

Line of Duty

Members of the National Guard and Reserve who become ill or injured while on active duty may be eligible for line of duty (LOD) care, also known as notification of eligibility (NOE) for Coast Guard members.

Eligibility for Care

Line of duty care is specific to the acquired injury or illness. As a result, the beneficiary will not show as TRICARE-eligible in the Defense Eligibility Enrollment Reporting System (DEERS). Line of duty eligibility is a branch of service responsibility and initiated through the beneficiary's unit medical representative, not Health Net Federal Services, LLC (HNFS) or DEERS.

To show authorization for LOD care, the service member should have in hand, his or her orders or muster sheet, also known as an attendance roster, and a document issued by the unit representative showing the service member can receive care for the injury or illness specific to service. If there are questions or further eligibility verification is required, call the Defense Health Agency – Great Lakes (DHA-GL) at 1-888-647-6676.

It is the beneficiary's and his or her unit medical representative's responsibility to ensure LOD/NOE eligibility documents are submitted to DHA-GL, prior to his or her appointment with you. These documents are located on the Defense Health Agency's website:

- [TRICARE LOD page](#)
- [DHA-GL website](#)

Health Care Coverage

Whenever possible, military hospitals and clinics provide care to National Guard and Reserve members with LOD conditions. However, military hospitals or clinics or DHA-GL may refer to TRICARE-authorized civilian providers when a nearby military hospital or clinic is not available to deliver or coordinate care. Line of duty coverage is separate from any other TRICARE coverage in effect, such as:

- Transitional Assistance Management Program or Transitional Care for Service-Related Conditions program
- TRICARE Reserve Select

Note: Beneficiaries eligible for LOD/NOE may show ineligible in DEERS for TRICARE coverage, since they are only approved for care related to that injury or illness incurred while on duty.

Obtaining Approval for Care

The LOD/NOE determination is established by branch of service-specific policy and used to document, establish, manage and authorize health care for National Guard and Reserve members injured while on weekend drill duty or while on training orders.

Any initial and/or ongoing health care for an LOD injury or illness is coordinated by the beneficiary's unit medical representative. If follow-up care is necessary, provide the beneficiary with an order for continued care. The beneficiary will then need to coordinate the continued care with his or her unit medical representative. If the care must be received outside of the military hospital/clinic, the beneficiary's unit medical representative or DHA-GL will submit the required documentation to HNFS for processing, and an approval will be issued.

Emergency and urgent care is covered if the beneficiary has a serious illness or injury during weekend drill duty or while on training orders. Prior authorization from HNFS or DHA-GL is not required for emergency or urgent care.

Claims Submission

Civilian providers should submit all claims for LOD care to HNFS/PGBA unless other directions are provided on the LOD-written authorization or requested by the National Guard and Reserve member's unit medical representative.

Health Net Federal Services forwards claims not referred by an MTF or pre-approved by DHA-GL to DHA-GL for review. When submitting claims for a National Guard and Reserve member with an LOD condition, the health care service(s) listed on the claim must be directly related to the condition documented on the LOD-written authorization.

If DHA-GL denies a claim for eligibility reasons, the provider's office should bill the National Guard and Reserve member. Once the appropriate eligibility documentation is submitted, DHA-GL may approve the payment.