

Referrals to an Advanced Rehabilitation Center (ARC)

Referrals to Walter Reed National Military Medical Center (WRNMMC) and the Military Advanced Training Center (MATC)

The Armed Forces developed medical centers of excellence in trauma treatment and rehabilitation over the previous three decades. These medical centers are designated as Advanced Rehabilitation Centers (ARCs). These facilities are the highest level of care nationally, partnered with academia, industry, research, and civilian institutions, with the result of optimal outcomes for our Wounded Warriors. In the nation's capital, Walter Reed National Military Medical Center and the Military Advanced Training Center provide cutting edge amputee rehabilitation to Wounded Warriors, Veterans, Family members, Secretarial Designee civilians, and foreign military members.

The referral guidelines and processes are in general for patients eligible to receive care at a Military Treatment Facility (MTF) such as Active Duty, retired/medically retired Veterans, and eligible Dependents. The Secretarial Designee process is also an option, although lengthier and more difficult to achieve. It is described at bottom. When in doubt, please call. Our goal is to support all Armed Forces beneficiaries with amputation.

External inpatient to inpatient referrals

Coordinate directly with specialty providers or the Trauma Service. To facilitate the process, call the WRNMMC Patient Administration (PAD) at (301) 295-2126 and inform them that this is a Provider One Call. They will collect all necessary information and contact the appropriate service who will be accepting the patient, to facilitate provider to provider hand-off.

We recommend that coordinators/providers also contact the Amputee Care Coordinators as a courtesy notification that an amputation care patient is inbound. Amputee Care Coordinators can be reached at (301) 400-1482/295-8958.

Outpatient Referrals (post inpatient and before outpatient rehabilitation has been initiated)

For eligible patients, the Primary Care Manager (PCM) or specialty provider must enter a referral in the electronic medical record for the service needed (Physical Medicine & Rehabilitation [PM&R], Orthopedic Surgery, Vascular Surgery, Trauma, etc.), specifying which facility is desired (i.e., WRNMMC, SAMMC, NMCSD). If an accepting provider is already identified, his/her name should be specified, as well as why the patient is being referred.

The consult may take 3 business days for processing. You can check status in Genesis and if it has not progressed, call Integrated Referral Management & Appointing Center (IRMAC) (855) 227-6331, or the Amputee Care Coordinators at (301) 400-1482/295-8958 for assistance.

For Veterans who are not dual eligible, the PCM must put in the referral with the same specifics as above. It must be processed through the Community Care Office at their Veterans

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Administration Medical Center (VAMC), then faxed to (301) 319-8555 or emailed to dha.bethesda.ha-support.list.wrnmm-epro@health.mil. The External Program Referrals Office (EPRO)/VA Sharing office at WRNMMC will work with the Community Care Office for authorizations and funding, contact (301) 319-4630/319-4631.

Upon receiving referral information, the Amputee Care Coordinator will verify eligibility, registration to an MTF, contact appropriate providers to inform them and forward the patient's/referring provider's contact information. They also assist with the referral process through the MTF and coordinate appointment scheduling, lodging information, paperwork required by units, etc. The Amputee Care Coordinators also serve as general liaisons and can provide information and assistance to anyone or any organization in need.

Post Amputation/Outpatient

Once discharged from inpatient care, all patients need a referral for Physical Medicine and Rehab. The patient is seen in the Amputee Clinic for an evaluation, to meet with the interdisciplinary team (Occupational Therapy [OT], Physical Therapy [PT], Orthotics and Prosthetics [O&P], PM&R, RN Care Coordinator), and to establish a rehabilitation plan of care.

Amputee Care Coordinators will assist patients as needed throughout the rehabilitation coordination process. They will also communicate with the entire health care team, to include patient's referring provider and/or case manager, to keep them informed regarding the patient's condition and to provide updates on the plan of care.

Residual limb complications, additional services, or maintenance care

Please contact the WRNMMC Amputee Care Coordinators to assist with coordination to ensure that referrals are placed, and appropriate appointments are scheduled.

Some patients may need WRNMMC Ortho/Vascular and then follow-up with PM&R. Some may not need surgical intervention but need to be seen and evaluated in the Amputee Clinic to determine a plan of care. For example, the patient may need adjustments to orthotic or prosthetic components, pain management interventions, or additional prosthetic training. WRNMMC PM&R will refer to other specialty services as needed.

Elective Amputations

Referrals need to be entered as above and should be processed through the specialty service, or a specialty provider (e.g., Ortho or Vascular) may be contacted directly by an outside facility regarding a referral. Contact the WRNMMC Amputee Care Coordinators to assist, ensuring that referrals are placed, and appropriate appointments are scheduled.

After the WRNMMC specialty provider(s) evaluates the patient, if an elective amputation is found to be a reasonable option, then a second specialty provider must see the patient for

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second opinion evaluation. If both agree that amputation is appropriate, the Amputee Care Coordinator will be contacted to coordinate a mandatory psychiatric evaluation.

Once all evaluations are completed and the health care team agrees that amputation is appropriate for the patient, Amputee Care Coordinators will meet with patient to schedule an initial Amputee Clinic appointment for pre amputation counseling, and to determine his/her needs, timeframe for when they will have the elective amputation and where they would like to complete their rehabilitation. This information will then be communicated to the team.

Amputee Care Coordinators will work with the interdisciplinary team, case managers, Service Specific Wounded Warrior Programs and Veterans Administration, etc. If active duty and patient is going to be at WRNMMC for an extended time, it may be appropriate for them to be placed in one of the WW programs (based on service). For patients who do not meet criteria for a WW program, Amputee Care Coordinators will work with the patient/unit liaisons and interdisciplinary team to provide coordination of care during their rehabilitation phase.

Returning for prosthetics care

The central points of contact are the Amputee Care Coordinators. Patients may be referred or may call directly for assistance with lodging and prosthetic care. If the patient has not been seen previously by WRNMMC, the patient will need a referral to the PM&R Amputee Clinic and will need to be seen first in the Amputee Clinic for evaluation and for assignment of a prosthetist.

If already an established patient, the Amputee Care Coordinators will coordinate directly with the prosthetist prior to arrival to ensure the prosthetist is available, and to get an estimate on length of stay needed for prosthetic work. Amputee Care Coordinators then schedule patients for prosthetic care and follow up in the Amputee Clinic.

At WRNMMC, amputation care is ideally organized to begin on Monday and be completed by Friday. If additional time is required, Amputee Care Coordinators will contact units and provide documentation as needed.

Secretarial Designee

For additional information or assistance with a Secretarial Designee referral to WRNMMC please contact the WRNMMC Amputee Care Coordinators at (301) 400-1482/295-8958. More information on the program is also available at

<https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/602523p.pdf?ver=2019-03-22-095347-850>.

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Referrals to Naval Medical Center San Diego (NMSD) and the Comprehensive Combat and Complex Casualty Care (C5):

External inpatient referrals:

Communicate directly with specialty providers or the Trauma/Acute Care Service.

Duty Phone for Trauma/Acute Care Consults: (619) 532-7533

Phone for Trauma/Acute Care Case Management: (619) 532-5831

Outpatient referrals (post inpatient and before outpatient rehabilitation has been initiated):
The referring physician places a consult to NMCSO PM&R.

General information for C5: 619-531-1404.

Coordinating Points of Contact:

C5 Front Desk 619-531-1404

C5 Division Officer 619-532-6044

Referrals to San Antonio Military Medical Center/Brooke Army Medical Center (BAMC) and the Center for the Intrepid (CFI):



To be scheduled at the Center for the Intrepid, you must be referred by your provider.

1) **GENESIS PROVIDERS:** Please place order for CFI in Referral 2.0. Must state 'Center for the Intrepid (CFI)' in the REFERRAL REASON and Comment Section. Place individual orders for all therapies requested to:

0109 BAMC PM&R

CAMO will redirect referrals with 'Center for the Intrepid (CFI)' in Referral Reason and Comment Section to the requested CFI service/s.

0109 CFI Center for the Intrepid (Includes BH, Case Management, and Physicians – ALSO including SPaR and FRP)

0109 CFI Physical Therapy

0109 Occupational Therapy (Includes Recreational Therapy)

0109 CFI Prosthetics

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2) **Non-Genesis Military Provider:** Place order MTF to MTF for Physical Medicine & Rehab and in the first line of referral, state: 'Center for the Intrepid (CFI)'. Please ensure all demographics and patient information are provided and point of contact from referring providers. Fax to #877-861-5369 or email to 8778615369@amedd.labusa.com.

3) **In Network Care Tricare Provider:** An in-network TRICARE provider can place an electronic consult via Humana Military Healthcare Services at www.humana-military.com or via Healthnet Federal Services at www.tricare-west.com (for Western Region). Place consult to BAMC-Physical Medicine & Rehabilitation (PM&R) and state: 'Center for the Intrepid' with diagnoses, request for care and justification as to why care needs to be at the CFI. **If out of state (without internet access). Print and fax to 877-548-1547.**

4) **Out of Network Tricare Provider:** An out-of-network TRICARE provider can fax an SF513 form (found on the internet) or other type of referral form to the Referral Management Office at BAMC 877-875-0095. Must include **full** patient demographic information (address, phone, DOB, SSN) with diagnosis and specify the type of care needed at the Center for the Intrepid.

5) **Medicare Provider:** A Medicare Part B provider can fax an SF513 form (found on the internet) or other type of referral form to 877-875-0095. Must include **full** patient demographic information (address, phone, DOB, SSN) with diagnosis and specify the type of care needed at the Center for the Intrepid. ****If you have been receiving Social Security Disability Income (SSDI) for 2 years or more, you were automatically enrolled in Medicare Part A (Free) but must have enrolled in Part B in order to keep your TRICARE Coverage.****

6) **VA Referrals:** Referrals from South Texas Veterans Health Care System (STVHCS) – Audie L. Murphy Memorial Veterans Hospital San Antonio (Audie Murphy). **ONLY** TRICARE beneficiaries are eligible for referral to CFI for services – BAMC does not have a DoD-VA Sharing Agreement for outpatient rehabilitation or prosthetic/orthotic services.

STVHCS provider will enter a direct message to BAMC RMO via Referral Management message pool/Zimbra fax and RMC will verify patient is registered in MHS Genesis, if not, they will register the patient.

Contact 210-792-8315 for the VA Liaison for Healthcare.

7) **Secretarial Designee (SECDES/DEF):** Non-beneficiaries may be eligible for care at CFI through two different programs,

- A. **Secretarial Designee Program** – Trauma Service Cooperative Agreement with Bexar County (Trauma SECDES) – services allowed up-to six-months from date of initial care (inpatient or outpatient) NOT to include provision of prosthetics. Patient referral follows process **1) Genesis Provider** shown above.

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- B. Secretarial Designee Program – Case-by-Case:** Process for consideration begins with contact through the DHA Secretarial Designee Program Office within the office of the Assistant Director of Healthcare Administration.

See the following publication for additional information on the Secretarial Designee Program:
<https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/602523p.pdf?ver=2019-03-22-095347-850>

☒ To confirm your TRICARE status, call your regional contact:

o **West Region/Health Net: 844-866-9378**

o **East Region/Humana Military: 800-444-5445**

All questions regarding this process should be directed to RMO (Referral Management Office) agents at 210-581-2266 option 4. Note, BAMC RMO is not located within the CFI building, but at the main hospital (BAMC). We ONLY receive consults once approved and uploaded into the system by RMO.