



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
WASHINGTON D.C. 20372-5120

IN REPLY REFER TO
BUMEDINST 6010.20
BUMED-3C21
23 Sep 91

BUMED INSTRUCTION 6010.20

From: Chief, Bureau of Medicine and Surgery
To: All Ships and Stations

Subj: ISSUANCE OF NONAVAILABILITY STATEMENTS (NAS)

Ref: (a) DoD Instruction 6015.19 of 11 Jun 91 (NOTAL)
(b) NAVMEDCOMINST 6320.3B
(c) DoD Instruction 6010.12 of 22 Oct 87 (NOTAL)

Encl: (1) Selected Outpatient Procedures
(2) Definitions

1. Purpose. To implement reference (a).
2. Cancellation. BUMEDINST 6320.73.
3. Scope. Applies only to inpatient care and selected outpatient procedures (see enclosure (1)) provided at civilian facilities to Uniformed Services Health Benefit Program beneficiaries who reside within the catchment areas of naval hospitals.
4. Definitions. See enclosure (2).
5. Nonavailability Statement (DD 1251)

a. General. Per reference (a), the following guidelines are effective as of 1 October 1991. This instruction takes precedence over section D, pages D-8 through D-13 of reference (b). All previously issued NAS guidelines and reporting requirements are superseded.

b. Applicability. The following provisions are applicable to inpatient care and selected outpatient procedures. An NAS is not required:

(1) For emergency care (see paragraph 5d(2)).

(2) When the beneficiary has another health insurance plan that provides primary coverage for the cost of their medical services. (Other insurance may include Medicare for those active duty dependents who have Medicare eligibility.)

(3) For inpatient care and selected outpatient procedures given by the following providers or programs:

(a) Military-Civilian Health Services Partnership Program (external partnership agreements) or resource sharing under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Reform Initiative.

(b) Program for the handicapped.

(c) Residential treatment centers.

(d) Skilled nursing facilities.

(e) Specialized treatment facilities (e.g., alcohol rehabilitation facility).

(f) Student infirmaries.

(4) For the first 3 days of care for a newborn of an active duty mother.

c. Reasons for Issuance. NASSs may be issued for the following reasons only:

(1) Proper facilities are temporarily not available in a safe or timely manner.

(2) Professional capability is temporarily not available in a safe and timely manner.

(3) Proper facilities or professional capability are permanently not available at that facility.

(4) It would be medically inappropriate to require the beneficiary to use the naval hospital. Commanding officers must use their discretionary authority to assess individual medical needs and personal constraints on an individual's ability to use, or get to, the naval hospital. Medically inappropriate is a situation when denial of an NAS could result in significant risk to the health of the patient, significant limitation to the patient's reasonable access to needed health care, or significant risk to the Government. This may also include situations when beneficiaries are traveling and temporarily away from their current residence and the commanding officer determines that the trip was not made for the purpose of avoiding use of a naval hospital in the beneficiary's home area.

d. Guidelines for Issuing

(1) Automated Issuance. Effective 1 October 1991 NASSs issued within the United States (continental United States (CONUS), Alaska, Hawaii, and Puerto Rico) must be prepared

electronically through the Defense Enrollment Eligibility Reporting System (DEERS) automated NAS system. They may be issued manually outside the continental United States (OCONUS) unless the overseas naval hospital possesses automated NAS capability. Naval hospitals must follow standard procedures for completing NASS per this instruction, the instructions on the DD 1251, and in the DEERS's Eligibility Inquiry and Nonavailability Statement User's Guide. Use the unique log number assigned to each NAS to identify the issuing naval hospital and to calculate the NAS expiration date. If necessary, an NAS may be issued manually and the required automated entry made in the DEERS system. That automated entry should be made on the same day as the NAS issuance, except in those situations when equipment is not working or is not available. In those situations, the NAS should be entered in the automated system not later than the work day following the availability of the equipment. NAS issuances made by a naval hospital in CONUS, Alaska, Hawaii, and Puerto Rico not entered into the automated system, will result in denied CHAMPUS claims.

(2) Emergency Care. Emergency care claims do not require an NAS; but the nature of the service or care must be documented as an emergency by the attending physician, either on the claim form or in a separate signed and dated statement. Otherwise, an NAS is required by CHAMPUS-eligible beneficiaries. Commanding officers may use discretionary authority to issue an NAS for a patient who is admitted as an emergency which is ruled out before discharge (i.e., CHAMPUS pays based on discharge diagnosis).

(3) Emergency Maternity Care. Unless substantiated by medical documentation and review, a maternity admission is not considered an emergency since the pregnancy would have been established well in advance of the admission. The beneficiary would have had sufficient opportunity to obtain an NAS if required in her residence catchment area. A retroactive NAS may be issued for maternity care if the medical treatment facility (MTF) commanding officer determines that travel to an MTF was clinically inadvisable.

(4) Newborn Infants Remaining in the Hospital After Discharge of a CHAMPUS-Eligible Mother. A newborn infant remaining in the hospital continuously after discharge of the CHAMPUS-eligible mother does not require a separate NAS for the first 15 days after the CHAMPUS-eligible mother is discharged. Claims for care beyond this 15-day limitation must be accompanied by a valid NAS issued in the infant's name. After 15 days, the infant becomes a patient in his or her own right (the episode of care for the infant after discharge of the mother is not considered part of the initial reason for admission of the mother (delivery), and is considered a separate admission under a different diagnosis).

(5) Newborn Infants Remaining in the Hospital After Discharge of an Active Duty Service Member. If an active duty member gives birth in a civilian hospital and there are charges for the care of the infant, a separate NAS is required if the infant's stay is for 4 or more days. (At that point, the infant is considered to be a new patient in his or her own right.) If the active duty member has other primary insurance that covers the infant's newborn care, an NAS is not required.

(6) Cooperative Care Program. When a DD 2161, Referral for Civilian Medical Care, is issued for inpatient care and selected outpatient procedures in connection with the Cooperative Care Program under CHAMPUS, an NAS must be issued.

(7) Retroactive Issuance. Issue an NAS retroactively only if the care provided by civilian sources could not have been obtained from a naval hospital for reasons specified in paragraph 5c, above, at the time services were delivered in the civilian sector. When a retroactive NAS is issued, the last 3 digits of the NAS number assigned must be between 900-999, as instructed on the reverse side of each NAS. The name of the provider and the admission and treatment date must be entered in the remarks section of the DD 1251.

(8) DEERS Verification. Do not issue an NAS to individuals who are not eligible for CHAMPUS. Eligibility must be established in each case by checking DEERS immediately before the NAS issuance. If the patient is not enrolled in DEERS, but the health benefits advisor (HBA) has reason to believe the individual is entitled to care, issue a "conditional" NAS and advise the individual that the claim will not be considered for payment until the DEERS enrollment is complete. The word "conditional" with a brief explanation should be included in the remarks section.

(9) Printed Copies of DD 1251. The beneficiary must be given the printed NAS. The naval hospital must keep a copy on file for 2 years after issuance. This printed NAS will not be a valid tool to process CHAMPUS claims. To process CHAMPUS claims, the NAS must be resident on DEERS.

(10) Beneficiary Responsibilities. Beneficiaries are responsible for determining whether an NAS is necessary in the area of his or her residence and for obtaining one, if required, by first seeking care in the naval hospital serving the catchment area. Beneficiaries cannot avoid this requirement by arranging to be away from their residence (e.g., staying with a relative or traveling) when nonemergency inpatient care and selected outpatient procedures are obtained.

e. Issuing Authority. Under the direction of the Chief, Bureau of Medicine and Surgery (BUMED), naval hospitals must issue NASS only after it has been determined there are no other appropriate ways to arrange for health care services requested in a naval hospital. Arrangements to be considered include contracting for health care services and with the beneficiary's consent; those in reference (c) and other resource sharing programs; referring to a Department of Veterans Affairs (DVA) facility in which the required care is available and the naval hospital has a DVA/DoD Sharing Agreement; or arranging for the beneficiary to travel, using land transportation or aeromedical transportation to an MTF in which the required care is available. When the residence of the beneficiary is within the catchment area of two or more uniformed service hospitals, the first facility contacted will be responsible for the following, as appropriate:

(1) Provide the requested care.

(2) Coordinate with other MTFs, whose catchment areas contain the zip code of the beneficiary's residence, and refer the beneficiary to the appropriate MTF where the required care is available.

(3) Issue an NAS if care cannot be provided at any of the MTFs whose catchment areas contain the zip code of the beneficiary's residence. Use the Data Management Information System (DMIS) code of the appropriate naval hospital. Naval hospital commanding officers may delegate authority to issue NASS to their branch medical clinics using the naval hospital DMIS code. Clinics must not issue NASS using a clinic DMIS code.

(4) When a beneficiary is traveling and is temporarily away from his or her current residence, the first hospital commanding officer contacted in either the beneficiary's resident catchment area or the catchment area where hospital care is desired, may issue an NAS, if the requested care is not available in the location where the care is desired.

(a) Such an NAS will be issued only if the naval hospital commanding officer reasonably determines that the trip was not made for the primary purpose of avoiding use of an MTF in the beneficiary's home catchment area.

(b) Such an NAS may also be issued retroactively, if the naval hospital commanding officer determines that the above criteria were met, or there was no reasonable way for the beneficiary to know they were within a naval hospital catchment area that would normally require an NAS.

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(5) Determine whether required care is available at any MTF whose inpatient catchment area overlaps the beneficiary's residence. If care is available, refer the beneficiary to that facility and do not issue an NAS.

(6) Implement measures ensuring that an audit trail related to each check and referral is maintained, including the check required before retroactive issuance of an NAS as described in paragraph 5d(7). When other than written communication is made to find out capability, make a record in the log required in paragraph 5g that "Telephonic (or other) determination was made on (date) that required care was not available at (name of other MTF contacted)." The individual checking this information signs this notation.

(7) The following applies when an NAS is authorized:

(a) A health care finder listing must be provided to beneficiaries showing participating or preferred CHAMPUS providers with applicable rates or discounts. Do not refer patients to a specific source of care.

(b) NASSs issued at commands OCONUS are not valid for care received in facilities located within CONUS. Also, NASSs issued within CONUS are not valid for care received OCONUS. However, if the beneficiary lives in a U.S. catchment area and gets elective, nonemergency care in a foreign country, an NAS is required and must be obtained from the MTF in the home area.

(c) The HBA must:

1. Prepare an NAS via the automated application of DEERS within CONUS and manually OCONUS, unless the overseas MTF has automated NAS capability. To expedite processing of automated issuance, naval hospital commanding officers may delegate signature authority to senior HBAs.

2. Explain to the patient or other responsible family member the validity period of the NAS (paragraph 5f).

3. Ensure beneficiaries are advised of the cost-sharing provisions of CHAMPUS and that issuance of an NAS does not imply that CHAMPUS will allow any and all costs incurred through the use of the NAS. The issuance of an NAS indicates only that care requested is not available at an MTF facility serving the beneficiary's resident inpatient catchment area.

4. Review, with the patient or responsible family member, instructions 1 through 6 on the reverse side of the NAS. Have the patient or responsible family member sign acknowledgment that such review has been made and is understood.

5. Advise recipients that CHAMPUS fiscal intermediaries will deny claims of individuals who are not enrolled in DEERS.

f. Validity Period. An NAS normally will be valid only for a hospital admission or a selected outpatient procedure within 30 days of issuance for the major diagnostic category (MDC) 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:

(1) 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 will remain valid for 42 days following termination of the pregnancy.

(2) In cases of multiple inpatient admissions for the same diagnosis (i.e., chronic care) an NAS may be issued for an entire episode of treatment, with a time limit of 1 year from the date of issuance, (e.g., inpatient chemotherapy or dialysis, etc.). In no case will an NAS be valid for more than 1 year.

g. Annotating DD 1251's. Before issuance, annotate each NAS per the instructions for completion on the reverse of the form. NASs issued under the commanding officer's discretionary authority for the "medically inappropriate" reason must be annotated in the remarks section documenting the special circumstances necessitating issuance. Establish and maintain a consecutively numbered log to include for each individual to whom an NAS is issued:

(1) Patient's name and identifying data.

(2) The facility unique NAS number (block number 1 on the DD 1251).

h. Appeal Procedures. Beneficiaries may appeal the denial of their request for an NAS.

(1) First level is the commanding officer of the naval hospital denying the issuance.

(2) Second level is the Assistant Chief for Health Care Operations (MED-03).

(3) Third level is the Surgeon General of the Navy.

(4) To give the next level of appeal an opportunity to review each case on its own merit and start a file, a copy of

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denial letters with enclosures will be sent to the next echelon whenever an appeal is denied. Enclosures must include a copy of beneficiary's letters of request and appeal, copy of all disengagement counseling documents and pertinent documentation to assist the next level in making a decision.

(5) Questions concerning NAS appeal procedures should be directed to MED-3C21 at (202) 653-1973 or DSN 294-1973.

i. Data Collection and Reporting. Due to the mandatory DEERS automated NAS system, hospitals within CONUS are no longer required to submit a monthly NAS supplement report. Reports are required only from overseas hospitals. BUMED will obtain NAS summaries for hospitals within CONUS directly from the DEERS database and validate and consolidate data from both sources to meet Office of the Assistant Secretary of Defense (Health Affairs) reporting requirements.

6. Forms and Report

a. DD 1251 (10-90), Uniformed Services Medical Treatment Facility Nonavailability Statement, will be supplied by MED-3C21 to all naval hospitals. Naval hospitals should ensure distribution to their respective branch medical clinics which have been delegated authority to issue. To obtain additional copies, contact MED-3C21 at (202) 653-1972 or DSN 294-1972.

b. DD 2161 (10-78), Referral for Civilian Medical Care, S/N 0102-LF-002-1611, is available from the Navy Supply System and may be requisitioned per NAVSUP P-2002D.

c. The Report of Nonavailability Statements required by paragraph 5 is assigned report control symbol DD-HA(Q)1463(6320) and has been approved through 23 May 1993.


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SELECTED OUTPATIENT PROCEDURES

Effective 1 October 1991, the following outpatient procedure categories (with applicable CPT-4 and ICD-9 codes) will require an NAS before CHAMPUS will be the primary payer.

1. GYN Laparoscopy (58980-58994) and (54.2).
2. Cataract Removal (66830-66985) and (13.1-13.6).
3. GI Endoscopy (43200-43272, 453-45385) and (29.1, 42.2, 44.1, 45.2), excludes removal of foreign bodies (43215, 45307) and decompression of volvulus (45321).
4. Myringotomy or Tympanotomy (69420-69436) and (20.0-20.2)
Arthroscopy (shoulder, elbow, wrist, knee, ligament, ankle) (29815-29898) and (80.21-80.23, 80.26-80.27).
5. Dilation and curettage (D&C) for diagnostic or therapeutic reasons (58120) and (69.0).
6. Tonsillectomy or Adenoidectomy (42820-42836) and (28.2-28.3, 28.6).
7. Cystoscopy (52000-52318) and (57.3).
8. Hernia Repair (49500-49590) and (53.0-53.4), excludes repair of inguinal hernia, incarcerated (49530) or strangulated (49535).
9. Nose repair (rhinoplasty and septoplasty) (30400-30520) and (21.5, 21.8).
10. Ligation or transection of fallopian tubes (58600) and (66.2-66.3).
11. Strabismus Repair (eye muscle surgery) (67311-67335) and (15.0-15.9).
12. Breast mass or tumor excision (19120) and (85.2).
13. Neuroplasty (decompression or freeing of nerve from scar tissue) (64702-64727) and (04.7).

DEFINITIONS

1. Catchment Area. Refers to the geographic area surrounding each MTF. Inpatient catchment areas within CONUS are defined by postal zip code centers which fall in an area of approximately 40 air miles in radius surrounding each inpatient facility. The zip codes designating catchment areas within CONUS are specified in the DoD 6015.19-D-1, Catchment Area Directory U.S. and Puerto Rico, Inpatient. Zip codes contained in more than one U.S. inpatient catchment area can be easily identified in the DoD 6015-D-2, Catchment Area Directory Zip Code Cross Reference.
2. Medical Emergency. The sudden and unexpected onset of a serious medical condition or the acute exacerbation of a chronic condition that is threatening to life, limb, or sight, and requires immediate medical treatment, or which manifests painful symptomatology requiring immediate palliative efforts to alleviate suffering. Medical emergencies include heart attacks, cardiovascular accidents, poisoning, convulsions, kidney stones, and such other acute medical conditions as may be determined to be serious medical emergencies by the Director, Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS), or a designee. In the case of pregnancy, a medical emergency must involve a sudden and unexpected medical complication that puts the mother, the baby, or both, at risk. Pain would not qualify a maternity case as an emergency, nor would incipient birth after the 34th week of gestation, unless an otherwise qualifying medical condition is present. Examples of medical emergencies in pregnancy or delivery are hemorrhage, ruptured membrane with prolapsed cord, placenta previa, abruptio placenta, presence of shock or unconsciousness, suspected heart attack or stroke, or trauma (such as injuries received in an automobile accident).
3. Medically Inappropriate. A situation when denial of an NAS could result in significant risk to the health of the patient, significant limitation to the patient's reasonable access to needed health care, or significant risk to the Government. This may also include situations when beneficiaries are traveling and temporarily away from their current residence. An NAS should be issued under these circumstances only if the commanding officer determines that the trip was not made for the purpose of avoiding use of the MTF in the beneficiary's home area.
4. Military MTFs. Medical facilities operated by one or more of the uniformed services. MTFs also refer to certain former U.S. Public Health Services (USPHS).
5. Permanently Not Available. Refers to a situation at a uniformed service hospital where personnel or facilities are not

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available and are not expected to become available for an indefinite period because of a policy decision not to provide such service at the MTF.

6. Temporarily Not Available. Refers to a situation at an MTF where personnel or facilities are not available for a short period of time due to the absence of essential personnel, certain equipment or facilities are not available due to their being inoperable or under renovation or construction, etc.

7. Uniformed Services. The Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the USPHS, and the Commissioned Corps of the National Oceanographic and Atmospheric Administration.

8. Valid NAS. An NAS that is appropriately issued by an MTF and used within the time specified on DD 1251. It does not mean that the NAS guarantees CHAMPUS reimbursement.

9. Selected Outpatient Procedures. Refers to those selected outpatient procedures which have been identified by the Assistant Secretary of Defense (Health Affairs) as being high cost procedures for which a shift in location of care from the civilian community to the military facility would appear to be more economical. Two categories of procedures set the parameters for the particular outpatient procedures for which NASs are required. The two categories are: (1) outpatient surgery procedures; and (2) other selected outpatient procedures which have high unit costs and for which care may be available in MTFs generally. The actual outpatient procedures covered will be announced and widely publicized (including publication in the Federal Register) before taking effect. Any changes to the selected outpatient procedures will be published in the Federal Register at least 30 days before the effective date of the change.