



Civilian Medical Care for Army Reserve Component Soldiers*



**This brief does not contain Dental Care instructions.
Dental Care follows a separate process.
reference <http://mmso.med.navy.mil>*



MMSO Mission

To directly support the provision of health care for service members enrolled in the TRICARE Prime Remote (TPR) Program and other eligible personnel through:

- Medical and fitness for duty oversight and coordination, and
- Dental care pre-authorizations and claims processing.

The MMSO also administers the Navy and Marine Corps Mortuary Affairs Program.



Reserve Component

Overview



Soldier is injured during training



Emergency/Urgent care obtained



Unit/HSS sends eligibility information to the MMSO*



If soldier needs additional treatment



Unit/HSS requests pre-auth from the MMSO



If soldier has disqualifying condition



Unit commander refers soldier to MTF for FFD / MEB

* reference <http://mmso.med.navy.mil>



REFERENCES

- ✓ ***AR 40-400, Patient Administration, 12 Mar 01, Chapter 3***
- ✓ ***AR 135-381, Incapacitation of Reserve Component Soldiers, 1 Jun 90, Chapter 2***
- ✓ ***AR 600-8-1, Line of Duty Investigations, 18 Sep 86, Chapter 37***
- ✓ ***AR 635-40, Physical Evaluation for Retention, Retirement or Separation, 15 Aug 90, Para 2-9***
- ✓ ***AR 40-501, Standards of Medical Fitness, 27 Feb 98***
- ✓ ***AR 600-20, Army Command Policy, 15 Jul 99, Para 5-4***



Eligibility for Medical Care

Reserve Component soldiers are ineligible in the

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS)

Reserve soldiers who live or work more than 50 miles from a Military Treatment Facility (MTF) may be authorized civilian medical care based on LOD determination



Eligibility for Medical Care

***LOD DETERMINATION IS MADE BY
THE SOLDIER'S CHAIN OF COMMAND***

THE MMSO:

- **VERIFIES** ELIGIBILITY
- **AUTHORIZES** TREATMENT BY CIVILIAN MEDICAL PROVIDERS
- **AUTHORIZES** PAYMENT OF MEDICAL CLAIMS BASED ON THE LOD DETERMINATION



Unit RESPONSIBILITY

The LOD is used to determine eligibility:

The Unit commander will conduct Line of Duty investigation to document eligibility for care (**AR 135-381, para 1-4I(2)**)

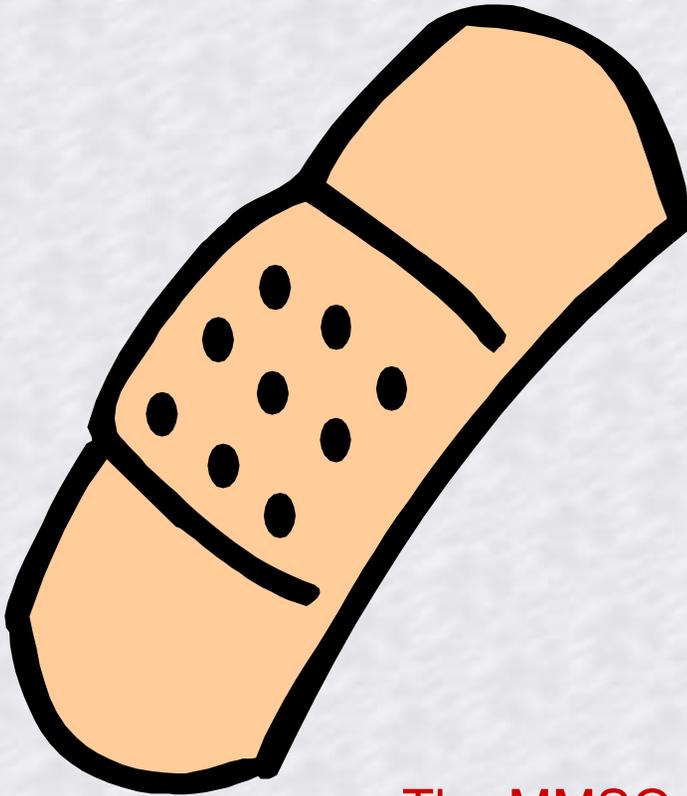


DOCUMENTATION





INITIAL EPISODE



INITIAL EPISODE *is:*

EMERGENCY/URGENT

and the first time the soldier receives care for an injury or illness which occurs while in a duty status

The MMSO requires notification of INPATIENT HOSPITALIZATION to manage medical care



To Submit Claim for INITIAL EPISODE

Submit the following documents to the MMSO:

- MMSO *Reserve Component Medical Cover Sheet* signed by Commander or designee stating injury/illness occurred while in duty status
- Orders, drill attendance record, or LES
- Original medical claim on *UB-92* or *HCFA 1500*, or
 - *DD Form 2642 (Patients Request for Medical Payment)* proof of payment, and itemized statement for reimbursement requests
- *Copy of DA 2173 (LOD) if completed thru block 35 - only claim for initial episode can be processed without LOD, but the LOD should be submitted as soon as completed.*



FOLLOW-UP CARE



FOLLOW UP CARE IS:

Any care given after the initial episode

Obtain PRE-AUTHORIZATION from the MMSO before treatment is given



Preauthorization Guidelines

- Pre-auth is required for all *TREATMENT* after the initial episode of care

NOTE: *If a soldier received initial CARE at an MTF while in a training status (IE: IADT AT or Mobilization) then Pre-auth is required for*

follow-up care upon return to home station

- Pre-auth is limited to the type of care specified. *If a provider recommends additional treatment, then a separate Pre-auth needs to be obtained. (ie; MRI or physical therapy after an Ortho consult)*



To Request Pre -Authorization

- **CALL CASE MANAGEMENT before** seeking follow-up care. They will advise which documents need to be faxed:
 - LOD (DA 2173 or DD 261)* investigation signed by Unit Commander *or designee*
 - MMSO Reserve Component Medical Cover Sheet
 - Other Medical Documents as requested by the Case Management contact

**Submit request for Pre-auth even if LOD is pending*



To Submit CLAIM for Follow Up Care

Submit the following documents to the MMSO:

- MMSO *Reserve Component Medical Cover Sheet* signed by Commander or designee with **Pre-authorization number** and Date of Service
- Original medical claim on *UB-92* or *HCFA 1500*
- ***APPROVED DA Form 2173 or DD 261 - IF THE DOCUMENT WAS NOT SUBMITTED TO THE MMSO WITH THE AUTHORIZATION REQUEST OR WITH THE ORIGINAL ELIGIBILITY DOCUMENTATION***



NON-COVERED CARE

(During IDT)

AR 135-381 PARA 2-6b

Non-Emergency Care:

- High Blood Pressure (hypertension)
- Bronchitis / Colds / Sinusitis
- Headaches
- Pneumonia

Unauthorized Care*:

- Eye Exams
- Chiropractic Care
- OB/GYN Care (Pregnancy)
- Acupuncture
- **See WEBSITE for others**

** A more complete list of non-covered care is in AR 135-381, Para 2-6b and also provided on the MMSO Website (<http://mmso.med.navy.mil>)*



Helpful hints for submitting claims

- Make sure all documents are sent together
 - *Reserve Component Medical Cover Sheet*
 - Orders or training record for initial care
 - APPROVED LOD for follow up
 - HCFA 1500 or UB 92 form (*Provider should send claims to unit or HSS, not to the soldier or TRICARE*)
 - DD 2642 if requesting reimbursement
- Put **unit** POC name & number on Reserve Component Cover sheet
- Put preauthorization number on Reserve Component Cover sheet
- MAKE SURE **SSN** IS CORRECT AND ON ALL DOCUMENTS
- **Make sure claim is not for Non-covered care**
- ***Mail claims*** ATTN: TRICARE RESERVE CLAIMS **only**



Helpful Hints for Pre-Auths

- Request authorization BEFORE treatment
- Unit POC/**State HSS** should coordinate with the MMSO to manage care (not soldier or provider)
- Submit complete DA 2173 or DD 261
- Send all clinical information requested
- Make sure diagnosis and circumstance of injury match LOD
- Initiate MTF “fitness for duty” review (per AR 40-501) for condition over 1 year
- Do not request authorization for non-covered care



Mail Claims To:

Military Medical Support Office

ATTN: RESERVE TRICARE CLAIMS

P.O. Box 886999

Great Lakes, Illinois 60088-6999

DO NOT FAX CLAIMS OR OTHER DOCUMENTS



CONTACT INFORMATION

Phone: (888) 647-6676

MMSO Web Site:

<http://mmsso.med.navy.mil>

TRICARE Prime Remote Web Site:

<http://www.tricare.osd.mil/remote>



SPECIFIC CONTACTS

CALL (888) 647-6676

To check on Claim Status – Customer Service, option 1

To request Pre-Authorization – Case Management, option 2

To report Inpatient Hospitalization – Case Management, option 2

For CLAIM issues or problem cases *only* – Army Liaison,

Ext 709 for REG 1, 6 and 7/8

Ext 680 for REG 2/5, 3/4, 9/10/12 and 11



QUESTIONS??

REMEMBER:

The quality of service the MMSO provides depends on the quality of the information you provide to the MMSO