Chapter 17 Addendum D

Memorandum Of Agreement (MOA) Between Department Of Veterans Affairs (DVA) And Department Of Defense (DoD) For Medical Treatment Provided To Active Duty Service Members (ADSMs) With Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blindness, Or Polytraumatic Injuries

Due to the size and nature of the table it can be found on page 2.

MEMORANDUM OF AGREEMENT BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE FOR MEDICAL TREATMENT PROVIDED TO ACTIVE DUTY SERVICE MEMBERS WITH SPINAL CORD INJURY, TRAUMATIC BRAIN INJURY, BLINDNESS, OR POLYTRAUMATIC INJURIES PURPOSE

1. Purpose

This Memorandum of Agreement (MOA) establishes policies for medical management within an appropriate care setting and reimbursement between Department of Veterans Affairs (DVA) and Department of Defense (DoD) regarding treatment provided to Active Duty Service Members (ADSMs) with Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), blindness, or polytraumatic injuries (more than one injury sustained at the same time that includes either an SCI, TBI, or blindness) at DVA medical facilities. **Appendix A** provides instructions to implement the provisions of the MOA and is not intended to alter the provisions of this MOA.

2. Background

There has been a long-standing MOA between DVA and DoD associated with specialized care for ADSMs sustaining SCI, TBI, and blindness. The Veterans Health Administration (VHA) is known for its integrated system of health care for these conditions. The DVA/DoD Health Executive Council identified the need for referral procedures governing the transfer of ADSM inpatients from military or civilian hospitals to DVA medical facilities, and the treatment of ADSM inpatients, outpatients, and other related comprehensive services at DVA facilities.

This MOA supersedes all previous DVA/DoD MOAs relating to ADSM referrals to DVA facilities for TBI, SCI, and blindness.

3. Authorities

- **a.** DVA and DoD Health Resources Sharing and Emergency Operations Act (38 USC § 8111).
- **b.** Section 3-105 of the DVA/DoD Health Care Resource Sharing Guidelines of October 31, 2008.
- **c.** TRICARE Operations Manual 6010.51-M, August 1, 2002.

4. Applicability

This MOA applies to DVA facilities with SCI, TBI, and Blindness specialty programs listed in **Appendix B**, but is not limited to these facilities as ADSMs covered under this MOA may receive care in any DVA Medical Center (DVAMC).

This MOA does not apply to non-DoD ADSMs in the Coast Guard, Public Health Service (PHS), and National Oceanic and Atmospheric Administration (NOAA). This MOA does not pertain to the transfer of ADSMs to DVA facilities for care or treatment related to alcohol or drug abuse in accordance with Title 38 USC § 620A(d)(1). This MOA is separate from existing agreements between the DVA and the Regional TRICARE Managed Care Support Contractors (MCSCs).

5. Service Member Eligibility and Enrollment Status

a. Since this MOA applies only to ADSMs, the provisions of this MOA will no longer apply to members the day after the member separates or retires from active duty. DoD shall keep the treating DVA facility informed of any pending changes in eligibility of the ADSM, including all relevant information such as separation date, type of separation, and the periods of active duty served.

b. IIt is the responsibility of the referring Military Treatment Facility (MTF) to ensure that ADSMs are enrolled in TRICARE Prime or TRICARE Prime Remote (TPR) in all cases prior to transfer of care to a DVA facility. At a minimum, it is preferred that the ADSM be enrolled to the referring MTF and assigned to a Primary Care Manager (PCM) at that MTF while the member is receiving inpatient or outpatient services under this MOA unless or until DoD assigns a responsible MTF other than the referring MTF. DoD shall keep the treating DVA facility informed of any pending changes in TRICARE Prime enrollment status of the ADSM.

c. These provisions arc important for ensuring proper authorization for care as well as appropriate billing procedures under the MOA.

6. Responsibilities and Agreement

DVA and DoD agree to the following provisions:

a. Medical Management of Patients

Care coordination support services will be provided by the TRICARE Management Activity (TMA) in collaboration with the responsible MTF and the treating DVA facility as a joint collaboration appropriate to each individual ADSM's case.

(1) Responsible MTF

(a) If the ADSM being considered for treatment under this MOA is under inpatient or outpatient treatment outside an MTF, and no MTF is involved in the member's treatment, DoD will assign an MTF to fulfill all responsibilities assigned to responsible MTFs below.

(b) The responsible MTF shall obtain the preferences of the ADSM (guardian, conservator, or designee) for DVA facility location. The responsible MTF will identify the appropriate participating DVA facility (listed in **Appendix B**) and contact the designated facility Program Point of Contact (POC) as early as possible to present the case, gain admission acceptance, and begin the referral process. The responsible MTF will provide sufficient patient medical record documentation to allow the identified DVA health care facility to decide whether to accept the patient for the indicated inpatient or outpatient treatment within the scope of this MOA. The transfer of care from MTF inpatient or outpatient treatment to DVA inpatient or outpatient treatment will involve direct telephone contact between the responsible MTF physician and the accepting DVA physician.

(c) Once a DVA facility has agreed to accept the patient for the indicated inpatient or outpatient treatment within the scope of this MOA. the responsible MTF will complete and submit the appropriate request for preauthorization to TMA. If a request for outpatient, appropriate transitional rehabilitation setting, or other treatment is made immediately following the discharge from inpatient treatment at a DVA facility under this MOA, the treating DVA facility is responsible for submitting the request for authorization to TMA.

(d) Clinical case management of ADSMs under the MOA will remain the responsibility of the responsible MTF and the accepting DVA facility. Upon receipt of a preauthorization, the responsible DoD MTF case manager will provide the DVA case manager with current clinical information along with the case management plan of care and discharge plan. DoD MTF case managers will update the appropriate patient tracking application(s) and forward necessary information to the DVA case manager to update the appropriate tracking application(s).

(e) Upon receipt of a preauthorization, the responsible MTF and the accepting DVA facility will coordinate the transfer of care for the patient from a DoD treatment setting to DVA treatment along with an agreed upon date and time of transfer to the appropriate healthcare setting, **Appendix A** lists the criteria for the transfer of care for ADSMs and the instances in which patients are not to have care transferred. The responsible MTF must notify the DVA facility of any changes in medical status in detail prior to the transfer of care. At MTFs where DVADVA staff is assigned, the DVA Liaison for Health Care will assist with the transfer of care. The responsible MTF must inform TMA of the status of all transfers. Clinical responsibility for the patient enroute, during a transition of care setting, rests with DoD. If the ADSM being considered for treatment under this MOA is under inpatient or outpatient treatment outside an MTF, the assigned responsible MTF will coordinate with the civilian facility or provider as appropriate.

(f) As part of scheduling the transfer of care, the MTF will arrange for, and DoD will reimburse the transportation of ADSMs to and from the DVA facility for both inpatient and outpatient care in accordance with applicable DoD policy and procedure. The responsible MTF will arrange with any MTF within a reasonable distance to provide needed transportation. The MTF may involve the Global Patient Movement Requirements Center (GPMRC), particularly for inpatient transfers. (To ensure optimal care, active duty patients may go directly to a DVA medical facility without passing through a transit military hospital if medically indicated.) If the responsible MTF (in coordination with GPMRC) cannot arrange ground transportation from the airfield to the DVA facility, the receiving DVA facility shall obtain appropriate local transportation and will be reimbursed by DoD for costs incurred by DVA.

(2) TRICARE Management Activity (TMA)

(a) TMA is the approval authority for all authorizations for DVA services, supplies, and equipment under this MOA. Care authorizations issued by TMA will also include treatment for any co-morbid conditions identified.

(b) TMA will accept requests for preauthorization from responsible MTFs and requests for continued treatment authorization from the treating DVA facility. An inpatient admission is not required for coverage under this MOA. In instances where outpatient, transitional rehabilitation setting, or other treatment immediately follows discharge from inpatient treatment at a DVA facility under this MOA, it shall be considered to be a request for continued treatment and the treating DVA facility is responsible for submitting the request for authorization to TMA.

(c) TMA will consider all information submitted with the request in rendering a determination on the authorization request.

(d) All ongoing outpatient services, supplies, and equipment under the MOA upon discharge from inpatient treatment under this MOA, require prior continued treatment authorization including rehabilitation services. It also includes requests for Durable Medical Equipment (DME) that are not routinely covered under the TRICARE Uniform Benefit that are appropriate for issuance to ADSMs upon discharge from inpatient treatment at a DVA medical facility.

(e) In order to ensure continuity of care, ADSMs who are covered under this MOA and have transitioned to an outpatient status, will remain under the program and have their future care needs authorized by TMA regardless of the current diagnosis.

(3) Treating DVA Facility

(a) DVA facilities will assist MTFs in selecting the most appropriate participating DVA facility (listed in **Appendix B**) to provide treatment to prospective ADSMs under this MOA. Consideration shall be given to selecting a DVA facility closest to the ADSM's home of record or other location requested by the ADSM (guardian, conservator, or designee), subject to availability of beds at the facility and approval by TMA. If the preferred/approved DVA facility is unable to accept the patient, DoD, in coordination with DVA, will assist in locating an appropriate DVA facility for placement of the patient.

Note: The Chief Consultant, Rehabilitation Services, or Chief Consultant, SCI&D Services, DVA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, will assist when necessary.

(b) Upon being identified by a responsible MTF, the identified DVA facility will review patient medical record documentation submitted by the responsible MTF to decide whether to accept the patient for the indicated inpatient or outpatient treatment within the scope of this MOA. Typically, transfers from MTF inpatient treatment to DVA inpatient treatment will involve direct telephone contact between the responsible MTF physician and the accepting DVA physician. Upon receipt of medical records, the DVA facility will respond within three business days with either a request for more information or an acceptance or denial decision.

(c) Upon request. the selected DVA facility will provide patient status information to the assigned responsible MTF in order to assist that MTF with the preparation of the request for preauthorization for submission to TMA.

(d) Clinical case management of ADSMs under the MOA will remain the responsibility of the responsible MTF and the DVA facility. Upon receipt of a preauthorization. the DVA case manager will accept current clinical information along with the case management plan of care and discharge plan from the responsible DoD) MTF case manager. DoD MTF case managers will update the appropriate patient tracking application(s) and forward necessary information to the DVA case manager.

(e) Upon receipt of a preauthorization, the responsible MTF and the accepting DVA facility will coordinate transfer of care for the patient from DoD treatment to DVA treatment along with an agreed upon date and time of transfer. **Appendix A** lists the criteria for the transfer of patients and the instances in which patients are not to be transferred. In the case of emergent transfers, DVA facilities will accept inpatient transfers without regard to hour of the day, day of the week, or holidays. All non-emergent or routine inpatient transfers must be transferred within the duty day and time frame coordinated with the treating DVA facility. At MTFs where DVA staff is assigned, the DVA Liaison for Health Care will assist with the transfer of care. If the ADSM is receiving treatment in a civilian facility, the DVA facility will participate in coordinating the transfer with the civilian provider along with the MTF as appropriate.

(f) The accepting DVA staff physician will review military transportation arrangements and make recommendations as appropriate. DVA will assist responsible MTFs and GPMRC in coordinating the medically indicated mode of transportation. If the responsible MTF (in coordination with GPMRC) cannot arrange ground transportation from the airfield to the DVA facility, the receiving DVA facility shall obtain appropriate local transportation and will be reimbursed by DoD for costs incurred by DVA.

(g) The treating DVA facility is responsible for completing and submitting requests for continued treatment authorization to TMA. Requirements for the authorization request are specified in **Appendix A**. If a request for outpatient, transitional rehabilitation setting, or other treatment immediately follows discharge from inpatient treatment tinder this MOA, it shall be considered to be a request for continued treatment and the treating DVA facility is responsible for submitting the request for authorization. if care is to be continued outside of DVA. DVA may assist in finding an acceptable provider if necessary to provide a smooth transition from DVA care setting.

(h) When ADSMs are a direct admission, the treating DVA facility will notify TMA Military Medical Support Office (MMSO) immediately upon admission of an ADSM to a DVA facility under this MOA. DVA will assign a case manager to coordinate the full continuum of services for the ADSM. The DVA case manager will provide the TMA MMSO case manager periodic updates, no less than once a month, depending on the acuity or complexity of the case, until the medical determination or the medical board process is complete or the ADSM patient is discharged and returned to an MTF or other military control. This continued coordination is necessary to aid in communication to the DoD PCM, command, other program managers, and medical board personnel.

(i) The treating DVA facility will coordinate the hospital discharge of an ADSM with the appropriate MTF and TMA and provide a discharge plan as outlined in **Appendix A**.

(j) DVA will provide sufficient medical information and documentation for the designated MTF to conduct a medical board for a disability determination.

(k) The treating DVA facility will notify the responsible MTF of any ADSMs' absences, while coordinating potential medical discharge, and/or change of location.

(l) Prior to discharge. the treating DVA facility will notify the responsible MTF of the patient's pending discharge so that the responsible MTF may assist the patient with TRICARE Prime portability enrollments in the region or his/her next or final destination, if desired.

b. Pharmacy Services

(1) DoD Pharmacy

Prescriptions are filled through the TRICARE pharmacy program except for DVA facility emergency room, inpatient and discharge prescriptions that include extended and transitional care settings.

(2) DVA Pharmacy

The DVA facilities under the VHA TRICARE Pharmacy Program are authorized to dispense and submit claims for reimbursement of medications. DVA pharmacies will till prescriptions ordered by DVA providers. DVA facilities that have implemented the e-pharmacy solution may become part of the TRICARE pharmacy network when an MOA has been executed between DVA and TMA.

c. Billing and Reimbursement

(1) Outpatient Treatment

DoD will reimburse DVA facilities CHAMPUS Maximum Allowable Charge (CMAC) minus 10 percent. For those services without a CMAC, DVA will be reimbursed at actual DVA cost. DVA reserves the right to periodically review DVA costs against the CMAC minus 10 percent reimbursement levels for an approval determination of an alternate reimbursement methodology for outpatient care by the DVA/ DoD Financial Management Workgroup. At a minimum, the billing will be itemized for each member on Centers for Medicare and Medicaid (CMS) Form 1500 for outpatient services and Universal Billing (UB) Form UB04 for outpatient facility charges.

(2) Inpatient Treatment

DoD will reimburse DVA using the DVA's interagency rates approved by the Office of Management and Budget (OMB) that is periodically updated via a Federal Register Notice. All rates in the OMB Federal Register Notice will be applicable. At a minimum, this will include a UB04 form billed for the appropriate DVA interagency rate(s) for the bed unit(s)/setting(s) of care, which shall be reimbursed at the billed charge by DoD. Multiple DVA interagency rates, as applicable to the bed units/care settings, shall be billed on the same UB04.

(3) Necessary Services Requiring Authorization in Any Setting

The following services, irrespective of health care delivery setting require authorization from TMA. These services are reimbursed separately from DVA inpatient interagency rates, if one exists or actual DVA cost: transportation, prosthetics, non-medical rehabilitative items, durable medical equipment. orthotics (including cognitive devices), routine and adjunctive dental services, optometry, lens prescriptions. inpatient/outpatient TBI evaluations, special diagnostic procedures (see **Appendix A-6**), inpatient/outpatient Transitional Rehabilitation program, home care, personal care attendants, conjoint family therapy. cognitive rehabilitation, and extended care/nursing home care. Professional charges will be billed on CMS 1500 and Facility Charges will be billed on UB04, as applicable. The DVA facility will be reimbursed separately for ambulatory surgeries required while in a rehabilitation or transitional rehabilitation program setting. TMA will provide standardized claim processing instructions (i.e., application of revenue codes) to the MCSCs to enable DVA facilities to bill and receive reimbursement in a consistent manner, per this MOA.

(4) Rehabilitation Items

Non-medical rehabilitation items normally required to help achieve maximum medical rehabilitation benefit will be reimbursed by the DoD for ADSMs at DVA actual cost. Items needed for vocational rehabilitation will be furnished by the DVA and reimbursed at actual cost. The DVA will request preauthorizations for these items from TMA. Professional charges will be billed on CMS 1500 and Facility Charges will be billed on UB04, as applicable. If DVA purchased these items from an outside vendor, the actual bill from the vendor will be submitted for reimbursement of costs to DVA.

7. Duration of MOA

a. This MOA Will remain in force unless terminated at the request of either party after sixty (60) days written notice. In the event this MOA is terminated. DoD shall be liable only for payment in accordance with provisions of this agreement for care provided before the effective termination date. If the agreement is terminated. DoD must expedite coordination of care between DVA and the new provider or medical facility.

b. This agreement supersedes all local resource sharing agreements.

8. Appendices

The appendices to this agreement are used to provide more detailed implementing instructions regarding the MOA. They may be modified at any time, with the concurrence of the VHA and DoD POCs listed below without the requirement for re-signing the MOA.

9. Dispute Resolution

DVA and TMA/MTF staff will first attempt to resolve authorizations of care and claim issues in collaboration with the TRICARE Contractor. If not resolved, issues will be forwarded to the TMA Director of Healthcare Operations and Director, VHA Medical Sharing Office, who will direct the issues to the stakeholders within DVA and DoD. If necessary, billing and reimbursement issues shall be referred to the DVA/DoD Financial Workgroup for resolution, with inclusion of DVA and DoD General Counsels as necessary. Final resolution of issues resides with the DVA Under Secretary of Health and the Assistant Secretary of Defense (Health Affairs) (ASD(HA)).

10. Points of Contact (POCs)

a. The VHA Medical Sharing Office is the DVA POC responsible for documentation of this MOA and its appendices. Through the VHA DVA-DoD Medical Sharing Office designee, the Rehabilitation Services Chief Consultant and the SCI&D Chief Consultant will maintain and update the lists of participating DVA facilities in **Appendix B** periodically as changes occur.

b. TMA Policy and Benefit Branch is the DoD POC responsible for documentation of this MOA and its appendices.

11. Effective Date

This MOA is effective upon the date of approval by the undersigned. Execution of this MOA supercedes and cancels the previous MOA.

12. Signatures

Ellen P. Embrey
Performing the Duties of the
Assistant Secretary for Health Affairs
Department of Defense

August 4, 2009

Gerald M. Cross, MD, FAAFP
Acting Under Secretary for Health
Department of Veterans Affairs

July 7, 2009

Appendix A - Implementing Instructions

This appendix provides instructions to implement the provisions of the Memorandum of Agreement (MOA) between the Department of Veterans Affairs (DVA) and the Department of Defense (DoD) for medical treatment provided by Veterans Affairs Medical Facilities to Active Duty Service Members (ADSMs) with a polytrauma injury, Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), or blindness. This appendix is not intended to alter the provisions of the MOA.

1. Program Descriptions and Definitions

a. Traumatic Brain Injury

TBI is defined as traumatically induced structural injury and/or physiological disruption of brain function as a result if an external force that is indicated by any period of loss of or decreased Level Of Consciousness (LOC), loss of memory for events immediately before or after the injury (Post-Traumatic Amnesia [PTA]), alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.) (Alteration Of Consciousness/mental state [AOC]), neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient or intracranial lesion.

This MOA includes individuals sustaining a TBI and damage to the central nervous system resulting from anoxic/hypoxic episodes, related to trauma or exposure to chemical or environmental toxins that result in brain damage.

This MOA does not include brain injuries/insult related to acute/chronic illnesses (i.e., cerebrovascular accident, aneurysm, hypertension, tumors, diabetes, etc.). Patients with other acquired brain injuries due to acute/chronic disease or infectious processes are not covered under this MOA but are eligible for care in these centers under TRICARE network agreements.

b. Polytrauma

Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, and/or psychosocial impairments and functional disabilities. TBI frequently occurs as part of the polytrauma spectrum in combination with other disabling conditions such as amputations, burns, pain, fractures, auditory and visual impairments, Post-Traumatic Stress Disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI. Due to the severity and complexity of these injuries, veterans and service members with polytrauma require an extraordinary level of coordination and integration of clinical and other support services.

c. Polytrauma/TBI System of Care (PSC)

Prior to the Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) conflicts, DVA provided specialized rehabilitation for ADSMs with TBI at DVA facilities designated as TBI Centers and TBI Network sites. Since 2005, DVA has implemented the PSC consisting of an integrated nationwide network of over 100 facilities with specialized rehabilitation programs for veterans and service members with polytrauma and TBI. Specialized polytrauma and TBI care is provided at the facility closest to the patient's home with the expertise necessary to manage his/her rehabilitation, medical, surgical, and mental health needs. The components of the PSC include:

(1) Polytrauma/TBI Rehabilitation Center (PRC)

Four regional PRCs provide medical care for all conditions associated with the injury event. Referral of ADSMs with moderate to severe TBI or polytrauma must be made to an appropriate regional PRC. Each PRC provides the same level services and programming including an emerging consciousness program, intensive interdisciplinary inpatient rehabilitation, short stay admissions for comprehensive evaluations, assistive technology evaluations, and access to all medical and surgical specialties. (Note: Additional PRC's may be constructed).

(2) Polytrauma/TBI Transitional Rehabilitation Program (PTRP)

The inpatient PTRP provide a transition in the continuum of care from acute TBI programs to a community living setting. PTRPs are offered at the DVA PRCs as a continuation of rehabilitation setting in a residential, group-based, interdisciplinary care setting. The goal of transitional rehabilitation is to return the person to the least restrictive environment including return to active duty, work and school, or independent living in the community with meaningful daily activities. The treatment program focuses on a progressive return to independent living through a structured program focused on restoring home, community, leisure, psychosocial, and vocational skills in a controlled, therapeutic setting.

(a) Polytrauma/TBI Residential (Inpatient) Transitional Rehabilitation. The residential program is a time-limited and goal-oriented program designed to improve the resident's physical, cognitive retraining and rehabilitation, communicative, behavioral, psychological and social functioning with the necessary support and supervision. A dedicated interdisciplinary team provides treatment and therapeutic activities seven days per week as well as 24/7 nursing care on the bed unit.

(b) Polytrauma/TBI Day Transitional Rehabilitation Program. ADSMs and veterans that do not require an inpatient setting and have living arrangements in the community may participate in the PTRP as a day patient. An individual treatment plan is developed for each patient and typically includes three to five hours of treatment each day based on clinical need.

(3) Polytrauma Network Sites (PNSs)

PNSs provide post-acute rehabilitation for veterans and ADSMs with polytrauma and TBI who reside within their Veterans Integrated Service Network (VISN) catchment area. This includes inpatient rehabilitation for those transitioning closer to home, comprehensive outpatient Tim evaluations, a full range of outpatient therapy services, evaluations for DME and assistive technology, access to other consultative specialists, and follow up evaluations and case management for ongoing rehabilitation needs.

(4) Polytrauma Support Clinic Teams (PSCTs)

PSCTs provide interdisciplinary outpatient rehabilitation services in their catchment areas for veterans and service members with mild and/or stable impairments from polytrauma and TBI. Services include comprehensive TBI evaluations, outpatient therapy services, management of stable rehabilitation plans referred from PRCs and PNSs, coordinating access to DVA and non-DVA services, and follow up evaluations and case management for ongoing rehabilitation needs.

(5) Polytrauma Point of Contact (PPOC)

DVA Medical Centers (DVAMCs) designated as PPOC sites have the capability of providing some outpatient rehabilitation therapies and may have the expertise to complete a TBI evaluation. A designated PPOC ensures that patients with polytrauma and TBI are referred to a facility and program capable of providing the level of rehabilitation services required.

(6) Polytrauma/TBI Case Management and Care Coordination

Clinical case management and coordination of care is provided to individuals with polytrauma and TBI across the PSC and in collaboration with other agencies and institutions, e.g., Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), DoD, state, and local agencies. DVA PSC case managers are knowledgeable of the resources available across the DVA for specialized care.

A list of DVA Polytrauma/TBI Rehabilitation Centers and Network Sites (PNSs) is in **Appendix B, Table 1**. This does not include all of the DVA facilities that serve ADSMs under this MOA. PRCs and PNSs are familiar with DVA services available in their VISN and assist with coordination of referrals.

d. Spinal Cord Injury and Disorders (SCI&D)

(1) The mission of the Program within DVA is to promote the health, independence, quality of life, and productivity of individuals with SCI&D. SCI Centers available throughout DVA to provide acute rehabilitative services to persons with new onset SCI are listed in **Appendix B, Table 2**. DVA offers a unique system of care through SCI Centers, which includes a full range of health care for eligible persons who have sustained injury to their spinal cord or who have other spinal cord lesions.

(2) Persons served in these centers include those with: stable neurological deficit due to SCI, intraspinal, non-malignant neoplasms, vascular insult, cauda equina syndrome, inflammatory disease, spinal cord or cauda equina resulting in non-progressive neurologic deficit, demyelinating disease limited to the spinal cord and of a stable nature, and degenerative spine disease.

e. Blind Rehabilitation

(1) Blind Rehabilitation Service offers a coordinated educational training and health care service delivery system that provides a continuum of care for veterans with blindness that extends from their home environment to the local DVA facility, to the appropriate rehabilitation setting. These services include adjustment to blindness counseling, patient and family education, benefits analysis, assistive technology, outpatient programs, and residential inpatient training. The residential inpatient DVA Blind Rehabilitation Centers (BRC) arc listed in **Appendix B, Table 3**.

(2) The mission of each BRC program is to educate each veteran on all aspects of Blind Rehabilitation and address the expressed needs of each veteran with blindness so they may successfully reintegrate hack into their community and family environment. To accomplish this mission, BRCs offer a comprehensive, individualized adjustment-training program along with those services deemed necessary for a person to achieve a realistic level of independence. BRCs offer a variety of skill courses including: orientation and mobility, communication skills, activities of daily living, manual skills, visual skills, leisure skills, and computer access training. The veteran is also assisted in making an emotional and behavioral adjustment to blindness through individual counseling sessions and group therapy meetings.

(3) Each DVAMC has a Visual Impairment Services Team Coordinator who has major responsibility for the coordination of all services for visually impaired veterans and their families. Duties include arranging for the provision of appropriate treatment modalities (e.g., referrals to Blind Rehabilitation Centers and/or Blind Rehabilitation Outpatient Specialists) and being a resource for all local service delivery systems in order to enhance the functioning level of veterans with blindness. Referrals can be directed to the Program Analyst in the Blind Rehabilitation Program Office in DVA Central Office at 202-461-7331.

2. Medical Management

a. Transfer Criteria for Patients with SCI, TBI, Blindness, or Polytrauma

Prerequisites for transfer include: identifying an accepting staff physician at the DVA facility, stabilization of the patient's injuries, and the acute management of the medical and physiological conditions associated with the SCI, TBI, blindness, or polytrauma.

(1) Patients must be stabilized prior to transfer to the DVA health care facility. Stabilization is an attempt to prevent additional impairments while focusing on prevention of complications. The criteria for the transfer of patients with SCI, TBI, blindness, or polytrauma are:

- Attention to airway and adequate oxygenation;

- Treatment of hemorrhage, no evidence of active bleeding;
- Adequate fluid replacement;
- Maintenance of systolic blood pressures (>90 mm mercury hydrargyrum (Hg));
- Foley catheter placement, when appropriate, with adequate urine output:
- Use of a nasogastric tube, if paralytic ileus develops;
- Maintenance of spinal alignment by immobilization of the spine, or adequate stabilization to prevent further neurologic injury (traction, tongs and traction, halo-vest, hard cervical collar, body jacket, etc.); and
- Approval by the SCI Center Chief, TBI/Polytrauma Center Medical Director or Designee, or Blind Rehabilitation Chief in consultation with other appropriate DVA specialty care teams.

(2) The responsible Military Treatment Facility (MTF) must notify the DVA facility of any changes in medical status in detail prior to transfer and must provide appropriate medical documentation to ensure the accepting team has all necessary information to provide seamless care. Every effort should be made to allow both verbal and written communication between referring and accepting treatment teams.

A list of instances in which patients are not to be transferred is as follows:

- Deteriorating neurologic function;
- An inability to stabilize the spine, especially if the neurologic injury is incomplete;
- Bradyarrhythmias are present;
- An inability to maintain systolic blood pressure >90 mm Hg;
- Acute respiratory failure is present; or
- New onset of fever, infection and/or change in medical status (e.g., deteriorating physiological status).

b. MTF Requests for DVA Facility Treatment

MTF requests for DVA facility treatment under the MOA shall include the following information.

- Reason for referral, list of all current diagnoses including International Classification of Diseases, Clinical Modification 9 (ICD-9-CM), and any expectations for treatment;
- Responsible MTF, MTF physician, and DoD case manager;
- Relevant clinical documentation which shall include history and physical, narrative summary, diagnostic test results, laboratory findings, hospital course, progress notes, etc., as applicable.

Upon acceptance, the DVA facility accepting the ADSM for treatment will provide accepting physician, POC information for authorization purposes.

c. Preauthorization Requirements for Initiation of Treatment by VAMC

(1) Requests for preauthorization include information similar to that specified in paragraph 2.b., plus the following information:

- Responsible MTF POC for authorization coordination, for Medical Evaluation Board (MEB), and other relevant POCs.
- Brief statement of planned treatment and expected length of treatment.

(2) TRICARE Management Activity (TMA) will either request additional information or issue the determination to the responsible MTF and the identified DVA facility within two business days of receipt of request for authorization. If TMA approves the request, TMA will simultaneously provide the authorization to the Managed Care Support Contractor (MCSC) to file in its medical management information system.

(3) Preauthorizations for inpatient treatment will expire no later than 21 calendar days from admission date.

(4) Preauthorizations for outpatient treatment will expire no later than 30 calendar days from the first outpatient visit.

d. Continued Treatment Authorization Requirements

(1) Requests for continued treatment authorization include information similar to those specified in paragraph 2.b., plus the following information:

- A master treatment plan that includes all multidisciplinary, services
- Anticipated length of stay
- Prognosis for condition in which treatment is being provided

(2) The treating DVA facility shall submit requests for continued inpatient treatment to TMA (with copy to the MTF authorization POC) no later than five business days before expiration of the current authorization. TMA will issue determinations for continued inpatient treatment to the treating DVA facility, no later than two business days before expiration of the current authorization. Continued inpatient treatment authorizations shall not exceed 90 days. TMA will simultaneously provide the authorization to the treating DVA facility, the responsible MTF and to the MCSC, to file in its medical management information system.

(3) The treating DVA facility shall submit requests for continuing outpatient treatment (including outpatient treatment immediately following inpatient treatment authorized under this MOA) to TMA (with copy to the MTF authorization POC) no later than five business days before

expiration of the current authorization. TMA will issue determinations for continued outpatient treatment no later than two business days before expiration of the current authorization. Continued outpatient treatment authorizations shall not exceed 90 days. TMA will simultaneously provide the authorization to the treating DVA facility, the responsible MTF and to the MCSC, to file in its medical management information system.

e. Retroactive Treatment Authorization Requirements

If an ADSM is admitted to DVA health care without an authorization, or if the patient was seen without knowledge of a TBI, SCI, or blindness condition or assessment need, DVA facilities will request retro-active authorizations from TMA Military Medical Support Office (MMSO). If the patient is still an inpatient at the DVA facility, MMSO will issue the authorization retro-active to the date the admission occurred. if the patient has been discharged from inpatient care, DVA facilities will bill the MCSC for the care, and the SPOCs at MMSO will review the request.

f. Case Management

Additionally, care coordination support services will be provided by TMA in collaboration with the responsible MTF, and the treating DVA facility as a joint collaboration appropriate to each individual ADSM's case. Evaluation for case management under this MOA may involve case management initiatives of the DoD and the DVA for wounded, ill, and injured service members.

If these patients meet the criteria, DVA Case Managers will notify the Federal Recovery Coordinators of their admission to a DVA facility.

g. Inpatient Discharge Planning

Patients identified for discharge will need an appropriate treatment plan for outpatient care.

h. Home Supplies and Durable Medical Equipment (DME)

Home supplies and DME reimbursable under this MOA require separate authorization from the TMA. It is recognized that DME requests are often for equipment not routinely covered under the TRICARE Uniform Benefit, but are appropriate for issuance to ADSMs covered by this MOA.

i. Disability Evaluation System (DES)

(1) The treating DVA facility will provide clinical information to the military provider for purposes of MTF completion of MEB forms and provide the clinical information to that MTF for the board.

(2) It is recognized that the DoD and the DVA are working collaboratively to update and improve the DES. Individuals shall not be excluded from any of these initiatives simply because they are receiving services under this MOA.

3. Additional Reimbursement and Billing Requirements to the MOA

a. TMA will provide all required care authorizations for the inpatient Polytrauma/TBI Transitional Rehabilitation Program with one authorization number each for Inpatient and Outpatient programs as required. DoD will reimburse DVA using the DVA interagency rate for inpatient treatment and care, if applicable, CMAC minus 10% for outpatient care, or DVA's actual cost.

b. Inpatient and Outpatient TBI evaluations to determine a diagnosis of TBI will be covered under this MOA to include comprehensive medical and neuropsychological testing, assessment and evaluation TBI due to a brain injury caused by an external physical force resulting in open and closed injuries, and damage to the central nervous system resulting from anoxic/hypoxic episodes, related to trauma or exposure to chemical or environmental toxins that result in brain damage. TMA will provide all required care authorizations, using one authorization number, relating to care provided under **Appendix A** once the member is admitted to or assigned to a DVA facility. If the service member is not diagnosed with a TBI, he/she will be managed as any other ADSM TRICARE patient. Outpatient care may be authorized under the terms of this MOA for service members who have not received inpatient treatment for the covered condition.

c. A DVA facility providing care under this agreement that is also a TRICARE network provider will be paid in accordance with this agreement and not the network agreement. Claims shall be forwarded to the TRICARE contractor for the TRICARE Region to which the member is enrolled in TRICARE Prime. If the member is not enrolled, the claim will be paid by the regional TRICARE contractor where the member resides based on the address on the claim. Prior to paying a claim, if questions arise, MCSCs will verify that the care is payable through TMA. TMA can be reached at 888-647-6676 or by mail at P.O. Box 88699, Great Lakes, IL 60088-6999.

d. The DVA Facility, in collaboration with MMSO or the MCSC, will identify an appropriate network provider, and obtain authorization for all non-DVA care from TMA if the DVA facility is unable to provide, or retain medical management of care. If the DVA is transferring medical management to the MTF, the MTF will coordinate authorizations for care with the Non-DVA provider.

e. DVA facilities shall send claims for payment to:

- North Region: North Region Claims, PGBA, P.O. Box 870140, Surfside Beach, SC 29587-9740.
- South Region: TRICARE South Region, Claims Department, P.O. Box 7031, Camden, SC 29020-7031.
- West Region: WPS/West Region Claims, P.O. Box 77028, Madison, WI 53707-7028.

f. TRICARE MCSCs will file authorizations in their medical management information systems upon receipt from TMA. They will process claims received from treating DVA facilities in accordance with authorizations on tile and contract requirements including referenced TRICARE manuals.

Appendix B - Participating DVA Facilities

Table 1 - TBI Centers and Associated Network Sites Accepting DoD Referrals

Polytrauma Rehabilitation Centers (PRCs)	VISN	Polytrauma Network Sites (PNSs)
HH McGuire DVAMC (117) 1201 Broad Rock Blvd Richmond, VA 23249 804-675-5332 POC: By Title/ Program AO for all below	1	DVA Boston HCS - West Roxbury Campus
	2	Syracuse DVAMC
	3	Bronx VAMC
	4	Philadelphia DVAMC
	5	Washington DC DVAMC
	6	Richmond DVAMC
James A. Haley VAMC (117) 13000 Bruce B. Downs Blvd Tampa, FL 33612-4798 813-972-7668 or 866-659-2156	7	Charlie Norwood DVAMC, Augusta
	8	Tampa DVAMC
	9	Lexington DVAMC
	16	Houston DVAMC
	17	DVA North Texas HCS - Dallas DVAMC
Minneapolis DVAMC (117) One Veterans Dr Minneapolis, MN 55417 612-467-3562	10	Cleveland DVAMC
	11	Indianapolis DVAMC
	12	Hines DVAMC
	15	St. Louis DVAMC
	23	Minneapolis DVAMC
DVA Palo Alto HCS (117) 3801 Miranda Ave Palo Alto, CA 94304 650-447-7114	18	DVA Southern Arizona HCS - Tucson DVAMC
	19	DVA Eastern Colorado HCS - Denver DVAMC
	20	DVA Puget Sound HCS - Seattle DVAMC
	21	DVA Palo Alto HCS - Palo Alto DVAMC
	22	DVA Greater Los Angeles HCS - West LA DVAMC

Table 2 - SCI Centers Accepting DoD Referrals

SCI Center	Address	Telephone
DVA New Mexico HCS (128)	1501 San Pedro SE Albuquerque, NM 87108	505-256-2849
Augusta DVAMC (128)	One Freedom Way Augusta, GA 30904-6285	706-823-2216
DVA Boston HCS (128)	1400 VFW Parkway West Roxbury, MA 02132	857-203-5128
James J. Peters VAMC (128)	130 West Kingsbridge Rd Bronx, NY 10468	718-584-9000 x5423
Louis Stokes DVAMC (128W)	10701 East Blvd Cleveland, OH 44106	216-791-3800 x5219
DVA North Texas HCS (128)	4500 South Lancaster Rd Dallas, TX 75216	214-857-1757
Edward Hines, Jr. DVAMC (128)	Fifth Av and Roosevelt Rd Hines, IL 60141-5000	708-202-2241
Houston DVAMC (128)	2002 Holcombe Blvd Houston, TX 77030-4298	713-794-7128
DVA Long Beach HCS (128)	5901 East 7th St Long Beach, CA 90822	562-826-57001
DVAMC (128)	1030 Jefferson Ave Memphis, TN 38104	901-577-7373
DVAMC (128)	1201 Northwest 16th St Miami, FL 33125	305-575-3174
Clement J. Zablocki DVAMC (128)	5000 West National Ave Milwaukee, WI 53295	414-384-2000 x41288
Minneapolis DVAMC (128)	One Veterans Dr Minneapolis MN 55417	612-467-3337
DVA Palo Alto HCS (128)	3801 Miranda Ave Palo Alto, CA 94304	650-493-5000 x65870
HH McGuire DVAMC (128)	1201 Broad Rock Blvd Richmond, VA 23249	804-675-5282
South Texas Veterans HCS (128)	7400 Merton Minter Blvd San Antonio, TX 78284	210-617-5257
DVA San Diego HCS (128)	3350 La Jolla Village Dr San Diego, CA 92161	858-642-3128
DVAMC (128)	10 Casia St San Juan, PR 00921-3201	787-641-7582 x14130
DVA Puget Sound HCS (128)	1660 South Columbian Way Seattle, WA 98108-1597	206-764-2332
Saint Louis DVAMC (128JB)	One Jefferson Barracks Dr St. Louis, MO 63125	314-894-6677
James A. Haley DVAMC (128)	1300 Bruce B. Downs Blvd Tampa, FL 33612-4798	813-972-7517

Table 3 - BRCs Accepting DoD Referrals

Blind Rehabilitation Centers	Address	Telephone
Charlie Norwood DVAMC (324)	One Freedom Way Augusta, GA 30904-6285	706-733-0188 x6660 POC: By Title/Program AO for all below
Birmingham DVAMC (124)	700 South 191h Street Birmingham, AL 35233	205-933-8101
Edward Hines, Jr. DVAMC (124)	Fifth Avenue and Roosevelt Rd Hines, IL 60141-5000	708-202-8387 x22112
Central Texas DVA HCS Blind Rehabilitation Center	1901 Veterans Memorial Dr Temple, TX 76504 4800 Memorial Dr Waco, TX 76711	254-297-3755 254-297-3755
San Juan DVAMC (124)	10 Casia St San Juan, PR 00921-3201	787-641-8325
Southern Arizona DVA HCS (3-124)	3601 South 6th Ave Tucson, AZ 85723	520-629-4643
DVA Connecticut HCS (124)	West Haven Campus 950 Campbell Ave West Haven, CT 06516	203-932-5711 x2247
DVA Palo Alto HCS (124)	3801 Miranda Ave Palo Alto, CA 94304	650-493-5000 x64218
DVA Puget Sound HCS (124) American Lake Division	1660 South Columbian Way Seattle, WA 98108-1597 (A-i 12-BRC) 9600 Veterans Dr Tacoma, WA 98493	253-583-1203 253-583-1299
West Palm Beach DVAMC (124)	7305 North Military Tr West Palm Beach, FL 33410-6400	561-422-8425

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