MEMORANDUM OF AGREEMENT
BETWEEN
DEPARTMENT OF VETERANS AFFAIRS
AND
DEPARTMENT OF DEFENSE
FOR
PROCESSING PAYMENT FOR DISABILITY COMPENSATION AND PENSION EXAMINATIONS IN THE INTEGRATED DISABILITY EVALUATION SYSTEM

The Departments of Veterans Affairs (VA) and Defense (DoD) have a shared responsibility to ensure the highest quality of service is delivered efficiently, compassionately, and with minimal inconvenience to our Service Members in the DoD and VA Disability Evaluation System (DES). The Service Member's experience when participating in the DoD and VA DES will be that the individual is dealing with one Federal health care system or agency. To facilitate these goals, this Memorandum of Agreement (MOA) establishes expected roles, procedures, and outcomes for VA and DoD regarding the processing of Compensation and Pension (C&P) disability examination requests. It also addresses the reimbursement procedures for these examinations.

1. Roles.

A. **VA will:**

1) Maintain those components of the VA Compensation and Pension examination system necessary to ensure objective assessment of disabilities of Service Members identified by Military Health System (MHS) personnel as requiring a Medical Evaluation Board (MEB) as part of the DES.

2) Conduct C&P examinations as requested in the DES for both medical conditions to be considered as the basis of fitness for duty determination, and for those claimed by the Service Member.

3) Bill the MHS via the appropriate Regional TRICARE Managed Care Support Contractors (MCSC), for those services which are related to medical conditions to be considered as the basis of fitness for duty determination.

B. **DoD will:**

1) Identify to VA those Service Members requiring a MEB, and the medical conditions which may render a Service Member unable to fully perform assigned duties or causes them to fall below Service medical retention standards

OSD 04851-10

via completion of Section I of the VA Form 21-0819, VA/DoD Joint Disability Evaluation Board Claim.

2) Reimburse VA for C&P services related to DoD-identified medical conditions to be considered as the basis of evaluation for fitness for duty. The services covered will include a C&P General Medical Examination and other C&P examination services related to medical conditions in Section I of the VA Form 21-0819. Additional conditions may be found later in the DES process that may also be used for determination of fitness. Authorization process for conditions identified in Section I of VA Form 21-0819 is discussed in Attachment D.

2. Procedures.

A. A DES program oversight contact (POC) will be appointed at each TRICARE Regional Office (TRO), VA Regional Office (VARO), VA Medical Center/Facility and Military Treatment Facility (MTF). The DES oversight official duty may be a collateral duty.

B. The DoD DES health care provider will determine the conditions that may render the Service Member unable to meet Service medical retention standards or call into question the member's ability to continue military service. The DoD DES health care provider will annotate these conditions in Section I of VA Form 21-0819 (Attachment A), under "MEDICAL CONDITIONS TO BE CONSIDERED AS THE BASIS OF FITNESS FOR DUTY DETERMINATION."

C. The VA Military Services Coordinator (MSC) will coordinate with the Service Member and identify any additional conditions the member may wish to claim for purposes of VA compensation and/or pension. The MSC will annotate these conditions in Section III, Field 8 of the VA Form 21-0819, Additional Conditions. Upon completion of the VA Form 21-0819, the VA MSC will provide the completed form to the local VA medical center billing office.

D. VA will use the Compensation and Pension Record Interchange (CAPRI) examination request system when possible to transmit data regarding the request, scheduling, completion, and reporting of C&P examinations so that VA and DoD will have notice of C&P examination data and reports. VA and DoD will operate in a provider-to-provider relationship. Transmission of data which cannot be accommodated in CAPRI, such as photocopies of health care documentation, will be resolved on a facility-to-facility basis. All examination requests entered into CAPRI will, at a minimum:

1) State the examination is for a service member in the DES.
2) Identify specific C&P examination(s) required.
3) Identify specific condition(s) to be evaluated in each C&P examination.

E. VA will report to the DoD MTF representative the C&P examinations required by the Service Member for evaluation of conditions in Section I of VA Form 21-0819. DoD will use the Military Health System referral management system to transmit an authorization for the VA-reported C&P services to the appropriate Regional TRICARE MCSC as outlined in Attachment B. The MCSC will in turn transmit the authorization to the appropriate VA medical facility billing office.

F. Based on findings at the time of the C&P examination and the instructions on the requested Automated Medical Information Exchange (AMIE) worksheet, the Service Member may need to undergo additional examinations. VA will conduct C&P examinations and those other ancillary services needed to complete the C&P examinations for the DES.

G. DoD and VA will promote the use of approved templates to provide the requested information.

H. Selected examinations may be conducted using tele-medicine technology (a telephonic contact with the Service Member and/or video contact with the Service Member) when clinically and administratively appropriate.

I. Billing. VA will bill the appropriate regional TRICARE MCSC for C&P examination health services related to medical conditions identified in VA Form 21-0819, section I. VA Billing Procedures are contained in Attachment B. Electronic billing is desired and should be used when practical.

J. Reimbursement. MHS (TRICARE) will reimburse VA for a C&P General Medical Examination, examinations provided for evaluation of medical conditions identified in VA Form 21-0819, Section I, and ancillary services.

K. VA and DoD, working cooperatively, will make every effort to process claims and resolve issues identified by the other agency in a timely manner. If VA and DoD cannot resolve the issue, it will be forwarded to the Health Executive Committee (HEC) Financial Management Workgroup for final resolution.

3. Outcomes.

A. Complete C&P examination reports will be available in CAPRI and the Bidirectional Health Information Exchange (BHIE). On average, these reports will be provided by VA and if available, in CAPRI/BHIE, 35 calendar days from the date VA registers as received a properly completed request for examination(s). Complete C&P examination reports include all necessary laboratory and ancillary test results. The C&P examination reports will, at a minimum:

1) Provide the required information from the requested AMIE worksheet(s) and the additional exams identified during the initially ordered C&P examinations.

2) Provide data that will meet DoD/VA DES requirements as documented in the C&P disability examination worksheets, provide results of any additional examinations identified later in the DES process, and adequately address any matters identified in the request for a medical opinion.

B. Reports. The following reports will be based on the claims submitted to the appropriate Regional TRICARE MCSC during the reporting time.

1) On a monthly basis, VA Compensation and Pension Examination Program (CPEP) will prepare C&P timeliness reports listing facility processing times. The C&P timeliness reports will be posted/shared with the MHS and TRO program officials.

2) On a quarterly basis VA will produce a data file of examinations and services provided to Service Members in the DES whose exams have been completed by VA. The file will be shared with the MHS and TRO program officials.

4. Accountability and Funding:

A. VA will submit a bill to MHS through the TRICARE managed care support contracts. VA will bill for C&P examinations and ancillary services associated with the medical conditions which may render a Service Member unable to fully perform assigned duties and/or are to be considered as the basis of fitness for duty determination as listed in Section I of the VA Form 21-0819.

B. Neither VA nor DoD will bill the Service Member for these C&P examinations and ancillary services as all examinations and services rendered in the DES are authorized and provided by either DoD or VA.

C. At the present time, the Current Procedural Terminology (CPT) code 99456 does not have a CHAMPUS Maximum Allowable (CMAC) rate. DoD will pay VA the national reasonable charges amount for each exam for CPT code 99456. Ancillary services will be reimbursed based on CMAC less ten percent. Upon agreement of the HEC Financial Management Working Group, and with a minimum 2-month advance notification to the Managed Care Support Contractors (MCSC), billing procedures may be changed effective annually, on or about 1 January.

D. VA and DoD will audit services provided and billed quarterly to ensure all C&P examinations and services for which DoD paid were for conditions annotated in Section I of VA Form 21-0819.

E. C&P examinations and services for conditions claimed in Section III of VA Form 21-0819 will be funded by VA appropriations.

5. Effective Date, Terms of Modification and Termination:

A. This agreement provides a framework for VA facilities and MTFs to develop local agreements that will address more specific information on operations to implement this program. All local agreements addressing the DoD/VA DES shall refer to this MOA.

B. Requests for modification of this agreement will be submitted in writing from one party to the other, not less than 60 days prior to the desired effective date of such modification.

C. An annual review of this agreement, including rate structure, will be conducted by both parties to ensure compliance with each Departments' policies.

D. This agreement will be renewed automatically on its anniversary date unless either party gives a written 90-day notice of termination or a new agreement is implemented. The provisions are in effect until it is superseded by a new MOA or terminated.

E. The provisions of this agreement are effective 30 days from the date both approving signatures have been affixed.

6. Authority: This MOA is entered into under the authority of titles 10 and 38, United States Code, including sections 513 and 8111 of title 38 and chapters 55 and 61 of title 10.

7. Associated Memoranda of Understandings (MoU): A separate MoU exists and must be consulted regarding processing of Benefits Delivery at Discharge (BDD) exams.

8) Approvals:

Department of Veterans Affairs	**Department of Defense**
W. Scott Gould Deputy Secretary	William J. Lynn, III Deputy Secretary
Date: JAN 12 2010	Date: JUN 16 2010

Attachments:

A) VA Form 21-0819
B) VA Billing Guidance
C) CMS -1500 Example
D) DoD Referral Guidance

ATTACHMENT A: VA Form 21-0819 (Jun 2009)

OMB Approved No. 2900-0704
Respondent Burden: 30 minutes

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

VA/DOD JOINT DISABILITY EVALUATION BOARD CLAIM

IMPORTANT - Please read the Privacy Act and Respondent Burden on the back before completing the form.

Section I: To be completed by Military Treatment Facility referring service member to Disability Evaluation Section

SERVICE MEMBER NAME *(First, middle, last)*	GRADE

COMPONENT	UNIT ADDRESS

SOCIAL SECURITY NUMBER	DATE OF BIRTH *(MM,DD,YYYY)*	SEX ☐ MALE ☐ FEMALE

NAME AND PHONE NUMBER OF ASSIGNED DISABILITY EVALUATION BOARD LIAISON OFFICER *(DEBLO)*		NAME OF REFERRING MILITARY TREATMENT FACILITY *(MTF)*	DATE OF REFERRAL TO MEDICAL EVALUATION BOARD *(MEB) (MM,DD,YYYY)*
(First, MI, Last)	*Include Area Code*		

WHAT IS YOUR ADDRESS	WHAT ARE YOUR TELEPHONE NUMBERS? *(Include Area Code)*
Street address, rural route, or P.O. Box — Apt. number	Daytime _____
	Evening _____
City — State — ZIP Code — Country	Cell phone _____

WHAT IS YOUR E-MAIL ADDRESS *(if applicable)*

MEDICAL CONDITIONS TO BE CONSIDERED AS THE BASIS OF FITNESS FOR DUTY DETERMINATION *(List only conditions referred by physician):*

PREPARED BY	DATE PREPARED

Section II: Tell us about yourself. Please provide a contact name and address. If you are on Temporary Duty, please indicate that on the VA Form 21-4138, Statement in Support of Claim available on the internet at www.va.gov/vaforms

1. Have you ever filed a claim with VA?	2. Point of contact name and address
☐ Yes ☐ No *(If "Yes," provide file number)* _____ *(VA File Number)*	

3a. Did you serve under another name?	3b. Please list the other name(s) you served under
☐ Yes *(If "Yes," go to Item 3b)* ☐ No *(If "No," go to Item 4)*	

4. I entered this current period of active service on:	5. Place of entry:
___ / ___ / ___ mo day yr	

Section III: Tell us about your military service. Enter complete information for your service. Tell us about your reserve duty or National Guard Duty

6. Are you currently assigned to an active reserve unit or National Guard Unit?	7a. What is the name and mailing address of your current unit?	7b. What is the telephone number of your current unit? *(Include Area Code)*
☐ Yes *(If "Yes," provide date of activation below)* ☐ No ___ / ___ / ___ mo day yr		

VA FORM JUN 2009 **21-0819** SUPERSEDES VA FORM 21-0819, NOV 2008, WHICH WILL NOT BE USED

8. Additional Conditions - (Do you have any disabling conditions, other than those referred for the fitness for duty determination, that you feel were incurred in or aggravated by, your active military service?) Please list those disabilities below:

Section IV: MILITARY RETIRED PAY

IMPORTANT - Unless you check the box in Item 9 below, you are telling us that you are choosing to receive VA compensation instead of military retired pay, if it is determined you are entitled to both benefits. If you are awarded military retired pay prior to compensation, we will reduce your retired pay by the amount of any compensation that you are awarded. VA will notify the Military Retired Pay Center of all benefit changes. If you receive both military retired pay and VA compensation, some of the amount you get may be recouped by VA, or in the case of Voluntary Separation Incentive (VSI), by the Department of Defense.

9. ☐ No I do not want VA compensation in lieu of military retired pay.

Section V: DIRECT DEPOSIT INFORMATION

Generally, all Federal payments are required to be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 10, 11 and 12 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 10. The Treasury Department is working to make bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee, OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

10. Account Number (Please check the appropriate box and provide the account number, if applicable)

☐ Checking _____ ☐ Savings _____ ☐ I certify that I do no have an account with a financial institution or certified payment agent

11. Name of Financial Institution *(Please provide the name of the bank where you want your direct deposit)*	**12.** Routing or Transit Number *(The first nine numbers located at the bottom left of your check)*

Section VI: CERTIFICATIONS AND SIGNATURE

I certify and authorize the release of information.
I certify that the statements in this document are true and complete to the best of my knowledge.

13. Your signature *(Do NOT print)*	**14.** Date signed

Section VII: WITNESS TO SIGNATURE

15a. Signature of Witness *(If claimant signed above using an "X")*	**15b.** Printed name and address of witness
16a. Signature of Witness *(If claimant signed above using an "X")*	**16b.** Printed name and address of witness

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. **Social Security Information:** You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

ATTACHMENT B: VA Billing Instructions for VA / DoD DES Program Agreement

1. Registration of DES Participants:

STEP 1: Facility eligibility staff will obtain list of DES participant names based on daily transmittal of disability examination requests (Form 2507) to Facility DES POC.

STEP 2: Eligibility staff will review each DES Participant's registration information to ensure all fields are correct. For additional guidance on how to register DES participants, refer to the CBO TRICARE Procedure Guide, Chapter 2: Registration; located at http://vaww1.va.gov/CBO/policy/policyguides/index.asp?mode=contents&id=IV.

NOTE – If VA staff is unable to access the above link, please go to the VHA CBO Home page, CBO Resources, Policy Procedure Guides, and click on Series 1601D: Non-Veteran Beneficiaries and the TRICARE Policy Procedure Guide, click on Chapter 2 as above.

STEP 3: Eligibility staff will notify the DES POC and other appropriate staff that the DES participant's registration has been reviewed, and corrected as required.

2. Billing related to DES Participants:

After notification of completion of exam(s) and ancillary services by DES POC, VA billing staff will initiate a claim for payment. Notification method and frequency will be established by local facilities.

STEP 1: Facility needs to ensure that the Patient Insurance File contains the appropriate TRICARE Regional Managed Care Support Contractor/Fiscal Intermediary information, especially the EDI parameters.

STEP 2: TRICARE Authorization, along with VA Form 21-0819, will be sent / faxed to the VA Billing Supervisor. Please provide appropriate Billing POC information to the DoD / TRICARE POC. VA staff will use Claims Tracking to document Authorization number by DES participant.

STEP 3: Initiate the claim related to DES Exam (s) using the CMS 1500 (ATTACHMENT C) for ONLY those exams related to the "Referred" conditions listed in Section I on VA Form 21-0819.

Use Rate Type – "TRICARE," this will allow for the funds to be placed in the correct Revenue Source Code (RSC).

Some of the information in Blocks 1-13 should autopopulate based on the registration and insurance information in the system.

In Block 1 – For DES Program, enter "TRICARE"
In Block 1a – enter the Active Duty Service Member's (ADSM) SSN
In Block 2 - enter the ADSMs Name
In Block 3, Block 4, Block 5, Block 7 – as appropriate
In Block 6 – enter "Self"
In Block 8 – enter as appropriate
In Block 9d –TRICARE
In Block 10a – enter "Yes"
    10b – enter "No"
    10c – enter "No"
In Block 11 – enter ADSMs SSN
    11a – enter ADSM DOB
    11b – leave BLANK
    11c – enter "DoD DES Program"
    11d – enter "No"
In Block 14 – enter date of original 2507
In Block 15 – leave BLANK
In Block 16 – if possible, enter date of 2507 as date FROM, and Date of exam release as date TO
In Block 18 – enter date of original 2507
In Block 19 – enter "DES"
In Block 21 – enter "V68.01" (for Disability Examination)
In Block 23 – enter the TRICARE Authorization number
In Block 24a – enter "Date exam released"
24d – enter "99456" (CPT Code for "Medical Disability Examination by OTHER than Treating Physician"); **NOTE:** a separate line item will be required for each authorized exam performed.
TEXT: enter the TYPE of DISABILITY EXAM performed (e.g. PTSD, Audio, Gen Med, etc.)
In Block 24f – Reasonable Charges for 99456 will auto-populate (base charge is $382.56 in FY 2009) ***NOTE:*** If your facility has **NOT** converted to Reasonable Charges for the TRICARE rate types you will have to manually enter the national Reasonable Charges base rate above (in FY09 rate is $382.56); or contact VA Help Desk to assist in establishing the correct rate to this Rate Type.
In Block 24 g – enter number of exams completed as unit = 1; Again, a separate line item will be required for each authorized disability exam performed.
In Block 28 – total charges for all procedures (99456) will appear here.
Other Blocks, not otherwise identified are to be completed as for any other 3rd party Insurer.

STEP 4: Initiate the claim for fees related to DES Exam (s) and ancillary services using the CMS 1500 for ONLY those items related to the **"Referred"** conditions listed in Section I, on VA Form 21-0819.

Use Rate Type – "TRICARE", this will allow for the funds to be placed in the correct Revenue Source Code (RSC).

Using the instructions, as above for CMS 1500 for DES exams, complete the CMS 1500 for ancillary services associated with the exams.

Rates: Reimbursement for ancillary services will be based on CMAC less 10 percent.

For additional guidance on how to bill for DES participants, refer to the CBO TRICARE Procedure Guide,
http://vaww1.va.gov/CBO/policy/policyguides/index.asp?mode=infomap&id=IV.01.4.B

NOTE – If VA staff are unable to access the above link, please go to the CBO Home page, CBO Resources, Policy Procedure Guides, and click on Series 1601D: Non-Veteran Beneficiaries and the TRICARE Policy Procedure Guide, click on Chapter 4B as above.

Where to Submit Claims: The appropriate TRICARE Regional Managed Care Support Contractor (MCSC) / Fiscal Intermediary (FI) information, especially the EDI parameters.

Disputes: TBD

CONTACTS: VHA for Billing Issues - Ms. Felicia A. Lecce, Lead Program Specialist/HSS CBO, Business Policy Division Ms. Lecce can be reached at 202-461-1588, or by email at Felicia.Lecce@va.gov.

ATTACHMENT C: CMS 1500 Example

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE [ ] MEDICAID [ ] TRICARE [X] CHAMPVA [ ] GROUP HEALTH PLAN [ ] FECA BLK LUNG [ ] OTHER [ ]

1a. INSURED'S I.D. NUMBER: enter member's SSN

2. PATIENT'S NAME: enter member's name (Last, First, MI)

3. PATIENT'S BIRTH DATE: fill in DOB and gender

4. INSURED'S NAME: enter member's name (Last, First, MI)

5. PATIENT'S ADDRESS: enter address

6. PATIENT RELATIONSHIP TO INSURED: Self [X]

7. INSURED'S ADDRESS: enter address

CITY: enter city STATE: enter

8. PATIENT STATUS: fill in

CITY: enter city STATE: enter

ZIP CODE: enter TELEPHONE: fill in

ZIP CODE: enter TELEPHONE: (fill in)

9. OTHER INSURED'S NAME

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: enter member's SSN

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? [X] YES

a. INSURED'S DATE OF BIRTH: enter DOB and gender

b. OTHER INSURED'S DATE OF BIRTH

b. AUTO ACCIDENT? [X] NO

b. EMPLOYER'S NAME OR SCHOOL NAME: DoD

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? [X] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: DoD DES Program

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [X] NO

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED DATE SIGNED

14. DATE OF CURRENT: date of 2507

15. IF PATIENT HAS HAS SAME OR SIMILAR ILLNESS, GIVE FIRST DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: date of 2507 TO exam release date

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. RESERVED FOR LOCAL USE: DES (add additional AMIE numbers which will not fit on line 24)

20. OUTSIDE LAB? [ ] NO

$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: 1. V68.01

22. MEDICAID RESUBMISSION CODE

ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: enter TRICARE authorization number

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 exam release date		22		AMIE #, e.g., 0505, 0410, 0910 99456		1	$382.56	# done		NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? [ ] YES [ ] NO

28. TOTAL CHARGE: $ extended price

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

SIGNED DATE

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

ATTACHMENT D: Guidance for DoD Military Treatment Facilities on DoD Referrals

1. Referrals from the DoD to VA for Service Members in DoD/VA DES should be generated by a DoD provider trained on the DES. Based on review of the Service Member's medical documentation, DoD providers referring Service Members into the DoD/VA DES will ensure all "potentially unfitting, or medically disqualifying conditions" are designated in VA Form 21-0819, Section I, "Medical Conditions to be Considered as the Basis of Fitness for Duty Determination," before referring the DES case to the VA Military Services Coordinator (MSC).

2. After VA MSC completes the VA Form 21-0819 with the Service Member, and requests the Compensation and Pension (C&P) examinations associated with both the DoD referred and the Service Member claimed conditions, the DoD will be provided a completed copy of VA Form 21-0819, VA/DoD Joint Disability Evaluation Board Claim with the list of requested C&P examinations for each condition.

2.1. The DoD will generate a referral request to the Military Treatment Facility (MTF) Referral Management section for the conditions listed in Section I of VA Form 21-0819. The DoD will follow the MTF specific guidance regarding referral requests.

2.1.1. AHLTA Generated Referral Request. Referrals for C&P examinations must be from the FEDB, FEDC, or FEDD MEPRS for DoD/VA billing and auditing purposes.

2.1.2. For the DoD/VA DES, it is not necessary to identify the various specialists who will be doing the different C&P examinations. Enter only the total number of DES C&P examinations derived from Section I, "Medical Conditions to be Considered as the Basis of Fitness for Duty Determination," of VA Form 21-0819. In "Reason for request" enter:

"VA only: DES C&P exams for fitness for duty determination - total ___."

<u>Example:</u>
VA only: DES C&P exams for fitness for duty determination - total 6.

3. The MTF Referral Management Section will forward the information to the Managed Care Support Contractor who will provide VA with the applicable referral number for all the DES related services (e.g.,VA DES C&P exams, necessary laboratory and radiology studies) for the specific Service Member. C&P examination referrals should come from the FEDB, FEDC, and FEDD MEPRS for auditing purposes between DoD and VA.