



UNITED STATES MARINE CORPS

MARINE CORPS BASE

QUANTICO, VIRGINIA 22134-5001

MCBO 6320.1A

B 103

0 6 AUG 1999

MARINE CORPS BASE ORDER 6320.1A

From: Commander
To: Distribution List

Subj: CIVILIAN HOSPITALIZATION AND TREATMENT

Ref: (a) NAVMEDCOMINST 6320.1E
(b) NAVMEDCOMINST 6320.3B

Encl: (1) MEDDAC (CSD) Form 279 (EF), Application for
Nonavailability Statement - CHAMPUS

1. Purpose. To promulgate policies and procedures for admission and/or treatment at a civilian hospital per the references.

2. Cancellation. MCBO 6320.1.

3. Information

a. This Order applies to all active duty personnel and other beneficiaries in the service area of the Naval Medical Clinic (NMCL), Quantico.

b. Reference (a) enumerates policies and procedures regarding non-Naval medical and dental care for active duty personnel. Reference (b) covers eligibility for Federal health care programs and the issuance of nonavailability certificates.

c. On account of the distance involved for MCB personnel and their families to obtain inpatient care, we must ensure the widest dissemination of information concerning civilian hospitalization, especially in emergency situations.

4. Action

a. Active Duty Personnel

(1) Per reference (a), active duty personnel are authorized to use a civilian hospital without prior permission in cases of **severe emergency only**. The Primary Care Manager (PCM) must be notified within 24 hours for authorization.

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(a) All activity heads will notify the Managed Care Department, NMCL, at (703) 784-1593, of active duty admissions. After normal working hours, notify the Duty PCM at (703) 784-1699.

(b) The PCM will establish liaison with the civilian attending physician and will coordinate the proper disposition of the patient. Direct communication with civilian hospital personnel is not advisable or necessary (with the exception of next of kin or patient visits when allowed). Managed Care personnel will notify the servicemember's CO upon change of condition or transfer to a military treatment facility (MTF).

(2) Transfer to an MTF must be coordinated by the PCM at the NMCL. The attending physician determines the medical condition of the patient and has direct impact on the transfer of the patient. The servicemember's CO will contact Managed Care to ensure that transfer arrangements proceed as necessary.

(3) Upon discharge from an inpatient treatment facility, ensure that convalescent leave, medical hold, medical boards, and possible disability entitlement is handled appropriately. **Only the attending physician is authorized to recommend convalescent leave.** Active duty personnel must return the appropriate documents to their CO prior to going on leave. Upon receipt of bills, mail to PGBA, P.O. Box 7015, Camille, SC 29820-7015.

b. Non-active Duty Beneficiaries

(1) If authorized payment for non-emergency or maternity care is to be considered, enclosure (1), is required when the civilian hospital of choice is located within the catchment area (normally a 40 mile radius) of a military hospital for non-Prime enrollees. Approval for nonavailability is made by DeWitt Army Hospital, Ft. Belvoir, VA. The appropriate form, enclosure (1), and additional information may be obtained from the Health Benefits Advisor or TRICARE Service Center. Emergency treatment **does not** require a nonavailability certificate; however, a copy of the patient's medical treatment report should be obtained prior to discharge from the civilian hospital. Nonavailability statements are only required for TRICARE Standard.

(2) The transfer of a TRICARE Standard beneficiary (non-active duty) to a higher level of care at another hospital is a covered benefit under TRICARE Standard. Therefore, the procedures of

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the local hospital for transfer may be used. Transfer of non-active duty beneficiaries by a military ambulance is provided for emergencies only and may not be used on a routine basis.



R. P. ROOK
Chief of Staff

DISTRIBUTION: A

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<p>APPLICATION FOR NONAVAILABILITY STATEMENT - CHAMPUS (See reverse for Privacy Art Statement)</p>		<p>DATE</p>	
<p>TO: HEALTH BENEFITS ADVISOR CLINICAL SUPPORT DIVISION, DEWITT ARMY COMMUNITY HOSPITAL, FORT BELVOIR, VA 22060-5901 FAX # 703-805-0763</p>			
<p>A Nonavailability Statement (DD Form 125 1) is required when noncmtrgcncy inpatient care and certain outpatient care is to be provided to dependents of active duty personnel residing with, or apart from sponsor, retirees and their dependents and dependents of deceased/former spouses residing within a ZIP Code Catchment area of this hospital. The following is required to evaluate a request for issuance of DD Form 125 1:</p>			
<p>PATIENT NAME (last, first, MI)</p>		<p>STATUS (wife, son, etc.)</p>	
<p>HOME ADDRESS (street, city, state, ZIP)</p>		<p>HOME TELEPHONE WORK</p>	
<p>DATE OF BIRTH</p>	<p>SPONSOR'S NAME</p>	<p>RANK</p>	<p>SPONSORS SSN</p>
<p>SPONSOR'S CATEGORY (active duty, retired, deceased, former spouse; if active duty his/her unit/organization) and BRANCE OF SERVICE (Army, Navy, Marines, Air Force or other)</p>			
<p>OTHER PRIMARY HEALTH INSURANCE (yes or no) If you have private health insurance that pays first for the cost of medical services, you do not need a nonavailability statement from the local MTF.</p>			
<p>All retroactive requests for nonavailability statements require summary of hospitalization or history and physical examination. If maternity care, name of hospital where delivery will take place, date of first civilian prenatal visit and delivery date. All other requests require name of civilian hospital and date of hospitalization. MEDICARE, ACTIVE DUTY, DEPENDENT PARENTS AND PARENTS-IN-LAW ARE NOT ELIGIBLE FOR CHAMPUS.</p>			
<p>REASON FOR REQUEST (continue on separate sheet if necessary)</p>			
<p>SIGNATURE OF BENEFICIARY, PARENT, or SPONSOR</p>			

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TO Chief, FROM CHAMPUS, CSD DATE

TO DCCS FROM Chief, DATE

RECOMMEND Approval Disapproval (Date & Time of appt) REASON

(Signature of Service Chief)

TO HBA FROM DCCS DATE

ACTION: Approved Disapproved

PRIMARY REASON FOR ISSUANCE (x one)

- a. FACILITY TEMP NA
b. PROF CAPABILITY TEMP NA
c. FACILITY /PROF CAPABILITY PERM NA
d. MEDICALLY INAPPROPRIATE

(Signature of DCCS)

ACTION BY HBA: DATE

- Coordination made with other MTFs in catchment area and capabilities are NOT available.
Coordination made with other MTFs in catchment area and capabilities ARE available.
Patient informed to contact
Patient informed that the service is available and wishes to appeal. Appeal should be addressed to the Commander, DACH.

(Signature of HBA)

TO Chief, Clinical Support Division FROM CDR, DACH DATE
ATTN: HBA

The appeal to this denial of this application is:

APPROVED - Reason

DISAPPROVED - Further appeal can be made to MEDCOM, Fort Sam Houston, Texas.

(Commander)

PRIVACY ACT STATEMENT

- 1. Authority: 5 U.S.C., section 301; 10 U.S.C, SECTION3012.
2. Principal Purpose: To ensure effective management practices and efficient patient administration.
3. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Disclosure of personal information is voluntary; however, the information solicited is required for establishing eligibility for CHAMPUS benefits.
4. Routine Use: To evaluate eligibility for CHAMPUS.