

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION 41-119**



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**Health Services**

**OUTPATIENT REFERRALS AND  
CONSULTATIONS**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive 41-1, *Health Care Programs and Resources*. This instruction provides guidance and establishes procedures to ensure the proper coordination and processing of Outpatient Referrals and Consultations. This instruction applies to all personnel assigned, attached, or under contract to the 59th Medical Wing (59 MDW), except those attached to the 59th Dental Group, 959th Medical Group (MDG) and 359 MDG. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

**SUMMARY OF CHANGES**

This document has been substantially revised and must be completely reviewed. Major changes include the routing and approval/disapproval process for referrals, electronic processing of referrals and guidance updates.

**1. Responsibilities.**

- 1.1. Each provider must adhere to these policies and procedures when requesting and receiving consultations or referrals.
- 1.2. Each functional clinic and appointment scheduling area must adhere to this policy.

1.3. The Consult and Appointment Management Office (CAMO) is responsible for providing the oversight necessary to optimize referral management services and the processing of both internal and external referrals (including referrals for civilian traumas, Secretarial Designees, and ineligible patients) for medical care in the San Antonio Military Health System (SAMHS). SAMHS includes Wilford Hall Ambulatory Surgical Center (WHASC), San Antonio Military Medical Center (SAMMC), 359 MDG and 559 MDG. For questions related to a referral processed by CAMO, call (210) 916-9900.

1.4. The WHASC Referral Management Center (RMC) will be responsible for the processing of all outpatient durable medical equipment (DME), Physical Therapy/Occupational Therapy (PT/OT) for TRICARE for Life/Plus patients, direct care only patients, all active duty members assigned to Defense Medical Information System (DMIS) 0117 (WHASC), and Supplemental Health Care Program (SHCP) referrals (such as behavioral health, obstetrics and gynecology (OB/GYN) and other specialties). Additionally, all as soon as possible (ASAP)/STAT/today and 72 hour referrals assigned to DMIS 0117 will be processed by the WHASC RMC.

## **2. Electronic Consults.**

2.1. Armed Forces Health Longitudinal Technology Application (AHLTA) or Composite Healthcare System (CHCS) are the prescribed mechanisms and must be used by all clinics or service areas referring patients to target clinics. Clinics receiving referrals from other Military Treatment Facility (MTF) clinics will not accept hard copy or handwritten consults. Hardcopy referrals from sources outside SAMHS will be faxed to CAMO RMC at 1-877-861-5369.

2.2. Each clinic will ensure any hardcopy referrals received in their clinic from civilian providers are faxed to CAMO RMC at 1-800-548-1547.

## **3. Procedures for Preparing Electronic Consultation Requests.**

3.1. Each requesting provider will ensure an electronic consult is entered in CHCS. All data entry fields in the "Consult Order" screen of the electronic consult will be completed.

3.1.1. Special additional entries are required in the "Reason for Consult" field. Each entry is to include:

3.1.1.1. Name of the consult (e.g., Cardiology Consult).

3.1.1.2. Provisional diagnosis that matches the type of service that is being requested (e.g., a request for Dermatology with a provisional diagnosis of Lumbago).

3.1.1.3. Brief history on the patient.

3.1.1.4. Whether the request is for evaluation only or evaluation and treatment.

3.1.1.5. Provider's name and phone or pager number.

3.1.1.6. All referrals for DME must include: the patient's height and weight (in pounds). There must also be a current visit in AHLTA documenting the need for the requested items. The ordering provider's National Provider Identifier (NPI) will automatically be added to the referral. If the requesting provider is different, add the requesting provider's name, pager, and NPI.

3.1.2. All consultations are prioritized using the category selected in the “priority” field by the ordering provider. All routine consults will be screened for completeness and processed by CAMO RMC or WHASC RMC IAW each clinic’s standard operating procedures. Routing is internally programmed in CHCS and reflects rules and policies set by TRICARE, Department of Defense (DoD), and the WHASC. All consults, except DME, will be routed to the CAMO RMC first for screening, then to the appropriate clinic location.

3.1.3. Providers requesting STAT, ASAP, or “today” consultations will call the consulting clinic’s on-call provider directly to clarify and confirm the need for other-than-routine consideration. The accepting clinic is responsible for scheduling these urgent requests. If ordering DME with “other-than-routine” as the priority, the ordering provider must ensure that the service has been set up for the patient by contacting the DME provider or the WHASC RMC for assistance in locating one. The provider then enters the information into the consult for the WHASC RMC to process. To avoid processing delays, the provider needs to ensure the patient’s demographic information is correct.

3.1.4. Consults must contain detailed information. Providers may recommend a vendor, but this does not guarantee the vendor will be used. Not all vendors are part of the TRICARE network, nor do they all accept Medicare.

#### **4. Procedures for Processing/Scheduling Electronic Consultation Requests.**

4.1. All clinics still booking their own appointments must develop procedures to triage or screen the consult for appropriateness, access, and eligibility. Clinics are required to make patient contact prior to booking the patient’s appointment to ensure the appointment does not conflict with the patient’s schedule and cause the patient to no-show.

4.2. Consults Screening, Patient Contact and Appointing and Patient Priority at MTF.

4.2.1. IAW the following guidance: the Military Health System’s (MHS) *Guide to Access Success*, *TRICARE Provider’s Handbook*, Health Affairs Policy 11-005, *TRICARE Policy for Access to Care*, Access to Care (ATC) standards are as follows:

4.2.1.1. The wait time for an appointment for a well-patient visit or a specialty-care referral shall not exceed 4 weeks (28 days); for a routine visit, the wait time for an appointment shall not exceed 1 week (7 calendar days); and for an urgent care visit, the wait time for an appointment shall not exceed 24 hours. Access standards for behavioral health visits: 1 day for the initial urgent behavioral health care appointment with a behavioral health care provider and 1 week for the initial routine behavioral health care appointment with a behavioral health care provider.

4.2.2. Patient Priority at MTFs. Authorized patients are to be seen and treated in the following prioritization:

4.2.2.1. Active duty service members seen within SAMMC or WHASC clinics.

4.2.2.2. Active duty family members enrolled in TRICARE Prime (includes TRICARE Prime enrolled survivors of military sponsors who died on active). Active duty family members who are enrolled in TRICARE Plus fall into this category for primary care appointments only.

4.2.2.3. Retirees, their family members, and survivors enrolled in TRICARE Prime.

4.2.2.4. Active duty family members NOT enrolled in TRICARE Prime (including survivors of military sponsors who died on active duty who are not enrolled in TRICARE Prime).

4.2.2.5. Retirees, their family members and survivors who are not enrolled in TRICARE Prime.

4.2.2.6. All other eligible persons.

4.2.2.7. There are certain special provisions in MTF access policy in relation to patient priority. Please contact your local TRICARE Service Center (TSC), or MCSC Representative, for all other provisions. Also, priority access rules are not applicable to bona fide medical emergencies, or cases in which the providing of certain medical care is required by law, or applicable DoD Directive or Instruction. This includes care for civilian employees who are exposed to health hazards in the workplace or injured on the job.

4.2.3. All consults deemed appropriate by first level review will be booked with an appropriate appointment and the appointment date shall be within TRICARE/MHS ATC standards (refer to Paragraph 4.2.1.1.). **Note:** "Day 1" for access calculation is the date initially transmitted.

4.2.4. Specialty clinic review of consults will be completed within 1 duty day of receipt. Consults deemed inappropriate by the specialty reviewer should be returned to the referring provider and clinic via the CHCS Consult Module with a status of "INFO NEEDED." Providers will receive notification of this return via the AHLTA Consult Log. The ordering provider must determine whether these referrals need further action and respond appropriately. Replies through CHCS Mailman are not acceptable. If a modification is required, the provider must modify the original consult.

4.2.5. Patients may choose to waive their right to access standards, but such a waiver must be documented on the consult by the individual booking the appointment. **Note:** No patient may be asked to call back for an appointment (when appointments are not available).

4.2.6. TRICARE Prime. Consults for TRICARE Prime patients (other than those described in paragraph 1.4.) must be routed or forwarded to CAMO RMC for management within 5 days of receipt when access standards cannot be met.

4.2.7. Non-Enrolled. Consults for non-enrolled patients must be either returned to the referring provider for disposition with an explanation of why the consult was returned or sent to CAMO, within 5 duty days of receipt of consult when access standards cannot be met.

## 5. Supplemental Health Care Program Referrals.

5.1. Supplemental Health Care Program Referrals are requests for Active Duty service members to receive health care outside the MTF. These requests must be approved by the appropriate Chief of Medical Staff (SGH) or Utilization Management (UM) team prior to care being received (as directed in paragraphs 5.1.1. and 5.1.2.). The requests for approval

must include a stamp and wet signature along with the date they were signed prior to being returned to WHASC RMC.

5.1.1. SGH Approval/Disapproval. All SHCP behavioral health requests will be reviewed for approval/disapproval by the WHASC/SGH. This is accomplished by routing the hardcopy referral to SGH for approval/disapproval and signature. The review and approval process will be completed and returned to the WHASC RMC within 5 duty days.

5.1.2. Utilization Management Approval/Disapproval. SHCP specialty requests (e.g. PT/OT, OB/GYN and other specialties) will be reviewed by the UM team. This is accomplished electronically through e-mail for approval/disapproval and signature. The review and approval process will be completed and returned to the WHASC RMC within 5 duty days.

5.2. If the SHCP request is approved, an annotation is made by the WHASC RMC in CHCS. The consult is then forwarded to the Managed Care Support Contractor (MCSC) and the requested provider.

5.3. If the SHCP request is disapproved, an annotation is made in CHCS. The WHASC RMC will return the consult via CHCS to the originating provider and the provider will inform the patient that consult/request has been denied. Patients should be directed to their provider if they have questions.

## **6. Disposition of Electronic Consults by Referral Source or Specialist.**

6.1. Results of consult examination or visit must be documented in the outpatient medical record.

6.1.1. Communication of the results of the consult must be made to the originating provider and posted in AHLTA.

6.1.2. Clear and Legible Reports are given to the ordering providers to be signed and are tracked on a WHASC RMC spreadsheet. Moreover, RMC is required to send T-cons in AHLTA notifying the ordering provider of results within 2 business days. Providers must review received referral and consult results within 3 duty days for network and direct care.

6.1.3. Minimum data entry for electronic consults is not determined and may be as little as "consult received" or as much as entry of the entire examination. It is preferable to enter as much data as possible.

6.1.4. Urgent findings and recommendations must be communicated to the ordering provider in the most expeditious mechanism available.

6.1.5. Electronic consults should be closed out or dictated within 72 hours of the appointment. It is preferable to complete and close the consult the same day, at the end of the appointment.

## **7. Requests for Follow Up and Additional Care Referrals.**

7.1. For internal referrals: If a previously referred patient requires a referral to another specialist, the patient's PCM should be notified of the requested consult by the first specialist. Notification may be by e-mail, fax or telephone.

7.1.1. If a specialist needs additional visits with an enrolled patient, the PCM will request additional visits via referral sent to the CAMO RMC. The CAMO RMC must request approval of the additional visits or referral if the referral cannot be met internally. However, the SGH (or their designee) must approve new referrals for ADSMs.

7.1.2. The referring provider will be notified by the WHASC RMC regarding disapproval for a TRICARE Prime patient via CHCS for internal providers and via fax or call for network providers.

7.1.3. The MCSC's first choice of action or assignment priority for any type of referral is as follows: WHASC, SAMMC, Randolph, network, then non-network providers.

7.1.4. If a patient is assigned to a civilian PCM (TRICARE Prime) and requires specialty care, the patient may be returned to the MTF system for that care, if available, as indicated by the Right of First Refusal report.

## **8. Retroactive Consults.**

8.1. A retroactive consult is a consult that is written by the patient's PCM after the patient has already received care and must include the following information: date of service, place of care, provider's name, Current Procedural Terminology code from the invoice, and the network medical facility's tax identification number (which is obtained by MCSC). If the patient received care from more than one facility and/or provider, there must be separate consults for each encounter.

8.2. A retroactive consult should not be written for instances where there were appointments available at the MTF, but the patient preferred to be seen by a civilian provider. The PCM should ensure that their patients are instructed to contact the CAMO at (210) 916-9900 when seeking non-emergent care. Patients who receive non-emergent care without prior approval may be billed as point of service care.

## **9. Tracking and Closure of Consult Reports.**

9.1. Memorandums are sent to vendors to get status of patient appointments, results and equipment. This information is input in CHCS and on the WHASC RMC spreadsheet. Once results are received, the RMC technician will scan the results into AHLTA clinical notes and update CHCS to close out the referral. If a referral appointment is open or un-kept, the vendor will notify WHASC RMC and the staff will close out the referral in CHCS with "no appointment required" and with a note of "patient refused referral" or "patient no-showed." CHCS will automatically send a message to the provider notifying him/her of these updates. Provider notifications and referral status is tracked through completion/closure on the WHASC RMC spreadsheet. Additionally, an "Appointment Order Review Report" is pulled from CHCS to audit outstanding referrals.

9.2. For DME, once the patient receives their equipment, the vendor will fax a delivery ticket to WHASC RMC. The referral is then closed out in CHCS with a note on the delivery of the equipment. Delivery tickets are kept for 3 months and tracked on a WHASC RMC spreadsheet.

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**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994

AFI 41-210, *TRICARE Operations and Patient Administration Functions*, 6 June 2012

AFI 44-102, *Medical Care Management*, 20 January 2012

AFI 44-176, *Access to the Care Continuum*, 12 September 2011

Assistant Secretary of Defense Health Affairs Policy 97-041, *Policy Memorandum to Refine Policy for Priority Use of Medical Treatment Facilities by TRICARE Prime Enrollees*, 18 March 1997

59MDWI 41-213, *Management of health Records and Documentation*, 20 February 2009

59MDWI 41-116, *Secretary of the Air Force Designee Program*, 22 December 2011

*Military Health System's Guide to Access Success*, 15 December 2008

MTF Referral Management Center (RMC) User's Guide 8.0, 17 January 2013

SAMHS CAMO RMC Business Rules, September 2013

*TRICARE Provider Handbook*, April 2013

32 CFR 199.17, *TRICARE Program*, 1 July 2011

***Adopted Form***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AHLTA**—Armed Forces Health Longitudinal Technology Application

**ASAP**—As Soon as Possible

**ATC**—Access to Care

**CAMO**—Consult and Appointment Management Office

**CHCS**—Composite Health Care System

**CONUS**—Continental United States

**DME**—Durable Medical Equipment

**IAW**—In Accordance With

**MCSC**—Managed Care Support Contractor

**MDG**—Medical Group

**MDW**—Medical Wing

**MDWI**—Medical Wing Instruction

**MHS**—Military Health System  
**MTF**—Military Treatment Facility  
**MTF/CC**—Military Treatment Facility Commander  
**NPI**—National Provider Identifier  
**OB/GYN**—Obstetrics and Gynecology  
**PCM**—Primary Care Manager  
**PT/OT**—Physical Therapy/Occupational Therapy  
**RMC**—Referral Management Center  
**SAMHS**—San Antonio Military Health System  
**SAMMC**—San Antonio Military Medical Center  
**SGH**—Chief of Medical Staff  
**SHCP**—Supplemental Health Care Program  
**TSC**—TRICARE Service Center  
**UM**—Utilization Management  
**WHASC**—Wilford Hall Ambulatory Surgical Center