How to Submit a Formal Appeal to MMSO

Who This is For	Active duty, National Guard, and Reservist.						
Purpose	Medical Supportpayment or	 This explains how an eligible member submits a formal appeal to the Military Medical Support Office (MMSO) to request: payment of a denied authorized medial care claim approval of a pre-authorization for medical care previously denied 					
Eligibility	To be eligible to submit a formal appeal to MMSO you must have been either denied a payment of medical care claim(s), or denied pre-authorization request(s) for authorized medical care, and meet the following criteria:						
	If	then on date of care, MUST					
	Active	be eligible in Defense Enrollment Eligibility					
	duty	Reporting System (<u>DEERS</u>), and <u>not</u> TRICARE enrolled to an MTF.					
	National	have an approved Line of Duty (LOD) on file at					
	Guard or Reservist	MMSO for the illness or injury.					

<u>Definition</u>: Authorized health care: A medical treatment or procedure which is medically necessary.

How to Submit a Formal Appeal to MMSO - CONTINUED

Step	Who does it	What happens					
1	Member Contacts Medical/Unit Representative for						
			clarification, guidance, and assistance with denial of				
		claim or pre-authorization request.					
2	Medical/Unit Representative	Ensures the denial decision was made by MMSO, and not by a Military Treatment Facility (MTE) and is					
	Representative	authorized health care.	by a Military Treatment Facility (MTF) and is				
		Note: If the member's care is managed by an MTF					
		contact that MTF for a					
3	Medical/Unit		MSO point of contact below				
	Representative		e or email for further information				
		regarding the reason for	denial				
		If denial was for	then contact				
		claim payment	SPOC				
		pre-authorization	Nurse Consultant Section				
4	Medical/Unit	Assists member in devel	oping and mailing the appeal				
•	Representative						
5	Member	Completes and mails the following appeal request					
U	package to MMSO at the below address:						
	pueriuge to minibo ut the below utdatess.						
			uest Worksheet, MMSO-04				
			ation of Benefits (EOB), if				
		applicableIf Reservist, copy of orders and/or applicable					
		LOD (if not on file					
Mailing Address:							
	TRICARE Management Activity						
Military Medical Support Office							
		Attn: Appeals P.O. Box 886999					
		P.O. Box 886999 Great Lakes, IL 60	088-6999				

Appeal Process Follow these steps to submit a formal appeal to MMSO:

How to Submit a Formal Appeal to MMSO - CONTINUED

Results and follow up	11	he appeal is denied, the reason for the denial and information on how to tiate a second level appeal will be provided in writing directly to the service mber.				
Point of Contact	If you have questions or need additional assistance beyond the information provided here, contact:					
	Division	Healthcare Support Services Branch				
	Position	Customer Service Representative				
	Phone	888-647-6676				
	Fax	847-688-6460				

Military Medical Support Office							-			
MMSO Worksheet-04 Rev. 09/15/2011										
Military Medical Support Office										
Instructions : Complete this form Military Medical Support Office (MMS										
1. Branch of Service (please ✓ one) US	_		JSN			ANG				
2. Name (last, first, MI):	SAR 🗌 USA	FR⊔l	JSNR 3 Ran	USMCF	R L 4. SSN (fu					
						,				
5. Duty Location (Unit name and lo	ocation)				6. Daytime	e Phone #(s) (include area code)			
7. Type of Appeal (please ✓ one):	Denied Clain	n 🗌 De	nied Pre-	authorization	Request					
8. Date of Injury/Illness (YYMMDD	8. Date of Injury/Illness (YYMMDD): 9. Date(s) of Care/Pre-authorization request (YYMMDD):									
10. Unit/Command Medical POC	:				10A. POC	Phone # (in	clude area code)			
11. Appeal: Briefly state why the	e claim should be p	aid, or the de	nied pre-	authorization	should be a	pproved:				
Patient Signature:						Date Signe	d			