

THE MILITARY MEDICAL SUPPORT OFFICE (MMSO)

FORMAL APPEALS

TOLL FREE 1-888-647-6676

The following information provides guidelines for active duty service members who would like to file a formal appeal. These guidelines are to be used when MMSO denies payment of a claim or a request for preauthorization of medical care.

What is a Formal Appeal?

A formal appeal is a written request from the service member disputing MMSO's denial of a claim for payment or authorization of medical care.

Responsibilities of the service member in filing a formal appeal

Upon receipt of the Explanation of Benefits (EOB) denying payment of a claim, or notification of a denied request for authorization of medical care the member will:

- 1. Contact the Medical/Unit Representative for clarification, guidance and assistance. This will give the Unit the opportunity to ensure the denial was not made in error.**
- 2. If the appeal is for denial of claims payment, submit written justification that supports why the claim should be paid. If the denial is for authorization of care or equipment, submit written justification explaining the need for the care/equipment. Supporting documentation from a physician may also be submitted with your justification statement.**
- 3. In order to efficiently process your appeal request, you should include a copy of the Explanation of Benefits (EOB) or any other correspondence received about the claim.**
- 4. Send your written request and any other supporting documentation (i.e., copy of EOB, orders, completed Line of Duty Determination (LOD) or Notice of Eligibility (NOE), doctor's statement) to the MMSO at the following address for review and determination.**

**Military Medical Support Office
ATTN: (insert branch of service) Appeals
PO Box 886999
Great Lakes, IL 60088-6999**

5. If MMSO continues to deny the claim for payment or authorization for care, you may then request review by the second level appeal authority for your respective service branch.

For the second level appeal, include a copy of MMSO's response to your formal appeal. The mailing address for the second level appeal authority will be provided in the appeal response letter from the MMSO.

6. If the second level appeal authority supports the denial, a request can then be submitted to your Branch Surgeon General. Your Branch Surgeon General will make the final decision in this process.

Note: Only MMSO denied claims and requests for care should be appealed to MMSO. If care is directed by a Military Treatment Facility, you should contact the MTF to appeal denials of claims or authorizations for medical care.

Responsibilities of the Medical/Unit Representative in the formal appeals process

When the service member presents to the medical/unit representative with the initial denial of claims payment or request for authorization of medical care, the representative will:

1. Establish a POC at the appeal agencies to assist with answering questions.
2. Ensure the initial denial decision was made by the MMSO (and not by a Military Treatment Facility).
3. Contact the MMSO Service Point of Contact (SPOC) telephonically or by email to ensure denial of the claim was not made in error. The Case Management Division should be contacted for questions about denials for care authorization.
4. If the SPOC or Case Management Division staff validates that the denial is correct, assist the service member in developing and mailing an appeal request. Include all necessary supporting documentation i.e., copy of EOB, orders, completed Line of Duty Determination (LOD) or Notice of Eligibility (NOE), doctor's statement, etc. to the MMSO.
5. Be available to member for assistance until the final decision is made.

Responsibilities of MMSO in the formal appeals process

Formal appeals will be routed to the appropriate SPOC at the MMSO.

A response will be mailed out from MMSO approximately seven days after SPOC review of the request for reconsideration.

If the formal appeal is denied by MMSO, information on the point of contact for second level appeal will be provided.

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Visit our website at <http://mmso.med.navy.mil>

Instructions for completing the MMSO formal appeals form

1. This form is to be used to appeal denial of claims for payment or authorization of medical care by the Military Medical Support Office (MMSO). It is to be used by ACTIVE DUTY Service Members only.
2. Service members served by MMSO include:
 - Members enrolled to TRICARE Prime Remote
 - Members not enrolled to a region, such as trainees en route to their first duty station or on leave
 - Reserve and National Guard members on active duty 30 days or less and injured in the Line of Duty
 - Reserve and National Guard members on active duty 31 days or greater enrolled in TRICARE Prime Remote
3. A good starting point is to check with your unit medical representative for assistance and guidance before initiating the formal appeals process.

Steps in completing the form:

- Fill in your complete first and last name and middle initial
- List your full social security number
- List the date(s) of service for which the claim has been denied, or the type of care not authorized by MMSO
- Check "yes" or "no" as to whether you are including supporting documentation for your appeal. Examples of supporting documentation are a completed Line of Duty (LOD) or Notice of Eligibility (NOE) from your unit, orders, a statement from your provider as to why the care is needed, a statement from your unit commander verifying your eligibility for care, or an Explanation of Benefits received from TRICARE stating why your claim for payment was denied.
- Sign and date the form
- Mail the appeals form and any supporting documentation to:

Military Medical Support Office

ATTN: (insert your branch of service) Appeals

PO Box 886999

Great Lakes, IL 60088-6999

Note: Only MMSO denied claims and requests for care should be appealed to MMSO. If a claim or request for care is denied by a Military Treatment Facility, you must contact the MTF to appeal denials of claims or authorizations for medical care.

Military Medical Support Office
FORMAL APPEAL FORM FOR ACTIVE DUTY ONLY

Service Member Name (Last, First, MI): _____

Full Social Security Number: ____ - ____ - _____

Date(s) of Service: _____ Type of Care Denied _____

Daytime phone number _____ Evening phone Number _____

Medical/Unit Representative and Phone Number _____

In space provided, briefly state why claim should be paid or the medical care authorized:

Supporting documentation included? ____ Yes ____ No (If available, include and list below). Examples of Documentation: completed Line of Duty/Notice of Eligibility, orders, statement from provider or commander, Explanation of Benefits

Patient Signature

Date

Information contained in this correspondence is subject to the Privacy Act of 1974 (U.S.C. 552a), the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and other Federal Regulations. Personal information contained in this correspondence may be used only by authorized persons in the conduct of official business. Any unauthorized disclosure or misuse of personal information may result in criminal and/or civil penalties. If you are not the intended recipient of this correspondence please destroy all copies of the correspondence after notifying the sender of your receipt of it.