

CHAPTER 1
SECTION 6.1

NONAVAILABILITY STATEMENT (DD FORM 1251) FOR INPATIENT ADMISSIONS

ISSUE DATE: February 16, 1983

AUTHORITY: [32 CFR 199.4\(a\)\(9\)](#) and [32 CFR 199.7\(a\)\(7\)](#)

I. DEFINITION

A valid Nonavailability Statement (NAS) is an official Department of Defense document (DD Form 1251 ([Figure 1-6.1-1](#))) issued by the commander (or a designee) of a Uniformed Services Medical Treatment Facility (MTF) which certifies that a specific medical service was not available to a beneficiary at, or through, the MTF at the time the beneficiary sought the service.

II. POLICY

A. A claim shall not be paid for nonemergency inpatient mental health care rendered in a hospital to a non-enrolled beneficiary who resided at the time the care was rendered within a U.S. Postal Service Zip Code area listed as a part of an MTF catchment area in the zip code directory, unless the NAS authorization resides on the MHS Referral and Authorization System or the claim is accompanied by a valid NAS or, in the case of an electronic media claim (EMC) or UB-92 claim, there is an endorsement on the claim that the NAS is on file with the provider. See [paragraph III. EXCEPTIONS](#), below.

B. A NAS is not an authorization for TRICARE benefits. A NAS in no way authorizes the listed service or services as a TRICARE benefit.

C. Requirements for NAS. The policy in effect at the time the care is rendered apply in determining the applicable requirements for the NAS. The authority for issuing a NAS is limited to an MTF commander (or the commander's designee). The DoD Instruction 6015.23, "Delivery of Healthcare at Military Treatment Facilities (MTFs)" ([Figure 1-6.1-2](#)) applies to NASs.

D. With the exception of maternity care, the ASD(HA) may require NASs for other than mental health services when:

1. Significant costs would be avoided by performing specific procedures at the affected MTFs, or

2. Specific procedures must be provided at the affected MTFs to ensure proficiency levels of the practitioners, or

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3. The lack of NAS requirement would significantly interfere with TRICARE contract administration.

In exercising the above authority, the ASD(HA) must notify the Armed Services Committees of the House and the Senate. The MTF, the TRICARE Regions, and the contractors must publicize the NAS requirements to the affected beneficiaries.

E. NAS Validity.

1. A NAS is valid for a medically necessary hospital admission which occurs within 30 calendar days of issuance. The NAS shall remain valid from the date of admission until 15 days after discharge for any follow-on treatment which is directly related to the admission.

2. A NAS is valid for the adjudication of TRICARE claims for all related care otherwise authorized which is received from a civilian source while the beneficiary resided within the MTF catchment area which issued the NAS.

3. A NAS issued by a Command outside the United States is not valid for care in facilities which are located within the 50 states, Puerto Rico, or in the District of Columbia. Conversely, a NAS issued by an MTF in the U.S. is not valid outside the 50 states, Puerto Rico, or District of Columbia.

F. A retroactively issued NAS is issued only if the services listed could not have been rendered in the MTF, or it would have been medically inappropriate to have sought MTF admission at the time services were delivered in the civilian sector.

G. Knowledge of NAS requirement. A beneficiary is responsible for determining if a NAS is required for his or her area of residence and for obtaining one, if required, by first seeking nonemergency care in the responsible MTF. The requirement for a NAS applies to any nonemergency care while the non-enrolled beneficiary is away from his or her residence.

H. Related Claims. A copy of the NAS valid for a specific inpatient admission is required for the inpatient services claim (institutional, professional or ancillary service claim) related to that admission or the claim must be associated with the previously submitted inpatient hospital claim and its required NAS.

III. EXCEPTIONS

A. When a beneficiary has "other insurance" that provides primary coverage, a NAS is not required for nonemergency services provided to a beneficiary who resides within an MTF catchment area. The conditions for applying this provision are:

1. The "other insurance" must be primary under the provisions of TRICARE Reimbursement Manual, [Chapter 4, Section 1](#).

2. Documentation that the "other insurance" processed the claim and of the exact amount paid must be submitted with the TRICARE claim.

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3. For NAS purposes, the “other insurance” must be a medical-hospital-surgical plan which at least covers inpatient hospitalization of the beneficiary.

4. When the mother's “other insurance” does not cover the newborn, a NAS will not be required for the first three days of newborn care. If a newborn becomes a patient in his or her own right, the NAS requirement applies.

B. Emergency. A NAS is not required to adjudicate a claim for an emergency. See [Chapter 2, Section 6.1](#) to determine what constitutes an emergency.

C. CHAMPVA. Civilian Health and Medical Program of the Veterans Administration (CHAMPVA) beneficiaries are not subject to the NAS requirements since they are not eligible for MTF care.

D. Specific Programs.

A NAS is not required for care rendered by the following providers or programs:

- External Resource-Sharing
- Program for Persons with Disabilities (formerly known as Program for the Handicapped)
- Residential Treatment Centers (RTC)
- Skilled Nursing Facilities (SNF)
- Student Infirmarys
- Substance Use Disorder Rehabilitation Facilities (SUDRF)

E. A NAS is not required for beneficiaries who are enrolled in TRICARE Prime even when these beneficiaries use the POS option.

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FIGURE 1-6.1-1 DD 1251 (SAMPLE)

UNIFORMED SERVICES MEDICAL TREATMENT FACILITY NONAVAILABILITY STATEMENT (NAS)		REPORT CONTROL SYMBOL
<i>Privacy Act Statement</i>		
AUTHORITY:	44 USC 3101, 41 CFR 101 et seq., 10 USC 1066 and 1079, and EO 9397, November 1943 (SSN).	
PRINCIPAL PURPOSE:	To evaluate eligibility for civilian health benefits authorized by 10 USC, Chapter 55, and to issue payment upon establishment of eligibility and determination that the medical care received is authorized by law. The information is subject to verification with the appropriate Uniformed Service.	
ROUTINE USE:	CHAMPUS and its contractors use the information to control and process medical claims for payment; for control and approval of medical treatments and interface with providers of medical care; to control and accomplish reviews of utilization; for review of claims related to possible third party liability cases and initiation of recovery actions; and for referral to Peer Review Committees or similar professional review organizations to control and review providers' medical care.	
DISCLOSURE:	Voluntary; however, failure to provide information will result in denial of, or delay in payment of, the claim.	
1. NAS NUMBER (Facility) (Yr-Julian) (Seq. No.)		2. PRIMARY REASON FOR ISSUANCE (X one)
		a. PROPER FACILITIES ARE TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER
3. MAJOR DIAGNOSTIC CATEGORY FOR WHICH NAS IS ISSUED (Use code from reverse)		b. PROFESSIONAL CAPABILITY IS TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER
		c. PROPER FACILITIES OR PROFESSIONAL CAPABILITY ARE PERMANENTLY NOT AVAILABLE AT THIS FACILITY
		d. IT WOULD BE MEDICALLY INAPPROPRIATE TO REQUIRE THE BENEFICIARY TO USE THE MTF (Explain in Remarks)
4. PATIENT DATA		
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYMMDD)	c. SEX
d. ADDRESS (Street, City, State, and ZIP Code)		e. PATIENT CATEGORY (X one)
		(1) Dependent of Active Duty
		(2) Dependent of Retiree
		(3) Retiree
		(4) Survivor
		(5) Former Spouse
		f. OTHER NON CHAMPUS HEALTH INSURANCE (X one)
		(1) Yes, but only CHAMPUS Supplemental
		(2) Yes (List in Remarks)
		(3) No
5. SPONSOR DATA (if you marked 4e(3) Retiree above, print "Same" in 5a.)		
a. NAME (Last, First, Middle Initial)	b. SPONSOR'S OR RETIREE'S SOCIAL SECURITY NO.	
6. ISSUING OFFICIAL DATA		
a. NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE	d. PAY GRADE	e. DATE ISSUED (YYMMDD)
7. REMARKS (Indicate block number to which the answer applies.)		

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FIGURE 1-6.1-1 DD 1251 (SAMPLE) (CONTINUED)

INSTRUCTIONS TO THE PATIENT Concerning use by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)	
<ol style="list-style-type: none"> 1. The medical care requested is not available to you at a Uniformed Services Medical Treatment Facility (USMTF) in this area. 2. This form does NOT guarantee that CHAMPUS will cost share your care. <ol style="list-style-type: none"> a. If you receive medical care from civilian sources and such care is determined to be authorized care under CHAMPUS, it will be cost shared by the Government to the extent that the program permits, provided such care is not obtained in a facility which discriminates in its admission and treatment practices on the basis of race, color, or national origin. b. If you receive medical care from civilian sources and it is determined that all or part of the care is not authorized under CHAMPUS, the GOVERNMENT WILL NOT PAY for the unauthorized care. c. The determination of whether medical care you receive from civilian sources is covered under CHAMPUS can not be made at this time because this determination depends, among other things, upon the care you actually receive and not upon the statement regarding your condition or diagnosis made on this form. 3. This form must be presented with your Uniformed Services Identification and Privilege Card when you obtain civilian medical care. For your claim to be processed, you must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). 4. This form is valid only for medical care requested from and determined not available at a Uniformed Services medical treatment facility in this area. 5. An NAS shall normally be valid only for a hospital admission or the indicated outpatient procedure within 30 days of issuance for the specialty code noted on the NAS. For inpatient care, it will remain valid from the date of admission until 15 days after discharge for any other required treatment that is directly related to the original admission, with the following exceptions: 	<ol style="list-style-type: none"> a. In maternity cases, the date of admission is the date when the patient entered into the prenatal care program with a civilian provider, and the maternity NAS shall remain valid for 42 days following termination of the pregnancy. A retroactive NAS may be issued for maternity care, but not a chronic care NAS. b. If a newborn infant remains in the hospital continuously after the discharge of a CHAMPUS eligible mother, the mother's NAS shall be valid for the infant in the same hospital for up to 15 days after the mother's discharge. Beyond this 15 day limit, the beneficiary must request the issuing facility to make a determination on the availability of care for the infant and to issue an NAS for the infant if the requirements of these instructions are met. c. If an active duty service member gives birth in a civilian hospital and there are charges for the care of the infant, an NAS is required for the infant if the infant's stay is for four or more days. (At that point, the infant is considered to be a new CHAMPUS eligible patient in his or her own right.) d. If you do not use this form within 30 days, or if you have questions about the expiration of the form, you should check with your local Health Benefits Advisor (HBA) prior to your admission to the hospital. If you do not use this form, return it to the issuing Uniformed Services medical treatment facility. 6. If you have further questions regarding this form or your CHAMPUS benefits, you should talk with your local Health Benefits Advisor, the CHAMPUS Fiscal Intermediary for your area, or the Beneficiary and Provider Relations Division, Office of CHAMPUS, Aurora, Colorado 80045-6900. <p style="margin-top: 10px;">I HAVE REVIEWED AND UNDERSTAND, THE ABOVE INSTRUCTIONS</p> <p style="margin-top: 10px;">PATIENT'S SIGNATURE</p>
INSTRUCTIONS FOR COMPLETING DD FORM 1251	
<p>This form can be issued only in accordance with the provisions of DoDI 6015.10, "Issuance of Nonavailability Statements," as implemented by the issuing facility's host Service (AR 40-121, NAVMEDCOMINST 6320.3 AFR 168.9, PHS General Circular No. 6, CGCOMDTINST 6320.11b, NOAA CO.4).</p> <p>The issuing officer or designee should brief the recipient on the instructions to the Patient on the front of this form. However, if the patient is not enrolled in DEERS, and the HBA has reason to believe the individual is entitled to care, issue a "conditional" NAS and advise the patient that the claim will not be considered until the DEERS enrollment is complete.</p> <p>If the NAS is being issued retroactively (after the date the patient was admitted to the hospital), the last three digits of the NAS Number, Block 1, must be between 900 and 999 and an explanation provided in Block 7, "Remarks." If this condition is not met, the CHAMPUS Fiscal Intermediary will reject the claim.</p> <ol style="list-style-type: none"> 1. Enter an NAS Number. <ul style="list-style-type: none"> • The first four digits are the Defense Medical Information System (DMIS) facility identifier. • The next four digits represent the date the form is issued. It consists of the last digit of the year plus the Julian Date. (For example, if the date is 1 January 1988, these digits would be 8001.) • The final three digits are the facility sequence number: <ul style="list-style-type: none"> • Numbers 000 through 699 may be assigned in accordance with the implementing instructions of the issuing facility's host Service. • Numbers 700 through 799 are assigned to retroactive chronic care. • Numbers 800 through 899 are assigned to NASs issued for chronic care and are valid for one year from date of issuance. • Numbers 900 through 999 are assigned to NASs issued retroactively. 2. Made the appropriate box. 3. Enter the code for the major diagnostic category for which the NAS is being issued from the following list. For further information on what goes into each category, consult the Diagnostic Related Group (DRG) Definitions Manual. <ul style="list-style-type: none"> 01 Diseases and Disorders of the Nervous System 02 Diseases and Disorders of the Eye 03 Diseases and Disorders of the Ear, Nose and Throat 	<ol style="list-style-type: none"> 3. Codes (Cont'd) <ul style="list-style-type: none"> 04 Diseases and Disorders of the Respiratory System 05 Diseases and Disorders of the Circulatory System 06 Diseases and Disorders of the Digestive System 07 Diseases and Disorders of the Hepatobiliary System and Pancreas 08 Diseases of the Musculoskeletal System and Connective Tissue 09 Diseases of the Skin, Subcutaneous Tissue and Breast 10 Endocrine, Nutritional and Metabolic Diseases 11 Diseases and Disorders of the Kidney and Urinary Tract 12 Diseases and Disorders of the Male Reproductive System 13 Diseases and Disorders of the Female Reproductive System 14 Pregnancy, Childbirth and the Puerperium 15 Normal Newborns and Other Neonates with Certain Conditions Originating in the Perinatal Period 16 Diseases and Disorders of the Blood and Blood-Forming Organs and Immunological Disorders 17 Myeloproliferative Disorders and Poorly Differentiated Neoplasms 18 Infectious and Parasitic Diseases (Systemic and Unspecified Sites) 19 Mental Diseases and Disorders 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Disorders 21 Injuries, Poisonings, and Toxic Effect of Drugs 22 Burns 23 Factors Influencing Health Status and Other Contacts with Health Services 60 Pediatrics (over 28 days of age) 61-74 Selected Outpatient Procedures 4a-e. Self-explanatory. 4f. Mark the appropriate box. If "f(2), Yes," is marked, specify the name of the insurance company and the policy number, if available, in Block 7, "Remarks." 5a. Enter the Sponsor's name. If the sponsor is the patient, enter "Same." 5b is self-explanatory. 6a-d. Self-explanatory. 6e. This date should be the same as the date in Block 1 but written in YYMMDD format. 7. Enter remarks as required by these instructions and implementing instructions.

DD Form 1251, JUL 91 (Back)

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FIGURE 1-6.1-2 DELIVERY OF HEALTH CARE AT MILITARY TREATMENT FACILITIES (MTFs)



Department of Defense
INSTRUCTION

NUMBER 6015.23
December 9, 1996

SUBJECT: Delivery of Healthcare at Military Treatment Facilities (MTFs)

- References:
- (a) DoD Directive 5136.1, "Assistant Secretary of Defense (Health Affairs)," April 15, 1991
 - (b) DoD Instruction 6010.15, "Third Party Collection (TPC) Program," March 10, 1993 (hereby canceled)
 - (c) DoD Instruction 6015.19 "Issuance of Nonavailability Statements (NASs)," June 11, 1991 (hereby canceled)
 - (d) DoD Instruction 6015.20 "Changes in Services Provided at Military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs)," December 3, 1992 (hereby canceled)
 - (e) through (m), see Enclosure 1

1. PURPOSE

This Instruction under reference (a):

1.1. Implements policy, assigns responsibilities and prescribes procedures on provisions of care in the delivery of health care at MTFs in the Military Health Services System.

1.2. Implements policy, assigns responsibilities and prescribes procedures on international military reciprocal health care agreements.

1.3. Replaces references (b) through (g).

1.4. Authorizes the publication of DoD 6015.1-M "Classification Nomenclature and Definitions Relating to Fixed and Non-fixed MTFs" and DoD 6010.15-M, "Military Treatment Facility Uniform Business Office (UBO)," in accordance with DoD 5025.1-M (reference (h)).

1.5. Authorizes retention of DD Form 2494, "TRICARE - Active Duty Family Member Dental Plan (FMDFP) Enrollment Election," and DD Form 2494-1, "Supplemental TRICARE - Active Duty Family Member Dental Plan (FMDFP) Enrollment Form." These forms must be used for enrolling and effecting changes and termination of enrollment in the TRICARE-Active Duty Family Member Dental Plan.

1.6. Continues to authorize the publication of DoD 6010.8-R (reference (i)). In accordance with DoD 5025.1-M (reference (h)), reference (i) provides guidelines for the worldwide administration of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and prescribes a uniform policy for an equitable delivery of authorized health care benefits to all beneficiaries.

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, and the Defense Agencies (hereafter referred to collectively as "the Components").

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FIGURE 1-6.1-2 DELIVERY OF HEALTH CARE AT MILITARY TREATMENT FACILITIES (MTFs)

3. POLICY

It is DoD policy under DoD Directive 5136.1 reference (a) that:

3.1. Under 10 U.S.C. 1073 (reference (j)), in general, the Secretary of Defense administers programs and activities of Chapter 55 of reference (j) for the Armed Forces under his jurisdiction, the Secretary of Transportation administers such programs and activities for the Coast Guard when the Coast Guard is not operating as a Service in the Navy, and the Secretary of Health and Human Services administers such programs and activities for the Commissioned Corps of the National Oceanic and Atmospheric Administration and for the U.S. Public Health Service. The Secretary of Defense's authority has been delegated to the Assistant Secretary of Defense for Health Affairs by reference (a).

3.2. The Department of Defense shall make available inpatient medical care in MTFs, without cost (except for a subsistence charge, if applicable) to the foreign force members and their dependents in the United States, as determined by the ASD(HA). The ASD(HA) determines that comparable care is made available to a comparable number of United States force members and their dependents in the foreign country concerned and that there is an appropriate international agreement with the foreign country. Foreign force members eligible for inpatient care under this criteria are also eligible for supplemental care without cost.

3.3. Foreign force members and their dependents in the United States who do not meet the criteria in subsection 3.1., above, and who are otherwise eligible for and receive MTF inpatient medical care, must reimburse that facility for such care at the appropriate DoD reimbursement rate.

3.4. The ASD(HA) shall act upon requests for international reciprocal health care agreements and negotiate and conclude any necessary international agreements.

3.5. Foreign military members and their dependents in the United States who are not covered by an international reciprocal health care agreement shall be offered DoD health care to the extent authorized by the regulations of the Military Departments.

3.6. Requests for agreements may be submitted to the ASD(HA) by a foreign government. The request should include a description of the health care offered by the foreign country and the numbers of foreign military members and their dependents who are expected to be covered by the agreement.

3.7. Foreign personnel subject to North Atlantic Treaty Organization Status of Forces Agreement (SOFA) or countries under the Partnership For Peace SOFA, their dependents and civilian personnel accompanying the forces may receive medical and dental care, including hospitalization, under the same conditions as comparable personnel of the receiving State. Outpatient care is at military expense, inpatient care at full reimbursement rate from MTFs and other Federal and civilian sources.

3.8. Collections from third party payers shall be done to the fullest extent allowed by law and 32 CFR 220 (reference (k)).

3.9. All funds collected through the Third Party Collection (TPC) Program shall be deposited into the appropriations supporting the MTF in the fiscal year in which collections are made and, to the extent practical, such funds shall be available to the local MTF rendering the care. Collections shall be over and above the hospital's direct budgetary authority in the year of execution as obtained through the normal budget process.

3.10. All funds collect under the TPC Program shall used, except for amounts needed to finance collection activities, to enhance health care services.

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FIGURE 1-6.1-2 DELIVERY OF HEALTH CARE AT MILITARY TREATMENT FACILITIES (MTFs)

3.11. An MTF shall issue a nonavailability statement (NAS) to a non-enrolled CHAMPUS beneficiary for authorized nonemergency care only when the care required is not available from an MTF having a catchment area that includes the beneficiary's current address, or is inappropriate medically to require the beneficiary to use the MTF. MTF procedures for NAS issuance shall be consistent with NAS requirements in DoD 6010.8-R (reference (i)).

3.12. Data on inpatients in the military health care system shall be accurately and uniformly reported to the Office of the Assistant Secretary of Defense (OASD(HA)), as the ASD(HA) may require, for use in studies of diseases, types of care rendered, utilization, and workload.

3.13. The Secretaries of the Military Departments shall approve changes in the clinical services offered at any MTF, after concurrence of the Regional Director of the DoD health services region in which the affected installation is located. This authority may be redelegated to an Assistant Secretary or the Surgeon General.

4. RESPONSIBILITIES

4.1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

4.1.1. Monitor compliance with this Instruction.

4.1.2. Be responsible for coordinating proposed international reciprocal health care agreements with the Under Secretary of Defense for Policy, Under Secretary of Defense (Comptroller), General Counsel of the Department of Defense, and appropriate other DoD Components; for providing copies of concluded agreements to appropriate DoD Components; and for furnishing guidance concerning application of the agreements.

4.1.3. Modify or supplement this Instruction, as needed.

4.1.4. Act on recommendations for international reciprocal health care agreements submitted, and negotiate and conclude any necessary international agreements, consistent with DoD Directive 5530.3 (reference (1)).

4.1.5. Set policies concerning NASs and catchment areas.

4.2. The Secretaries of the Military Departments shall:

4.2.1. Be responsible for reviewing procedures established by the Military Departments to ensure compliance with this Instruction.

4.2.2. Comply with international reciprocal health care agreements.

4.2.3. Budget for the medical and dental care it anticipates will be furnished to eligible foreign personnel under its sponsorship in civilian and U.S. Government facilities other than military. Payment procedures and rates shall be the same as those used for U.S. personnel.

4.2.4. Ensure that each Commander of an MTF shall be responsible for submitting to their respective biometrics agencies workload information on a monthly basis. The information is to be sent by the fifth of the next month. The biometrics agencies review it and, if necessary, work with the site to correct it. It is to be available for release by the MTF by the fifteenth of the month following the report month. Information to be reported include, but are not limited to, live births, admissions, dispositions, days of care, and ancillary services.

5. PROCEDURES

5.1. Nonavailability Statements

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FIGURE 1-6.1-2 DELIVERY OF HEALTH CARE AT MILITARY TREATMENT FACILITIES (MTFs)

5.1.1. A NAS is not required for a medical emergency, when a beneficiary has another health insurance plan that provides primary coverage for the cost of their medical services or is enrolled in TRICARE Prime. In the case of a TRICARE Prime enrollee, a valid care authorization is issued by **the contractor** or primary care manager must still be issued.

5.1.2. NASs must be electronically issued through the Defense Eligibility Enrollment Reporting System or Composite Health Care System and shall be valid for admission or a procedure within 30 days of issuance. NASs should be retroactively issued if the care provided by civilian sources could not have been obtained from an MTF.

5.1.3. Medical necessity reviews for selected inpatient procedures must be accomplished before NAS issuance. These medical necessity reviews shall be conducted in accordance with Regional Director requirements as specified in the TRICARE Managed Care Support contracts. The timeframe to issue a NAS, once requested is the same as the preauthorization review timeliness standards.

5.1.4. The first-level appeal for decisions surrounding NAS issuance is the MTF commander, the second level appeal is the TRICARE Regional Director, and the third and final level of appeal is the Service Surgeon General having responsibility for the TRICARE region in which to appeal is generated. In those cases where the TRICARE Regional Director is the first level of appeal, the Service Surgeon General having responsibility for the TRICARE region is the second-level appeal, the third level of appeal is the Deputy Assistant Secretary of Defense (Health Services Financing).

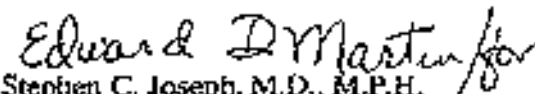
5.2. Inpatient data shall be forwarded to the agency designated by the OASD(HA) at least monthly, using the procedures and format mandated in the Manual for Reporting Inpatient Data. The data must be sent by the 25th day of the month following the month of data.

6. INFORMATION REQUIREMENTS

The inpatient data collected for compliance with this requirement shall be reported using the Report Control Symbol of RCS DD-HA (AR) 1453, in accordance with DoD 8910.1-M (reference (m)). Definitions of the data elements and codes must be the same for all three Military Services. New facilities must be given identification codes by the OASD(HA) and properly identified when initially reporting their data. The reporting requirements identified at paragraphs in 4.1.4., 4.2.4., and 5.1.2. are exempt from licensing in accordance with paragraph 5.3 of DoD 8910.1-M (reference (m)).

7. EFFECTIVE DATE

This Instruction is effective immediately.


Stephen C. Joseph, M.D., M.P.H.
Assistant Secretary of Defense for Health Affairs

Enclosures - 1

1. References

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- (e) DoD Instruction 6040.39, "Reporting of Inpatient Data," April 6, 1988 (hereby canceled)
- (f) DoD Instruction 6010.8, "Administration of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," October 24, 1984 (hereby canceled)
- (g) DoD Instruction 6040.33, "Medical Diagnoses and Surgical Operations and Procedures Nomenclature and Statistical Classification," May 12, 1986 (hereby canceled)
- (h) DoD 5025.1-M, "DoD Directives System Procedures," August 1994, authorized by DoD Directive 5025.1, June 24, 1994
- (i) DoD 6010.8-R, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," July 1991, authorized by this Instruction
- (j) Chapter 55 and Sections 1079(a) and 1073 of Title 10, United States Code, "Medical and Dental Care"
- (k) Title 32, Code of Federal Regulations, Part 220, "Collection from Third Party Payers of Reasonable Costs of Healthcare Services," current edition
- (l) DoD Directive 5530.3, "International Agreements," June 11, 1987
- (m) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," November 28, 1986, authorized by DoD Directive 8910.1, June 11, 1993.

- END -