

How to Submit a Request for Pre-authorization for Line of Duty (LOD) Medical Care to DHA-GL

Who this is for National Guard and Reservist

Background and Purpose Defense Health Agency Great Lakes (DHA-GL) is responsible for pre-authorizing all civilian medical care for eligible National Guard and Reservist who have been injured or became ill in the line of duty during a period of qualified duty and **are not in the catchment area** of a Military Treatment Facility (MTF).

Eligibility You must meet the following criteria:

- National Guard or Reservist and have been issued a Line of Duty Determination (LOD) and are not in the catchment area of a MTF.
- Have medical eligibility documentation on file at DHA-GL prior to requesting care. See DHA-GL process guide “How to Forward Medical Eligibility Documentation to DHA-GL” for complete instructions.

Filing Process Follow these steps to receive pre-authorization for civilian health care:

Step	Action
1	Member or unit medical representative finds a Network Provider who can provide the care. NOTE: Call your Regional TRICARE Contractor or www.tricare.mil/welcome to locate a Network Provider.
2	Unit medical representative completes a Pre-Authorization Request for Medical Care DHA-GL Worksheet-02 (located at the end of this section or listed under Request Worksheets). Most authorizations will be completed for evaluate and treatment. If evaluate and treatment may not be warranted in a certain case, please contact DHA-GL. Exceptions to evaluate and treatment authorization will be considered on a case by case basis.

Step	Action
3	<p>Unit medical representative <u>faxes</u> or mails DHA-GL Worksheet-02, service approved LOD, clinical documentation, profile information (if applicable) and DHA-GL Worksheet-06 (if applicable) to the following <u>FAX</u> or address:</p> <p>NOTE: <u>All Army National Guard and Army Reserve</u> requests are required by the National Guard Bureau and OCAR to be submitted by the Electronic Medical Processing System (eMMPS/MedChart). Ref: NGB-ARP memo, dtd 3 Feb 06, subj: Army National Guard (ARNG) Line of Duty (LOD) Module. ARNG LOD Module at https://medchart.ngb.army.mil/LOD.</p> <ul style="list-style-type: none"> • FAX: 847-688-7394 <p><u>Mailing Address:</u> Defense Health Agency Great Lakes (DHA-GL) Attn: Medical Pre-Authorizations Bldg 3400 Ste 304 2834 Green Bay Road Great Lakes IL 60088</p>

Line of Duty (LOD) Episode of Care (EOC) Authorizations

Effective 09-04-2018 for the TRICARE East region and 11-15-2018 for the TRICARE West region, most LOD follow-on care pre-authorizations issued by THP MMSO (Defense Health Agency, Great Lakes) are 180 day EOC authorizations. These are defined as a authorizations for evaluation and treatment of a specific LOD medical condition to include diagnostic tests, durable medical equipment support, treatment (to include surgery, if indicated) and any required/related follow on care to include physical therapy, follow-on testing, etc. There is no longer a requirement for incremental requests to authorize care for each step in the treatment process. EOC authorizations result in a better coordinated treatment process for the RC service member and reduces delays in providing needed care.

Under EOC, often referred to as “Primary Care Manager (PCM) evaluate and treat,” the PCM manages the entire episode of care to include diagnostics, treatment and follow-on care. The PCM initiates the referral/preauthorization request directly to the respective TRICARE managed care support contractor through the provider referral/authorization portal. Once the TRICARE contractor receives the referral, they provide an authorization directly to a specialty provider for the specialty services requested by the PCM. This process occurs independently of THP MMSO and the Unit. The member and/or the unit may see these authorizations once completed on the TRICARE Contractor’s authorization self-service portal (East: www.humana-military.com West: www.tricare-west.com). **It is the Service member’s responsibility to keep the Unit informed on the status of their care throughout the entire EOC treatment process.**

After the initial six month authorization period is completed, if more care is needed, the RC service member should inform their Unit. The Unit may, then, request another 180 day EOC authorization from THP MMSO.

How to Submit a Request for Pre-authorization for LOD Medical Care

There may be rare occasions when the initiation of a short-term incremental authorization for a specific diagnostic evaluation, test, or procedure may be warranted. These cases will be reviewed and authorized by THP MMSO on a case-by-case basis.

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

Section	Military Medical Support Office
Position	Customer Service Representative
Phone	888-647-6676
	For questions about:
Billing/Claims	Dial option 2 then option 3
Pre-authorizations	Dial option 1 then option 3
Fax	847-688-6460 or 847-688-7394

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://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html. 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.

PRE-AUTHORIZATION REQUEST FOR MEDICAL CARE: RESERVE COMPONENT

Instructions: Member or unit representative completes Sections I and II. Unit representative completes and validates Section III, then faxes or mails this form and supporting documentation to DHA-GL.
Complete ALL Blocks

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the Defense Health Agency Great Lakes 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. 552a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpclid.defense.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures 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.

PRE-AUTHORIZATION REQUEST FOR MEDICAL CARE: RESERVE COMPONENT

Instructions: Member or current unit representative completes Sections I and II. Unit representative completes and validates Section III; faxes or mails this form and supporting documentation to DHA-GL.
COMPLETE ALL BLOCKS

Section I Member Data

1. Branch of Service: <input type="radio"/> USAR <input type="radio"/> USNR <input type="radio"/> USMCR <input type="radio"/> USAFR <input type="radio"/> ARNG <input type="radio"/> ANG <input type="radio"/> USCGR		
2. Name (Last, First, MI):	3. Rank or Grade:	4. Full SSN:
5a. Address (street, apt #, city, state, & zip):	6. DOB (YYMMDD):	7. Phone # (include area code):
5b. Member email address:	8. TRICARE Region <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown	

Section II Pre Authorization Request

9. Date of injury/illness (YYMMDD):	10. Duty Dates (YYMMDD):	
	10a. From:	10b. To:
11. Diagnosis (Include ICD-10 Code):		
12. Sent eligibility documents to DHA-GL on: _____. If not sent, check which documents are attached (one or both): <input type="radio"/> Line of Duty form (LOD) <input type="radio"/> Orders/Attendance Roster.		
13. List needed follow-up care or durable medical equipment (include CPT/HCPCS codes):		
14. Is a Medical Board in Process? <input type="radio"/> Yes <input type="radio"/> No If yes, note start date and Military Hospital/Clinic name:		

Section III Current Unit Certification of Eligibility

15. Name of the nearest Military Treatment Facility which is _____ miles from the member's. <input type="checkbox"/> Place of duty or <input checked="" type="checkbox"/> Residence		
16a. Unit Name & Address (Unit name, staff symbol, code, etc.):	16b. Unit UIC/OPFAC:	
17a. Unit POC - Medical Rep/Unit Administrator(Name, Rank and Title):	17b. POC Phone # (include area code):	
17c. Unit POC United States Department of Defense email address (.mil):		
18. Certification: I certify this individual is eligible for this care at government expense (CO or Medical Rep. signature):		
Signature	Printed Name:	Date:

STOP Include all required documents! **FAX or Mail Information:**

<p style="text-align: center;"><u>You must attach the following:</u></p> <p style="text-align: center;">Service Approved LOD and Clinical Documentation</p> <p style="text-align: center;">Documents must match or cover the dates in block 9 above</p>	<p>FAX this form/attachments to:</p> <p style="text-align: center;">847-688-7394 or 6369 OR</p> <p>MAIL this form/attachments to:</p> <p>Defense Health Agency Great Lakes (DHA-GL) Attn: Reserve Eligibility 2834 Green Bay Road Ste 304 Great Lakes, IL 60088</p>
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