

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

Who This is For National Guard and Reservist.

Background and purpose MMSO is responsible for pre-authorizing all 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 and are not in the catchment area of a Military Treatment Facility (MTF).

Eligibility You must meet the following criteria:

- National Guard or Reservist and have been issued a Line of Duty Determination (LOD) and are not in the catchment area of a MTF.
- Have an LOD on file at MMSO prior to requesting care. See MMSO process sheet “How to Forward a Line of Duty Determination (LOD) to MMSO” for complete instructions.

Filing Process Follow these steps to receive pre-authorization for civilian health care:

Step	Action
1	Member or unit medical representative finds a Network Provider who can provide the care. <u>Note:</u> Use the TRICARE Provider Directory to locate a Network Provider.
2	Unit medical representative completes a Pre-Authorization Request for Medical Care, MMSO Worksheet 02. <u>Note:</u> Ensure specific medical care requested (e.g. orthopedic visit and 3 f/u visits or 12 PT visits, etc.) is listed in block 13 of the MMSO Worksheet 02.
3	Unit medical representative mails or FAXes MMSO Worksheet 02 to the following address/FAX: Military Medical Support Office Attn: Medical Pre-Authorizations P.O. Box 886999 Great Lakes, IL 60088-6999 FAX: 847-688-7394

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

**Results and
follow up**

Once all appropriate documentation has been received a pre-authorization will be issued by MMSO to the unit medical representative within seven (07) working days. If you haven't heard from MMSO within seven working days contact the Pre-Authorization department.

Enclosure

Pre-Authorization Request for Medical Care, MMSO Worksheet-02

**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
Phone	888-647-6676

PRE-AUTHORIZATION REQUEST FOR MEDICAL CARE Reserve Component

Instructions: Member or unit representative completes Sections I and II. Unit representative completes and validates Section III, then mails or faxes this form and supporting documentation to MMSO (address/FAX # below). *All blocks must be completed.*

Section I – Patient Data

1. Branch of Service (✓ one) USAR USNR USMCR USAFR ARNG ANG USCGR

2. Name (last, first MI):

3. Rank or Grade:

4. SSN

5. Patient Home Address (street, apt #, city, state, & zip):

6. DOB (YYMMDD):

7. Phone #: (include area code)

8. TRICARE Region (✓ one)

North South West

Section II – Pre-Authorization Request

9. Date of injury/illness (YYMMDD):

10. Duty dates (YYMMDD):

From:

to:

11. Diagnosis or description of injury/illness (include ICD9 if available):

12. Eligibility documents were submitted to MMSO on: _____. If not, indicate what documents are attached by checking one or both of the following blocks: LOD or Orders/Attendance Roster.

13. List follow-up care requested:

14. Provider Name:

14a. Provider POC and Phone #:

15. Medical Board Information (Date & MTF name):

16. Profile information/Limited Duty Board Information:

Section III – Unit Certification of Eligibility

17. Name of nearest Military Treatment Facility: _____ which is located _____ miles from the reservist's/guard's place of duty or residence (✓ one).

18. Unit Name & Address (Unit name, staff symbol, code, street, bldg #, city, state, & zip etc.):

18A. Unit UIC/OPFAC

19. Unit POC (Name, Rank and Title):

19A. POC Phone # (include area code)

20. Certification: I certify that this individual is eligible for this care at government expense:

Signature

Printed Name

Date

DISTRIBUTION

MAIL this form/supporting documents to:
MMSO Attn: Medical Pre-Authorizations
P.O. BOX 886999
Great Lakes, IL 60088-6999

FAX this form/ supporting documents to:
847-688-7394
Attn: Medical Pre-Authorizations