



Department of Defense
INSTRUCTION

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1986 5920
June 11, 1991
NUMBER 6015.19

AD-A272 462



ASD(HA)

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 Statement (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 NASs.
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).
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 medical treatment facilities (MTFs).

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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 MTFs), 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, updated 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.

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(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 capability are (PERMANENTLY) not available at that facility.

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 MTFs, 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 NASs 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, NASs 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 possesses automated NAS capability. Standard procedures shall be followed by MTFs for completing NAS DD Forms 1251 in accordance with this Instruction, the instructions on that form (enclosure 3), 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. 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. 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))).

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.

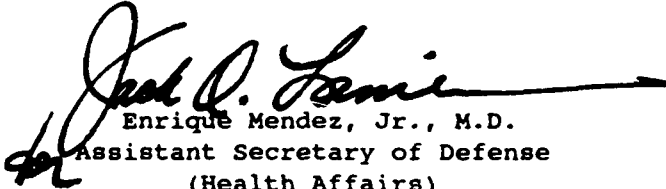
b. Such a NAS may also be issued retroactively, if the MTF commander determines that the above criteria were met, or that there was no reasonable way for the beneficiary to know that he or she was within a MTF catchment area that would normally require a NAS.

G. INFORMATION REQUIREMENTS

The reporting requirements in this 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.


Enrique Mendez, Jr., M.D.
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 of title 42, United States Code)

DEFINITIONS

1. Catchment Area. Refers to the geographic area surrounding each MTF, or designated USTF, that constitutes the inpatient service area for the facility. Inpatient catchment areas in the United States are defined by postal zip code centers that fall in an area of approximately 40 air miles in radius surrounding each inpatient facility. The zip codes designating catchment areas in the United States are specified in the "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 Catchment Area Directory Zip Code Cross Reference. Overseas catchment areas are defined Catchment Area Directory, Overseas. Overseas geographic areas for which NASs are issued are identified in maps provided to the OASD(HA) and the OCHAMPUS by the Secretaries of the Military Departments.
2. Major Diagnostic Categories (MDCs). Method of aggregating salient patient and/or disease classification features associated with Diagnosis Related Groups (DRGs). The MDCs listed reflect the DRG scheme specified in the DRG Definitions Manual. These MDCs should be projected at issuance. Use the DRG Definitions Manual to determine which principal diagnoses fall within a respective MDC.
3. 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, 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, 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).
4. Medically Inappropriate. A situation when denial of a NAS could result in significant risk to the health of the patient, significant limitation to the patient's reasonable access to needed healthcare, or significant risk to the Government. This may also include situations when beneficiaries are travelling and temporarily away from their current residence. A NAS should be issued under these circumstances only if the commander determines that the trip was not made for the purpose of avoiding use of a MTF in the beneficiary's home area.
5. Military Medical Treatment Facilities (MTFs). Medical facilities operated by one or more of the Uniformed Services. MTFs also refer to certain former USPHS facilities now designated as USTFs.

6. Permanently Not Available. Refers to a situation at an MTF where personnel or facilities are not 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.

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

8. Uniformed Services. The Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the USPHS, and the Commissioned Corps of the NOAA.

9. Uniformed Services Treatment Facilities (USTFs). Facilities that were operated by the USPHS, are operated presently by civilian organizations, and certain operations of which are deemed under Pub. L. 97-99 (reference (j)) to be MTFs.

10. United States. Refers to the Continental United States (CONUS), Alaska, Hawaii, and Puerto Rico.

11. Valid NAS. Refers to a NAS that is appropriately issued by a MTF, and used within the time specified on the DD Form 1251. It does not mean that the NAS guarantees CHAMPUS reimbursement.

12. Selected Outpatient Procedures. Refers to those selected outpatient procedures that have been identified by the ASD(HA) as being high cost. Two categories of procedures set the parameters for the particular outpatient procedures for which nonavailability statements are required. The two categories are:

a. Outpatient surgical procedures.

b. Other selected outpatient procedures that have high unit costs and for which care may be available in MTFs.

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 procedures will be published in the Federal Register at least 30 days before the effective date of the change.

**UNIFORMED SERVICES MEDICAL TREATMENT FACILITY
NONAVAILABILITY STATEMENT (NAS)**

REPORT CONTROL SYMBOL

Privacy Act Statement

AUTHORITY: 44 USC 3101, 41 CFR 101 et seq., 10 USC 1066 and 1079, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: To evaluate eligibility for civilian health benefits authorized by 10 USC, Chapter 55, and to issue payment upon establishment of eligibility and determination that the medical care received is authorized by law. The information is subject to verification with the appropriate Uniformed Service.

ROUTINE USE: CHAMPUS and its contractors use the information to control and process medical claims for payment; for control and approval of medical treatments and interface with providers of medical care; to control and accomplish reviews of utilization; for review of claims related to possible third party liability cases and initiation of recovery actions; and for referral to Peer Review Committees or similar professional review organizations to control and review providers' medical care.

DISCLOSURE: Voluntary; however, failure to provide information will result in denial of, or delay in payment of, the claim

1. NAS NUMBER (Facility) (Yr - Julian) (Seq. No.)		2. PRIMARY REASON FOR ISSUANCE (X one)	
3. MAJOR DIAGNOSTIC CATEGORY FOR WHICH NAS IS ISSUED (Use code from reverse)		a. PROPER FACILITIES ARE TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER	
		b. PROFESSIONAL CAPABILITY IS TEMPORARILY NOT AVAILABLE IN A SAFE OR TIMELY MANNER	
		c. PROPER FACILITIES OR PROFESSIONAL CAPABILITY ARE PERMANENTLY NOT AVAILABLE AT THIS FACILITY	
		d. IT WOULD BE MEDICALLY INAPPROPRIATE TO REQUIRE THE BENEFICIARY TO USE THE MTF (Explain in Remarks)	
4. PATIENT DATA			
a. NAME (Last, First, Middle Initial)		b. DATE OF BIRTH (YYMMDD)	c. SEX
d. ADDRESS (Street, City, State, and ZIP Code)		e. PATIENT CATEGORY (X one)	
		(1) Dependent of Active Duty	
		(2) Dependent of Retiree	
		(3) Retiree	
		(4) Survivor	
		(5) Former Spouse	
		f. OTHER NON CHAMPUS HEALTH INSURANCE (X one)	
		(1) Yes, but only CHAMPUS Supplemental	
		(2) Yes (List in Remarks)	
		(3) No	
5. SPONSOR DATA (If you marked 4e(3) Retiree above, print "Same" in 5a.)			
a. NAME (Last, First, Middle Initial)		b. SPONSOR'S OR RETIREE'S SOCIAL SECURITY NO.	
6. ISSUING OFFICIAL DATA			
a. NAME (Last, First, Middle Initial)		b. TITLE	
c. SIGNATURE		d. PAY GRADE	e. DATE ISSUED (YYMMDD)

7. REMARKS (Indicate block number to which the answer applies.)

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E

INSTRUCTIONS TO THE PATIENT

Concerning use by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

1. The medical care requested is not available to you at a Uniformed Services Medical Treatment Facility (USMTF) in this area.

2. This form does NOT guarantee that CHAMPUS will cost share your care.

a. If you receive medical care from civilian sources and such care is determined to be authorized care under CHAMPUS, it will be cost shared by the Government to the extent that the program permits, provided such care is not obtained in a facility which discriminates in its admission and treatment practices on the basis of race, color, or national origin.

b. If you receive medical care from civilian sources and it is determined that all or part of the care is not authorized under CHAMPUS, the GOVERNMENT WILL NOT PAY for the unauthorized care.

c. The determination of whether medical care you receive from civilian sources is covered under CHAMPUS can not be made at this time because this determination depends, among other things, upon the care you actually receive and not upon the statement regarding your condition or diagnosis made on this form.

3. This form must be presented with your Uniformed Services Identification and Privilege Card when you obtain civilian medical care. For your claim to be processed, you must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

4. This form is valid only for medical care requested from and determined not available at a Uniformed Services medical treatment facility in this area.

5. An NAS shall normally be valid only for a hospital admission or the indicated outpatient procedure within 30 days of issuance for the specialty code noted on the NAS. For inpatient care, it will remain valid from the date of admission until 15 days after discharge for any other required treatment that is directly related to the original admission, with the following exceptions:

a. In maternity cases, the date of admission is the date when the patient entered into the prenatal care program with a civilian provider, and the maternity NAS shall remain valid for 42 days following termination of the pregnancy. A retroactive NAS may be issued for maternity care, but not a chronic care NAS.

b. If a newborn infant remains in the hospital continuously, after the discharge of a CHAMPUS eligible mother, the mother's NAS shall be valid for the infant in the same hospital for up to 15 days after the mother's discharge. Beyond this 15 day limit, the beneficiary must request the issuing facility to make a determination on the availability of care for the infant and to issue an NAS for the infant if the requirements of these instructions are met.

c. If an active duty service member gives birth in a civilian hospital and there are charges for the care of the infant, an NAS is required for the infant if the infant's stay is for four or more days. (At that point, the infant is considered to be a new CHAMPUS eligible patient in his or her own right.)

d. If you do not use this form within 30 days, or if you have questions about the expiration of the form, you should check with your local Health Benefits Advisor (HBA) prior to your admission to the hospital. If you do not use this form, return it to the issuing Uniformed Services medical treatment facility.

6. If you have further questions regarding this form or your CHAMPUS benefits, you should talk with your local Health Benefits Advisor, the CHAMPUS Fiscal Intermediary for your area, or the Beneficiary and Provider Relations Division, Office of CHAMPUS, Aurora, Colorado 80045-6900.

I HAVE REVIEWED AND UNDERSTAND THE ABOVE INSTRUCTIONS

PATIENT'S SIGNATURE

INSTRUCTIONS FOR COMPLETING DD FORM 1251

This form can be issued only in accordance with the provisions of DoDI 6015.19, "Issuance of Nonavailability Statements," as implemented by the issuing facility's host Service (AR 40-121, NAVMEDCOMINST 6320.3, AFR 168.9, PHS General Circular No. 6, CGCOMDTINST 6320.11b, NOAA CO. 4).

The issuing officer or designee should brief the recipient on the Instructions to the Patient on the front of this form. However, if the patient is not enrolled in DEERS, and the HBA has reason to believe the individual is entitled to care, issue a "conditional" NAS and advise the patient that the claim will not be considered until the DEERS enrollment is complete.

If this NAS is being issued retroactively (after the date the patient was admitted to the hospital), the last three digits of the NAS Number, Block 1, must be between 900 and 999 and an explanation provided in Block 7, "Remarks." If this condition is not met, the CHAMPUS Fiscal Intermediary will reject the claim.

1. Enter an NAS Number.

- The first four digits are the Defense Medical Information System (DMIS) facility identifier.
- The next four digits represent the date the form is issued. It consists of the last digit of the year plus the Julian Date. (For example, if the date is 1 January 1988, these digits would be 8001.)
- The final three digits are the facility sequence number:
 - Numbers 000 through 699 may be assigned in accordance with the implementing instructions of the issuing facility's host Service.
 - Numbers 700 through 799 are assigned to retroactive chronic care.
 - Numbers 800 through 899 are assigned to NASs issued for chronic care and are valid for one year from date of issuance.
 - Numbers 900 through 999 are assigned to NASs issued retroactively.

2. Mark the appropriate box.

3. Enter the code for the major diagnostic category for which the NAS is being issued from the following list. For further information on what goes into each category, consult the Diagnostic Related Group (DRG) Definitions Manual.

- 01 Diseases and Disorders of the Nervous System
- 02 Diseases and Disorders of the Eye
- 03 Diseases and Disorders of the Ear, Nose and Throat

3. Codes (Cont'd)

- 04 Diseases and Disorders of the Respiratory System
- 05 Diseases and Disorders of the Circulatory System
- 06 Diseases and Disorders of the Digestive System
- 07 Diseases and Disorders of the Hepatobiliary System and Pancreas
- 08 Diseases of the Musculoskeletal System and Connective Tissue
- 09 Diseases of the Skin, Subcutaneous Tissue and Breast
- 10 Endocrine, Nutritional and Metabolic Diseases
- 11 Diseases and Disorders of the Kidney and Urinary Tract
- 12 Diseases and Disorders of the Male Reproductive System
- 13 Diseases and Disorders of the Female Reproductive System
- 14 Pregnancy, Childbirth and the Puerperium
- 15 Normal Newborns and Other Neonates with Certain Conditions Originating in the Perinatal Period
- 16 Diseases and Disorders of the Blood and Blood-Forming Organs and Immunological Disorders
- 17 Myeloproliferative Disorders and Poorly Differentiated Neoplasms
- 18 Infectious and Parasitic Diseases (Systemic or Unspecified Sites)
- 19 Mental Diseases and Disorders
- 20 Alcohol/Drug Use and Alcohol/Drug Induced Organic Disorders
- 21 Injuries, Poisonings, and Toxic Effect of Drugs
- 22 Burns
- 23 Factors Influencing Health Status and Other Contacts with Health Services
- 60 Pediatrics (over 28 days of age)
- 61-74 Selected Outpatient Procedures

4a-e. Self-explanatory.

4f. Mark the appropriate box. If "f(2), Yes," is marked, specify the name of the insurance company and the policy number, if available, in Block 7, "Remarks."

5a. Enter the Sponsor's name. If the sponsor is the patient, enter "Same." 5b is self-explanatory.

6a-d. Self-explanatory.

6e. This date should be the same as the date in Block 1, but written in YYMMDD format.

7. Enter remarks as required by these instructions and implementing instructions.

INSTRUCTION FOR REPORTING ON THE
NAS

NAS REPORTING SPECIFICATIONS

1. Introduction. The DEERS automated NAS system collects NAS data that is provided to the Services for consolidation and verification. After this information is compiled by the Services, it is forwarded to the DMIS database contractor. NAS data are to be reported via two independent sources.

a. Quarterly by the Military Services Biometrics Departments.

b. Monthly by the DEERS.

2. Form. NAS reports must be submitted on an acceptable electronic medium. Magnetic tape is preferred. If the submitting office wishes to use any other electronic medium or format, clearance for such submission must be obtained from the OASD(HA) DMIS program manager.

3. Content. The data content reported by each source is essentially the same except for record formats and reporting periods. Periodically, the Management Systems Program Office of the Defense Medical Systems Support Center will publish DMIS Primary Facility Codes for MTFs and format instructions for reporting NAS data information.

4. Delivery. NAS Quarterly Reports must be delivered within 60 days following the quarter being reported. Those reports must be sent to the DMIS Information Center.