU/ WWBde or CCU Case Manager) [Item 9A] vi. Referring facility—Name and phone number of MTF case manager referring and following service member. This is not the civilian facility where patient may be temporarily located [Items 11 & 11A] vii. Accepting facility—Accepting VAMC and accepting VAMC case manager name and phone number. [Items 12 & 12A] viii. ICD-9 and/or 10 codes that reflects placement in SCI, TBI, or Blind program. Also, ICD-9 and/or 10 codes for any co-morbid Polytraumatic injury. [Item 13 Diagnosis] ix. Elect Inpatient or Outpatient Admission. PLEASE do not forget to include the ADMISSION DATE-Inpatient or the Dates of Services-Outpatient to the VAMC. [Item 14 Type of Care] x. Designate type of Services being requested [Item 15 Services]: <ol style="list-style-type: none"> a. TBI/ Polytrauma Rehabilitation b. PREP-Post Deployment Rehabilitation & Evaluation Program c. PTRP-Polytrauma Transitional Rehabilitation Program d. Spinal Cord Injury Rehabilitation e. Blind Rehabilitation xi. Provide Federal Recovery Coordinator’s name and phone #, if assigned.

Results and Follow-up Upon receipt of the above referenced documents by fax or encrypted email at DHA/GL, then the DOD/VA MOA Nurse Consultant will:

Step	
1	Review information and provide authorization number within two business days from receipt of complete information.
2	Fax completed DHA-GL Authorization to Managed Care Support Contractor [TRICARE] where patient is enrolled.
3	Send completed DHA-GL Authorization by faxed or encrypted email to MTF.

MTF Responsibility It is MTF's responsibility to fax authorization to VAMC Case Manager where patient will be admitted-closing the loop for all parties.

If the MFT Case Manager has not heard from DHA-GL within two business days, contact DHA-GL MOA Department.

Website

[Referral & Authorization for SCI/TBI/Blind Rehab—DHA-GL Worksheet-07](#) (select from drop-down box under Request Worksheets).

Point of Contact

If you have questions or need additional assistance beyond the information provided here, contact:

Division	Medical Care Branch
Position	Customer Contact Representative or MOA Team Member
Phone	888-647-6676
Fax	847-688-6369

Privacy Act Statement: This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpclid.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.