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:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Member or unit medical representative</strong> finds a Network Provider who can provide the care. NOTE: Call your Regional TRICARE Contractor or <a href="http://www.tricare.mil/welcome">www.tricare.mil/welcome</a> to locate a Network Provider.</td>
</tr>
<tr>
<td>2</td>
<td>Unit medical representative completes a <strong>Pre-Authorization Request for Medical Care</strong> 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.</td>
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<th>Step</th>
<th>Action</th>
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<tbody>
<tr>
<td>3</td>
<td>Unit medical representative faxes 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 FAX or address:</td>
</tr>
</tbody>
</table>

**NOTE:** All Army National Guard and Army Reserve 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](https://medchart.ngb.army.mil/LOD).

- **FAX:** 847-688-7394

**Mailing Address:**
Defense Health Agency Great Lakes (DHA-GL)
Attn: Medical Pre-Authorizations
Bldg 3400 Ste 304
2834 Green Bay Road
Great Lakes IL 60088

**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 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](http://www.humana-military.com) West: [www.tricare-west.com](http://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:

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

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.
**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://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx](http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx).

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**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:**
   - USAR
   - USNR
   - USMCR
   - USAFR
   - ARNG
   - ANG
   - USCGR

2. **Name (Last, First, Mi):**

3. **Rank or Grade:**

4. **Full SSN:**

5. **Address (street, apt #, city, state, & zip):**

6. **DOB (YYMMDD):**

7. **Phone # (include area code):**

8. **TRICARE Region:**
   - East
   - West
   - 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):
   - Line of Duty form (LOD)
   - Orders/Attendance Roster.

13. **List needed follow-up care or durable medical equipment (include CPT/HCPCS codes):**

14. **Is a Medical Board in Process?**
   - Yes
   - 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.**
    - Place of duty or 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!

**You must attach the following:**

**Service Approved LOD and Clinical Documentation**

Documents must match or cover the dates in block 9 above

**FAX or Mail Information:**

**FAX this form/attachments to:**

847-688-7394 or 6369

OR

**MAIL this form/attachments to:**

Defense Health Agency Great Lakes (DHA-GL)

Attn: Reserve Eligibility

2834 Green Bay Road Ste 304

Great Lakes, IL 60088