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BUREAU OF MEDICINE AND SURGERY
MILITARY MEDICAL SUPPORT OFFICE
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IN REPLY REFER TO:

MILMEDSUPPOFFINST.6320.1

MILMEDSUPPOFF INSTRUCTION 6320.1

From: Officer in Charge, Military Medical Support Office

Subj: MEDICAL AND DENTAL CARE FOR IN-LINE-OF-DUTY
INJURIES/ILLNESSES FOR SERVICE MEMBERS LISTED AS
INELIGIBLE IN THE DEFENSE ENROLLMENT ELIGIBILITY
REPORTING SYSTEM (DEERS)

Ref: (a) Army Regulation 40-400, Patient Administration
(b) Army Regulation 600-8-1, Army Casualty and Memorial
Affairs and Line of Duty Investigations (18 Sep 86
version, Chapter 39 and 40)
(c) Army Regulation 135-381, Incapacitation of Reserve
Component Soldiers
(d) Navy BUMEDINST 6320.72 of 21 Feb 96
(e) Coast Guard Medical Manual COMDTINST M6000.1B
(f) AFI 36-2910, Line of Duty and Misconduct
Determinations (4 Oct 02)
(g) HQ AFRC medical guidance to Reserve Medical Units
AFRC/SG 00-09
(h) MCSC Operations Manual 6010.49-M, MAR 2001
(i) OASD/HA Policy Letter 98-06
(j) Coast Guard Reserve Policy Manual COMDINST M1001.28
(k) NGB Memorandum, Subject: All States (P99-0036)
Implementation of TRICARE

Encl: (1) Reserve Component Medical Cover Sheet

1. Purpose. This instruction establishes procedures per references (a) through (k) for medical and dental care for in Line of Duty (LOD) injuries/illnesses for service members listed as ineligible in the Defense Eligibility Enrollment Reporting System (DEERS).

2. Background.

a. The Assistant Secretary of Defense for Health Affairs directed the establishment of the Military Medical Support Office (MMSO) with the Navy as the Executive Agent (DOD-HA Policy Memo 98-006).

b. The MMSO's role includes: (1) military oversight of the Managed Care Support Contractor's approval and payment of medical claims; (2) preauthorization and payment of dental care; (3) unit notification of "fitness for duty" conditions and assistance in accessing medical care at military treatment facilities (MTF).

3. Procedures. The procedures for preauthorization of medical care and payment of medical claims cited in references (a) through (k) are applicable to service members listed as ineligible in DEERS. Service members listed as ineligible in DEERS includes members in:

a. Inactive Duty Training (IDT), Annual Training (AT), Active Duty for Special Work (ADSW), and Active Duty for Training (ADT) status.

b. This instruction does not apply to service members referred* for civilian medical care from an MTF. MTFs preauthorize medical care through the TRICARE Regional Managed Care Support Contractors (MCSCs).

c. This instruction does not apply to service members who are eligible for the Transitional Assistance Management Program (TAMP) after release from active duty service. Reserve Component service members eligible for TAMP may refer to the TRICARE website www.tricare.osd.mil/reserve or call 1-888-DOD-CARE. Reserve Component service members that may be dual eligible for LOD medical care and TAMP should call the MMSO for coordination of care.

**Note: MTF Referrals apply only to service members under active treatment at an MTF. This does not include care recommended upon the member's return to home station when the member's care and treatment is resumed by a Civilian Primary Care Manager that is over 50 miles from the nearest MTF.*

d. Eligibility documents are established by service specific policy, but for the purpose of this instruction, the following descriptions will apply:

- (1) Army - Line of Duty (LOD)
- (2) Marines - Notice of Eligibility (NOE)
- (3) Navy - Notice of Eligibility (NOE)
- (4) Air Force - Line of Duty (LOD)
- (5) Coast Guard - Notice of Eligibility (NOE)

e. For the purpose of this instruction, Reserve Component medical personnel are defined as Unit Administrators, Personnel Staff Noncommissioned Officers, Air Force Reserve Corps (AFRC), Medical Air Reserve Technicians (ART) or National Guard Health System/Health Technicians Specialists.

4. Procedures for Establishing Eligibility for Care.

a. The determination of eligibility is the responsibility of the LOD/NOE approving authority. Unless otherwise directed by your respective Service Point of Contact, the MMSO will not direct the contractor to pay claims for follow-up care after the drill or active duty period without an approved Line of Duty. If the LOD/NOE is not expected to be approved within 30 days after the member's initial injury/illness, submit the completed LOD/NOE with the unit commander's signature for a waiver (i.e. Line of Duty Investigation (LODI) approval authority backlogged 60 days on LODs/NOEs) based on a "presumptive in-line-of-duty" finding to the MMSO, along with the request for preauthorization of care.

b. The Reserve Component Medical Cover Sheet with approved LOD/NOE* will be sent to the MMSO without the medical claim. Reserve Component medical personnel will ensure the LOD/NOE has been sent to the MMSO before the medical claim is submitted to the TRICARE contractor. Reserve Component medical personnel will provide a fax number or email address for notice of return receipt and assign a unique transmittal number to each batch of eligibility documents submitted. Batches may include one or more service members' documents. Notice of receipt by the MMSO will be sent to the fax or email address provided on the Reserve Component Medical Cover Sheet. The following information is required based on the category of care rendered.

* Note: Do not send supporting documentation for the LOD/NOE (sworn statements, medical documents, etc.)

(1) Emergency and/or initial episode of care:

(a) Reserve Component Medical Cover Sheet (enclosure (1)). MMSO requires one cover sheet for the emergency and/or initial episode of care.

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(b) Eligibility status documentation, which consists of a copy of duty orders or drill attendance sheet, (approved LOD/NOE not required).

(2) Follow-up Medical Care:

(a) Reserve Component Medical Cover Sheet (enclosure (1)). MMSO requires one cover sheet for each preauthorization of care with the same preauthorization number.

(b) Line of Duty Documentation (AF Form 348, DD Form 261, NGB Form 348, DA Form 2173 or Notice of Eligibility) if not previously submitted.

(c) Reserve Component medical personnel are not required to obtain a preauthorization for medical care that meets certain criteria. Periodically check the MMSO website at the Reserve Component Instruction webpage for an updated list.

5. Procedures for Obtaining Authorization for Medical Care.

a. There are two ways to request preauthorization for follow-up medical care: (1) call MMSO (888-647-6676 or DSN 792-3950), select "medical care preauthorizations", or (2) fax enclosure (1) to (847) 688-7394 (ATTN: PREAUTHORIZATION). Be sure to include interim or approved LOD/NOE. For follow-up medical care, do not send the Drill Attendance Sheet or orders or other supporting documentation to the LOD/NOE unless requested.

b. Emergency care and/or initial episodes of care do not require MMSO preauthorization. Follow procedures in paragraph 4.b.(1) after emergency/initial episode of care has occurred.

c. Reserve Component medical personnel must obtain preauthorization on behalf of unit members for each separate episode of follow-up care to ensure medical claims are paid. Refer to paragraph 4.b.(2) for follow-up care procedures.

d. The MMSO will preauthorize follow-up medical care pending submission of an interim (60 days or less) or approved LOD/NOE determination. For the Coast Guard, the initial message notification of medical treatment will suffice until Notice of Eligibility is completed. Authorizations obtained with an interim LOD/NOE do not guarantee claims payment. A completed or approved LOD/NOE must be submitted to fully substantiate eligibility for medical care and payment of claims. See paragraph 4.a. for waiver procedures if LOD/NOE is not approved.

6. Procedures for Submitting Medical Claims.

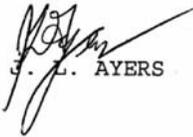
a. Reserve Component medical personnel will submit medical claims directly to the TRICARE contractor where the service member resides. A medical claim consists of a medical claim from provider (HCFA 1500, UB 92) and, if applicable, DD Form 2642 (CHAMPUS Claim Form for Service Member Reimbursement). An example of these forms is available at MMSO's website <http://mms0.med.navy.mil> or the TRICARE Prime Remote website www.tricare.osd.mil/remote. The addresses for contractors that process medical claims can also be found on the TRICARE website at <http://www.tricare.osd.mil/claims>.

b. Prescriptions given in conjunction with authorized care do not require additional preauthorizations. The service member must pay for prescriptions and submit a request for reimbursement by filing a DD Form 2642 (available on the MMSO web site: <http://mms0.med.navy.mil>), with proof of payment, through the Reserve Component medical personnel to the TRICARE contractor.

7. Routine Dental Care. Routine dental care is not authorized for service members who are not eligible in DEERS. However, for emergency care, follow the dental instruction at the MMSO web site: <http://mms0.med.navy.mil> (except Coast Guard Reserve members - call 1-800-9HBA-HBA).

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8. Point of Contact. Point of Contact is the MMSO Customer Service or the Army Reserve, Navy/Marine Corps Reserve, Air Force Reserve, Air National Guard, Army National Guard, or Coast Guard Reserve Component Liaison at the Military Medical Support Office at commercial (888) 647-6676 or DSN 792-3950 for more information or assistance as necessary.



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