

CHAPTER 11
SECTION 2.1
ENCLOSURE 1

ISSUANCE OF NONAVAILABILITY STATEMENTS (NASS)



Department of Defense
INSTRUCTION

June 11, 1991
NUMBER 6015.19

SUBJECT: Issuance of Nonavailability Statements (NASS)

- References:
- (a) Sections 1079, 1080, and 1086 of title 10, United States Code
 - (b) DoD 6010.8-R, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," March 1986, authorized by DoD Instruction 6010.8, October 24, 1984
 - (c) DoD Instruction 6015.19 "Issuance of Nonavailability Statements (NASS)," January 2, 1990 (canceled effective October 1, 1991)
 - (d) Assistant Secretary of Defense (Health Affairs) Memorandum, "Nonavailability State (NAS) for Traveling Beneficiaries," April 3, 1985 (canceled effective October 1, 1990)
 - (e) through (j), see enclosure 1

A. REISSUANCE AND PURPOSE

Under the authority of reference (a) and the further delineation of that authority in reference (b), this Instruction:

- 1. Reissues reference (c) to administratively update information governing the issuance of NASSs.
- 2. Supersedes reference (d).
- 3. Updates and reissues NAS form, DD Form 1251, "Uniformed Services Medical Treatment Facility Nonavailability Statement (NAS)" (Enclosure 3) and the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) Defense Medical Information System (DMIS) instructions (Enclosure 4).

B. APPLICABILITY AND SCOPE

This Instruction:

- 1. Applies to the Office of the Secretary of Defense, the Uniformed Services, and certain healthcare organizations operating as Uniformed Services Treatment Facilities (USTFs).

TRICARE/CHAMPUS POLICY MANUAL 6010.47-M DEC 1998
CHAPTER 11, SECTION 2.1, ENCLOSURE 1
ISSUANCE OF NONAVAILABILITY STATEMENTS (NASS)

2. Applies only to nonemergency inpatient care and selected outpatient procedures provided at civilian facilities to Uniformed Services Health Benefit Program beneficiaries who reside within the inpatient catchment area of military treatment facilities (MTFs).

C. DEFINITIONS

Terms used in this Instruction are defined in Enclosure 2.

D. POLICY

It is DoD policy that:

1. A MTF shall issue a NAS to a Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) beneficiary only when the care required is not available from any MTF having a catchment area that includes the beneficiary's current residence address.

2. The CHAMPUS shall share the cost of authorized nonemergency inpatient care and selected outpatient procedures rendered to eligible beneficiaries residing within a MTF catchment area only when the beneficiaries are enrolled (with exceptions specified in the 1984 ASD(HA) Memorandum (reference (e)), as amended) in the Defense Enrollment Eligibility Reporting System (DEERS) and possess a valid NAS (with exceptions specified in subsection F.3., below.)

3. On October 1, 1991, the Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) fiscal intermediaries will deny payment of catchment area nonemergency inpatient and selected outpatient claims if an automated NAS has not been generated in the DEERS by the appropriate MTF.

4. The issuance of a NAS shall not guarantee that the CHAMPUS will share the cost of the care specified on the NAS. In all cases, a determination is made by the OCHAMPUS under DoD 6010.8-R (reference (b)) as to coverage provided for a particular procedure and/or situation.

E. RESPONSIBILITIES

The Assistant Secretary of Defense (Health Affairs) shall:

1. Monitor the implementation of this Instruction and update it as required.
2. Set policies concerning NASs and catchment areas.
3. Publish a list of outpatient procedures that require a NAS.
4. Ensure that the Directors of the USTFs shall:

a. Establish procedures to control the issuance of NASs, and establish a three-level appeal process.

b. Monitor the number of NASs issued by each MTF. Establish and maintain a system of data collection of the number of NASs issued by both issuance means; i.e., the DEERS automated NAS System at continental United States MTFs and each Service's system (overseas MTF's), by each facility according to reason of issuance, major diagnostic category (MDC), category of beneficiary, and if the NAS was issued retroactively. Data from both sources will be consolidated and reported monthly by electronic media to the ASD(HA) using the format specified by the ASD(HA).

c. Provide the OASD(HA) with recommendations for change to the U.S. Inpatient Catchment Areas defined in OASD(HA) Catchment Area Directories. Provide the OASD(HA) and the OCHAMPUS a complete and current set of maps (in an appropriate scale and including procedures associated with their use) used to depict overseas catchment areas in which issuance of NAS is required. In addition, provide the OASD(HA) and the OCHAMPUS updated copies of these maps or their associated usage procedures not less than 30 days before the implementation of any change. The United States is defined as inclusive of Puerto Rico for this Instruction.

5. Ensure that the Director, OCHAMPUS, makes certain that claims for nonemergency inpatient care and selected outpatient procedures rendered to beneficiaries living within a catchment area shall not be paid, unless the claims meet the criteria enumerated in subsection D.2., above.

6. Ensure that the Director, Defense Medical Systems Support Center, shall:

a. Operate the DEERS automated NAS system, establish reporting requirements, and monitor the submission of reports to ensure that reports generated from the automated DEERS application accurately reflect the data entered by the user. Provide a monthly tape from the DEERS automated NAS system to the biometrics office of the Secretaries of the Military Departments and the Commandant of the Coast Guard in a standard format for inclusion into their respective data systems.

b. Provide camera-ready material, update as required, for the OASD(HA) Catchment Area Directories for the 50 States, the District of Columbia, Puerto Rico, and overseas.

c. Ensure that copies of the DEERS "Eligibility Inquiry/Nonavailability Statement Users' Guide" (reference (f)) is furnished to the following:

- (1) The Secretaries of the Military Departments for use by the MTFs.
- (2) The Director, OCHAMPUS, for use by the OCHAMPUS and the CHAMPUS contractors.
- (3) The Commandant of the Coast Guard.
- (4) The Surgeon General of the United States Public Health Service (USPHS).
- (5) The Director, National Oceanic and Atmospheric Administration (NOAA).
- (6) The Directors of USTFs, where appropriate.

F. PROCEDURES

1. Care shall be considered not available at a MTF only in the following circumstances:

a. Proper facilities are TEMPORARILY not available in a safe or timely manner.

b. Professional capability is TEMPORARILY not available in a safe and timely manner.

c. Proper facilities or professional capabilities are (PERMANENTLY) not available at that facility.

ISSUANCE OF NONAVAILABILITY STATEMENTS (NASS)

d. It would be inappropriate medically (see definition 4. in enclosure 2) to require the beneficiary to use the MTF. Local commanders shall use their discretionary authority to assess individual medical needs and personal constraints on an individual's ability to use, or get to, the MTF.

2. When the residence of the beneficiary is within the catchment area of two or more MTFs, the first facility contacted shall be responsible for the following, as appropriate:

a. Providing the requested care.

b. Contacting other MTF, whose catchment areas contain the zip code of the beneficiary's residence, and referring the beneficiary to an appropriate MTF in which the required care is available.

c. Issuing a 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 DMIS code of the appropriate MTF. (Clinics must not issue NASSs using a clinic DMIS code.)

d. Implementing procedures to ensure that an audit trail related to each check and referral is maintained.

3. In accordance with Sections 1079, 1080, and 1086 of 10 U.S.C. (reference (a)), a NAS is not required for a medical emergency or when a 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. A NAS is not required for the first 3 days of care for a newborn of an active duty mother. Also, a NAS is not required for inpatient care rendered by the following providers or programs:

a. Military - Civilian Health Services Partnership Program. (DoD Instruction 6010.12 (reference (g))).

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. Effective October 1, 1991, NASSs must be issued electronically through the DEERS automated NAS System within the United States. They must be issued manually outside the United States unless the overseas MTF possessed automated NAS capability. Standard procedures shall be followed by MTFs for competing NAS DD Forms 1251 in accordance with the Instruction, the instructions on that form (Enclosure 2), and in the DEERS' "Eligibility Inquiry/Nonavailability Statement User's Guide" (reference (f)). The unique log number assigned to each NAS shall be used to identify the issuing MTF and to calculate the NAS expiration date. If necessary, a NAS may be issued manually and the required automated entry made in the DEERS system. The 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. Statistical reports prepared by the OCHAMPUS and the DEERS shall be generated from the automated NAS

issuance system. NAS issuances made by a MTF in the United States (see definition 5. in enclosure 2), not entered into the automated system, shall result in denied claims.

5. A NAS normally shall be valid only for a hospital admission or selected outpatient procedure within 30 days of issuance for the MDC noted on the NAS. For inpatient care, it shall 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:

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.

b. If a CHAMPUS-eligible 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 a NAS for the infant if the required care is not available in a MTF. A certificate of live birth issued by a hospital, a hospital discharge certificate, a baptismal certificate, or an official birth certificate will be accepted as official documentation to verify eligibility.

c. If an ACTIVE DUTY SERVICE MEMBER gives birth in a civilian hospital and there are charges for the care of the infant, a NAS for the infant 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 Service member has other primary insurance that covers the infant's newborn care, a NAS is not required.

d. In cases of multiple inpatient admissions for the same diagnosis (i.e., chronic care), a 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 shall a NAS be valid for more than 1 year.

6. A NAS shall be issued retroactively only if the care provided by civilian sources could not have been obtained from a MTF for reasons specified in subsection F.1., above, at the time services were delivered in the civilian sector. As indicated on the back of DD Form 1251, when a retroactive NAS is issued, the last 3 digits of the NAS number assigned must be between 900-999 (700-799 for retroactive chronic care) as instructed in Enclosure 3.

7. A NAS shall not be issued to individuals who are not eligible for the CHAMPUS. Eligibility must be established in each case by checking the DEERS immediately before the NAS issuance. If the patient is not enrolled in the DEERS but the health benefits advisor 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.

8. A NAS should not be issued until it has been determined that there are no other available sources of the required healthcare through the MTF. Alternatives to be considered before issuing a NAS include contracting including, with the beneficiary's consent, those delineated in DoD Instruction 6010.12 (reference (g)) and other resource sharing programs; referring the beneficiary to Department of Veterans Affairs (VA) facilities with which the MTF has a VA/DoD sharing agreement; and arranging for the beneficiary to travel to another MTF in which the required care is available (DoD 4515.13-R (reference (h))).

ISSUANCE OF NONAVAILABILITY STATEMENTS (NASS)

9. The beneficiary shall be given the printed NAS. The MTF also shall keep a copy for its records. This printed NAS will not be a valid tool to process CHAMPUS claims. To process CHAMPUS claims, the NAS must be resident on the DEERS.

10. A NAS must be issued by the MTF in conjunction with all DD Forms 2161, "Referral for Civilian Medical Care," that are issued for inpatient or selected outpatient care under the cooperative care program (ASD(HA) Memorandum, reference (i)).

11. A NAS issued by a MTF outside the United States shall not be valid for care received in a civilian facility within the United States (except as specified in subsection F.3., above). Also, an NAS issued by an MTF inside the United States shall not be valid for care received in a civilian facility outside the United States. However, if the beneficiary lives in a U.S. catchment area and gets elective, non-emergency care in a foreign country, a NAS is required and must be obtained from the MTF in the home area.

12. When a beneficiary is traveling and is temporarily away from his or her current residence, the first hospital commander contacted in either the beneficiary's home catchment area or the catchment area where hospital care is desired may issue a NAS, if the requested care is not available in the location where the care is desired.

a. Such NAS should be issued only if the MTF commander reasonably determines that the trip was not made for the primary purpose of avoiding use of a MTF in the beneficiary's home catchment area.

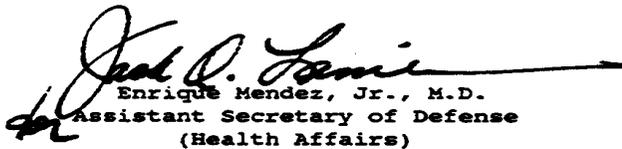
b. Such a NAS may also be issued retroactively, if the MTF commander determines that the above criteria were met, or that there was no reasonable way for the beneficiary to now that he or she was within a MTF catchment area that would normally require a NAS.

G. INFORMATION REQUIREMENTS

The reporting requirements in the Instruction have been assigned Report Control Symbol DoD-HA(M)1463.

H. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective October 1, 1991. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.


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Assistant Secretary of Defense
(Health Affairs)

Enclosures - 4

1. References
2. Definitions
3. Uniformed Services Medical Treatment Facility Nonavailability Statement (NAS) (DD Form 1251) and Instructions
4. Instruction for Reporting on the NAS

REFERENCES, continued

- (e) Assistant Secretary of Defense (Health Affairs) Memorandum, "Denial of Health Benefits for Dependents Not Enrolled in DEERS," August 14, 1984
- (f) Defense Enrollment Eligibility Reporting System (DEERS), "Eligibility Inquiry/Nonavailability Statement Users' Guide," October 1987, Sections 7 and 8
- (g) DoD Instruction 6010.12, "Military Civilian Health Services Partnership Program," October 22, 1987
- (h) DoD 4515.13-R, "Air Transportation Eligibility," January 1980, authorized by DoD Directive 4500.9, January 26, 1989.
- (i) Assistant Secretary of Defense (Health Affairs) Memorandum, "Cooperative/Supplemental Care: Change to Joint Service Regulation and Medical Services uniformed Services Health Benefit Program," May 31, 1978
- (j) Public Law 97-99, "Military Construction Authorization Act, 1982," December 23, 1981 (Section 911 or title 42, United States Code)

