

# Clear and Legible Reports (CLR) FAQs

## Overview

The TRICARE consult report return process is a government-required provider responsibility. These are Clear and Legible Reports (CLR) which include consultation reports, operative reports and discharge summaries requested when a TRICARE beneficiary is referred out from a local military hospital or clinic.

References: [TRICARE provider handbook](#)

## WHO IS RESPONSIBLE?

When a civilian provider receives an approved referral/authorization where the local military hospital or clinic is the referring physician, a consult report is due back to the hospital or clinic. The referred-to provider is required to fax a consult record back to the military healthcare facility within seven (7) business days.

## HOW DO I KNOW WHAT TO SEND?

Each approved referral/authorization auto fax includes an important notice reminding the provider this referred patient is a TRICARE beneficiary and the facility's provider is requesting a consult report returned to that facility.

## TIPS FOR RETURNING CLRS

- Requested CLRs must be returned to TRICARE beneficiaries within seven (7) business days following the patient's appointment unless an urgent situation exists.
- Behavioral healthcare network providers must submit brief initial assessments within seven (7) business days.
- Urgent care center CLRs must be submitted within two (2) business days of the encounter and shall include the patient's encounter specifics (histories and physicals, progress notes, notes on Episodes of Care (EOC), other patient information, laboratory reports, x-ray readings, operative reports and discharge summaries. In addition, the report will include any referrals made during the urgent care visit.
- Periodically check the fax number to confirm it is the correct one for consult reports.
- If your office uses a transcription service, please inform them of the fax number and the seven (7) business day requirement.
- Please be sure Humana Military is notified if you change your business office or referral fax line.
- Network providers must follow the instructions included on the referral/authorization confirmation from Humana Military.

## EXAMPLE: CLR AUTOMATED FAX COVER SHEET

Referred-to specialists receive an auto fax confirmation sheet for TRICARE patients referred by Humana Military on all approved referrals. This includes details about the referral request, the referred patient and the fax number for the CLR when it is a TRICARE patient referred from a military healthcare facility.

**IMPORTANT**  
Return Discharge Summary or  
Operative Report/Consultation  
to the Military Treatment  
Facility/fax # listed below.  
  
Include this form as a  
coversheet for your fax.

FAX: (xxx) xxx-xxxx AUTH/ORDER # xxxxxxxxxxxxxxxx

DATE:

DR. JOHN SMITH  
123 MAIN STREET  
JACKSONVILLE, FL 12345

PHONE: (xxx) xxx-xxxx  
FAX#: (xxx) xxx-xxxx

**HUMANA MILITARY -- TRICARE REFERRAL/AUTHORIZATION**

You've been approved to provide the services described below. If an appointment is required to provide these services, the beneficiary will contact you. Please schedule the appointment within the TRICARE access standard. Wait time for specialty care appointments is based on the nature of the care required, but should not exceed four weeks. Units shown below are the total number of visits or procedures covered by this authorization number. Routine ancillary lab, skin biopsy, and radiology diagnostic tests do not require specific authorization. This authorization does not guarantee payment. Payment is based on TRICARE eligibility and compliance with TRICARE policy. If further information about this authorization is required, please contact Humana Military at (800)444-5445. **Inpatient care requires notification by the hospital and separate authorization.**

BENEFICIARY INFORMATION: HELEN SMITH SPONSOR ID: last 4 digits  
PHONE: (xxx) xxx-xxxx

FACILITY:

AUTHORIZED SERVICES:	UNITS:	BETWEEN DATES:
OFFICE CONSULT NEW OR ESTABLISHED PT	1	xx/xx/xxxx - xx/xx/xxxx
OFFICE OR OP VISIT ESTABLISHED PATIENT	1	xx/xx/xxxx - xx/xx/xxxx

[FAX NOTES]

REASON FOR REFERRAL:

To improve coordination of care, TRICARE requires a report of this referral to be provided to the Primary Care Manager (PCM)/referring provider within 7 to 10 working days of the visit. The fax number is listed below.

REFERRING MILITARY TREATMENT FACILITY NAME:  
REFERRING MILITARY TREATMENT FACILITY PHONE: (xxx) xxx-xxxx FAX # (xxx) xxx-xxxx

ORDERING PROVIDER:  
ORDERING PROVIDER NPI:

Log on to Self-Service at [HumanaMilitary.com](#). Enter the auth/order number listed above and this key code for immediate access: **XXXX**

- Eligibility, referral status and prescription history for the patient
- Submit requests for new referrals and authorizations, often with immediate approval

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