

How to Submit Request for CONTINUITY OF CARE Pre-Authorization of Inpatient or Outpatient Medical Care at a VA Facility under DVA/DoD Memorandum of Agreement (MOA)

NOTE - This process guides references how to submit Request for Continuity of Care for Pre-Authorization of Inpatient or Outpatient Medical Care at a VA Facility under DVA/DoD Memorandum of Agreement (MOA) for Active Duty Service Members with SCI, TBI and/or Blind Diagnoses to Defense Health Agency Great Lakes DHA-GL.

Who this is for VAMC Nurse Case Managers or Social Work Case Managers who manage care for Active Duty Service members with Spinal Cord Injury, Traumatic Brain Injury, and/or Blindness

Purpose Defense Health Agency Great Lakes [DHA-GL] is responsible for pre-authorization of all VAMC medical care for Active Duty Service Members accepted under the DVA/DoD Memorandum of Agreement for SCI, TBI, and/or Blind diagnoses.

Eligibility Active Duty Service Member must continue to meet the following criteria:

- ADSM from Air Force, Army, Navy, or Marines who is enrolled in TRICARE Prime OR Prime Remote [MOA does not apply to Coast Guard, Public Health Service, or National Oceanic and Atmospheric Administration, and members on LOD].
- ADSM must show current Active Duty eligibility in DEERS.
- ADSM must at least have one of the following primary diagnoses of Spinal Cord Injury, Traumatic Brain Injury, or Blind to meet the qualifying criteria to receive services under the DVA/DoD MOA for care.
- ADSM may receive Polytrauma medical care under MOA only if it accompanies one of the qualifying diagnoses of SCI, TBI, or Blind. PRIMARY DX must be SCI, TBI, and/or BLIND

Filing

A. Follow these steps to receive pre-authorization for VA medical care:

Step	
1	<p>VA Case Manager contacts DHA-GL/ MMSO via encrypted email or fax for DHL-GL authorization # for continuity of care at VAMC.</p> <ul style="list-style-type: none"> a. For service member’s last name beginning with letters A-L, contact DVA/DoD MOA Nurse Consultant @ 888-647-6676 ext. 1276603; Fax 847.688.6369. b. For service member’s last name beginning with letters M-Z, contact DVA/DoD MOA Nurse Consultant @ 888-647-6676 ext. 1276734; Fax 847.688.6369.
2	<p>VA Case Manager completes Referral & Authorization for SCI/TBI/Blind Rehab—DHA-GL Worksheet-07a (select from drop-down box under Request Worksheets).</p> <ul style="list-style-type: none"> a. Ensure all blocks are completed on form except DHA-GL Authorization #. b. Ensure Inpatient or Outpatient type of care is checked in Section 14, and dates of service. c. Ensure specific medical care requested is designated in Section 15 [e.g. Outpatient SCI Rehab clinic evaluation and 9 follow up visits, <u>or</u> Home Health Care- Skilled Nursing Care, 2 hrs/ visit, 3 visits/ week <u>or</u> Ambulance services from and to VAMC], must include CPT or HCPCS codes. d. ICD 10 and CPT CODES are required and must be provided. e. Attach concise clinical documentation if necessary. f. <u>Note:</u> Ensure completion of <u>DVA/DoD MOA INPT OUTPT Continued Stay Review</u> if requesting next 90 days of medical care.
3	<p>For Durable Medical Equipment, VA Case Manager completes VA SCI/TBI/BLIND DME Request Form — DHA-GL Worksheet 08 (select from drop-down box under Request Worksheets).</p> <ul style="list-style-type: none"> a. Ensure all blocks are completed on form except DHA-GL Authorization #. b. Ensure for each DME requested there is an accompanying HCPCS/NDE code c. Medical justification of item, if requested.
4	<p>PLEASE NOTE: ANY INCOMPLETE PACKET WITHOUT COMPLETED DHA-GL WORKSHEET FORM 07A OR WORKSHEET FORM 08 AND APPROPRIATE DOCUMENTATION CANNOT BE PROCESSED. NO DHA-GL AUTHORIZATION NUMBER CAN BE GIVEN UNTIL COMPLETE PACKET IS RECEIVED.</p>

Step	
5	VA Case Manager sends DHA-GL Worksheet 07a or DHA-GL Worksheet 08 with necessary documentation to the following FAX or Email address: <ol style="list-style-type: none"> <li data-bbox="422 378 909 409">a. FAX: 847-688-6369 to DHA-GL <li data-bbox="422 415 1364 478">b. E-MAIL: Needs to be either <u>ENCRYPTED</u> Emails, or <u>PASSWORD-</u>protected Emails

Filing

B. Follow these steps to receive pre-authorization for VA-contracted civilian medical care:

Step	
1	VA Case Manager follows DVA/DoD MOA Chapter 17, Addendum D, Section 6, c[3,4] Billing and Reimbursement of Rehabilitation Items .
2	<p>OR VA Case Manager finds a Tricare Network Provider who can provide the care.</p> <ol style="list-style-type: none"> <li data-bbox="519 886 1282 961">a. Note: Call your Regional Tricare Contractor or www.tricare.mil/welcome to locate a Network Provider. <li data-bbox="519 995 1396 1108">b. The negotiation of provider’s fees/rate remains within the negotiated decision of the private provider, the VAMC business office, and the Tricare Managed Care Support Contractor (MSC).
3	VA Case Manager completes steps for DHA-GL Worksheet 07a or DHA-GL Worksheet 08 for care being requested (select from drop-down box under Request Worksheets).
4	VA Case Manager sends DHA-GL Worksheet 07a or DHA-GL Worksheet 08 (select from drop-down box under Request Worksheets) with necessary documentation to the following FAX or Email address: <ol style="list-style-type: none"> <li data-bbox="422 1402 909 1434">a. FAX: 847-688-6369 to DHA-GL <li data-bbox="422 1440 1364 1505">b. E-MAIL: Needs to be either <u>ENCRYPTED</u> Emails, or <u>PASSWORD-</u>protected Emails

Results and Follow-up

Upon receipt of the above referenced documents by fax or encrypted email at DHA/GL, then the DVA/DoD MOA Nurse Consultant will:

1. Review information and provide authorization number within two business days from receipt of complete information.
2. Fax completed DHA-GL Authorization to Managed Care Support Contractor [TRICARE] where patient is enrolled.
3. Send completed DHA-GL Authorization by faxed or encrypted email to VAMC Case Manager.

If the VA Case Manager has not heard from DHA-GL within two Business days, contact DHA-GL MOA Department.

Website

- [Referral & Authorization for SCI/TBI/Blind Rehab—DHA-GL Worksheet-07a with lines](#)
 - [VA SCI/TBI/BLIND DME Request Form— DHA-GL Worksheet 08](#)
 - [DVA/DoD MOA INPT OUTPT Continued Stay Review DHA-GL 41](#)
 - [DVA/DoD MOA Chapter 17, Addendum D, Section 6, c\[3,4\] Billing and Reimbursement of Rehabilitation Items](#)
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Point of Contact

If you have questions or need additional assistance beyond the information provided here, contact:

Division	Medical Care Branch
Position	Customer Contact Representative or MOA Team Member
Phone	888-647-6676
Fax	847-688-6369

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://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. 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.