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

## Who this is for
National Guard and Reservist

## Background and Purpose
Defense Health Agency Great Lakes (DHA-GL) 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 medical eligibility documentation on file at DHA-GL prior to requesting care. See DHA-GL process guide “How to Forward Medical Eligibility Documentation to DHA-GL” for complete instructions.

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Member or unit medical representative</strong> finds a Network Provider who can provide the care. NOTE: Call your Regional TRICARE Contractor or <a href="http://www.tricare.mil/welcome">www.tricare.mil/welcome</a> to locate a Network Provider.</td>
</tr>
</tbody>
</table>
| 2    | Unit medical representative completes a **Pre-Authorization Request for Medical Care** DHA-GL Worksheet-02 (select from drop-down box under Request Worksheets).  
Note: Ensure specific medical care requested (e.g. orthopedic visit and 3 f/u visits or 12 PT visits, etc.), to include CPT codes, is listed in block 13 of the DHA-GL Worksheet-02. If a surgical pre-authorization is requested, complete and submit **Pre-Authorization Request for Surgical Care** DHA-GL Surgical Pre-Authorization Worksheet-06 (select from drop-down box under Request Worksheets). |
### How to Submit a Request for Pre-authorization for LOD Medical Care

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<th>Step</th>
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<tbody>
<tr>
<td>3</td>
<td>Unit medical representative <strong>faxes</strong> or mails DHA-GL Worksheet-02, service approved LOD, clinical documentation, profile information (if applicable) and DHA-GLWorksheet-06 (if applicable) to the following <strong>FAX</strong> or address:</td>
</tr>
</tbody>
</table>

**NOTE:** All Army National Guard requests are required by the National Guard Bureau to be submitted by the Electronic Medical Processing System (eMMPS). Ref: NGB-ARP memo, dtd 3 Feb 06, subj: Army National Guard (ARNG) Line of Duty (LOD) Module. ARNG LOD Module at [https://medchart.ngb.army.mil/LOD](https://medchart.ngb.army.mil/LOD). Army Reserve is strongly encouraged to use the module as well.

- **FAX:** 847-688-7394

**Mailing Address:**
Defense Health Agency Great Lakes (DHA-GL)
Attn: Medical Pre-Authorizations
Bldg 3400 Ste 304
2834 Green Bay Road
Great Lakes IL 60088

### Results and Follow-up
Once all appropriate documentation has been received a pre-authorization will be issued by DHA-GL to the TRICARE Regional Contractor within seven (07) working days. If the Unit Med Rep has not heard from DHA-GL within seven working days contact the DHA-GL Pre-Authorization department.

### Website for Worksheets
- [Pre-Authorization Request for Medical Care, DHA-GL Worksheet-02](#)
- [Pre-Authorization Request for Surgical Care, DHA-GL Worksheet-06](#)

**Note:** Select from drop-down box under Request Worksheets
How to Submit a Request for Pre-authorization for LOD Medical Care

Point of Contact

If you have questions or need additional assistance beyond the information provided here, contact:

<table>
<thead>
<tr>
<th>Division</th>
<th>Medical Care Branch</th>
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<tbody>
<tr>
<td>Position</td>
<td>Customer Service Representative</td>
</tr>
<tr>
<td>Phone</td>
<td>888-647-6676</td>
</tr>
<tr>
<td>Fax</td>
<td>847-688-7394</td>
</tr>
</tbody>
</table>

Privacy Act Statement: This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpclo.defense.gov/privacy/SORNs/blanket Routine Uses.html. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.