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MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
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                UNDER SECRETARIES OF DEFENSE
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                COMMANDERS OF THE COMBATANT COMMANDS
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                DIRECTOR, NET ASSESSMENT
                DIRECTORS OF THE DEFENSE AGENCIES
                DIRECTORS OF THE DoD FIELD ACTIVITIES

SUBJECT: Directive-Type Memorandum (DTM) 08-033 – Interim Guidance for Clinical Case Management for the Wounded, Ill, and Injured Service Member in the Military Health System

References: See Attachment 1

      <u>Purpose</u>. In accordance with the authority in DoD Directive 5124.02 (Reference (a)), this DTM:

- Delineates the requirements for the implementation of clinical case management in the Military Health System (MHS), especially as it relates to care of the wounded, ill, and injured (WII) Service member.

- Establishes the MHS medical and clinical policies and procedures for WII care.

- Is effective immediately; it shall be converted to a new DoD Instruction within 180 days.

Applicability. This DTM applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the "DoD Components").
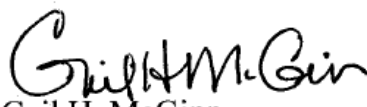
Policy. It is DoD policy that consistency, equity, and the highest levels of quality care are maintained across the Military Departments for WII Service members. The Military Departments shall reengineer current clinical case management services and practices for aspects of that care specific to the MHS.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Information Requirements. The case management monitoring reports referred to in Attachment 2, paragraph 3.d., will be assigned specific forms in accordance with DoD 8910.1-M (Reference (b)). Correspondence from the TRICARE Management Activity will identify the forms and process of submission when the forms become available.

Releasability. UNLIMITED. This DTM is approved for public release and is available on the Internet from the DoD Issuances Web Site at http://www.dtic.mil/whs/directives.

Gail H. McGinn
Deputy Under Secretary of Defense (Plans)
Performing the Duties of the
    Under Secretary of Defense
    (Personnel and Readiness)

Attachments:
As stated

ATTACHMENT 1

REFERENCES

(a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
(b) DTM 08-049, "Recovery Coordination Program: Improvement to the Care, Management, and Transition of Returning Service Members (RSMs)," January 19, 2009
(c) DoD 8910.1-M, "Department of Defense Procedures for Management of Information Requirements," June 30, 1998
(d) DoD Instruction 6025.20, "Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas," January 5, 2006
(e) DoD TRICARE Management Activity, "Medical Management Guide 2.0," January 2006
(f) Section 1611 of the National Defense Authorization Act for Fiscal Year 2008, "Comprehensive Policy on Improvement to Care, Management, and Transition of Recovering Service Members," January 28, 2008
(g) United States Department of Veterans Affairs, "Task Force on Returning Global War on Terror Heroes Report to the President," May 2007
(h) Assistant Secretary of Defense for Health Affairs Policy 08-001, "Implementation of New Medical Expense and Performance Reporting System Codes to Track Case Management Associated with Global War on Terror Heroes," March 2008
(i) International Classification of Diseases, Ninth Revision, "Clinical Modification (ICD-9-CM)," Sixth Edition

ATTACHMENT 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R) shall establish the MHS's clinical case management policies and procedures for WII Service members in accordance with Reference (a) and DTM 08-049 (Reference (b)).

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall:

    a.   Develop and oversee implementation of MHS's clinical case management policies and procedures for WII Service members.

    b. Ensure MHS polices and processes are uniformly carried out across the Services and the Department of Defense.

3. THE SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

    a. Establish Service clinical case management (CM) policies and processes to care for the WII Service members to comply with this DTM.

    b. Re-engineer current clinical CM services and practices for aspects of that care specific to the MHS.

    c. In accordance with DoD 8910.1-M (Reference (c)), DoD Instruction 6025.20 (Reference (d)), the Medical Management Guides (References (d) and (e)), section 1611 of the National Defense Authorization Act for Fiscal Year 2008, "Comprehensive Policy on Improvement to Care, Management, and Transition of Recovering Service Members" (Reference (f)), and the "Task Force on Returning Global War on Terror Heroes Report to the President" (Reference (g)), provide effective clinical case management processes and appropriately trained personnel to support WII Service members throughout the continuum of care from recovery through rehabilitation to reintegration.

        (1) Education. Case managers must be either licensed registered nurses or degreed social workers.

        (2) Certification. It is highly recommended that case managers obtain certification by a nationally recognized CM organization.

(3) <u>Basic CM Training</u>. Case managers must complete required education and training modules (see Attachment 3) that utilize a patient-centered approach to clinical CM (including the involvement of WII Service members and their families in developing an interdisciplinary plan of care), common combat-related injuries, and transition care coordination.

d. Document and track formal training for all individuals providing CM services.

e. Establish processes to identify WII Service members for assignment to clinical CM who meet the following criteria:

(1) High-risk, multiple, complex conditions or diagnoses.

(2) Catastrophic, extraordinary conditions (e.g., serious head injury, spinal cord injury, complicated fractures, amputation, visual impairment, post-traumatic stress disorder, and cancer).

(3) Requirements for extensive monitoring and coordination of needs.

(4) Complex psychosocial or environmental factors (family or military obligations) that impact the ability to achieve health or maintain function.

f. Establish the following CM processes to improve the care provided to patients and their families as they transition along the entire continuum of care in all settings according to the National Defense Authorization Act for Fiscal Year 2008 (Reference (e)) and "Task Force on Returning Global War on Terror Heroes Report to the President" (Reference (f)):

(1) Identify and appropriately monitor WII Service members receiving CM services.

(2) Evaluate the effectiveness of clinical CM.

(3) Monitor the timeliness of intake and transfer transitions.

(4) Monitor the effectiveness of CM systems and interoperability with all Service personnel systems. Service-specific CM services will be interoperable with apparent seamlessness for the WII Service member and their family.

g. Develop and deploy comprehensive performance measures to ensure appropriate and effective implementation of clinical CM, especially in the provision of care for the WII Service member. Initial reports shall include, but are not limited to:

Attachment 2

(1) Total number of case managers.

(2) Number and percentage of case managers who have completed required training.

(3) Number of patients receiving CM services.

(4) Acuity and/or case-mix.

(5) Number of active duty personnel receiving clinical care coordination through Service-specific wounded warrior programs.

   h. Monitor procedures for CM data capture, documentation, and monthly administrative summary reporting, in accordance with ASD(HA) Policy 08-001 (Reference (i)) (see Attachment 3).

   i. Direct the Service Surgeons General to provide to the ASD(HA) their implementation plans and timelines for completion for this DTM, to include:

(1) Education and Training. Description of competency based orientation program and ongoing education and training opportunities; mechanism for tracking individuals meeting training requirements.

(2) A Process to Identify WII Service Members. Brief description of the process used to identify WII Service members (include description for beneficiary identification or case finding, case screening, and case selection as described in the DoD Medical Management Guide and applicable Military Service-specific policies).

(3) Military Service-Specific Clinical CM. Brief description of the process for implementing and documenting (e.g., Armed Forces Health Longitudinal Technology Application (AHLTA) Aim Form 6-step CM process (assess, plan, implement, coordinate, monitor, and evaluate), with emphasis on the coordination of care within and between the Military Services, Managed Care Support Contractor, and the Veterans Health Administration. Describe how handoffs occur and what mechanism is in place to ensure Service members are monitored as they transition across the continuum of care.

4. DIRECTOR, TRICARE MANAGEMENT ACTIVITY. The Director, TRICARE Management Activity, under the authority, direction and control of the USD(P&R), through the ASD(HA), shall provide overall MHS monitoring of the effectiveness of clinical case management and shall:

a. Identify and establish aspects of clinical CM for the WII Service members and their families that need to be performed by the managed care support contract to include:

(1) Establishment of a maximum number of cases to be managed by each clinical case manager. The standard number of cases to be managed by each case manager shall be no more than 30.

(2) Evaluation of the number of cases to be managed by each case manager and modification where clinically indicated.

b. Provide the training platform and programs to facilitate system-wide accomplishment of MHS-specific CM education and training.

c. Deploy information management tools to support the provision of effective and efficient CM services beginning immediately, with the deployment of the clinical CM Medical Expense and Performance Reporting System (MEPRS) codes, which are to be utilized at all military treatment facilities in accordance with Reference (h).

d. Monitor comprehensive DoD system-wide performance measurements to ensure appropriate and effective implementation of clinical CM in the MHS, especially in the provision of care for WII Service members. Based upon Military Department input, monitoring data shall include, but not be limited to:

(1) Total number of case managers.

(2) Number and percentage of case managers who have completed required training.

(3) Number of patients receiving CM services.

(4) Acuity and/or case-mix.

(5) Number of Active Duty personnel receiving care coordination through Service-specific wounded warrior programs.

e. In coordination with the Assistant Secretaries of the Military Departments, identify opportunities to unify Military Department efforts in the area of clinical CM services for WII Service members and their families that will result in a comprehensive DoD-wide systems approach to clinical CM.

ATTACHMENT 3

PROCEDURES

1. <u>PROCEDURES FOR CM EDUCATION AND TRAINING</u>

   a. Clinical case managers will complete required education and training modules as soon as each module becomes available. Modules will be located at the MHS Learn training platform (https://mhslearn.satx.disa.mil):

      (1) Case Management

      (2) TRICARE Fundamentals for Case Managers

      (3) Military Medical Support Office

      (4) Traumatic Brain Injury

      (5) Post-Traumatic Stress Disorder, Psychological Health: Suicide Awareness, Homicide Awareness, and Substance Abuse

      (6) Clinical Decision Support Tools (Inpatient and Ambulatory Care)

      (7) Introduction to Veterans Affairs

      (8) Disability Evaluation System

      (9) DoD Recovery Coordination Program

      (10) Service-Specific Case Management Course (i.e., Air Force Case Management, Army Case Management, Navy Case Management)

   b. Document and track formal training completed by case managers.

2. <u>PROCEDURES FOR CM DATA CAPTURE AND DOCUMENTATION</u>. Codes shall be used to track Service members receiving CM services and to develop and deploy performance measures.

   a. Clinical case managers will document and code their services in AHLTA using DoD-established provider specialty codes, Health Insurance Portability and

Accountability Act (HIPAA) taxonomy codes, MEPRS codes, diagnosis codes, and Healthcare Common Procedure Coding System (HCPCS) codes.

b. To document in AHLTA, a provider profile must be established in Composite Health Care System (CHCS) for each case manager.

c. The provider specialty codes and HIPAA taxonomy codes in Table 1 will be used in the case manager's provider profile. These new provider specialty codes and their mapping to default HIPAA taxonomy codes will be implemented to separately identify social worker case managers and nurse case managers.

Table 1. HIPPA Taxonomy and Provider Specialty Codes
for CM Services

HIPAA Taxonomy	Description	CHCS Provider Specialty Code
163WC0400X	Registered Nurse Case Manager	613
1041C0700X	Social Worker Case Manager	714

d. MEPRS are the MHS cost accounting method. The MEPRS Management Improvement Group directed the MEPRS codes in Table 2 be used to identify case manager time and expenses.

Table 2. MEPRS Codes for CM Services

Service	Using Special Funds for: Global Ware On Terror (GWOT)/Warrior in Transition	Using Military Treatment Facility (MTF) Funds: All Others (Active Duty (AD) & Non-AD)
Army MTF	FAZ2	ELAN
Navy MTF	ELA2	ELAN
Air Force MTF	ELA2	ELAN

e. Diagnosis and procedure codes will be utilized for CM services (see International Classification of Diseases – 9th Revision – Clinical Modifications (ICD-9-CM) Diagnosis Codes (Reference (i))).

(1) Primary Diagnosis. The primary diagnosis code for CM encounters is V49.89. DoD extender codes indicate if the patient received CM services during the month, if the

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patient received ongoing CM, or no longer required CM services. The primary diagnosis and extender codes shall be assigned for CM services as appropriate:

       (a) V49.89_2: Case Management Start

       (b) V49.89_3: Case Management Continue

       (c) V49.89_4: Case Management End

       (d) V49.89_9: Case Management, Other and Unspecified

    (2) <u>Secondary Diagnosis</u>. If the patient is a wounded warrior or in CM due to a deployment related problem, assign V70.5_G as the secondary diagnosis.

    (3) <u>Evaluation and Management (E&M) Codes</u>. CM services are "non-count" and will be assigned 99499 as the E&M code for all encounters. (If the appointment was correctly set to a non-count visit, CHCS and AHLTA should only allow for a 99499 visit.)

    (4) <u>HCPCS Codes</u>. The HCPCS codes in Table 3 will be used to assign one G code per patient per month. HCPCS G codes will be used to assign a level of acuity for monthly reporting purposes as outlined in paragraph 2.f. of this attachment.

  f. Case managers shall:

    (1) Report CM services monthly, between the first and fifth business day of the month.

    (2) Use Code V49.89_2 Start, E&M 99499, and the appropriate G code to represent the acuity the first time a new patient is seen by a new case manager.

    (3) Use Code V49.89_3 Continue, E&M 99499, and the appropriate G acuity code for each subsequent reporting period for that patient.

    (4) Use Code V49.89_4 End, E&M 99499, and the appropriate G acuity code when the patient will end management with the current case manager.

    (5) Begin the reporting process again by use of the start V code, if patient returns after services are ended.

Table 3. HCPCS Codes for CM Services

HCPCS Code	Acuity Level	Description
G9002	1	Contact: At least once a month Interventions: 0-2 Examples of cases being managed within this level include patients in: rehabilitation, extended convalescent leave periods, disability evaluation process, or awaiting further surgical intervention or medical treatment.
G9005	2	Contact: 3-4 times per month Interventions: 1-4 Examples of cases being managed within this level include patients requiring further coordination and follow-up for: pharmacotherapy, home health, social resources, transportation, and occasional assistance with authorizations or appointments. This may also include coordination communications with the interdisciplinary health care team and patient and/or family.
G9009	3	Contact: 1-2 times per week Interventions: 1-4 Examples of cases being managed within this level include patients requiring further coordination and/or follow-up for: pharmacotherapy, DME and/or home health, social resources, and transportation. These cases will be more time intensive due to the complexity of psychosocial issues.
G9010	4	Contact: 3 times per week Interventions: 1-6 Examples of cases being managed within this level include patients requiring further coordination and follow-up for: episodic crises cases, transfers based on the appropriate level of care requirements, and other high visibility cases.
G9011	5	Contact: Minimum of 3 times per week Interventions: 1-6 or more These are acute complex cases that require significant coordination and follow-up and who will involve daily contact.
Psychosocial factors by category: Client Family Clinical Environment		Examples of Interventions: Rehabilitation, pharmaocotherapy, DME and/or home health, healthcare team communications, social resources, transfers, patient and family communications