

**DVA/DoD MOA Initial Referral & Authorization for
 SCI/TBI/Blind Rehab** Defense Health Agency-Great Lakes

Instructions: Referring MTF or VA Case Manager completes all information below and delivers this form to DHA-GL POC.

Section I – Patient Data

1. Name (last, first, MI):		2. Rank/Grade:	3. DOB (MM/DD/YYYY):	4. SSN (full):
5. Branch of Service: (please X one)				
<input type="checkbox"/> USA	<input type="checkbox"/> ANG	<input type="checkbox"/> USAF	<input type="checkbox"/> USN	<input type="checkbox"/> USMC
<input type="checkbox"/> USAR	<input type="checkbox"/> ARNG	<input type="checkbox"/> USAFR	<input type="checkbox"/> USNR	<input type="checkbox"/> USMCR
6. Eligibility: <input type="checkbox"/> TPR <input type="checkbox"/> Prime-DMIS: <input type="checkbox"/> Not Enrolled			7. Tricare Region:	
8. Home Address (street, city, state, zip)			8A. Home/Mobile Phone # (include area code)	
9. Duty Station, POC, & Phone number:		9A. MTF CM following through MEB process & Phone (with area code):		

Section II – Referral Information and Request

10. Referral Type: <input type="checkbox"/> SCI <input type="checkbox"/> TBI <input type="checkbox"/> Blind <input type="checkbox"/> Initial <input type="checkbox"/> Continuation of Service	
11. Referring Facility: <input type="checkbox"/> MTF <input type="checkbox"/> VA (include address)	11A. POC Name & Phone # (include area code)
12. Accepting Facility: (include address)	12A. POC Name & Phone # (include area code)

13. Diagnosis	ICD-10 Code	Description

14. Type Care	<input type="checkbox"/> Inpatient	Admission Date (MM/DD/YYYY):	DHA-GL Authorization #:	Expiration date:
	<input type="checkbox"/> Outpatient	Dates of Service (MM/DD/YYYY): From: _____ To: _____	<input type="checkbox"/> Home Health <input type="checkbox"/> Other (explain):	<input type="checkbox"/> DME <input type="checkbox"/> Rent <input type="checkbox"/> Purchase <i>See attachments</i>

15. Services	CPT/HCPCS	Description of Services	Duration (in days)	DHA-GL Authorization #:	Expiration Date (MM/DD/YYYY)
		INPATIENT TBI/POLYTRAUMA/STAR REHABILITATION PROGRAM- a comprehensive Polytrauma/vocational rehabilitation program that includes: Physiatry, Psychology, Occupational Therapy, Recreational Therapy, Speech language therapy, vocational rehabilitation, Social Work and RN Case Management services. VOCATIONAL REHAB service NOT TO EXCEED 40% of the total program treatment time. [Auth covers care beginning on day of admission to VA; Transportation from MTF to VA NOT included]			

Section III – DHA-GL POC

16. DHA-GL POC Name:	Phone 888-647-6676, ext:	FAX: 847-688-6369
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