

How to Submit a Request for Pre-authorization for Line of Duty (LOD) Medical Care to DHA-GL

Who this is for National Guard and Reservist

Purpose Defense Health Agency Great Lakes (DHA-GL) pre-authorizes civilian medical care for eligible National Guard and Reservist who have been injured or became ill in the line of duty during a period of qualified duty who resides greater than 50 miles/one hour drive time from a Military Treatment Facility (MTF).

Defense Health Agency Great Lakes (DHA-GL) is responsible for the authorizations of civilian health care for eligible Reservist and National Guard members residing in the United States, District of Columbia and U.S. Virgin Island Only.

Eligibility You must meet the following criteria:

- National Guard or Reservist and have been issued a Line of Duty Determination (LOD) **and** resides outside 50 miles/one hour drive time of a MTF. MTF Locator link below:

[Find a Military Hospital or Clinic | TRICARE](#)

- Have medical eligibility documentation on file at DHA-GL prior to requesting care. See DHA-GL process guide “How to Forward Medical Eligibility Documentation to DHA-GL” for complete instructions.

Submitting Request Follow these steps to receive pre-authorizations for civilian health care:

Step	Action
1	<p>Unit medical representative must complete a Pre-Authorization Request for Medical Care DHA-GL Worksheet-02</p> <ul style="list-style-type: none"> - Block 18 MUST be CAC verified with a digital signature. - Service approved LOD - Certified orders/attendance roster - Clinical documentation <p>**Clinical documentation should validate that the medical condition was incurred or aggravated while the member was in a qualified duty status.</p> <p>Most authorizations will be completed for evaluate and treatment. If evaluate and treatment may not be warranted in a certain case, please contact DHA-GL. Exceptions to evaluate and treatment authorization will be considered on a case-by-case basis.</p>

Step	Action
2	<p>Army Reserve and Army National Guard <u>MUST</u> submit pre-authorization request through eMMPS/MEDCHART</p> <p>For all other branches of service, the unit medical representative submits Line of Duty package with Pre-Authorization Request for Medical Care DHA-GL Worksheet 02 to the following <u>email (preferred)</u>, fax, or address:</p> <ul style="list-style-type: none"> • dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil • FAX: 224-447-0153 or 224-447-0151 <p><u>Mailing Address:</u> Defense Health Agency Great Lakes (DHA-GL) Attn: Medical Pre-Authorizations 2834 Green Bay Road Bldg 3400 Ste 304 Great Lakes IL 60088</p>

Line of Duty (LOD) Episode of Care (EOC) Authorizations

- THP MMSO authorizes treatment of a specific LOD medical condition to which can include diagnostic tests, durable medical equipment support, treatment (to include surgery, if indicated) and any required/related follow-on care to include physical therapy, follow-on testing, etc. There is no longer a requirement for incremental requests to authorize care for each step in the treatment process. Episode of Care (EOC) authorizations result in a better coordinated treatment process for the RC service member and reduces delays in providing needed care.
- Under EOC, often referred to as “Primary Care Manager (PCM) evaluate and treat,” the PCM manages the entire episode of care to include diagnostics, treatment, and follow-on care. **THP MMSO does not select PCMs, the TRICARE contractor does.** The PCM initiates the referral/preauthorization request directly to the respective TRICARE managed care support contractor through the provider referral/authorization portal. Once the TRICARE contractor receives the referral, they provide an authorization directly to a specialty provider for the specialty services requested by the PCM. This process occurs independently of THP MMSO and the Unit. The member and/or the unit may see these authorizations once completed on the TRICARE Contractor’s authorization self-service portal (**East:** <https://www.humanamilitary.com> **West:** <https://www.tricare-west.com>). *****It is the Service member’s responsibility to keep the Unit informed on the status of their care throughout the entire EOC treatment process.**
- Most LOD follow-on care pre-authorizations issued by THP MMSO (Defense Health Agency, Great Lakes) are 365-day EOC authorizations. LOD care can only be approved for maximum of 12 months, if eligible, SM can seek additional care through VA. SM also should be referred to Disability Evaluation System (DES).

Link **DHA-GL Pre-Authorization Request for Medical Care** - Click on link to retrieve document [DHA-GL Worksheet-02](#)

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

Branch	Military Medical Support Office
Position	Customer Service Representative
Phone	888-647-6676
	For questions about:
Billing/Claims	Dial option 2
Pre-authorizations	Dial option 1
Fax	224-447-0153 or 224-447-0151
Email (preferred)	
Billing/Claims	dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil
Pre-authorizations	dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil

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://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html. 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.