

NAVMEDCOM INSTRUCTION 6320.3B

From: Commander, Naval Medical Command
To: All Ships and Stations
Subj: MEDICAL AND DENTAL CARE FOR ELIGIBLE PERSONS AT NAVY MEDICAL DEPARTMENT FACILITIES

- Encl:**
- (1) Procedures for transferring patients in naval MTFs to medical holding companies
 - (2) The Privacy Act—Disclosure to others and disclosure accounting
 - (3) Office of Workers' Compensation Programs (OWCP) District Offices
 - (4) Reservists—Continued treatment, return to limited duty, separation, or retirement for physical disability
 - (5) Offices of Medical Affairs and Offices of Dental Affairs
 - (6) Bibliography of instructions, notices, manuals, and other source material cited
 - (7) Data Management Information System (DMIS) Facility Identifier
 - (8) Acronyms
 - (9) DEERS Treatment and Billing Flow Chart

1. Purpose. To describe and publish the policies and procedures for providing medical and dental care to eligible persons at Navy Medical Department facilities. This instruction is a complete revision and should be read in its entirety. Symbols to denote deleted, revised, or added paragraphs are not reflected.

2. Cancellation. NAVMEDCOM Instruction 6320.3A.

3. Scope

a. The provisions of this instruction:

(1) Enumerate those persons eligible to receive medical and dental care at Navy Medical Department facilities.

(2) Prescribe the extent and conditions under which medical and dental care may be provided such persons.

b. Guidelines for obtaining medical and dental care from nonnaval sources, other than supplemental care, are

contained in SECNAVINST 6320.8D and NAVMEDCOMINST 6320.1A.

c. In addition to guidance provided in this instruction on initiating the collection process; charges, payments, and collection procedures outlined in the Resource Management Handbook (NAVMED P-5020) (NOTAL) and NAVMEDCOMNOTE 6320 (Cost elements of medical, dental, subsistence rates, and hospitalization bills) (NOTAL) are applicable to persons enumerated in this instruction.

d. Enclosures (1) through (9) enhance and simplify the use of this instruction by providing supplemental information, part of which is excerpted from other directives.

4. Action. Ensure that personnel under your cognizance are made aware of the contents of this instruction. Apprise all such personnel that failure to comply with prescribed requirements could result in the Navy's denying responsibility for the expenses of medical and dental care obtained from other than Federal sources.

5. Reports. The following reports have been approved by the Chief of Naval Operations for a period of 3 years only from the date of this instruction:

a. Retained original Nonavailability Statements issued under the provisions of section D, paragraph 3 will be sent weekly to the Commanding Officer, Naval Medical Data Services Center (Code-03), Bethesda, MD 20814-5066, for compilation and reporting to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) under control symbol DD-HA (Q) 1463(6320).

b. The DEERS project officer report (report control symbol MED 6320-42) required in section A, paragraph 4cc(1)(c) will be made annually (situationally when changes occur) to NAVMEDCOM WASHINGTON DC by message.

6. Forms. Forms prescribed for use are available from the various sources indicated below:

a. The following forms are available from the Federal Supply System through normal supply procurement procedures:

Form No.	Title	National Stock No.
SF 88 (8 X 21 version)	Report of Medical Examination (Rev. 10-75)	7540-00-753-4570
SF 93	Report of Medical History (Rev. 12-75)	7540-00-181-8368
SF 502	Narrative Summary (Clinical Resume) (Rev. 3-79)	7540-00-634-4114 (flat sheet)

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Form No.	Title	National Stock No.
SF 502	Narrative Summary (Clinical Resume) (Rev. 3-79)	7540-00-634-4115 (2-part snap out set)
SF 522	Request for Administration of Anesthesia and for Performance of Operations and Other Procedures (Rev. 10-76)	7540-00-634-4165
SF 539	Abbreviated Medical Record (Rev. 10-75)	7540-00-634-4175

b. The following forms are available from COG II stock points of the Navy Supply System and can be ordered per NAVSUP P-2002:

Form No.	Title	Stock No.
DD 7	Report of Treatment Furnished Pay Patients, Hospitalization Furnished (Part A) (Rev. 1-76)	0102-LF-000-0070
DD 7A	Report of Treatment Furnished Pay Patients, Outpatient Treatment Furnished (Part B) (Rev. 8-76)	0102-LF-000-0075
DD 1172	Application for Uniformed Services Identification and Privilege Card (Rev. 1-79)	0102-LF-001-1722
DD 1251	Nonavailability Statement (Rev. 8-86)	0102-LF-001-2512
DD 2161	Referral For Civilian Medical Care (Rev. 10-78)	0102-LF-002-1610
NAVJAG 5890/12	Hospital and Medical Care, 3rd Party Liability Case/Supplemental Statement (Rev. 3-78)	0105-LF-105-8960
NAVMED 6300/5	Inpatient Admission/Disposition Record (Rev. 5-79)	0105-LF-206-3025
NAVMED 6320/9	Dependent's Eligibility for Medical Care (Rev. 8-85)	0105-LF-214-1592
NAVMED 6320/30	Disengagement for Civilian Medical Care (Rev. 11-86)	0105-LF-215-0110
SF 88	Report of Medical Examination (Rev. 4-68)	0105-LF-200-7140

c. The following forms are available from the sources indicated:

Form No.	Title	Source
CA-16	Request for Examination and/or Treatment	OWCP district offices in enclosure (3).
CA-20	Attending Physician's Report	Same as above.
HRSA 43	Contract Health Service Purchase Order for Hospital Services Rendered	Public Health Service Central Warehouse 12290 Wilkins Avenue Rockville, MD 20857 (301) 443-2116

Form No.	Title	Source
HRSA 64	Purchase/Delivery Order for Contract Health Services Other than Hospital Inpatient or Dental	Same as above.
VA 10-10	Application for Medical Benefits	Local Veterans Administration facilities.
VA 10-10m	Medical Certificate and History	Same as above.

d. NAVMED 6100/4, Medical Board Certificate Relative to Counseling on Refusal of Surgery and/or Treatment, (Rev. 11-86) is available from COMNAVMEDCOM (MEDCOM-33).

J. S. CASSELLS
Commander
Naval Medical Command

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Subj: Medical and dental care for eligible persons at Navy Medical
Department facilities

See: _____
(Recipient enter information as to where this instruction
is maintained.)

14 May 1987

MEDICAL AND DENTAL CARE FOR ELIGIBLE
PERSONS AT NAVY MEDICAL DEPARTMENT FACILITIES

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designated Uniformed Services Treatment Facility (USTF). In the United States, catchment areas are defined by zip codes and are based on an area of approximately 40 miles in radius for inpatient care and 20 miles in radius for ambulatory care. Zip codes designating such areas in the United States are specified in Volumes I and II of the Military Health Services System (MHSS) Catchment Area Directory. Catchment areas for facilities outside the United States are defined in Volume III of the MHSS Catchment Area Directory. These directories exclude certain areas because of geographic barriers.

e. Chronic Condition. Any medical or surgical condition marked by long duration or frequent recurrence--or likely to be so marked--which, in light of medical information available, will ordinarily resist efforts to eradicate it completely; a condition which needs health benefits to achieve and maintain stability that can be provided safely only by, or under the supervision of, physicians, nurses, or persons authorized by physicians.

f. Civilian Employee. Under 5 U.S.C. 2105, a nonmilitary individual (1) appointed in the civil service, (2) engaged in the performance of a Federal function, or (3) engaged in the performance of his or her duties while subject to the supervision of the President, a Member or Members of Congress, or the Congress, a member of a uniformed service, an individual who is an employee under 5 U.S.C. 2105, the head of a Government controlled corporation, or an adjutant general designated by the Secretary concerned under section 709c of title 32. Included are justices and judges of the United States, appointed and engaging in the performance of duties per 5 U.S.C. 2104.

g. Cooperative Care. Medical services and supplies for which CHAMPUS will share in the cost under circumstances specified in section A, paragraph 4z, even though the patient remains under the primary control of a USMTF.

h. Cooperative Care Coordinator. Designated individual in a CHAMPUS contractor's office who serves as point of contact for health benefits advisors on all matters related to supplemental-cooperative care or services provided or ordered for CHAMPUS-eligible beneficiaries by USMTF providers.

i. Dental Care. Treatment which will prevent or remedy diseases, disabilities, and injuries to the teeth, jaws, and related structures and thereby contribute to maintenance or restoration of the dental health of an individual.

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j. Dependent. A spouse, an unremarried widow or widower, a child, or a parent who bears that legal relationship to his or her sponsor. For the purpose of rendering care under title 10, U.S.C., chapter 55, this category may also include an unremarried former spouse. However, each beneficiary must also meet the eligibility criteria in section D, paragraphs 1b and 1c.

k. Designated USTFs. The following former U.S. Public Health Service (USPHS) facilities operate as "designated USTFs" for the purpose of rendering medical and dental care to active duty members and all CHAMPUS-eligible individuals.

(1) Sisters of Charity of the Incarnate Word Health Care System, 6400 Lawndale, Houston, TX 77058 (713) 928-2931 operates the following facilities:

(a) St. John Hospital, 2050 Space Park Drive, Nassau Bay, TX 77058, telephone (713) 333-5503. Inpatient and outpatient services.

(b) St. Mary's Hospital Outpatient Clinic, 404 St Mary's Boulevard, Galveston, TX 77550, telephone (409) 763-5301. Outpatient services only.

(c) St. Joseph Hospital Ambulatory Care Center, 1919 La Branch, Houston, TX 77002, telephone (713) 757-1000. Outpatient Services only.

(d) St Mary's Hospital Ambulatory Care Center, 3600 Gates Boulevard, Port Arthur, TX 77640 (409) 985-7431. Outpatient services only.

(2) Inpatient and Outpatient Services

(a) Wyman Park Health System, Inc., 3100 Wyman Park Drive, Baltimore, MD 21211, telephone (301) 338-3693.

(b) Alston-Brighton Aid and Health Group, Inc., Brighton Marine Public Health Center, 77 Warren Street, Boston, MA 02135, telephone (617) 782-3400.

(c) Bayley Seton Hospital, Bay Street and Vanderbilt Avenue, Staten Island, NY 10304, telephone (718) 390-5547 or 6007.

(d) Pacific Medical Center, 1200 12th Avenue South, Seattle, WA 98144, telephone (206) 326-4100.

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(3) Outpatient Services Only

(a) Coastal Health Service, 331 Veranda Street, Portland, ME 04103 (207) 774-5805.

(b) Lutheran Medical Center, Downtown Health Care Services, 1313 Superior Avenue, Cleveland, OH 44113, telephone (216) 363-2065.

l. Disability Retirement or Separation. Temporary or permanent retirement or separation for physical disability as provided in title 10, U.S.C., 1201-1221.

m. Elective Care. Medical, surgical, or dental care desired or requested by the individual or recommended by the physician or dentist which, in the opinion of other cognizant professional authority, can be performed at another place or time without jeopardizing life, limb, health, or well-being of the patient, e.g., surgery for cosmetic purposes and nonessential dental prosthetic appliances.

n. Emergency Care. Medical treatment of patients with severe, life-threatening, or potentially disabling conditions that require immediate intervention to prevent undue suffering or loss of life or limb and dental treatment of painful or acute conditions.

o. Health Benefits Advisors (HBA). Designated individuals at naval facilities who are responsible for advising and assisting beneficiaries covered in this instruction concerning medical and dental benefits in uniformed services facilities and under CHAMPUS. They also provide information regarding Veterans Administration, Medicare, MEDICAID, and such other local health programs known to be available to beneficiaries (see section A, paragraph 4n).

p. Hospitalization. Inpatient care in a medical treatment facility.

q. Inactive Duty Training. Duty prescribed for Reserves by the Secretary concerned under section 206 of title 37, U.S.C. or any other provision of law. Also includes special additional duties authorized for Reserves by an authority designated by the Secretary concerned and performed on a voluntary basis in connection with the prescribed training or maintenance activities of the units to which they are assigned. It includes those duties when performed by Reserves in their status as members of the National Guard.

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r. Legitimate Care. Those medical and dental services under the cooperative/supplemental care program of CHAMPUS that are legally performed and not contrary to governing statutes.

s. Maximum Hospital Benefit. That point during inpatient treatment when the patient's progress appears to have stabilized and it can be anticipated that additional hospitalization will not directly contribute to any further substantial recovery. A patient who will continue to improve slowly over a long period without specific therapy or medical supervision, or with only a moderate amount of treatment on an outpatient basis, may be considered as having attained maximum hospital benefit.

t. Medical Care. Treatment required to maintain or restore the health of an individual. Medical care may include, but is not limited to, the furnishing of inpatient treatment, outpatient treatment, nursing service, medical examinations, immunizations, drugs, subsistence, transportation, and other adjuncts such as prosthetic devices, spectacles, hearing aids, orthopedic footwear, and other medically indicated appliances or services.

u. Medically Inappropriate. A situation arising when denial of a Nonavailability Statement could result in significant risk to the health of a patient or significant limitation to the patient's reasonable access to needed health care.

v. Medically Necessary. The level of services and supplies (i.e., frequency, extent, and kinds) adequate for the diagnosis and treatment of illness or injury, including maternity care. Medically necessary includes the concept of appropriate medical care.

w. Medical Treatment Facility (MTF). Any duly authorized medical department center, hospital, clinic, or other facility that provides medical, surgical, or dental care.

x. Member or Former Member. Includes:

(1) Members of the uniformed services ordered to active duty for more than 30 days.

(2) Retired members as defined in section A, paragraph 2aa.

(3) Members of a uniformed service ordered to active duty for more than 30 days who died while on that duty.

(4) Deceased retired members.

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y. Military Patient. A member of a United States uniformed service on active duty, active duty for training, or inactive duty training, or an active duty member of the armed forces of a foreign government who is receiving inpatient or outpatient care.

z. Occupational Health Services. Includes medical examinations and tests related to preemployment, preplacement, periodic, and pretermination; tests required for protecting the health and safety of naval personnel; job-related immunizations and chemoprophylaxis; education and training related to occupational health; and other services provided to avoid lost time or to improve effectiveness of employees. The latter will include the furnishing of emergency treatment of illnesses or injuries occurring at work. Furnish such health services to both active duty military personnel and naval civilian employees per current directives.

aa. Retired Member. A member or former member of a uniformed service who is entitled to retired or retainer pay, or equivalent pay, as a result of service in a uniformed service. This includes a member or former member who is: (1) retired for length of service; (2) permanently or temporarily retired for physical disability; (3) on the emergency officers' retired list and is entitled to retired pay for physical disability; or (4) otherwise in receipt of retired pay for nonregular service under chapter 67 of title 10.

bb. Routine Care. Medical and dental care necessary to maintain health or dental functions other than care of an emergency or elective nature.

cc. Supplemental Care or Services. When medical or dental management is retained by a naval MTF and required care is not available at the facility retaining management, any additional material, professional diagnostic or consultative services, or other personal services ordered by qualified uniformed service providers, and obtained for the care of that patient are supplemental. See section B, paragraph 2 concerning the management of active duty member patients.

dd. Uniformed Services. The Navy, Marine Corps, Air Force, Army, Coast Guard, Commissioned Corps of the Public Health Service, and the Commissioned Corps of the National Oceanic and Atmospheric Administration.

ee. USMTF. Uniformed services medical treatment facility.

ff. Visit, Outpatient. Appearance by an eligible beneficiary at a separate, organized clinic or specialty service for: examina-

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A-3b

tion, diagnosis, treatment, evaluation, consultation, counseling, or medical advice; or treatment of an eligible beneficiary in quarters; and a signed and dated entry is made in the patient's health record. Specifically excluded are personnel in an inpatient status at the time of such a visit.

3. General Restrictions and Priorities

a. Restrictions

(1) Naval MTFs provide care to all eligible beneficiaries subject to the capabilities of the professional staff and the availability of space and facilities.

(2) Hospitalization and outpatient services may be provided outside the continental limits of the United States and in Alaska to officers and employees of any department or agency of the Federal Government, to employees of a contractor with the United States or the contractor's subcontractor, to accompanying dependents of such persons, and in emergencies to such other persons as the Secretary of the Navy may prescribe: provided, such services are not otherwise available in reasonably accessible and appropriate non-Federal facilities. Hospitalization of such individuals in a naval MTF is limited to the treatment of acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases, or those requiring domiciliary care. Routine dental care, other than dental prosthesis or orthodontia, may be rendered on a space available basis outside the continental limits of the United States and in Alaska, provided, such services are not otherwise available in reasonably accessible and appropriate non-Federal facilities.

b. Priorities. When care cannot be rendered to all eligible beneficiaries, the priorities in the following chart will prevail. Make no distinction as to the sponsoring uniformed service when providing care or deciding priorities.

PRIORITIES FOR THE VARIOUS CATEGORIES OF PERSONNEL
ELIGIBLE FOR CARE IN NAVY MEDICAL DEPARTMENT FACILITIES

<u>Priority</u>	<u>Category</u>	<u>Degree of Entitlement</u>
1	A. Members of the uniformed services on active duty (including active duty for training and inactive duty training) and comparable personnel of the NATO nations meeting the conditions prescribed in this instruction.	See section B
	B. Members of a Reserve Component of the Armed Forces and National Guard personnel under orders.	See section C
2	Dependents of active duty members of the uniformed services, dependents of persons who died while in such a status, and the dependents of active duty members of NATO nations meeting the conditions prescribed in section E of this instruction.	See sections D & E
3	Members of the Senior Reserve Officers' Training Corps of the Armed Forces.	See section C, par. 3
4	Retired members of uniformed services and their dependents and dependents of deceased retired members.	See section D
5	Civilian employees of the Federal Government under the limited circumstances covered by the Federal Employees' Health Service Program.	See section G, par. 10
6	All others, including ex-service maternity eligibles.	See sections F & G

4. Policies

a. Admissions to Closed Psychiatric Wards. Admit patients to closed psychiatric wards only when they have a psychiatric or emotional disorder which renders them dangerous to themselves or others, or when a period of careful closed psychiatric observation

A-4b

A-4d(2)(c)

is necessary to determine whether such a condition exists. When a patient is admitted to a closed psychiatric ward, the reason for admission must be clearly stated in the patient's clinical record by the physician admitting the patient to the ward. These same policies apply equally in those instances when it becomes necessary to place a patient under constant surveillance while on an open ward.

b. Absence From the Sick List. See paragraphs 4d, x, and y.

c. Charges and Collection. Charges for services rendered vary and are set by the Office of the Assistant Secretary of Defense (Comptroller) and published in a yearly NAVMECOMNOTE 6320, (Cost elements of medical, dental, subsistence rates, and hospitalization bills) (NOTAL). Billing and collection actions also vary according to entitlement or eligibility and are governed by the provisions of NAVMED P-5020, Resource Management Handbook (NOTAL). See appendix G on the initiation of collection action on pay patients.

d. Convalescent Leave. Convalescent leave, a period of authorized absence of active duty members under medical care when such persons are not yet fit for duty, may be granted by a member's commanding officer (CO) or the hospital's CO per the following:

(1) Unless otherwise indicated, grant such leave only when recommended by COMNAVMEDCOM through action taken upon a report by a medical board, or the recommended findings of a physical evaluation board or higher authority.

(2) Member's commanding officer (upon advice of attending physician); commanding officers of Navy, Army, or Air Force medical facilities; commanders of regional medical commands for persons hospitalized in designated USTFs or in civilian facilities within their respective areas of authority; and managers of Veterans Administration hospitals within the 50 United States or in Puerto Rico may grant convalescent leave to active duty naval patients, with or without reference to a medical board, physical evaluation board, or higher authority provided the:

(a) Convalescent leave is being granted subsequent to a period of hospitalization.

(b) Member is not awaiting disciplinary action or separation from the service for medical or administrative reasons.

(c) Medical officer in charge:

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A-4e(1)

1. Considers the convalescent leave beneficial to the patient's health.

2. Certifies that the patient is not fit for duty, will not need hospital treatment during the contemplated convalescent leave period, and that such leave will not delay final disposition of the patient.

(3) When considered necessary by the attending physician and approved on an individual basis by the commander of the respective geographic regional medical command, convalescent leave in excess of 30 days may be granted. The authority to grant convalescent leave in excess of 30 days may not be redelegated to hospital commanding officers. Member's permanent command must be notified of such extensions (see MILPERSMAN 3020360).

(4) Exercise care in granting convalescent leave to limit the duration of such leave to that which is essential in relation to diagnosis, prognosis, estimated duration of treatment, and patient's probable final disposition.

(5) Upon return from convalescent leave:

(a) Forward one copy of original orders of officers, bearing all endorsements, to the Commander, Naval Military Personnel Command (COMNAV MILPERSCOM) (NMPC-4) or the Commandant of the Marine Corps (CMC), as appropriate.

(b) Make an entry on the administrative remarks page (page 13 for Navy personnel) of the service records of enlisted personnel indicating that convalescent leave was granted and the dates of departure and return.

(6) If considered beneficial to the patient's health, commanding officers of hospitals may grant convalescent leave as a delay in reporting back to the parent command.

e. Cosmetic Surgery

(1) Defined as that surgery which is done to revise or change the texture, configuration, or relationship of contiguous structures of any feature of the human body which would be considered by the average prudent observer to be within the broad range of "normal" and acceptable variation for age or ethnic origin, and in addition, is performed for a condition which is judged by competent medical opinion to be without potential for jeopardy to physical or mental health of an individual.

A-4e(2)

A-4g(1)

(2) Commanding officers will monitor, control, and assure compliance with the following cosmetic surgery policy:

(a) Certain cosmetic procedures are a necessary part of training and retention of skills to meet the requirements of certification and recertification.

(b) Insofar as they meet minimum requirements and serve to improve the skills and techniques needed for reconstructive surgery, the following cosmetic procedures may be performed as low priority surgery on active duty members only when time and space are available.

1. Cosmetic facial rhytidectomies (face lifts) will be a part of all training programs required by certifying boards.

2. Cosmetic augmentation mammoplasties will be done only by properly credentialed surgeons and residents within surgical training programs to meet requirements of certifying boards.

f. Cross-Utilization of Uniformed Services Facilities. To provide effective cross-utilization of medical and dental facilities of the uniformed services, eligible persons, regardless of service affiliation, will be given equal opportunity for health benefits. Catchment areas have been established by the Department of Defense for each USMTF (see paragraph 2d). Eligible beneficiaries residing within such a catchment area are expected to use that inpatient facility for care. Make provisions to assure that:

(1) Eligible beneficiaries residing in a catchment area served by a USMTF not of the sponsor's own service may obtain care at that facility or at a facility of the sponsor's service located in another catchment area.

(2) If the facility to which an eligible beneficiary applies cannot furnish needed care, the other facility or facilities in overlapping catchment areas are contacted to determine whether care can be provided thereat.

g. Disengagement. Discontinuance of medical management by a naval MTF for only a specific episode of care.

(1) General. Disengagement is accomplished only after alternative sources of care (i.e., transfer to another USMTF, a USTF, or other Federal source via the aeromedical evacuation sys-

A-4g(2)

A-4g(2)(c)

tem, if appropriate) and attendant costs, if applicable, have been fully explained to patient or responsible family member. Counselors may arrange for counseling by other appropriate sources when the patient is or may be eligible for VA, Medicare, MEDICAID, etc. benefits. With the individual's permission, counselors may also contact State programs, local health organizations, or health foundations to determine if care is available for the condition upon which disengagement is based. After the disengagement decision is made, the patient to be disengaged or the responsible family member should be advised to return to the naval MTF for any care required subsequent to receiving the care that necessitated disengagement.

(2) CHAMPUS-Eligible Individuals

(a) Issue a Nonavailability Statement (DD 1251) per section D, paragraph 3, when appropriate, to patients released to civilian sources for total care (disengaged) under CHAMPUS. CHAMPUS-eligible patients disengaged for total care, who do not otherwise require a DD 1251 (released for outpatient care or those released whose residence is outside the inpatient catchment area of all USMTFs and USTFs) will be given the original of a properly completed DD 2161, Referral For Civilian Medical Care (appendix B), which clearly indicates that the patient is released for total care under CHAMPUS. CHAMPUS-eligible beneficiaries will be disengaged for services under CHAMPUS when:

1. Required services are beyond your capability and these services cannot be appropriately provided through one of the alternative means listed in section A, paragraph 4z, or

2. You cannot effectively provide required services or manage the overall course of care even if augmented by services procured from other Government or civilian sources using naval MTF operation and maintenance funds as authorized in section A, paragraph 4z.

(b) When a decision is made to disengage a CHAMPUS-eligible individual, commanding officers (CO) or officers-in-charge (OIC) are responsible for assuring that counseling and documentation of counseling are appropriately accomplished. Complete a NAVMED 6320/30, Disengagement for Civilian Medical Care (appendix F), to document that all appropriate disengagement procedures have been accomplished.

(c) After obtaining the signature of the patient or responsible family member, the counselor will file a copy of the

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A-4g(3)(c)

DD 2161 and the original of the NAVMED 6320/30 in the patient's Health Record.

(3) Patients Other Than Active Duty or CHAMPUS-Eligible Individuals

(a) Categories of Patients. The following are categories of individuals who also may be disengaged:

1. Medicare-eligible individuals.
2. MEDICAID-eligible individuals.
3. Civilians (U.S. and foreign) admitted or treated as civilian humanitarians.
4. Secretarial designees.
5. All other individuals, with or without private insurance, who are not eligible for care at the expense of the Government.

(b) Disengagement Decision. Disengage such individuals when:

1. Required services are beyond the capability of the MTF, and services necessary for continued treatment in the MTF cannot be appropriately provided by another USMTF, a USTF, or another Federal source. (Explore alternative sources, for individuals eligible for care from these sources, before making the disengagement decision.)

2. The MTF cannot, within the facility's capability, effectively provide required care or manage the overall course of treatment even if augmented by services procured from other Government sources or through procurement from civilian sources using supplemental care funding.

(c) Counseling. The initial step in the disengagement process is appropriate counseling and documentation. In an emergency, or when the individual cannot be appropriately counseled prior to leaving the MTF, establish procedures to ensure that counseling and documentation are accomplished during the next working day. Such "follow-up" counseling may be in person or via a witnessed telephone conversation. In either instance, the counselor will document counseling on a NAVMED 6320/30. Disengagement

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A-4g(4)

for Civilian Medical Care, appendix F. The disengagement decision making authority must assure the accomplishment of counseling by personally initiating this service or by referring the patient or responsible family member to the HBA for counseling. As a minimum, counseling will consist of:

1. Explaining that the patient is being disengaged from treatment at the facility and the reason therefor. Assure that the individual understands the meaning of "disengagement" by explaining that the MTF is unable to provide for the patient's present needs and must therefore relinquish medical management of the patient to a health care provider of the individual's choice.

2. Assuring the individual that the disengagement action is taken to provide for the patient's immediate medical needs. Also assure that the individual understands that the disengagement is not indicative of whether care is or will be available in the MTF for other aspects of past, current, or future medical conditions.

3. Explaining Medicare, MEDICAID, or other known programs as they relate to the particular circumstance of the patient, including cost-sharing, deductibles, allowable charges, participating and authorized providers, physicians accepting assignment, claim filing procedures, etc. Explain that once disengagement is accomplished, the Navy is not responsible for any costs for care received from a health care provider of the patient's or responsible family member's choice.

(d) Documentation. Commanding officers are responsible for ensuring that proper documentation procedures are started and that providers and counselors under their commands are apprised of their individual responsibilities for counseling and documenting each disengagement. Failure to properly counsel and document counseling may result in the naval MTF having to absorb the cost of the entire episode of care. Document counseling on a NAVMED 6320/30, Disengagement for Civilian Medical Care (appendix F). Completion of all items on the form assures documentation and written acknowledgement of appropriate disengagement and counseling. If the patient or responsible family member refuses to acknowledge receipt of counseling by signing the form, state this fact on the bottom of the form and have it witnessed by an officer. Give the patient or responsible family member a copy and immediately file the original in the patient's Health Record.

(4) Active Duty Members. When an active duty member seeks care at a USMTF, that USMTF retains some responsibility (e.g., notification, medical cognizance, supplemental care, etc.) for that

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A-4k

member even when the member must be transferred to another facility for care. Therefore, relinquishment of total management of an active duty member (disengagement) cannot be accomplished.

h. Domiciliary/Custodial Care. The type of care designed essentially to aid an individual in meeting the normal activities of daily living, i.e., services which constitute personal care such as help in walking and getting in or out of bed, help in bathing, dressing, feeding, preparation of special diets, and supervision over medications which can usually be self-administered and which does not entail or require the continuing attention of trained medical or paramedical personnel. The essential characteristics to be considered are the level of care and medical supervision that the patient requires, rather than such factors as diagnosis, type of condition, or the degree of functional limitation. Such care will not be provided in naval MTFs except when required for active duty members of the uniformed services.

i. Emergency Care. Treat patients authorized only emergency care and those admitted as civilian emergencies only during the period of the emergency. Initiate action to effect appropriate disposition of such patients as soon as the emergency period ends.

j. Evaluation After Admission. Evaluate each patient as soon as possible after admission and continue reevaluation until disposition is made. Anticipate each patient's probable type and date of disposition. Necessary processing by the various medical and administrative entities will take place concurrently with treatment of the patient. Make the medical disposition decision as early as possible for U.S. military patients inasmuch as immediate transfer to a specialized VA center or to a VA spinal cord injury center may be in their best interest (see NAVMEDCOMINST 6320.12). Make disposition decisions for military personnel of NATO nations in conformance with section E, paragraph 2d.

k. Extent of Care. Subject to the restrictions and priorities in paragraph A-3, eligible persons will be provided medical and dental care to the extent authorized, required, and available. When an individual is accepted for care, all care and adjuncts thereto, such as nonstandard supplies, as determined by the CO to be necessary, will be provided from resources available to the CO unless specifically prohibited elsewhere in this instruction. When a patient has been accepted and required care is beyond the capability of the accepting MTF, the CO thereof will arrange for the required care by one of the means shown below. The method of choice will be based upon professional considerations and travel economy.

A-4k(1)

A-4n(1)

(1) Transfer the patient per paragraph 4bb.

(2) Procure from civilian sources the necessary material or professional personal services required for the patient's proper care and treatment.

(3) Care authorized in paragraph 4k(2) above will normally be accomplished in the naval MTF. However, when such action is not feasible, supplementation may be obtained outside the facility. Patients may be sent to other Federal or civilian facilities for specific treatment or services under this paragraph provided they remain under medical management of the CO of the sending facility during the entire period of care.

1. Family Planning Services. Provide family planning services following the provisions of SECNAVINST 6300.2A (NOTAL).

m. Grouping of Patients. Group hospitalized patients according to their requirements for housing, medical, or dental care. Provide gender identified quarters, facilities, and professional supervision on that basis when appropriate. Individuals who must be retained under limited medical supervision (medical hold) solely for administrative reasons or for medical conditions which can be treated on a clinic basis will be provided quarters and messing facilities, where practicable, separately from those hospitalized. Provide medical care for such patients on a periodic clinic appointment basis (see para. 4p for handling enlisted convalescent patients). Make maximum use of administrative versus medical personnel in the supervision of such patients.

n. Health Benefits Advising

(1) General. A Health Benefits Advising Program must be started at all shore commands having one or more medical officers. While health benefits advisors are not required aboard every ship with a medical officer, the medical department representative can usually provide services to personnel requiring help. The number of health benefits advisors (HBAs) of a command will be commensurate with counseling and assistance requirements. The program provides health benefits information and counseling to beneficiaries of the Uniformed Services Health Benefits Program (USHBP) and to others who may or may not qualify for care in USMTFs. Office location of HBAs, their names, and telephone numbers will be widely publicized locally. If additional help is required, contact MEDCOM-333 on AUTOVON 294-1127 or commercial (202) 653-1127. In addition to the duties described in paragraph (2), HBAs will:

A-4n(1)(a)

A-4n(2)(c)

(a) Maintain a depository of up-to-date officially supplied health benefits information for availability to all beneficiaries.

(b) Provide information and guidance to beneficiaries and generally support the medical and dental staff by providing help to eligible beneficiaries seeking or obtaining services from USMTFs, civilian facilities, VA facilities, Medicare, MEDICAID, and other health programs.

(c) Assure that when a referral or disengagement is required, patients or responsible family members are:

1. Fully informed that such action is taken to provide for their immediate medical or dental requirements and that the disengagement or referral has no bearing on whether care may be available in the naval MTF for other aspects of current or other future medical conditions.

2. Provided the services and counseling outlined in paragraph (2) below or paragraph 4g(3)(c), as appropriate, prior to their departure from the facility when such beneficiaries are referred or disengaged because care required is beyond the naval MTF's capability. In an emergency, or when the patient or sponsor cannot be seen by the HBA prior to leaving, provide these benefits as soon thereafter as possible.

(2) Counseling and Assisting CHAMPUS-Eligible Individuals. HBAs, as a minimum, will:

(a) Explain alternatives available to the patient.

(b) If appropriate, explain CHAMPUS as it relates to the particular circumstance, including the cost-sharing provisions applicable to the patient, allowable charges, provider participation, and claim filing procedures. Fully inform the patient or responsible family member that when a patient is disengaged for care under CHAMPUS or when cooperative care is to be considered for payment under the provisions of paragraphs 4z(5) and (6), the naval MTF is not responsible for monetary amounts above the CHAMPUS-determined allowable charge or for charges CHAMPUS does not allow.

(c) Explain why the naval MTF is paying for the supplemental care, if appropriate (see paragraphs 4z(3) and (4)), and how the bill will be handled. Then:

A-4n(2)(c)1

A-4p

1. Complete a DD 2161, Referral For Civilian Medical Care (appendix A), marking the appropriate source of payment with the concurrence of the naval MTF commanding officer or CO's designee.

2. If referred for a specified procedure with a consultation report to be returned to the naval MTF retaining medical management, annotate the DD 2161 in the consultation report section as depicted in appendix A. Advise patient or responsible family member to arrange for a completed copy of the DD 2161 to be returned to the naval MTF for payment, if appropriate, and inclusion in patient's medical record.

(d) Brief patient or responsible family member on the use of the DD 2161 in USMTF payment procedures and CHAMPUS claims processing, as appropriate. Provide sufficient copies of DD 2161 and explain that CHAMPUS contractors will return claims submitted without a required DD 2161. Obtain signature of patient or responsible family member on the form.

(e) Arrange for counseling from appropriate sources when the patient is eligible for VA, Medicare, or MEDICAID benefits.

(f) Serve as liaison between civilian providers and naval MTF on administrative matters related to the referral and disengagement process.

(g) Serve as liaison between naval MTF and cooperative care coordinators on matters relating to care provided or recommended by naval MTF providers, as appropriate.

(h) Explain why the patient is being disengaged and, per paragraph 4g(2), provide a DD 1251, Nonavailability Statement, or DD 2161, Referral For Civilian Medical Care, as appropriate.

o. Immunizations. Administer immunizations per BUMEDINST 6230.1H.

p. Medical Holding Companies. Medical holding companies (MHC) have been established at certain activities to facilitate handling of enlisted convalescent patients whose medical conditions are such that, although they cannot be returned to full duty, they can perform light duty ashore commensurate with their condition while completing their medical care on an outpatient basis. Where feasible, process such patients for transfer per enclosure (1).

A-4q

A-4q(2)(a)5

q. Notifications. The interests of the Navy, Marine Corps, and DOD have been adversely affected by past procedures which emphasized making notifications only when an active duty member's condition was classed as either seriously ill or injured or classed as very seriously ill or injured. However, even temporary disabilities which preclude communication with the next of kin have generated understandable concern and criticism, especially when emergency hospitalization has resulted. Accordingly, naval MTFs will make notifications required below upon admission or diagnosis of individuals specified. The provisions of this paragraph supplement MILPERSMAN 1810520, 4210100; and chapter 1 of Marine Corps Order P3040.4B, Marine Corps Casualty Procedures Manual; they do not supersede them.

(1) Privacy Act. The right to privacy of individuals for whom hospitalization reports and other notifications are made will be safeguarded as required by the Privacy Act, implemented in the Department of the Navy by SECNAVINST 5211.5C (see enclosure (2)), U.S. Navy Regulations, the Manual of the Judge Advocate General, the Marine Corps Casualty Procedures Manual, and the Manual of the Medical Department.

(2) Active Duty Flag or General Officers and Retired Marine Corps General Officers. Upon admission of subject officers, make telephonic contact with MEDCOM-33 on AUTOVON 294-1179 or commercial (202) 653-1179 (after duty hours, contact the command duty officer on AUTOVON 294-1327 or commercial (202) 653-1327) to provide the following information:

(a) Initial. Include in the initial report:

1. Officer's name, grade, social security number, and designator.
2. Duty assignment in ship or station, or other status.
3. Date of admission.
4. Present condition, stating if serious or very serious.
5. Diagnosis, prognosis, and estimated period of hospitalization. To prevent possible invasion of privacy, report the diagnosis only in International Classification of Diseases - 9th Edition (ICD-9-CM) code designator.

A-4q(2)(b)

A-4q(3)(b)1

(b) Progress Reports. Call frequency and content will be at the discretion of the commanding officer. However, promptly report changes in condition or status.

(c) Termination Report. Make a termination of hospitalization report to provide appropriate details for informational purposes.

(d) Additional Commands to Apprise. The geographic naval medical region (appendix D) serving the hospital and, if different, the one serving the officer's command will also be apprised of such admissions.

(3) Active Duty Members

(a) Notification of Member's Command. The commanding officer of naval medical treatment facilities has responsibility for notifying each member's commanding officer under the conditions listed below. Make COMNAVMILPERSCOM or CMC, as appropriate, information addressees on their respective personnel:

1. Direct Admissions. Upon direct admission of an active duty member, with or without orders regardless of expected length of stay. The patient administration department (administrative watch officer after hours) is responsible for preparation, per paragraph (4), and release of these messages. If the patient is attached to a local command (CO's determination), initial notification may be made telephonically. Record the name, grade or rate, and position of the person receiving the call at the member's command on the back of the NAVMED 6300/5, Inpatient Admission/Disposition Record and include the name and telephone number of the MTF's point of contact as given to the patient's command.

2. Change in Medical Condition. Upon becoming aware of any medical condition, including pregnancy, which will now or in the foreseeable future result in the loss of a member's full duty services in excess of 72 hours. Transmit this information in a message, prepared per paragraph (4), marked "Commanding Officer's Eyes Only."

(b) Notification of Next of Kin (NOK)

1. Admitted Members. As part of the admission procedure, encourage all patients to communicate expeditiously and regularly with their NOK. When an active duty member's incapacity makes timely personal communication impractical, i.e., fractures,

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burns, eye pathology, psychiatric or emotional disorders, etc., MTF personnel will initiate the notification process. Do not start the process if the patient specifically declines such notification or it is clear that the NOK already has knowledge of the admission (commands should develop a local form for such patients to sign attesting their desire or refusal to have their NOK notified). Once notification has been made, the facility will make progress reports, at least weekly, until the patient is again able to communicate with the NOK.

a. Navy Personnel. Upon admission of Navy personnel, effect the following notification procedures.

(1) In the Contiguous 48 States. Patient administration department personnel will notify the NOK in person, by telephone, telegraph, or by other expeditious means. Included are notifications of the NOK upon arrival of all Navy patients received in the medical air-evacuation system.

(2) Outside the Contiguous 48 States. If the NOK has accompanied the patient on the tour of duty and is in the immediate area, hospital personnel will notify the NOK in person, by telephone, telegraph, or by other expeditious means. If the NOK is located in the 48 contiguous United States, use telegraphic means to notify COMNAVMILPERSCOM who will provide notification to the NOK.

b. Marine Corps Personnel. When Marine Corps personnel are admitted, effect the following notification procedures.

(1) In the Contiguous 48 States. The commander of the unit or activity to which the casualty member is assigned is responsible for initiating notification procedures to the NOK of seriously or very seriously ill or injured Marine Corps personnel. Patient administration department personnel will assure that liaison is established with the appropriate command or activity when such personnel are admitted. Patient administration personnel will notify the Marine's command by telephone and request that cognizance be assumed for in-person initial notification of the NOK of Marine Corps patients admitted with an incapacity that makes personal and timely communication impractical and for those arriving via the medical air-evacuation system. If a member's command is unknown or cannot be contacted, inform CMC (MHP-10) on AUTOVON 224-1787 or commercial (202) 694-1787.

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A-4q(3)(b)4

(2) Outside the Contiguous 48 States. Make casualty notification for Marine Corps personnel hospitalized in naval MTFs outside the contiguous 48 States to the individual's command. If the command is unknown or not located in close proximity to the MTF, notify CMC (MHP-10). When initial notification to the individual's command is made via message, make CMC (MHP-10) an information addressee.

(3) In and Outside the United States. In life-threatening situations, the Commandant of the Marine Corps desires and encourages medical officers to communicate with the next of kin. In other circumstances, request that the Marine Corps member communicate with the NOK if able. If unable, the medical officer should communicate with the NOK after personal notification has been effected.

2. Terminally Ill Patients. As soon as a diagnosis is made and confirmed (on inpatients or outpatients) that a Navy member is terminally ill, MILPERSMAN 4210100 requires notification of the primary and secondary next of kin. Accomplish notification the same as for Navy members admitted as seriously or very seriously ill or injured, i.e., by priority message to the Commander, Naval Military Personnel Command and to the Casualty Assistance Calls/Funeral Honors Support Program Coordinator, as appropriate, who has cognizance over the geographical area in which the primary and secondary NOK resides (see OPNAVINST 1770.1 (NOTAL)). Submit followup reports when appropriate. See MILPERSMAN 4210100 for further amplification and for information addressees.

a. In the Contiguous 48 States. Notification responsibility is assigned to the USMTF making the diagnosis and to the member's duty station if diagnosed in a civilian facility.

b. Outside the Contiguous 48 States. Notification responsibility is assigned to the naval medical facility making the diagnosis. When diagnosed in nonnaval facilities or aboard deployed naval vessels, notification responsibility belongs to the Commander, Naval Military Personnel Command.

3. Other Uniformed Services Patients. Establish liaison with other uniformed services to assure proper notification upon admission or diagnosis of active duty members of other services.

4. Nonactive Duty Patients. At the discretion of individual commanding officers, the provisions of paragraph (3)(b)

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A-4t

on providing notification to the NOK may be extended to admissions or diagnosis of nonactive duty patients; e.g., admission of dependents of members on duty overseas.

(4) Messages

(a) Content. Phrase contents of messages (and telephonic notifications) in lay terms and provide sufficient details concerning the patient's condition, prognosis, and diagnosis. Messages will also contain the name and telephone number of the facility's point of contact. When appropriate for addressal, psychiatric and other sensitive diagnoses will be related with discretion. When indicated, also include specific comment as to whether the presence of the next of kin is medically warranted. NOTE: In making notification to the NOK of patients diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV), use one of the symptoms of the disease as the diagnosis (e.g., pneumonia) rather than "HIV", "AIDS", or the diagnostic code for AIDS.

(b) Information Addressees. Make the commander of the geographic naval medical region (appendix D) servicing the member's command and the one servicing the hospital, if different, information addressees on all messages. For Marine Corps personnel, also include CMC (MHP-10) and the appropriate Marine Corps District headquarters in appendix E as information addressees. COMNAVMEDCOM WASHINGTON DC requires information copies of messages only when a patient has been placed on the seriously ill or injured or very seriously ill or injured list or diagnosed as terminally ill.

r. Outpatient Care. Whenever possible, perform diagnostic procedures and provide preoperative and post operative care, surgical care, convalescence, and followup observations and treatment on an outpatient basis.

s. Performance of Duties While In An Inpatient Status. U.S. military patients may be assigned duties in and around naval MTFs when such duties will be, in the judgement of the attending physician, of a therapeutic value. Physical condition, past training, and other acquired skills must all be considered before assigning any patient a given task. Do not assign patients duties which are not within their capabilities or which require more than a very brief period of orientation.

t. Prolonged Definitive Medical Care. Prolonged definitive medical care in naval MTFs will not be provided for U.S. military patients who are unlikely to return to duty. The time at which a

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patient should be processed for disability separation must be determined on an individual basis, taking into consideration the interests of the patient as well as those of the Government. A long-term patient roster will be maintained and updated at least once monthly to enable commanding officers and other appropriate staff members to monitor the progress of all patients with 30 or more continuous days of hospitalization. Include on the roster basic patient identification data (name, grade or rate, register number, ward or absent status, clinic service, and whether assigned to a medical holding company), projected disposition (date, type, and profile), diagnosis, and cumulative hospital days (present facility and total).

u. Remediable Physical Defects of Active Duty Members

(1) General. When a medical evaluation reveals that a Navy or Marine Corps patient on active duty has developed a remediable defect while on active duty, the patient will be offered the opportunity of operative repair or other appropriate remediable treatment, if medically indicated.

(2) Refusal of Treatment. Per MANMED art. 18-15, when a member refuses to submit to recommended therapeutic measures for a remediable defect or condition which has interfered with the member's performance of duty and following prescribed therapy, the member is expected to be fit for full duty, the following procedures will apply:

(a) Transfer the member to a naval MTF for further evaluation and appearance before a medical board. After counseling per MANMED art. 18-15, any member of the naval service who refuses to submit to recommended medical, surgical, dental, or diagnostic measures, other than routine treatment for minor or temporary disabilities, will be asked to sign a completed NAVMED 6100/4, Medical Board Certificate Relative to Counseling on Refusal of Surgery and/or Treatment, attesting to the counseling.

(b) The board will study all pertinent information, inquire into the merits of the individual's refusal to submit to treatment, and report the facts with appropriate recommendations.

(c) As a general rule, refusal of minor surgery should be considered unreasonable in the absence of substantial contraindications. Refusal of major surgical operations may be reasonable or unreasonable, according to the circumstances. The age of

A-4u(2)(d)

A-4u(2)(h)1

the patient, previous unsuccessful operations, existing physical or mental contraindications, and any special risks should all be taken into consideration.

(d) Where surgical procedures are involved, the board's report will contain answers to the following questions:

1. Is surgical treatment required to relieve the incapacity and restore the individual to a duty status, and may it be expected to do so?

2. Is the proposed surgery an established procedure that qualified and experienced surgeons ordinarily would recommend and undertake?

3. Considering the risks ordinarily associated with surgical treatment, the patient's age and general physical condition, and the member's reason for refusing treatment, is the refusal reasonable or unreasonable? (Fear of surgery or religious scruples may be considered, along with all the other evidence, for whatever weight may appear appropriate.)

(e) If a member needing surgery is mentally competent, do not perform surgery over the member's protestation.

(f) In medical, dental, or diagnostic situations, the board should show the need and risk of the recommended procedure(s).

(g) If a medical board decides that a diagnostic, medical, dental, or surgical procedure is indicated, these findings must be made known to the patient. The board's report will show that the patient was afforded an opportunity to submit a written statement explaining the grounds for refusal. Forward any such statement with the board's report. Advise the patient that even if the disability originally arose in line of duty, its continuance may be attributable to the member's unreasonable refusal to cooperate in its correction; and that the continuance of the disability might, therefore, result in the member's separation without benefits.

(h) Also advise the patient that:

1. Title 10 U.S.C. 1207 precludes disposition under chapter 61 of 10 U.S.C. if such a member's disability is due to intentional misconduct, willful neglect, or if it was incurred during a period of unauthorized absence. A member's refusal to

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A-4v(2)

complete a recommended therapy regimen or diagnostic procedure may be interpreted as willful neglect.

2. Benefits from the Veterans Administration will be dependent upon a finding that the disability was incurred in line of duty and is not due to the member's willful misconduct.

(i) The Social Security Act contains special provisions relating to benefits for "disabled" persons and certain provisions relating to persons disabled "in line of duty" during service in the Armed Forces. In many instances persons deemed to have "remediable" disorders have been held not "disabled" within the meaning of that term as used in the statute, and Federal courts have upheld that interpretation. One who is deemed unreasonably to have refused to undergo available surgical procedures may be deemed both "not disabled" and to have incurred the condition "not in the line of duty."

(j) Forward the board's report directly to the Central Physical Evaluation Board with a copy to MEDCOM-25 except in those instances when the convening authority desires referral of the medical board report for Departmental review.

(k) Per MANMED art. 18-15, a member who refuses medical, dental, or surgical treatment for a condition that existed prior to entry into the service (EPTE defect), not aggravated by a period of active service but which interferes with the performance of duties, should be processed for reason of physical disability, convenience to the Government, or enlisted in error rather than under the refusal of treatment provisions. Procedures are delineated in BUMEDINST 1910.2G and SECNAVINST 1910.4A (NOTAL).

(3) Other Uniformed Services Patients. When a patient of another service is found to have a remediable physical defect developed in the military service, refer the matter to the nearest headquarters of the service concerned.

v. Responsibilities of the Commanding Officer. In connection with the provisions of this instruction, commanding officers of naval MTFs will:

(1) Determine which persons within the various categories authorized care in a facility will receive treatment in, be admitted to, and be discharged from that specific facility.

(2) Supervise care and treatment, including the employment of recognized professional procedures.

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A-4w

(3) Provide each patient with the best possible care in keeping with accepted professional standards and the assigned primary mission of the facility.

(4) Provide for counseling patients and naval MTF providers when care required is beyond the naval MTF's capability. This includes:

(a) Establishing training programs to acquaint naval MTF providers and HBAs with the uniformed services' referral for supplemental/cooperative care or services policy outlined in paragraph 4z.

(b) Initiating control measures to ensure that:

1. Providers requesting care under the provisions of paragraph 4z are qualified to maintain physician case management when required.

2. Care requested under the supplemental/cooperative care criteria is medically necessary, legitimate, and otherwise permissible under the terms of that part of the USHBP under which it will be considered for payment.

3. Providers explain to patients the reason for a referral and the type of referral being made.

4. Attending physicians properly refer beneficiaries to the HBA for counseling and services per paragraph 4n.

5. Uniform criteria are applied in determining cooperative care situations without consideration of rate, grade, or uniformed service affiliation.

6. All DD 2161's are properly completed and approved by the commanding officer or designee.

7. A copy of the completed DD 2161 is returned to the naval MTF for inclusion in the medical record of the patient.

w. Sick Call. A regularly scheduled assembly of sick and injured military personnel established to provide routine medical care. Subsequent to examination, personnel medically unfit for duty will be admitted to an MTF or placed sick in quarters; personnel not admitted or placed sick in quarters will be given such treatment as is deemed necessary. When excused from duty for medical reasons which do not require hospitalization, military personnel may be authorized to remain in quarters, not to exceed 72 hours.

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A-4z(1)

x. Sicklist - Authorized Absence From. Commanding officers of naval MTFs may authorize absences of up to 72 hours for dependents and retired personnel without formal discharge from the sicklist. When absences are authorized in excess of 24 hours, subsistence charges or dependent's rate, as applicable, for that period will not be collected and the number of reportable occupied bed days will be appropriately reduced. Prior to authorizing such absences, the attending physician will advise patients of their physical limitations and of any necessary safety precautions, and will annotate the clinical record that patients have been so advised. For treatment under the Medical Care Recovery Act, make reporting consistent with paragraph aa below.

y. Subsisting Out. A category in which officer and enlisted patients on the sicklist of a naval MTF may be placed when their daily presence is not required for treatment nor examination, but who are not yet ready for return to duty. As a general rule, patients placed in this category should reside in the area of the facility and should be examined by the attending physician at least weekly. Enlisted personnel in a subsisting out status should be granted commuted rations.

(1) Granting of subsisting out privileges is one of many disposition alternatives: however, recommend that other avenues (medical holding company, convalescent leave, limited duty, etc.) be considered before granting this privilege.

(2) Naval MTF patients in a subsisting out status should not be confused with those enlisted personnel in a rehabilitation program who are granted liberty and are drawing commuted rations, but are required to be present at the treating facility during normal working hours. These personnel are not subsisting out and must have a bed assigned at the naval MTF.

(3) Naval MTF patients who are required to report for examinations or treatment more often than every 48 hours should not be placed in a subsisting out status.

z. Supplemental/Cooperative Care or Services

(1) General. When such services as defined in section A, paragraph 2cc are rendered to other than CHAMPUS-eligible individuals, the cost thereof is chargeable to operation and maintenance funds available for operation of the facility requesting care or services. Cooperative care applies to CHAMPUS-eligible patients receiving inpatient or outpatient care in a USMTF who require care or services beyond the capability of that USMTF. The following general principles apply to such CHAMPUS-eligible patients:

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A-4z(2)

(a) Cooperation of Uniformed Services Physicians. USMTF physicians are required to cooperate in providing CHAMPUS contractors and OCHAMPUS additional medical information. Enclosure (2) delineates policies, conditions, and procedures that govern safeguarding, using, accessing, and disseminating personal information kept in a system of records. Providing information to CHAMPUS contractors and OCHAMPUS will be governed thereby.

(b) Physician Case Management. Where required by NAVMEDCOMINST 6320.18 (CHAMPUS Regulation; implementation of), uniformed services physicians are required to provide case management (oversight) as would an attending or supervising civilian physician.

(c) CHAMPUS-Authorized Providers. CHAMPUS contractors are responsible for determining whether a civilian provider is CHAMPUS-authorized and for providing such information, upon request, to USMTFs.

(d) Psychiatric or Psychotherapeutic Services. If psychiatric care is being rendered by a psychiatric or clinical social worker, a psychiatric nurse, or a marriage and family counselor, and the uniformed services facility has made a determination that it does not have the professional staff competent to provide required physician case management, the patient may be (partially) disengaged for the psychiatric or psychotherapeutic service, yet have the remainder of required medical care provided by the naval MTF.

(e) Forms and Documentation. A DD 2161, Referral For Civilian Medical Care, will be provided to each patient who is to receive supplemental or cooperative care or services (appendix A or B as appropriate). When supplemental care is required under the provisions of subparagraphs (3) and (4), the provisions of subparagraph (3)(c) apply. When cooperative care or services are required under the provisions of subparagraphs (5) and (6), the provisions of subparagraph (5)(d) apply.

(f) Clarification of Unusual Circumstances. Commanding officers of naval MTFs will submit requests for clarification of unusual circumstances to OCHAMPUS or CHAMPUS contractors via the Commander, Naval Medical Command (MEDCOM-33) for consideration.

(2) Care Beyond a Naval MTF's Capability. When, either during initial evaluation or during the course of treatment of CHAMPUS-eligible beneficiaries, required services are beyond the capability of the naval MTF, the commanding officer will arrange

A-4z(2)(a)

A-4z(3)(c)

for the services from an alternate source in the following order, subject to restrictions specified. The provisions of subparagraphs (a) through (c) must be followed before either supplemental care, authorized in subparagraph (4), is considered for payment from Navy Operations and Maintenance funds, or cooperative care, authorized in subparagraph (6), is to be considered for payment under the terms of CHAMPUS.

(a) Obtain from another USMTF or other Federal MTF the authorized care necessary for continued treatment of the patient within the naval MTF, when such action is medically feasible and economically advantageous to the Government.

(b) When the patient is a retired member or dependent, transfer per section A, paragraphs 4bb(3)(a), (b), (c), or (d), in that order. When the patient is a dependent of a member of a NATO nation, transfer per section A, paragraphs 4bb(4)(a), (b), or (c), in that order.

(c) With the patient's permission, the naval MTF may contact State programs, local health agencies, or health foundations to determine if benefits are available.

(d) Obtain such supplemental care or services as delineated in subparagraph (4) from a civilian source using local operation and maintenance funds, or

(e) Obtain such cooperative care or services as delineated in subparagraph (6) from a civilian source under the terms of CHAMPUS.

(3) Operation and Maintenance Funds. When local operation and maintenance funds are to be used to obtain supplemental care or services, the following guidelines are applicable:

(a) Care or services must be legitimate, medically necessary, and ordered by a qualified USMTF provider.

(b) The naval MTF must make necessary arrangements for obtaining required care or services from a specific source of care.

(c) Upon approval of the naval MTF commanding officer or designee, provide the patient or sponsor a properly completed DD 2161, Referral For Civilian Medical Care, appendix A. The DD 2161 will be marked by the health benefits advisor or other designated individual to show the naval MTF as the source of payment. Forward a copy to the MTF's contracting or supply officer who is

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A-4z(5)(a)1

the point of contact for coordinating obligations with the comptroller and thus is responsible for assuring proper processing for payment.

(d) Authorize care on an inpatient or outpatient basis for the minimum period necessary for the civilian provider to perform the specific test, procedure, treatment, or consultation requested. Patients receiving inpatient services in civilian medical facilities will not be counted as an occupied bed in the naval MTF, but will be continued on the naval MTF's inpatient census. Continue to charge pay patients the USMTF inpatient rate appropriate for their patient category.

(e) Naval MTF physicians will maintain professional contact with civilian providers.

(4) Care and Services Authorized. Use local operation and maintenance funds to defray the cost of the following when CHAMPUS-eligible patients are referred to civilian sources for the following types of care or services:

(a) All specialty consultations for the purpose of establishing or confirming diagnoses or recommending a course of treatment.

(b) All diagnostic tests, diagnostic examinations, and diagnostic procedures (including genetic tests and CAT scans), ordered by qualified USMTF providers.

(c) Prescription drugs and medical supplies.

(d) Civilian ambulance service ordered by USMTF personnel.

(5) CHAMPUS Funds. When payment is to be considered under the terms of CHAMPUS for cooperative care, even though the beneficiary remains under naval MTF control, the following guidelines are applicable:

(a) Process charges for care under the terms of CHAMPUS.

1. If the charge for a covered service or supply is above the CHAMPUS-determined reasonable charge, the direct care system will not assume any liability on behalf of the patient where a civilian provider is concerned, although a USMTF physician recommended or prescribed the service or supply.

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A-4z(5)(e)

2. Payment consideration for all care or services meeting cooperative care criteria will be under the terms of CHAMPUS and payment for such care or services will not be made from naval MTF funds. Conversely, any care or services meeting naval MTF supplemental care or services payment criteria will not be considered under the terms of CHAMPUS.

(b) Care must be legitimate and otherwise permissible under the terms of CHAMPUS and must be ordered by a qualified USMTF provider.

(c) Provide assistance to beneficiaries referred or disengaged under CHAMPUS. Although USMTF personnel are not authorized to refer beneficiaries to a specific civilian provider for care under CHAMPUS, health benefits advisors are authorized to contact the cooperative care coordinator of the appropriate CHAMPUS contractor for aid in determining authorized providers with the capability of rendering required services. Such information may be given to beneficiaries. Also encourage beneficiaries to obtain required services only from providers willing to participate in CHAMPUS. Subject to the availability of space, facilities, and capabilities of the staff, USMTFs may provide consultative and such other ancillary aid as required by the civilian provider selected by the beneficiary.

(d) Provide a properly completed DD 2161, Referral For Civilian Medical Care, appendix B, to patients who are referred (versus disengaged) to civilian sources under the terms of CHAMPUS for cooperative care. (A Nonavailability Statement (DD 1251) may also be required. Provide this form when required under section D, paragraph 3.) The DD 2161 will be marked by the health benefits advisor, or other designated individual, to show CHAMPUS as the source of payment consideration. All such DD 2161's must be approved by the commanding officer or designee. Give the patient sufficient copies to ensure a copy of the DD 2161 accompanies each CHAMPUS claim. Advise patients that CHAMPUS contractors will return claims received without the DD 2161. Also advise patients to arrange for return of a completed copy of the DD 2161 to the naval MTF for inclusion in their medical record.

(e) Such patients receiving inpatient or outpatient care or services will pay the patient's share of the costs as specified under the terms of CHAMPUS for their beneficiary category. Patients receiving inpatient services will not be continued on the naval MTF's census and will not be charged the USMTF inpatient rate.

A-4z(5)(f)

A-4z(6)(i)

(f) Certain ancillary services authorized under CHAMPUS require physician case management during the course of treatment. USMTF physicians will manage the provision of ancillary services by civilian providers when such services are obtained under the terms of CHAMPUS. Examples include physical therapy, private duty (special) nursing, rental or lease/purchase of durable medical equipment, and services under the CHAMPUS Program for the Handicapped. USMTF providers exercising physician case management responsibility for ancillary services under CHAMPUS are subject to the same benefit limitations and certification of need requirements applicable to civilian providers under the terms of CHAMPUS for the same types of care. USMTF physicians exercising physician case management responsibility will maintain professional contact with civilian providers of care.

(6) Care and Services Authorized. Refer CHAMPUS-eligible patients to civilian sources for the following under the terms of CHAMPUS:

(a) Authorized nondiagnostic medical services such as physical therapy, speech therapy, radiation therapy, and private duty (special) nursing.

(b) Preauthorized (by OCHAMPUS) adjunctive dental care, including orthodontia related to surgical correction of cleft palate.

(c) Durable medical equipment. (CHAMPUS payment will be considered only if the equipment is not available on a loan basis from the naval MTF.)

(d) Prosthetic devices (limited benefit), orthopedic braces and appliances.

(e) Optical devices (limited benefit).

(f) Civilian ambulance service to a USMTF when service is ordered by other than direct care personnel.

(g) All CHAMPUS Program for the Handicapped care.

(h) Psychotherapeutic or psychiatric care.

(i) Except for those types of care or services delineated in paragraph 4z(4), all other CHAMPUS authorized medical services not available in the naval MTF (for example, neonatal intensive care).

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A-4aa(2)(a)3

aa. Third Party Liability Case. Per chapter 24, section 2403, JAG Manual, use the following guidelines to complete and submit a NAVJAG 5890/12, Hospital and Medical Care, 3rd Party Liability Case, when a third party may be liable for the injury or disease being treated:

(1) Preparation. All naval MTFs will use the front of NAVJAG 5890/12 to report the value of medical care furnished to any patient when (a) a third party may be legally liable for causing the injury or disease, or (b) when a Government claim is possible under workmen's compensation, no-fault insurance (see responsibilities for apprising the insurance carrier in paragraph (5) below), uninsured motorist insurance, or under medical payments insurance (e.g., in all automobile accident cases). Block 4 of this form requires an appended statement of the patient or an accident report, if available. Prior to requesting such a statement from a patient, the person preparing the front side of NAVJAG 5890/12 will show the patient the Privacy Act statement printed at the bottom of the form and have the patient sign his or her name beneath the statement.

(2) Submission

(a) Naval Patients. For naval patients, submit the completed front side of the NAVJAG 5890/12 to the appropriate action JAG designee listed in section 2401 of the JAG Manual at the following times:

1. Initial. Make an initial submission as soon as practicable after a patient is admitted for any period of inpatient care, or if it appears that more than 7 outpatient treatments will be furnished. This submission should not be delayed pending the accumulation of all potential charges from the treating facility. This submission need not be based upon an extensive investigation of the cause of the injury or disease, but it should include all known facts. Statements by the patient, police reports, and similar information (if available), should be appended to the form.

2. Interim. Make an interim submission every 4 months after the initial submission until the patient is transferred or released from the facility, or changed from an inpatient status to an outpatient status.

3. Final. Make a final submission upon completion of treatment or upon transfer of the patient to another facility. The facility to which the patient is transferred should be noted on the form. Report control symbol NAVJAG 5890-1 is assigned to this report.

A-4aa(2)(b)

A-4aa(5)

(b) Nonnaval Patients. When care is provided to personnel of another Federal agency or department, that agency or department generally will assert any claim in behalf of the United States. In such instances, submit the NAVJAG 5890/12's (initial, interim, and final) directly to the appropriate of the following:

1. U.S. Army. Commanding general of the Army or comparable area commander in which the incident occurred.

2. U.S. Air Force. Staff judge advocate of the Air Force installation nearest the location where the initial medical care was provided.

3. U.S. Coast Guard. Commandant (G-K-2), U.S. Coast Guard, Washington, DC 20593-0001.

4. Department of Labor. The appropriate Office of Workers' Compensation Programs (OWCP) listed in enclosure (3).

5. Veterans Administration. Director of the Veterans Administration hospital responsible for medical care of the patient being provided treatment.

6. Department of Health and Human Services (DHHS). Regional attorney's office in the area where the incident occurred.

(3) Supplementary Documents. An SF 502 should accompany the final submission in all cases involving inpatient care. Additionally, when Government care exceeds \$1,000, inpatient facilities should complete and submit the back side of NAVJAG 5890/12 to the action JAG designee. On this side of the form, the determination of "patient status" may be based on local hospital usage.

(4) Health Record Entries. Retain copies of all NAVJAG 5890/12's in the Health Record of the patient. Immediately notify action JAG designees when a patient receives additional treatment subsequent to the issuance of a final NAVJAG 5890/12 if the subsequent treatment is related to the condition which gave rise to the claim.

(5) No-Fault Insurance. When no-fault insurance is or may be involved, the naval legal service office at which the JAG designee is located is responsible for apprising the insurance carrier that the Federal payment for the benefits of this instruction is secondary to any no-fault insurance coverage available to the injured individual.

A-4aa(6)

A-4bb(3)(a)

(6) Additional Guidance. Chapter 24 of the JAG Manual and BUMEDINST 5890.1A (NOTAL) contain supplemental information.

bb. Transfer of Patients

(1) General. Treat all patients at the lowest echelon equipped and staffed to provide necessary care; however, when transfer to another MTF is considered necessary, use Government transportation when available. Accomplish medical regulating per the provisions of OPNAVINST 4630.25B (NOTAL) and BUMEDINST 6320.1D (NOTAL).

(2) U.S. Military Patients. Do not retain U.S. military patients in acute care MTFs longer than the minimum time necessary to attain the mental or physical state required for return to duty or separation from the service. When required care is not available at the facility providing area inpatient care, transfer patients to the most readily accessible USMTF or designated USTF possessing the required capability. Transportation of the patient and a medical attendant or attendants, if required, is authorized at Government expense. Since the VA is staffed and equipped to provide care in the most expeditious manner, follow the administrative procedures outlined in NAVMEDCOMINST 6320.12 when:

(a) A patient has received the maximum benefit of hospitalization in a naval MTF but requires a protracted period of nursing home type care. The VA can provide this type care or arrange for it from a civilian source for individuals so entitled.

(b) Determined that there is or may be spinal cord injury necessitating immediate medical and psychological attention.

(c) A patient has sustained an apparently severe head injury or has been blinded necessitating immediate intervention beyond the capabilities of naval MTFs.

(d) A determination has been made by the Secretary concerned that a member on active duty has an alcohol or drug dependency or drug abuse disability.

(3) Retired Members and Dependents. When a retired member or a dependent requires care beyond the capabilities of a facility and a transfer is necessary, the commanding officer of that facility may:

(a) Arrange for transfer to another USMTF or designated USTF located in an overlapping inpatient catchment area of the transferring facility if either has the required capability.

A-4bb(3)(b)

A-4bb(5)(a)

(b) If the patient or sponsor agrees, arrange for transfer to the nearest USMTF or designated USTF with required capability, regardless of its location.

(c) Arrange for transfer of retired members to the Veterans Administration MTF nearest the patient's residence.

(d) Provide aid in releasing the patient to a civilian provider of the patient's choice under the terms of Medicare, if the patient is entitled. Beneficiaries entitled to Medicare, Part A, because they are 65 years of age or older or because of a disability or chronic renal disease, lose CHAMPUS eligibility but remain eligible for care in USMTFs and designated USTFs.

(e) If the patient is authorized benefits under CHAMPUS, disengage from medical management and issue a Nonavailability Statement (DD 1251) per the provisions of section D, paragraph 3, for care under CHAMPUS. This step should only be taken after due consideration is made of the supplemental/cooperative care policy addressed in section A, paragraph 4z.

(4) Dependents of Members of NATO Nations. When a dependent, as defined in section E, paragraph 1, of a member of a NATO nation requires care beyond the capabilities of a facility and a transfer is necessary, the commanding officer of that facility may:

(a) Arrange for transfer to another USMTF or designated USTF with required capability if either is located in an overlapping inpatient catchment area of the transferring facility.

(b) If the patient or sponsor agrees, arrange for transfer to the nearest USMTF or designated USTF with required capability, regardless of its location.

(c) Effect disposition per section E, paragraph 2d.

(5) Others

(a) Medical Care. Section 34 of title 24, United States Code, provides that hospitalization and outpatient services may be provided outside the continental limits of the United States and in Alaska to officers and employees of any department or agency of the Federal Government, to employees of a contractor with the United States or the contractor's subcontractor, to dependents of such persons, and in emergencies to such other persons as the Secretary of the Navy may prescribe: provided, such services are not otherwise available in reasonably accessible and appropriate

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A-4cc(1)(c)

non-Federal facilities. Hospitalization of such persons in a naval MTF is further limited by 24 U.S.C. 35 to the treatment of acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases, or those requiring domiciliary care.

(b) Dental Care. Section 35 of title 24 provides for space available routine dental care, other than dental prosthesis and orthodontia, for the categories of individuals enumerated in paragraph (5)(a) above: provided, that such services are not otherwise available in reasonably accessible and appropriate non-Federal facilities.

(c) Transfer. Accomplish transfer and subsequent treatment of individuals in paragraph (5)(a) above per the provisions of law enumerated in paragraphs (5)(a) and (5)(b) above.

cc. Verification of Patient Eligibility

(1) DEERS

(a) The Defense Enrollment Eligibility Reporting System (DEERS) was implemented by OPNAVINST 1750.2 (NOTAL). Where DEERS has been started at naval medical and dental treatment facilities, commanding officers will appoint, in writing, a DEERS project officer to perform at the base level. The project officer's responsibilities and functions include coordinating, executing, and maintaining base-level DEERS policies and procedures; providing liaison with line activities, base-level personnel project officers, and base-level public affairs project officers; meeting and helping the contractor field representative on site visits to each facility under the project officer's cognizance; and compiling and submitting reports required within the command and by higher authority.

(b) Commanding officers of afloat and deployable units are encouraged to appoint a unit DEERS medical project officer as a liaison with the hospital project officer providing services to local medical and dental treatment facilities. Distribute notice of such appointments to all concerned facilities.

(c) When a DEERS project officer has been appointed by a naval MTF or DTF, submit a message (report control symbol MED 6320-42) to COMNAVMEDCOM, with information copies to appropriate chain of command activities, no later than 10 October annually, and situationally when changes occur. As a minimum, the report will provide:

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1. Name of reporting facility. If the project officer is responsible for more than one facility, list all such facilities.

2. Mailing address including complete zip code (zip + 4) and unit identification code (UIC). Include this information for all facilities listed in paragraph 1 above.

3. Name, grade, and corps of the DEERS project officer designated.

4. Position title within parent facility.

5. AUTOVON and commercial telephone numbers.

(2) DEERS and the Identification Card. This paragraph includes DEERS procedures for eligibility verification checks to be used with the identification card system as a basis for verifying eligibility for medical and dental care in USMTF's and uniformed services dental treatment facilities (USDTF's). For other than emergency care, certain patients are required to have a valid ID card in their possession and, under the circumstances described in subparagraph (3) below, are also required to meet DEERS criteria before treatment or services are rendered. Although DEERS and the ID card system are interrelated, there will be instances where a beneficiary is in possession of an apparently valid ID card and the DEERS verification check shows that eligibility has terminated or vice versa. Eligibility verification via an ID card does not override an indication of ineligibility in DEERS without some other collateral documentation. Dependents (in possession of or without ID cards) who undergo DEERS checking will be considered ineligible for the reasons stated in paragraphs (4)(e)1 through 7 below. For problem resolution, refer dependents of active duty members to the personnel support detachment (PSD) servicing the sponsor's command; refer retirees, their dependents, and survivors to the local PSD. Enclosure (9), DEERS Treatment and Billing Flow Chart, summarizes the provisions of this paragraph and may be used as a quick reference for helping in eligibility and billing determinations.

(3) Identification Cards and Procedures. All individuals, including members of uniformed services in uniform, must provide valid identification when requesting health benefits. Although the most widely recognized and acceptable forms of identification are DD 1173, DD 2, Form PHS-1866-1, and Form PHS-1866-3 (Ret), individuals presenting for care without such identification may be rendered care upon presentation of other identification as outlined

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in this instruction. Under the circumstances indicated, the following procedures will be followed when individuals present without the required ID card.

(a) Children Under 10. Although a DD 1173 (Uniformed Services Identification and Privilege Card) may be issued to children under 10 years of age, under normal circumstances they are not. Accordingly, certification and identification of children under 10 years of age are the responsibility of the member, retired member, accompanying parent, legal guardian, or acting guardian. Either the DD 1173 issued the spouse of a member or former member or the identification card of the member or former member (DD 2, DD 2 (Ret), Form PHS-1866-1, or Form PHS-1866-3 (Ret)) is acceptable for the purpose of verifying eligibility of a child under 10 years of age.

(b) Indefinite Expiration. The fact that the word "indefinite" may appear in the space for the expiration date on a member's card does not lessen its acceptability for identification of a child. See subparagraph (c) for dependent's cards with an indefinite expiration date.

(c) Expiration Date. To be valid, a dependent's DD 1173 must have an expiration date. Do not honor a dependent's DD 1173 with an expiration date of "indefinite." Furthermore, such a card should be confiscated, per NAVMILPERSCOMINST 1750.1A (NOTAL), and forwarded to the local PSD. The PSD may then forward it to the Commander, Naval Military Personnel Command, (NMPC (641D)/Pers 7312), Department of the Navy, Washington, DC 20370-5000 for investigation and final disposition. Render necessary emergency treatment to such a person. The patient administration department must determine such a patient's beneficiary status within 30 calendar days and forward such determination to the fiscal department. If indicated, billing action for treatment will then proceed following NAVMED P-5020 (NOTAL).

(d) Without Cards or With Expired Cards

1. When parents or parents-in-law (including step-parents and step-parents-in-law) request care in naval MTF's or DTF's without a DD 1173 in their possession or with expired DD 1173's, render care if they or their sponsor sign a statement that the individual requiring care has a valid ID card or that an application has been submitted for a renewal DD 1173. In the latter instance, include in the statement the allegation that: a. the beneficiary is dependent upon the service member for over one-half of his or her support, and b. that there has been no material change in the beneficiary's circumstances since the previous deter-

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mination of dependency and issuance of the expired card. Place the statement in the beneficiary's medical record. Inform the patient or sponsor that if eligibility is not verified by presentation of a valid ID card to the patient administration department within 30 calendar days, the facility will initiate action to recoup the cost of care. If indicated, billing action for the cost of treatment will then proceed following NAVMED P-5020 (NOTAL).

2. When recent accessions, National Guard, reservists, or Reserve units are called to active duty for a period greater than 30 days and neither the members nor their dependents are as yet in receipt of their identification cards, satisfactory collateral identification may be accepted in lieu thereof, i.e., official documents such as orders, along with a marriage license, or birth certificate which establish the individual's status as a dependent of a member called to duty for a period which is not specified as 30 days or less. For a child, the collateral documentation must include satisfactory evidence that the child is within the age limiting criteria outlined in section D, paragraph 1b(4). An eligible dependent's entitlement, under the provisions of this paragraph, starts on the first day of the sponsor's active service and ends as of midnight on the last day of active service.

(4) DEERS Checking. Unless otherwise indicated, all DEERS verification procedures will be accomplished in conjunction with possession of a valid ID card.

(a) Prospective DEERS Processing

1. Appointments. To minimize difficulties for MTF's, DTF's, and patients, DEERS checks are necessary for prospective patients with future appointments made through a central or clinic appointment desk. Without advance DEERS checking, patients could arrive at a facility with valid ID cards but may fail the DEERS check, or may arrive without ID cards but be identified by the DEERS check as eligible. Records, including full social security numbers, of central and clinic appointment systems will be passed daily to the DEERS representative for a prospective DEERS check. This enables appointment clerks to notify individuals with appointments of any apparent problem with the DEERS or ID card system and refer those with problems to appropriate authorities prior to the appointment.

2. Prescriptions. Minimum checking requirements of the program require prospective DEERS checks on all individuals presenting prescriptions of civilian providers (see paragraph (d)4 below).

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(b) Retrospective DEERS Processing. Pass daily logs (for walk-in patients, patients presenting in emergencies, or patients replacing last minute appointment cancellations) to the DEERS representative for retrospective batch processing if necessary for the facility to meet the minimum checking requirements in paragraph (4)(d) below. For DEERS processing, the last four digits of a social security number are insufficient. Accordingly, when retrospective processing is necessary, the full social security number of each patient must be included on daily logs.

(c) Priorities. With the following initial priorities, conduct DEERS eligibility checks using a CRT terminal, single-number dialer telephone, or 800 number access provided for the specific purpose of DEERS checking to:

1. Determine whether a beneficiary is enrolled.
2. Verify beneficiary eligibility. Establishment of eligibility is under the cognizance of personnel support activities and detachments.

3. Identify any errors on the data base.

(d) Minimum Checking Requirements. Process patients presenting at USMTP's and DTF's in the 50 States for DEERS eligibility verification per the following minimum checking requirements.

1. Twenty five percent of all outpatient visits.
2. One hundred percent of all admissions.
3. One hundred percent of all dental visits at all DTF's for other than active duty members, retired members, and dependents.

a. Active duty members are exempted from DEERS eligibility verification checking at DTF's.

b. Retired members will receive a DEERS verification check at the initial visit to any DTF and annually thereafter at time of treatment at the same facility. To qualify for care as a result of the annually performed verification check, the individual performing the eligibility check will make a notation to this effect a permanent part of the retiree's dental treatment record on an SF 603, Health Record - Dental. Include in the notation the date and result of the check.

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c. Dependents will receive a DEERS eligibility verification check upon initial presentation for evaluation or treatment. This check will be valid for up to 30 days if, when the check is conducted, the period of eligibility requested is 30 days. A 30-day eligibility check may be accomplished online or via telephone by filling in or requesting the operator to fill in a 30 day period in the requested treatment dates on the DEERS eligibility inquiry screen. Each service or clinic is expected to establish auditable procedures to trace the date of the last eligibility verification on a particular dependent.

4. One hundred percent of pharmacy outpatients presenting new prescriptions written by a civilian provider. Prospective DEERS checks are required for all patients presenting prescriptions of civilian providers. A DEERS check is not required upon presentation of a request for refill of a prescription of a civilian provider if the original prescription was filled by a USMTF within the past 120 days.

5. One hundred percent of all individuals requesting treatment without a valid ID card if they represent themselves as individuals who are eligible to be included in the DEERS data base.

(e) Ineligibility Determinations. When a DEERS verification check is performed and eligibility cannot be verified for any of the following reasons, deny routine nonemergency care unless the beneficiary meets the criteria for a DEERS eligibility override as noted in paragraph (h) below.

1. Sponsor not enrolled in DEERS.
2. Dependent not enrolled in DEERS.
3. "End eligibility date" has passed. Each individual in the DEERS data base has a date assigned on which eligibility is scheduled to end.
4. Sponsor has separated from active duty and is no longer entitled to benefits.
5. Spouse has a final divorce decree from sponsor and is not entitled to continued eligibility as a former spouse.
6. Dependent child is married.

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7. Dependent becomes an active duty member of a uniformed service. (Applies only to CHAMPUS benefits since the former dependent becomes entitled to direct care benefits in his or her own right as an active duty member and must enroll in DEERS.)

(f) Emergency Situations. When a physician determines that emergency care is necessary, initiate treatment. If admitted after emergency treatment has been provided, a retrospective DEERS check is required. If an emergency admission or emergency outpatient treatment is accomplished for an individual whose proof of eligibility is in question, the patient administration department must determine the individual's beneficiary status within 30 calendar days of treatment and forward such determination to the fiscal department. Eligibility verifications will normally consist of presentation of a valid ID card along with either a positive DEERS check or a DEERS override as noted in paragraph (h) below. If indicated, billing action for treatment will then proceed per NAVMED P-5020 (NOTAL).

(g) Eligibility Verification for Nonemergency Care. When a prospective patient presents without a valid ID card and:

1. DEERS does not verify eligibility, deny non-emergency care. Care denial may only be accomplished by supervisory personnel designated by the commanding officer.

2. The individual is on the DEERS data base, do not provide nonemergency care until a NAVMED 6320/9, Dependent's Eligibility for Medical Care, is signed by the member, patient, patient's parent, or patient's legal or acting guardian. This form attests the fact that eligibility has been established per appropriate directives and includes the reason a valid ID card is not in the prospective patient's possession. Apprise the aforementioned individual of the provisions on the form NAVMED 6320/9 now requiring presentation of a valid ID card within 30 calendar days. Deny treatment or admission in physician determined nonemergency situations of persons refusing to sign the certification on the NAVMED 6320/9. For persons rendered treatment, patient administration department personnel must determine their eligibility status within 30 calendar days and forward such determination to the fiscal department. If indicated, billing action for treatment will then proceed following NAVMED P-5020 (NOTAL).

(h) DEERS Overrides. Possession of an ID card alone does not constitute sufficient proof of eligibility when the DEERS

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check does not verify eligibility. What constitutes sufficient proof will be determined by the reason a patient fails the DEERS check. For example, groups most expected to fail DEERS eligibility checks are recent accession members and their dependents, Guard or Reserve members recently activated for training periods of greater than 30 days and their dependents, and parents and parents-in-law with expired ID cards. Upon presentation of a valid ID card, the following are reasons to "override" a DEERS check either showing the individual as ineligible or when an individual does not appear in the DEERS data base.

1. DD 1172. Patient presents an original or a copy of a DD 1172, Application for Uniformed Services Identification and Privilege Card, which is also used to enroll beneficiaries in DEERS. If the original is used, the personnel support detachment (PSD) furnishing the original will list the telephone number of the verifying officer to aid in verification. Any copy presented must have an original signature in section III; printed name of verifying officer, his or her grade, title, and telephone number; and the date the copy was issued. For treatment purposes, this override expires 120 days from the date issued.

2. Recently Issued Identification Cards

a. DD 1173. Patient presents a recently issued DD 1173, Uniformed Services Identification and Privilege Card. Examples are spouses recently married to sponsor, newly eligible stepchildren, family members of sponsors recently entering on active duty for a period greater than 30 days, parents or parents-in-law, and unremarried spouses recently determined eligible. For treatment purposes, this override expires 120 days from the date issued.

b. Other ID Cards. Patient presents any of the following ID cards with a date of issue within the previous 120 days: DD 2, DD 2 (Ret), Form PHS 1866-1, or Form PHS 1866-3 (Ret). When these ID cards are used for the purpose of verifying eligibility for a child, collateral documentation is necessary to ensure the child is actually the alleged sponsor's dependent and in determining whether the child is within the age limiting criteria outlined in section D, paragraph 1b(4).

3. Active Duty Orders. Patient or sponsor presents recently issued orders to active duty for a period greater than 30 days. Copies of such orders may be accepted up to 120 days of their issue date.

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4. Newborn Infants. Newborn infants for a period of 1 year after birth provided the sponsor presents a valid ID card.

5. Recently Expired ID Cards. If the DEERS data base shows an individual as ineligible due to an ID card that has expired within the previous 120 days (shown on the screen as "Elig with valid ID card"), care may be rendered when the patient has a new ID card issued within the previous 120 days.

6. Sponsor's Duty Station Has an FPO or APO Number or Sponsor is Stationed Outside the 50 United States. Do not deny care to bona fide dependents of sponsors assigned to a duty station outside the 50 United States or assigned to a duty station with an FPO or APO address as long as the sponsor appears on the DEERS data base. Before initiating nonemergency care, request collateral documentation showing relationship to sponsor when the relationship is or may be in doubt.

7. Survivors. Dependents of deceased sponsors when the deceased sponsor failed to enroll in or have his or her dependents enrolled in DEERS. This situation will be evidenced when an eligibility check on the surviving widow or widower (or other dependent) finds that the sponsor does not appear (screen shows "Sponsor SSN Not Found") or the survivor's name appears as the sponsor but the survivor is not listed separately as a dependent. In any of these situations, if the survivor has a valid ID card, treat the individual on the first visit and refer him or her to the local personnel support detachment for correction of the DEERS data base. For second and subsequent visits prior to appearance on the DEERS data base, require survivors to present a DD 1172 issued per paragraph (h)1 above.

8. Patients Not Eligible for DEERS Enrollment

a. Secretarial designees are not eligible for enrollment in DEERS. Their eligibility determination is verified by the letter, on one of the service Secretaries' letterhead, of authorization issued.

b. When it becomes necessary to make a determination of eligibility on other individuals not eligible for entry on the DEERS data base, patient administration department personnel will obtain a determination from the purported sponsoring agency, if appropriate. When necessary to treat or admit a person who cannot otherwise present proof of eligibility for care at the expense of the Government, do not deny care based only on the fact that the

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individual is not on the DEERS data base. In such instances, follow the procedures in NAVMED P-5020 (NOTAL) to minimize, to the fullest extent possible, the write-off of uncollectible accounts.

Section B. MEMBERS OF THE UNIFORMED SERVICES ON ACTIVE DUTY

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1. Eligible Beneficiaries

a. A member of a uniformed service, as defined in section A, who is on active duty is entitled to and will be provided medical and dental care and adjuncts thereto. For the purpose of this instruction, the following are also considered on active duty:

- (1) Members of the National Guard in active Federal service pursuant to a "call" under 10 U.S.C. 3500 or 8500.
- (2) Midshipmen of the United States Naval Academy.
- (3) Cadets of the United States Military Academy.
- (4) Cadets of the Air Force Academy.
- (5) Cadets of the Coast Guard Academy.

b. The following categories of personnel who are on active duty are entitled to and will be provided medical and dental care and adjuncts thereto to the same extent as is provided for active duty members of the Regular service (except reservists when on active duty for training as delineated in section C, paragraph 1).

- (1) Members of the Reserve components.
- (2) Members of the Fleet Reserve.
- (3) Members of the Fleet Marine Corps Reserve.
- (4) Members of the Reserve Officers' Training Corps.
- (5) Members of all officer candidate programs.
- (6) Retired members of the uniformed services.

2. Extent of Care. Members who are away from their duty stations or are on duty where there is no MTF of their own service may receive care at the nearest available Federal MTF (including desig-

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nated USTFs) with the capability to provide required care. Care will be provided without regard to whether the condition for which treatment is required was incurred or contracted in line of duty.

a. All Uniformed Services Active Duty Members

(1) All eligible beneficiaries covered in this section are entitled to and will be rendered the following treatment and services upon application to a naval MTF whose mission includes the rendering of the care required. This entitlement provides that when required care and services are beyond the capabilities of the facility to which the member applies, the commanding officer of that facility will arrange for care from another USMTF, designated USTF, or other Federal source or will authorize and arrange for direct use of supplemental services and supplies from civilian non-Federal sources out of operation and maintenance funds.

(a) Necessary hospitalization and other medical care.

(b) Occupational health services as defined in section A, paragraph 2z.

(c) Necessary prosthetic devices, prosthetic dental appliances, hearing aids, spectacles, orthopedic footwear, and other orthopedic appliances (see section H). When these items need repair or replacement and the items were not damaged or lost through negligence, repair or replacement is authorized at Government expense.

(d) Routine dental care.

(2) When a USMTF, with a mission of providing the care required, releases the medical management of an active duty member of the Navy, Marine Corps, Army, Air Force, Coast Guard, or a commissioned corps member of USPHS or NOAA, the resulting civilian health care costs will be paid by the referring facility.

(3) The member's uniformed service will be billed for care provided by the civilian facility only when the referring MTF is not organized nor authorized to provide needed health care (see NAVMEDCOMINST 6320.1 for naval members). Saturation of service or facilities does not fall within this exception. When a naval MTF retains medical management, the costs of supplemental care obtained from civilian sources is paid from funds available to operate the MTF which manages care of the patient. When it becomes necessary to refer a USPHS or NOAA commissioned corps member to a non-Federal source of care, place a call to the Department of Health

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and Human Services (DHHS), Chief, Patient Care Services on (301) 443-1943 or FTS 443-1943 if DHHS is to assume financial responsibility. Patient Care Services is the sole source for providing authorization for non-Federal care at DHHS expense.

b. Maternity Episode for Active Duty Female Members. A pregnant active duty member who lives outside the MHSS inpatient catchment area of all USMTFs is permitted to choose whether she wishes to deliver in a closer civilian hospital or travel to the USMTF for delivery. If such a member chooses to deliver in a naval MTF, makes application, and presents at that facility at the time for delivery, the provisions of paragraph 2a apply with respect to the furnishing of needed care, including routine newborn care (i.e., nursery, newborn examination, PKU test, etc.); arrangements for care beyond the facility's capabilities; or the expenditure of funds for supplemental care or services. Pay expenses incurred for the infant in USMTFs or civilian facilities (once the mother has been admitted to the USMTF) from funds available for care of active duty members, unless the infant becomes a patient in his or her own right either through an extension of the birthing hospital stay because of complications, subsequent transfer to another facility, or subsequent admission. If the Government is to assume financial responsibility for:

(1) Care of pregnant members residing within the MHSS inpatient catchment area of a uniformed services hospital or in the inpatient catchment area of a designated USTF, such members are required to:

(a) Make application to that facility for care, or

(b) Obtain authorization, per NAVMEDCOMINST 6320.1, for delivery in a civilian facility.

(2) Non-Federal care of pregnant members residing outside inpatient catchment areas of USMTFs and USTFs, the member must request and receive authorization per NAVMEDCOMINST 6320.1. The aforementioned instruction also provides for cases of precipitous labor necessitating emergency care. OPNAVINST 6000.1, Management of Pregnant Servicewomen, contains medical-administrative guidelines on management prior to admission and after discharge from admission for delivery.

c. Reserve and National Guard Personnel. In addition to those services covered in paragraphs 2a and b, Reserve and National Guard personnel are authorized the following under conditions set forth. (See section C, paragraph 5 for additional benefits for National Guard personnel.)

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(1) Personnel whose units have an active Army mission of manning missile sites are authorized spectacle inserts for protective field masks.

(2) Personnel assigned to units designated for control of civil disturbances are authorized spectacle inserts for protective field masks M17.

3. Application for Care. Possession of an ID card (a green colored DD 2 (with letter suffix denoting branch of service), Armed Forces Identification Card; a green colored PHS 1866-1, Identification Card; or a red colored DD 2 Res (Reservists on active duty for training)) alone does not constitute sufficient proof of eligibility. Accordingly, make a DEERS check, per paragraph 4cc of section A, before other than emergency care is rendered to the extent that may be authorized.

4. Pay Patients. Care is provided on a reimbursable basis to: Coast Guard active duty officers, enlisted personnel, and academy cadets; Public Health Service Commissioned Corps active duty officers; and Commissioned Corps active duty officers of the National Oceanic and Atmospheric Administration. Accordingly, patient administration personnel will initiate the collection action process in appendix G in each instance of inpatient or outpatient care provided to these categories of patients.

Section C. MEMBERS OF RESERVE COMPONENTS, RESERVE OFFICERS' TRAINING CORPS, NAVY AND MARINE CORPS OFFICER CANDIDATE PROGRAMS, AND NATIONAL GUARD PERSONNEL

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1. Navy and Marine Corps Reservists

a. Scope. This paragraph applies to reservists, as those terms are defined in section A, ordered to active duty for training or inactive duty training for 30 days or less. Reservists serving under orders specifying duty in excess of 30 days, such as Sea and Air Mariners (SAMS) while on initial active duty for training, will be provided care as members of the Regular service per section B.

b. Entitlement. Per 10 U.S.C. 1074a(a), reservists who incur or aggravate an injury, illness, or disease in line of duty while on active duty for training or inactive duty training for a period of 30 days or less, including travel to and from that duty, are entitled to medical and dental care appropriate for the treatment of that injury, disease, or illness until the resulting disability cannot be materially improved by further hospitalization or treatment. Care is authorized for such an injury, illness, or disease beyond the period of training to the same extent as care is authorized for members of the Regular service (see section B) subject to the provisions of subparagraph 1e.

c. Questionable Circumstances. If the circumstances are questionable, referral to the OMA or ODA delineated in enclosure (5) is appropriate. If necessary, make referral to the Naval Medical Command, (MEDCOM-33 for medical and MEDCOM-06 for dental) on determinations of entitlements.

d. Line of Duty. For the purpose of providing treatment under laws entitling reservists to care, an injury, illness, or disease which is incurred, aggravated, or becomes manifest while a reservist is employed in the performance of active duty for training or inactive duty training (including authorized leave, liberty, and travel to and from either duty) will be considered to have been

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C-1f(1)

incurred in line of duty (LOD) unless the condition was incurred as a result of the reservist's own misconduct or under other circumstances enumerated in JAG Manual, chapter VIII. While the LOD investigation is being conducted, such reservists remain entitled to care. If the investigation determines that the injury or illness was not incurred in line of duty, the civilian humanitarian nonindigent rate is applicable if further care is required in naval MTFs. (See DOD Military Pay and Allowances Entitlement Manual for allowable constructive travel times.)

e. Treatment and Services Authorized. In addition to those services delineated above, the following may be rendered under circumstances outlined:

(1) Prosthetic devices, including dental appliances, hearing aids, spectacles, and orthopedic appliances that are lost or have become damaged during training duty, not through negligence of the individual, may be repaired or replaced at Government expense.

(2) Reservists covered by this paragraph may be provided the following only if approved by the appropriate OMA or ODA cited in enclosure (5), or by the Commander, Naval Medical Command (MED COM-33 for medical and MEDCOM-06 for dental), prior to initiation of services.

(a) Treatment for acute exacerbations of conditions that existed prior to a reservist's period of training duty. Limit care to that necessary for the prevention of pain or undue suffering until the patient can reasonably return to control of the member's private physician or dentist.

1. Remediable physical defects and remediable treatment for other conditions.

2. Elective surgery.

(b) All dental care other than emergency treatment and that necessary to correct an injury incurred in the line of duty.

f. Authorization for Care

(1) Reservists covered by this paragraph may be provided inpatient or outpatient care during a period of training duty without written authorization.

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C-3a(1)

(2) Except in emergencies or when inpatient care initiated during a period of training duty extends beyond such period, reservists will be required to furnish written official authorization from their unit commanding officer, or higher authority, incident to receiving inpatient or outpatient care beyond the period of training duty. The letter of authorization will include name, grade or rate, social security number, and organization of the reservist; type of training duty being performed or that was being performed when the condition manifested; diagnosis (if known); and a statement that the condition was incurred in line of duty and that the reservist is entitled to care. If the reservist has been issued a notice of eligibility (NOE) (enclosure (4)), the NOE may then be accepted in lieu of the letter of authorization. When authorization has not been obtained beforehand, care may be provided on a civilian humanitarian basis (see section G) pending final determination of eligibility.

2. Members of Other Reserve Components of the Uniformed Services

a. Members of reserve components of the Coast Guard may be provided care the same as Navy and Marine Corps reservists.

b. Members of reserve components of the Army and Air Force may be provided care in naval MTFs to the same extent that they are eligible for such care in MTFs of their respective services. Consult current Army Regulation 40-3, Medical, Dental, and Veterinary Care, or Air Force Regulation 168-6, Persons Authorized Medical Care, as appropriate, for particular eligibility requirements or contact the nearest appropriate service facility.

c. When the service directive requires written authorization, obtain such authorization from the reservist's unit commanding officer or other appropriate higher authority.

d. Naval MTFs in the United States are authorized to conduct physical examinations of and administer immunizations to inactive reserve Public Health Service commissioned officers upon presentation of a written request from the Commissioned Personnel Operations Division, OPM/OAM, 5600 Fishers Lane, Rockville, MD 20852.

3. Reserve Officers' Training Corps (ROTC)

a. Eligible Beneficiaries

(1) Members of the Senior Reserve Officers' Training Corps of the Armed Forces including students enrolled in the 4-year Senior ROTC Program or the 2-year Advanced Training Senior ROTC Program.

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(2) Designated applicants for membership in the Navy, Army, and Air Force Senior ROTC Programs during their initial 6-weeks training period (practice cruises or field training).

(3) Medical, dental, pharmacy, veterinary or science allied to medicine students who are commissioned officers of a reserve component of an Armed Force who have been admitted to and training in a unit of a Senior Reserve Officers' Training Corps.

b. Extent of Care

(1) While attending or en route to or from field training or practice cruises:

(a) Medical care for a condition incurred without reference to line of duty.

(b) Routine dental care.

(c) Prosthetic devices, including dental appliances, hearing aids, spectacles, and orthopedic appliances that have become damaged or lost during training duty, not through negligence of the individual, may be repaired or replaced as necessary at Government expense.

(d) Care of remediable physical defects, elective surgery or other remediable treatment for conditions that existed prior to a period of training duty are not authorized without approval from the appropriate OMA or ODA delineated in enclosure (5), or from the Commander, Naval Medical Command (MEDCOM-33 for medical and MEDCOM-06 for dental).

(e) Medical examinations and immunizations.

(f) ROTC members are authorized continued medical care, including hospitalization, upon expiration of their field training or practice cruise period, the same as reservist in paragraph 1b and paragraph 2 of this section.

(2) While attending a civilian educational institution:

(a) Medical care in naval MTFs, including hospitalization, for a condition incurred in line of duty while at or traveling to or from a military installation for the purpose of undergoing medical or other examinations or for purposes of making visits of observation, including participation in service-sponsored sports, recreational, and training activities.

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(b) Medical examinations, including hospitalization necessary for the proper conduct thereof.

(c) Required immunizations, including hospitalization for severe reactions therefrom.

c. Authorization. The individual's commanding officer will prepare a letter of authorization addressed to the commanding officer of the MTF concerned.

d. ROTC Members as Beneficiaries of the Office of Workers' Compensation Programs (OWCP). Under circumstances described therein, render care as outlined in section F, paragraph 3 to members of the ROTC as beneficiaries of OWCP.

4. Navy and Marine Corps Officer Candidate Programs. Members of the Reserve Officers Candidate Program and Platoon Leaders Class are entitled to the same medical and dental benefits as are provided members of the Navy and Marine Corps Reserve Components. Accordingly, the provisions of paragraph 1 of this section are applicable for such members. Additionally, candidates for, or persons enrolled in such programs are authorized access to naval MTFs for the purpose of conducting special physical examination procedures which have been requested by the Commander, Naval Medical Command to determine their physical fitness for appointment to, or continuation in such a program. Upon a request from the individual's commanding officer, the officer in charge of cognizant Navy and Marine Corps recruiting stations, or officer selection officer, naval MTFs are authorized to admit such persons when, in the opinion of the cognizant officer, hospitalization is necessary for the proper conduct of the special physical examinations. Hospitalization should be kept to a minimum and treatment other than for humanitarian reasons, except as provided in this paragraph, is not authorized.

5. Army and Air Force National Guard Personnel

a. Medical and Dental Care. Upon presentation of a letter of authorization, render care as set forth in AR 40-3 (Medical, Dental, and Veterinary Care) and AFR 168-6 (Persons Authorized Medical Care) to members of the Army and Air Force National Guard who contract a disease or become ill in line of duty while on full-time National Guard duty, (including leave and liberty therefrom) or while traveling to or from that duty. The authorizing letter will include name, social security number, grade, and organization of the member; type and period of duty in which engaged (or in which engaged when the injury or illness occurred); diagnosis (if known);

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and will indicate that the injury suffered or disease contracted was in line of duty and that the individual is entitled to medical or dental care. Limit care to that appropriate for the injury, disease, or illness until the resulting disability cannot be materially improved by further hospitalization or treatment.

b. Physical Examinations. AR 40-3 and AFR 168-6 also authorize physical examinations for National Guard personnel. Accordingly, when requested by an Army or Air Force National Guard unit's commanding officer, naval MTFs may perform the requested physical examination per the appropriate service directive, subject to the availability of space, facilities, and the capabilities of the staff.

Section D. RETIRED MEMBERS AND DEPENDENTS OF THE UNIFORMED SERVICES

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1. Eligible Beneficiaries and Health Benefits Authorized

a. Retired Members of the Uniformed Services. Retired members, as defined in section A, paragraph 2aa, are authorized the same medical and dental benefits as active duty members subject to the availability of space and facilities, capabilities of the professional staff, and the priorities in section A, paragraph 3, except that:

(1) Periodic medical examinations for members on the Temporary Disability Retired List, including hospitalization in connection with the conduct thereof, will be furnished on the same priority basis as care to active duty members.

(2) When vision correction is required, one pair of standard issue spectacles, or one pair of nonstandard spectacles, are authorized when required to satisfy patient needs. Two pairs of spectacles may be furnished only when professionally determined to be essential by the examining officer. Military ophthalmic laboratories will not furnish occupational type spectacles, such as aviation, industrial safety, double segment, and mask insert, to retired military personnel (NAVMEDCOMINST 6810.1 (NOTAL) refers).

b. Dependents of Members or Former Members. Include:

- (1) The spouse.
- (2) The unremarried widow.
- (3) The unremarried widower.
- (4) An unmarried legitimate child, including an adopted child or a stepchild, who either -

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D-1b(7)(a)

(a) Has not passed his or her 21st birthday;

(b) Is incapable of self-support because of a mental or physical incapacity that existed before the 21st birthday and is, or was at the time of the member's or former member's death, in fact dependent on the member for over one-half of his or her support; or

(c) Has not passed the 23rd birthday, is enrolled in a full-time course of study in an institution of higher learning approved by the administering Secretary and is, or was at the time of the member's or former member's death, in fact dependent on the member for over one-half of his or her support. (If such a child suffers a disabling illness or injury and is unable to return to school, the child remains eligible for benefits until 6 months after the disability is removed, or until the 23rd birthday is reached, whichever comes first.)

(5) An unmarried illegitimate child or illegitimate step-child who is, or was at the time of sponsor's death, dependent on the sponsor for more than one-half of his or her support; residing with or in a home provided by the sponsor or the sponsor's spouse, as applicable, and is --

(a) Under 21 years of age; or

(b) Twenty-one years of age or older but incapable of self-support because of a mental or physical incapacity that existed prior to the individual's 21st birthday; or

(c) Twenty-one or 22 years of age and pursuing a full-time course of education that is approved per paragraph 1b(4)(c).

(6) A parent or parent-in-law, who is, or was at the time of the member's or former member's death, in fact dependent on the member for over one-half of such parent's support and residing in the sponsor's household.

(7) An unremarried former spouse of a member or former member who does not have medical coverage under an employer-sponsored health plan, and who:

(a) On the date of the final decree of divorce, dissolution, or annulment, had been married to the member or former member at least 20 years during which period the member or former member performed at least 20 years of service creditable in determining that member's or former member's eligibility for retired or retainer pay, or equivalent pay.

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(b) Had been married to the member or former member at least 20 years, at least 15 of which were during the period the member or former member performed service creditable in determining the member's or former member's eligibility for retired or retainer pay, or equivalent pay. The former spouse's sponsor must have performed at least 20 years of service creditable in determining the sponsor's eligibility for retired or retainer pay, or equivalent pay.

1. Eligibility for such former spouses continue until remarriage if the final decree of divorce, dissolution, or annulment occurred before 1 April 1985.

2. Eligibility terminates the later of: either 2 years from the date of the final decree of divorce, dissolution, or annulment; or 1 April 1988 for such former spouses whose final decree occurred on or after 1 April 1985.

(c) An unremarried former spouse of a deceased member or former member who meets the requirements of paragraph 1b(7)(a) or (b) above may be provided medical and dental care as a dependent when the sponsor:

1. Died before attaining age 60.

2. At the time of death would have been eligible for retired pay under 10 U.S.C. 1331-1337 except that the sponsor was under 60 years of age; but the former spouse is not eligible for care until the date the sponsor would have attained age 60;

3. Whether or not the sponsor elected participation in the Survivor Benefit Plan of 10 U.S.C. 1447-1455.

c. Eligibility Factors. Care that may be rendered to all dependents in this section D is subject to the availability of space and facilities, capabilities of the professional staff, and priorities in section A, paragraph 3. Additionally:

(1) Members of the uniformed services must be serving under orders specifying active duty for more than 30 days before their dependents are authorized benefits delineated in paragraph 1d.

(2) A dependent's eligibility begins on the date the member enters on active duty and ends as of midnight of the date the sponsor's period of active duty ends for any reason other than retirement or death. Dependents lose eligibility as of midnight of the

D-1(c)(3)

D-1c(8)

date a member is officially placed in a deserter status. Eligibility is restored on the date a deserter is returned to military control.

(3) A dependent (other than a former spouse) of a member or former member who died before attaining age 60 and at the time of death (a) would have been eligible for retired pay under chapter 67 of title 10 U.S.C. but for the fact that the member or former member was under 60 years of age, and (b) had elected to participate in the Survivor Benefit Plan, may not be rendered medical or dental care under the sponsor's entitlement until the date on which such member or former member would have attained age 60.

(4) A spouse, not qualifying as a former spouse, who is divorced from a member loses eligibility for benefits as of midnight of the date the divorce becomes final. This includes loss of maternity care benefits for wives who are pregnant at the time a divorce becomes final. A spouse does not lose eligibility through issuance of an interlocutory decree of divorce even when a property settlement has been approved which releases the member from responsibility for the spouse's support. A spouse's eligibility depends upon the relationship of the spouse to the member; so long as the relationship of husband and wife is not terminated by a final divorce or annulment decree, eligibility continues.

(5) Eligibility of children is not affected by the divorce of parents except that a stepchild relationship ceases upon divorce or annulment of natural parent and step-parent. A child's eligibility for health benefits is not affected by the remarriage of the divorced spouse maintaining custody unless the remarriage is to an eligible service member.

(6) A stepchild relationship does not cease upon death of the member step-parent but does cease if the natural parent subsequently remarries.

(7) A child of an active duty or retired member, adopted after that member's death, retains eligibility for health benefits. However, the adoption of a child of a living member (other than by a person whose dependents are eligible for health benefits at USMTFs) terminates the child's eligibility.

(8) If a member's child is married before reaching age 21 to a person whose dependents are not eligible for health benefits in USMTFs, eligibility ceases as of midnight on the date of marriage. Should the marriage be terminated, the child again becomes eligible for benefits as a dependent child if otherwise eligible.

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d. Health Benefits Authorized

(1) Inpatient care including services and supplies normally furnished by the MTF.

(2) Outpatient care and services.

(3) Drugs (see chapter 21, MANMED).

(a) Prescriptions written by officers of the Medical and Dental Corps, civilian physicians and dentists employed by the Navy, designated officers of the Medical Service Corps and Nurse Corps, independent duty hospital corpsmen, and others designated to write prescriptions will be filled subject to the availability of pharmaceuticals, and consistent with control procedures and applicable laws.

(b) Prescriptions written by civilian physicians and dentists (non-Navy employed) for eligible beneficiaries may be filled if:

1. The commanding officer or CO's designee determines that pharmacy personnel and funds are available.

2. The items requested are routinely stocked.

3. The prescribed quantity is within limitations established by the command.

4. The prescriber is in the local area (limits designated by the commanding officer).

5. The provisions of chapter 21, MANMED are followed when such services include the dispensing of controlled substances.

(4) Treatment on an inpatient or outpatient basis of:

(a) Medical and surgical conditions.

(b) Contagious diseases.

(c) Nervous, mental, and chronic conditions.

(5) Physical examinations, including eye examinations and hearing evaluations, and all other tests and procedures necessary for a complete physical examination.

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(6) Immunizations.

(7) Maternity (obstetrical) and infant care, routine care and examination of the newborn infant, and well-baby care for mothers and infants meeting the eligibility requirements of paragraph 1b. If a newborn infant of an unmarried dependent minor daughter becomes a patient in his or her own right after discharge of the mother, classify the infant as civilian humanitarian nonindigent inasmuch as paragraph 1b does not define the infant as a dependent of the active duty or retired service member. Therefore, the minor daughter's sponsor (parent) should be counseled concerning the possibility of Secretarial designee status for the infant (see section G, paragraph 7).

(8) Diagnostic tests and services, including laboratory and x-ray examinations. Physical therapy, laboratory, x-ray, and other ambulatory diagnostic or therapeutic measures requested by non-Navy employed physicians may be provided upon approval of the commanding officer or designated department heads. Rendering of such services is subordinate to and will not unduly interfere with providing inpatient and outpatient care to active duty personnel and others whose priority to receive care is equal to or greater than such dependents. Ensure that the release of any information to non-Navy employed physicians is in consonance with enclosure (2).

(9) Family planning services as delineated in SECNAVINST 6300.2A (NOTAL). Abortions, at the expense of the Government, may not be performed **except** where the life of the mother would be endangered if the fetus were carried to term.

(10) Dental care worldwide on a space available basis.

(11) Government ambulance services, surface or air, to transport dependents to, from, or between medical facilities when determined by the medical officer in charge to be medically necessary.

(12) Home calls when determined by the medical officer in charge to be medically necessary.

(13) Artificial limbs and artificial eyes, including initial issue, fitting, repair, replacement, and adjustment.

(14) Durable equipment such as wheelchairs, hospital beds, and resuscitators may be issued on a loan basis.

(15) Orthopedic aids, braces, crutches, elastic stockings, walking irons, and similar aids.

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(16) Prosthetic devices (other than artificial limbs and eyes), hearing aids, orthopedic footwear, and spectacles or contact lenses for the correction of ordinary refractive error may not be provided dependents. These items, however, may be sold to dependents at cost to the Government at facilities outside the United States and at specific installations within the United States where adequate civilian facilities are unavailable.

(17) Special lenses (including intraocular lenses) or contact lenses for eye conditions which require these items for complete medical or surgical management of the condition.

(18) One wig if the individual has alopecia resulting from treatment of a malignant disease: provided the individual has not previously received a wig at the expense of the United States.

e. Dependents of Reserves

(1) A dependent, as defined in paragraph 1b, of a deceased member of the Naval Reserve, the Fleet Reserve, the Marine Corps Reserve, or the Fleet Marine Corps Reserve, who (a) was ordered to active duty or to perform inactive-duty training for any period of time, (b) was disabled in the line of duty while so employed, and (c) dies from such a specific injury, illness, or disease is entitled to the same care as provided for dependents in paragraph 1c above.

(2) The provisions in this section D are not intended to authorize medical and dental care precluded for dependents of members of Reserve components who receive involuntary orders to active duty under 10 U.S.C. 270b.

f. Unauthorized Care. In addition to the devices listed in paragraph 1d(16) above as unauthorized, dependents are not authorized care for elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

2. Application for Care. Possession of an ID card alone (DD 2 (Retired), PHS-1866-3 (Retired), or DD 1173 (Uniformed Services Identification and Privilege Card)) does not constitute sufficient proof of eligibility. Accordingly, a DEERS check will be instituted per section A, paragraph 4cc before medical and dental care may be rendered except in emergencies. When required inpatient or outpatient care is beyond the capabilities of the naval MTF, the provisions of paragraph 4 apply. When required inpatient care cannot be rendered and a decision is made to disengage a CHAMPUS-eligible beneficiary, the provisions of paragraph 3 apply.

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D-3c(3)(b)23. Nonavailability Statement (DD 1251)

a. General. Per DODINST 6015.19 of 26 Nov 1984 (NOTAL), the following guidelines are effective as of 1 Jan 1985. All previously issued Nonavailability Statement (NAS) guidelines and reporting requirements are superseded.

b. Applicability. The following provisions are applicable to nonemergency inpatient care only. A DD 1251 is not required:

(1) For emergency care (see paragraph 3d(1) below).

(2) When the beneficiary has other insurance (including Medicare) that provides primary coverage for a covered service.

(3) For medical services that CHAMPUS clearly does not cover.

c. Reasons for Issuance. DD 1251's may be issued for only the following reasons:

(1) Proper facilities are not available.

(2) Professional capability is not available.

(3) It would be medically inappropriate (as defined in section A, paragraph 2u) to require the beneficiary to use the USMTF and the attending physician has specific prior approval from the facility's commanding officer or higher authority to make such determination.

(a) Issuance for this reason should be restricted to those instances when denial of the DD 1251 could result in a significant risk to the health of any patient requiring any clinical specialty.

(b) Issuing authorities have discretionary authority to evaluate each situation and issue a DD 1251 under the "medically inappropriate" reason if:

1. In consideration of individual medical needs, personal constraints on an individual's ability to get to the USMTF results in an unreasonable limitation on that individual's ability to get required medical care, and

2. The issuing authority determines that obtaining care from a civilian source selected by the individual would result

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in significantly less limitations on that individual's ability to get required medical care than would result if the individual was required to obtain care from a USMTR.

3. A beneficiary is in a travel status. The commanding officer of the first facility contacted, in either the beneficiary's home catchment area or the catchment area where hospital care was obtained, has this discretionary authority. Travel in this instance means the beneficiary is temporarily on a trip away from his or her permanent residence. The reason the patient is traveling, the distance involved in the travel, and the time away from the permanent residence is not critical to the principle inherent in the policy. The issuing officer to whom the request for a Nonavailability Statement is made should reasonably determine that the trip was not made, and the civilian care is not (was not) obtained, with the primary intent of avoiding use of a USMTR or USTR serving the beneficiary's home area.

d. Guidelines for Issuing

(1) Emergency Care. Emergency care claims do not require an NAS; however, the nature of the service or care must be certified as an emergency by the attending physician, either on the claim form or in a separate signed and dated statement. Otherwise, a DD 1251 is required by CHAMPUS-eligible beneficiaries who are subject to the provisions of this paragraph 3.

(2) Emergency Maternity Care. Unless substantiated by medical documentation and review, a maternity admission would not be deemed as an emergency since the fact of the pregnancy would have been established well in advance of the admission. In such an instance, the beneficiary would have had sufficient opportunity to obtain a DD 1251 if required in her residence catchment area.

(3) Newborn Infant(s) Remaining in Hospital After Discharge of Mother. A newborn infant remaining in the hospital continuously after discharge of the mother does not require a separate DD 1251 for the first 15 days after the mother is discharged. Claims for care beyond this 15-day limitation must be accompanied by a valid DD 1251 issued in the infant's name. This is due to the fact that the infant becomes a patient in his or her own right (the episode of care for the infant after discharge of the mother is not considered part of the initial reason for admission of the mother (delivery), and is therefore considered a separate admission under a different diagnosis).

(4) Cooperative Care Program. When a DD 2161, Referral for Civilian Medical Care, is issued for inpatient care in connection

D-3d(5)

D-3e(3)(a)

with the Cooperative Care Program (section A, paragraph 4z(5)(d)) for care under CHAMPUS, a DD 1251 must also be issued.

(5) Beneficiary Responsibilities. Beneficiaries are responsible for determining whether an NAS is necessary in the area of their residence and for obtaining one, if required, by first seeking nonemergency inpatient care in the USMTF or USTF serving the catchment area. Beneficiaries cannot avoid this requirement by arranging to be away from their residence when nonemergency inpatient care is obtained, e.g., staying with a relative or traveling. Individuals requiring an NAS because they reside in the inpatient catchment area of a USMTF or USTF also require an NAS for nonemergency care received while away from their inpatient catchment area.

e. Issuing Authority. Under the direction of the Commander, Naval Medical Command, exercised through commanders of naval geographic medical commands, naval MTFs will issue Nonavailability Statements only when required care is not available from the naval MTF and the beneficiary's place of residence is within the catchment area (as defined in section A, paragraph 2d) of the issuing facility or as otherwise directed by the Secretary of Defense. When the facility's inpatient catchment area overlaps the inpatient catchment area of one or more other USMTFs or USTFs with inpatient capability and the residence of the beneficiary is within the same inpatient catchment areas of one or more other USMTFs or USTFs with inpatient capability, the issuing authority will:

(1) Determine whether required care is available at any other USMTFs or USTFs whose inpatient catchment area overlaps the beneficiary's residence. If care is available, refer the beneficiary to that facility and do not issue a DD 1251.

(2) Implement measures ensuring that an audit trail related to each check and referral is maintained, including the check required before retroactive issuance of a DD 1251 as delineated in paragraph 3g. When other than written communication is made to ascertain capability, make a record in the log required in paragraph h that "Telephonic (or other) determination was made on (date) that required care was not available at (name of other USMTF(s) or USTF(s) contacted)". The individual ascertaining this information will sign this notation.

(3) Once established that a DD 1251 is authorized and will be issued, the following will apply:

(a) Do not refer patients to a specific source of care.

D-3e(3)(b)

D-3e(3)(c)5

(b) Nonavailability Statements issued at commands outside the United States are not valid for care received in facilities located within the United States. Statements issued within the United States are not valid for care received outside the United States.

(c) The issuing authority will:

1. If capability permits, prepare a DD 1251 via the automated application of DEERS. Where this system is operational, it provides for transmitting quarterly reports to the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) by electronic media. System users should refer to their DEERS/NAS Users Manual for specific guidance on the use of the automated system. At activities where the DEERS/NAS automated system is not operational, prepare each DD 1251 per instructions on the reverse of the form and enclosure (7). After completion, if authorized by the facility CO, the issuing authority will sign the DD 1251. Give a copy to the patient for presentation to a participating civilian provider, or for submission with the claim of a nonparticipating provider. Retain a copy for the issuing activity's records. Retain the original for subsequent transmittal to the Naval Medical Data Services Center per paragraph 3j below.

2. Explain to the patient or other responsible family member the validity period of the DD 1251 (paragraph 3f below).

3. Ensure that beneficiaries are clearly advised of the cost-sharing provisions of CHAMPUS and of the fact that the issuance of a Nonavailability Statement does not imply that CHAMPUS will allow any and all costs incurred through the use of the DD 1251. The issuance of a DD 1251 indicates only that care requested is not available at a USMTF or USTF serving the beneficiary's residence inpatient catchment area.

4. Review, with the patient or responsible family member, instructions 1 through 6 on the face of the DD 1251 (appendix C) and have the patient or responsible family member sign acknowledgement that such review has been made and is understood.

5. Advise recipients that CHAMPUS fiscal intermediaries may deny claims of individuals who are not enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

D-3f

D-3h(2)

f. Validity Period. DD 1251's issued for:

(1) Other than maternity care are valid for a hospital admission occurring within 30 days of issuance and remain valid from the date of admission until 15 days after discharge from the facility rendering inpatient care. This allows for any follow-on treatment related directly to the original admission.

(2) Maternity episodes are valid if outpatient or inpatient treatment related to the pregnancy is initiated within 30 days of its issuance. They remain valid for care of the mother through termination of the pregnancy and for 42 days thereafter to allow for postnatal care to be included in the maternity episode. (See paragraph 3d(3) for the validity period of DD 1251's for infants remaining after discharge of the mother.)

g. Retroactive Issuance. Issue Nonavailability Statements retroactively only if required care could not have been rendered in a USMTF or USTF as specified in paragraph 3e above at the time services were rendered in the civilian sector. At the time a retroactive issuance is requested, the facility receiving the request will determine whether capability existed at the USMTF or USTF serving the inpatient catchment area wherein the beneficiary resides (resided) or at any of the facilities in the overlapping area described in paragraph 3e. While the date of service will be recorded on the DD 1251, send the retained original to the Naval Medical Data Services Center along with others issued during the week of issuance (paragraph 3j refers).

h. Annotating DD 1251's. Before issuance, annotate each DD 1251 per the instructions for completion on the reverse of the form. DD 1251's issued under the CO's discretionary authority for the "medically inappropriate" reason (paragraph 3c(3)(b) above) will be annotated in the remarks section documenting the special circumstances necessitating issuance, the name and location of the source of care selected by the beneficiary, and the approximate distance from the source selected to the nearest USMTF or USTF with capability (see instruction number 2 on the reverse of the DD 1251). Establish and maintain a consecutively numbered log to include for each individual to whom a DD 1251 is issued:

(1) Patient's name and identifying data.

(2) The facility unique NAS number (block number 1 on the DD 1251).

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i. Appeal Procedures. Beneficiaries may appeal the denial of their request for a DD 1251. This procedure consists of four levels within Navy, any one of which may terminate action and order issuance of a Nonavailability Statement if deemed warranted:

(1) The first level is the chief of service, or director of clinical services if the chief of service is the cognizant authority denying the beneficiary's original request.

(2) The second level is the commanding officer of the naval MTF denying the issuance. Where the appeal is denied and denial is upheld at the commanding officer's level, inform beneficiaries that their appeal may be forwarded to the geographic commander having jurisdictional authority.

(3) The third level is the appropriate geographic commander. If the appeal is denied at this level, inform beneficiaries that their appeal may be forwarded to the Commander, Naval Medical Command, Washington, DC 20372-5120.

(4) The Commander, Naval Medical Command, the fourth level of appeal, will evaluate all documentation submitted and arrive at a decision. The beneficiary will be notified in writing of this decision and the reasons therefor.

j. Data Collection and Reporting. Do not issue the original of each DD 1251 prepared at activities where the DEERS/NAS automated system is not operational. Send the retained originals to the Commanding Officer, Naval Medical Data Services Center (Code-03), Bethesda, MD 20814-5066 each week for reporting under report control symbol DD-HA (Q) 1463(6320).

4. Care Beyond the Capabilities of a Naval MTF. When, either during initial evaluation or during the course of treatment of an individual authorized care in this section, a determination is made that required care or services are beyond the capability of the naval MTF, the provisions of section A, paragraph 4z(2) apply.

5. Coordination of Benefits - Third Party Payers. Title 10 U.S.C. 1095 directs the services to collect from third-party payers the reasonable costs of inpatient hospital care incurred by the United States on behalf of retirees and dependents. Naval hospital collection agents have been provided instructions relative to this issue and are responsible for initiating claims to third-party payers for the cost of such care. Admission office personnel must obtain insurance, medical service, or health plan (third-party payer) information from retirees and dependents upon admission and forward this information to the collection agent.

6. Pay Patients. Care is provided on a reimbursable basis to retired Coast Guard officers and enlisted personnel, retired Public Health Service Commissioned Corps officers, retired Commissioned Corps officers of the National Oceanic and Atmospheric Administration, and to the dependents of such personnel. Accordingly, patient administration personnel will follow the provisions of appendix G to initiate the collection action process when inpatient or outpatient care is provided to these categories of beneficiaries.

Section E. MEMBERS OF FOREIGN MILITARY SERVICES AND THEIR DEPENDENTS

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1. General Provisions

a. Dependent. As used in this section, the term "dependent" denotes a person who bears one of the following relationships to his or her sponsor:

(1) A wife.

(2) A husband if dependent on his sponsor for more than one-half of his support.

(3) An unmarried legitimate child, including an adopted or stepchild who is dependent on the sponsor for over one-half of his or her support and who either:

(a) Has not passed the 21st birthday; or

(b) Is incapable of self-support due to a physical or mental incapacity that existed prior to reaching the age of 21; or

(c) Has not passed the 23rd birthday and is enrolled in a full-time course of study in an accredited institution of higher learning.

b. Transfer to Naval MTFs in the United States. Do not transfer personnel covered in this section to the United States solely for the purpose of obtaining medical care at naval MTFs. Consideration may be given however, in special circumstances following

E-1b(1)

E-2a

laws of humanity or principles of international courtesy. Transfer to naval MTFs in the United States of such persons located outside the United States requires approval of the Secretary of the Navy. Naval commands, therefore, should not commit the Navy by a promise of treatment in the United States. Approval generally will not be granted for treatment of those who suffer from incurable afflictions, who require excessive nursing or custodial care, or those who have adequate facilities in their own country. When a request is received concerning transfer for treatment at a naval MTF in the United States, the following procedures apply:

(1) Forward the request to the Chief of Naval Operations (OP-61), with a copy to the Commander, Naval Medical Command, Washington, DC 20372-5120 for administrative processing. Include:

(a) Patient's full name and grade or rate (if dependent, the sponsor's name and grade or rate also).

(b) Country of which a citizen.

(c) Results of coordination with the chief of the diplomatic mission of the country involved.

(d) Medical report giving the history, diagnosis, clinical findings, results of diagnostic tests and procedures, and all other pertinent medical information.

(e) Availability or lack thereof of professional skills and adequacy of facilities for treatment in the member's own country.

(f) Who will assume financial responsibility for costs of hospitalization and travel.

(2) The Chief of Naval Operations (OP-61) will, if appropriate, obtain State Department clearance and guidance and advise the Secretary of the Navy accordingly. The Commander, Naval Medical Command will furnish the Chief of Naval Operations information and recommendations relative to the medical aspects and the name of the naval MTF with the capability to provide required care. If approved, the Chief of Naval Operations will furnish, through the chain of command, the commanding officer of the designated naval MTF authorization for admission of the beneficiary for treatment.

2. NATO

a. NATO SOFA Nations. Belgium, Canada, Denmark, Federal Republic of Germany, France, Greece, Iceland, Italy, Luxembourg,

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E-2d(1)(a)

the Netherlands, Norway, Portugal, Spain, Turkey, the United Kingdom, and the United States.

b. Beneficiaries. The following personnel are beneficiaries under the conditions set forth.

(1) Members of NATO Military Services and Their Dependents. Military personnel of NATO nations who, in connection with their official duties, are stationed in or passing through the United States, and their dependents residing in the United States with the sponsor may be provided care in naval MTFs to the same extent and under the same conditions as comparable U.S. uniformed services personnel and their dependents. Accordingly, the provisions of section B, paragraph 2 are applicable to military personnel and section D, paragraphs 1d through 4 to accompanying dependents.

(2) Military Ships and Aircraft Personnel. Crew and passengers of visiting military aircraft and crews of ships of NATO nations which land or come into port at NATO or U.S. military airfields or ports within NATO countries.

(3) NATO Liaison Officers. In overseas areas, liaison officers from NATO Army Forces or members of a liaison detachment from such a Force.

c. Application for Care. Military personnel of NATO nations stationed in the United States and their dependents will present valid Uniformed Services Identification and Privilege Cards (DD 1173) when applying for care. For other eligible persons passing through the United States on official business and those enumerated in paragraphs 2b(2) and (3), orders or other official identification may be accepted in lieu of the DD 1173.

d. Disposition. When it becomes necessary to return individuals to their home country for medical reasons, make immediate notification to the NATO unit sponsoring the member or dependent's sponsor. Include all pertinent information regarding the physical and mental condition of the individual concerned. Below are details of agreements among the Armed Forces of NATO, CENTO, and SEATO Nations on procedures for disposition of allied country patients by DOD medical installations.

(1) Transfer of Patients

(a) The patient's medical welfare must be the paramount consideration. When deciding upon transfer of a patient, give due consideration to any increased medical hazard which the transfer might involve.

E-2d(1)(b) .

E-2d(2)(a)

(b) Arrangements for disposition of patients should be capable of being implemented by existing organizations. Consequently, no new establishment should be required specially for dealing with the transferring of allied casualties.

(c) Transfer patients to their own national organization at the earliest practicable opportunity consistent with the observance of principles established in paragraphs 2d(1)(a) and (b) and under any of the following conditions:

1. When a medical facility of their own nation is within reasonable proximity of the facility of the holding nation.

2. When the patient is determined to require hospitalization in excess of 30 days.

3. Where there is any question as to the ability of the patient to perform duty upon release from the MTF.

(d) The decision as to whether a patient, other than one requiring transfer under 2d(1)(c), is fit for release from the MTF is the responsibility of the facility's commanding officer.

(e) All clinical documents, to include x-rays, relating to the patient will accompany such patients on transfer to their own national organization.

(f) The decision of suitability for transfer and the arrangements for transfer are the responsibility of the holding nation.

(g) Through local liaison, arrange the final transfer channels before actual movement.

(h) Patients not suitable for transfer to their own national organization must be dealt with for treatment and disposition purposes as patients of the holding nation until they are transferred, i.e., they will be dealt with in military hospitals, military medical installations, or in civilian hospitals that are part of the military medical evacuation system of the holding nation.

(2) Classification of Patients. Different channels for disposition are required for the following two types of patients:

(a) Patients Not Requiring Admission. Patients not requiring admission to an MTF will be returned to their nearest national unit under arrangements to be made locally.

E-2d(2)(b)

E-3b

(b) Patients Admitted to Medical Installations. All such patients will be dealt with per paragraph 2d(1).

e. Care Authorized Outside the 48 Contiguous United States. Major overseas commanders may authorize care in naval MTFs subject to the availability of space, facilities, and the capabilities of the professional staff in emergency situations only, provided, the required care cannot reasonably be obtained in medical facilities of the host country or in facilities of the patient's own country, or if such facilities are inadequate. Provide hospitalization only for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care. Administer dental treatment only as an adjunct to authorized inpatient care. Do not include dental prostheses or orthodontia.

3. Members of Other Foreign Military Services and Their Dependents

a. Foreign Military Service Members. For the purpose of this paragraph, members of foreign military services include only:

(1) Military personnel carried on the current Diplomatic List (Blue) or on the List of Employees of Diplomatic Missions (White) published by the Department of State.

(2) Military personnel assigned or attached to United States military units for duty; military personnel on foreign military supply missions accredited to and recognized by one of the military departments; and military personnel on duty in the United States at the invitation of the Secretary of Defense or one of the military departments. For the purpose of this paragraph, members of foreign Security Assistance Training Programs (SATP) and Foreign Military Sales (FMS) are not included (see paragraph 4 of this section).

(3) Foreign military personnel accredited to joint United States defense boards or commissions when stationed in the United States.

(4) Foreign military personnel covered in agreements entered into by the Secretary of State, Secretary of Defense, or one of the military departments to include, but not limited to, United Nations forces personnel of foreign governments exclusive of NATO nations.

b. Care Authorized in the United States. Military personnel of foreign nations not covered in paragraph 2 and their dependents

E-3c

E-4a(1)

residing in the United States with the sponsor may be routinely provided only outpatient medical care in naval MTFs on a reimbursable basis, provided, the sponsor is in the United States in a status officially recognized by an agency of the Department of Defense. Dental care and hospitalization for such members and their dependents are limited to emergencies. All outpatient care and hospitalization in emergencies are subject to reimbursement as outlined in paragraph 6.

c. Application for Care. All personnel covered by this paragraph will present orders or other official U.S. identification verifying their status when applying for care.

d. Disposition. When it becomes necessary to return individuals covered by this paragraph to their home country for medical reasons, make immediate notification to the sponsoring unit of the patient or patient's sponsor with a copy to the Chief of Naval Operations (OP-61). Include all pertinent information regarding the physical and mental condition of the individual concerned and full identification, diagnosis, prognosis, estimated period of hospitalization, and recommended disposition. Additionally, the provisions of paragraphs 2d(1) and (2) above apply.

e. Care Authorized Outside the 48 Contiguous United States. Major overseas commanders may authorize care in naval MTFs subject to the availability of space, facilities, and the capabilities of the professional staff in emergency situations only, provided, the required care cannot reasonably be obtained in medical facilities of the host country or in facilities of the patient's own country, or if such facilities are inadequate. Provide hospitalization only for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care. Administer dental treatment only as an adjunct to authorized inpatient care. Do not include dental prostheses or orthodontia.

4. Members of Security Assistance Training Programs, Foreign Military Sales, and Their ITO Authorized Dependents

a. Policies

(1) Invitational Travel Orders Screening. Prior to determining the levels of care authorized or the government or person responsible for payment for care rendered, carefully screen ITOs to detect variations applicable to certain foreign countries. For example, unless orders state differently, Kuwait has a civilian health plan to cover medical expenses of their trainees; trainees

E-4a(2)

E-4b

from the Federal Republic of Germany are personally responsible for reimbursing for inpatient care provided to their dependents; and all inpatient medical services for trainees from France and their dependents are to be borne by the individual trainee.

(2) Elective and Definitive Surgery. The overall policy with respect to elective and definitive surgery for Security Assistance Training Program (SATP), Foreign Military Sales (FMS) personnel and their dependents is that conservatism will at all times prevail, except bona fide emergency situations which might threaten the life or health of an individual. Generally, elective care is not authorized nor should be started. However, when a commanding officer of a naval MTF considers such care necessary to the early resumption and completion of training, submit the complete facts to the Chief of Naval Operations (OP-63) for approval. Include the patient's name (sponsor's also if patient is an ITO (Invitational Travel Orders) authorized dependent), grade or rate, country of origin, diagnosis, type of elective care being sought, and prognosis.

(3) Prior to Entering Training. Upon arrival of an SATP or FMS trainee in the United States or at an overseas training site, it is discovered that the trainee cannot qualify for training by reason of a physical or mental condition which will require a significant amount of treatment before entering or completing training, return such trainees to their home country immediately or as soon thereafter as travel permits.

(4) After Entering Training. When trainees require hospitalization or are disabled after entering a course of training, return them to their home country as soon as practicable when, in the opinion of the commanding officer of the medical facility, hospitalization or disability will prevent training for a period in excess of 30 days. Forward a copy of the patient's clinical records with the patient. When a trainee is accepted for treatment that is not expected to exceed 30 days, notify the commanding officer of the training activity. Further, when a trainee is scheduled for consecutive training sessions convening prior to the expected date of release from a naval MTF, make the next scheduled training activity an information addressee. Upon release from the MTF, direct such trainees to resume training.

b. Care Authorized. Generally, all SATP and FMS personnel and their ITO authorized dependents are entitled to care to the same extent. However, certain agreements require that they be charged differently and that certain exclusions apply.

E-4b(1)

E-4b(2)(a)3

(1) NATO Members and Their ITO Authorized Dependents

(a) Foreign Military Sales (FMS). Subject to reimbursement per paragraph 6, FMS personnel of NATO nations who are in the United States or at U.S. Armed Forces installations outside the United States and their accompanying ITO authorized dependents will be provided medical and dental care in naval MTFs to the same extent and under the same conditions as comparable United States military personnel and their dependents except that:

1. Dependent dental care is not authorized.
2. Dependents are not authorized cooperative care under CHAMPUS.

(b) International Military Education and Training (IMET). Subject to reimbursement for inpatient care at the appropriate IMET rate for members or at the full reimbursement rate for dependents, IMET personnel of NATO nations who are in the United States or at U.S. Armed Forces installations outside the United States and accompanying dependents will be provided medical and dental care in naval MTFs to the same extent and under the same conditions as comparable United States military personnel and their dependents except that:

1. Dependent dental care is not authorized.
2. Dependents are not authorized cooperative care under CHAMPUS.

(2) Other Foreign Members and ITO Authorized Dependents

(a) Foreign Military Sales. Subject to reimbursement by the trainee or the trainee's government for both inpatient and outpatient care at the full reimbursement rate, FMS personnel of non-NATO nations and ITO authorized accompanying dependents may be provided medical and dental care on a space available basis when facilities and staffing permit except that:

1. Prosthetic devices, hearing aids, orthopedic footwear, and similar adjuncts are not authorized.
2. Spectacles may be furnished when required to enable trainees to perform their assigned duties, provided the required spectacles are not available through civilian sources.
3. Dental care is limited to emergency situations for the military member and is not authorized for dependents.

E-4b(2)(a)4

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4. Dependents are not authorized cooperative care under CHAMPUS.

(b) International Military Education and Training. Subject to reimbursement for both inpatient and outpatient care at the appropriate rates for members and dependents, IMET personnel of non-NATO nations may be provided medical and dental care on a space available basis when facilities and staffing permit except that:

1. Prosthetic devices, hearing aids, orthopedic footwear, and similar adjuncts are not authorized.

2. Spectacles may be furnished when required to enable trainees to perform their assigned duties, provided the required spectacles are not available through civilian sources.

3. Dental care is limited to emergency situations for military members and is not authorized for dependents.

4. Dependents are not authorized cooperative care under CHAMPUS.

c. Application for Care. Trainees and accompanying dependents will present official U.S. identification or orders verifying their status when applying for care. If any doubt exists as to the extent of care authorized, ITOs should be screened (see paragraph 4a(1)).

d. Notification. When trainees require hospitalization as a result of illness or injury prior to or after entering training, the training activity (the hospital if patient has been admitted) will make a message report through the normal chain of command to the Chief of Naval Operations (OP-63) with information copies to MAAG, COMNAVMEDCOM, Navy International Logistics Control Office (NAVILCO), Unified Commander, the affected office, and the foreign naval attache concerned. Include details of the incident, estimated period of hospitalization, physical or mental condition of the patient, and diagnosis. For further amplification, see OPNAV INST 4950.1H (NOTAL) and NAVCOMPTMAN 032103.

5. Civilian Components (Employees of Foreign Military Services) and Their Dependents

a. Care Authorized. Beneficiaries covered in this paragraph are only authorized care in naval MTFs in the United States and then only civilian humanitarian emergency care on a reimbursable

E-5b

E-6b(1)

basis (appendix G) rendered at installations which have been designated as remote by the Secretary of the Navy. Make arrangements to transfer such beneficiaries to a civilian facility as soon as their condition permits.

b. Potential Beneficiaries

(1) NATO. Civilian employee personnel (and their dependents residing with them) accompanying military personnel in paragraph 2b(1) of this section, provided, beneficiaries are not stateless persons nor nationals of any state which is not a party to the North Atlantic Treaty, nor nationals of, nor ordinarily residents in the United States.

(2) Others. Civilian personnel not covered in (1) above (and their dependents residing with them) accompanying personnel of foreign nations on duty in the United States at the invitation of the Department of Defense or one of the military departments.

c. Application for Care. Personnel covered by the provisions of this paragraph will present orders or other official U.S. identification verifying their status when applying for care.

6. Charges and Collection

a. Policy. Public Law 99-591, section 9029, contains provisions prohibiting the expenditure of appropriated funds "...to provide medical care in the United States on an inpatient basis to foreign military and diplomatic personnel or their dependents unless the Department of Defense is reimbursed for the costs of providing such care: Provided, That reimbursementsshall be credited to the appropriations against which charges have been made for providing such care, except that inpatient medical care may be provided in the United States without cost to military personnel and their dependents from a foreign country if comparable care is made available to a comparable number of United States military personnel in that foreign country."

b. Canadian Agreement. On 3 November 1986, the Department of National Defence of Canada and DOD concluded a comparable care agreement that covers certain military personnel. The agreement stipulates that:

(1) DOD will, upon request, provide Canadian Forces members the same range of medical and dental services under the same conditions and to the same extent as such services are provided

E-6b(2)

E-6c(2)

comparable United States military personnel. Inasmuch as the agreement covers only certain military personnel, the reimbursement provisions of P.L. 99-591 remain in effect for inpatient care provided to Canadian diplomatic personnel, Canadian dependents, and Canadian foreign military sales trainees who receive care in the United States. Further:

(2) Permanently stationed Canadian units with established strengths of more than 150 personnel are expected to have integral health care capability. Any health care services which members of such units receive from the host nation will be provided on a full reimbursement basis. Groups of larger than 150 personnel, which conduct collective training in the United States, are expected to deploy with an organic unit medical capability. Naval MTFs may be requested to provide services, beyond the capability of the organic unit, at full reimbursement rates.

c. Procedures

(1) Until otherwise directed, naval MTFs in the 50 United States will collect the full reimbursement rate (FRR) for inpatient care provided to all foreign military personnel (except Canadians covered by the comparable care agreement in paragraph b above, and military personnel connected with a Foreign Military Sales (FMS) case number), foreign diplomatic personnel, and to the dependents of both whether they are in the United States on official duty or for other reasons.

(2) Appendix G contains procedures for the initiation of collection action when inpatient care is rendered to beneficiaries from NATO nations and when either inpatient or outpatient care is rendered to all others enumerated in this section. Chapter II, part 4 of NAVMED P-5020 (NOTAL) is applicable to the collection of and accounting for such charges.

Section F. BENEFICIARIES OF OTHER FEDERAL AGENCIES

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1. General Provisions - the "Economy Act." The Economy Act, 31 U.S.C. 1535, generally permits agency heads, or heads of major organizational units of agencies, to procure goods and services from other agencies or within their own agency so long as funds for procurement are available, the order is in the best interest of the Government, the sources from which the goods or services are ordered can produce them or obtain them by contract, and the internal or interagency procurement is more convenient, or less expensive, than commercial procurement. Provisions of the Economy Act apply to requests from other Federal agencies for medical and dental care for beneficiaries for whom they are responsible. Consult specific provisions of the Act respecting financial and accounting limitations and requirements.

2. Veterans Administration Beneficiaries (VAB)

a. Eligible Beneficiaries. Those who have served in the Armed Forces, have been separated under conditions other than dishonorable, and have been determined by the Veterans Administration (VA) to be eligible for care at VA expense. Prior to 7 September 1980, veterans status could be obtained by virtue of 1 day's honorable

F-2a(1)

F-2d(1)(a)

service. The following restrictions do not apply to individuals who are discharged from active duty because of a disability or who were discharged for reasons of "early out" or hardship program under 10 U.S.C. 1171 and 1173.

(1) For individuals with an original enlistment in the military service after 7 September 1980, the law generally denies benefits, including medical care.

(2) For individuals entering service after 16 October 1981, the law generally denies medical benefits when such individuals do not complete the shorter of:

(a) Twenty-four months of continuous active duty, or

(b) The full period for which that person was called or ordered to active duty.

b. Inpatient Control. Each VAB admitted will be required to conform to regulations governing the internal administration of the naval facility. Restrictive or punitive measures, including disciplinary action or denial of privileges, will conform as nearly as possible to VA instructions.

c. Resolution of Problems. All problems pertaining to VABs, including admission, medical or other records, and all correspondence will be matters of resolution between the commanding officer of the naval facility and the VA office of jurisdiction authorizing admission. Questions of policy and administration which cannot be so resolved will be forwarded, through the normal chain of command, to the Administrator of Veterans Affairs via COMNAVMEDCOM for resolution.

d. Care in the United States

(1) Inpatient Care. An eligible VAB may be admitted to a naval MTF on presentation of a written authorization for admission signed by an official of the VA office of jurisdiction. Neurological and certain neuropsychiatric patients without obvious evidence of psychosis and not requiring restraints, and instances of suspected tuberculosis, may be admitted for diagnosis. When diagnosed, promptly report instances of psychosis, psychoneurosis, and tuberculosis of present clinical significance to the VA office of jurisdiction with a request for transfer to a VA facility.

(a) Extent of Care. Provide eligible VABs medical and surgical care, including prostheses such as eyes and limbs, and

F-2d(1)(b)

F-2e(1)

appliances such as hearing aids, spectacles, or orthopedic appliances when required for the proper treatment of the condition upon which eligibility is based.

(b) Disposition of Emergency Admissions. Notify the appropriate VA office of jurisdiction by message or other expeditious means within 72 hours after the date and hour of an emergency admission of a potential VAB. Include a request for an authorization for admission and emergency treatment. If VA denies VAB status to such a person admitted in an emergency, the provisions of section G, paragraph 11a are applicable. Once admitted in an emergency situation, discharge a VAB promptly upon termination of the emergency unless arrangements have been made with the VA office of jurisdiction:

1. For transfer to a VA treatment facility if further treatment is required.

2. To retain the patient as a VAB in the naval MTF.

(2) Outpatient Care. Outpatient care, including post hospitalization outpatient care, may be provided upon authorization by the VA office of jurisdiction. When outpatient followup care is requested, commanding officers of MTFs are responsible for determining whether capabilities and workload permit providing such care. In an emergency, provide necessary care.

(3) Physical Examinations. Upon a determination by a naval MTF commanding officer that space, facilities, and capabilities exist, naval MTFs may provide physical examinations when requested by the VA for the purpose of adjudicating claims for VA physical disability compensation. If authorized by the VA, patients may be admitted when the examination requires more than 1 day.

(4) Dental Care. Limit dental treatment to inpatients who require services adjunctive to medical or surgical conditions for which hospitalized.

e. Care Outside the United States

(1) Eligible Beneficiaries. Beneficiaries described in paragraph 2a who are citizens of the United States and residing or sojourning abroad may, within the capabilities of the facility as determined by the commanding officer, be provided inpatient and outpatient care upon presentation of an authorization from the appropriate VA office of jurisdiction listed in paragraph 2e(3).

F-2e(2)

F-2f(5)

(2) Emergency Care. Overseas naval MTFs furnishing emergency care to potential VABs will promptly notify the appropriate VA office of jurisdiction and request authorization for treatment and instructions for disposition of the patient.

(3) Offices of Jurisdiction. The following activities are vested with responsibility for issuing authorizations for care and furnishing disposition instructions for VABs in overseas naval MTFs:

(a) In the Trust Territory of the Pacific (Micronesia), VA Office, Honolulu, Hawaii.

(b) In the Philippines, VA Regional Office, Manila, Philippines.

(c) In Canada, Canadian Department of Veterans Affairs, Ottawa, Canada.

(d) In all other foreign countries, consular offices of U.S. embassies.

f. Forms Required

(1) Complete a VA 10-10 (Application for Medical Benefits) when potential VABs are admitted for emergency care without prior authorization.

(2) Prepare a VA 10-10m (Medical Certificate and History) when care is rendered. All information required in the medical certificate thereon will be furnished whether the admission is subsequently approved or disapproved by the VA office of jurisdiction.

(3) Since the completion of VA 10-10m requires an examination of patients, admissions which are disapproved will be reported as medical examinations on DD 7A, Report of Treatment Furnished Pay Patients, Outpatient Treatment Furnished (Part B) (see appendix G).

(4) Prepare and submit a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished (Part A)) on all VABs and potential VABs admitted (see appendix G).

(5) Complete an SF 502 (Narrative Summary) or SF 539 (Abbreviated Clinical Record), as appropriate, when a VAB or potential VAB is discharged or otherwise released. When an interim

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F-3a(2)(b)

report of hospitalization is requested by the VA office of jurisdiction, it may be prepared on an SF 502.

3. Department of Labor, Office of Workers' Compensation Programs (OWCP) Beneficiaries

a. Potential Beneficiaries. The following may be beneficiaries of one of the programs sponsored by the Office of Workers' Compensation Programs (OWCP) under the conditions set forth. They are not beneficiaries of OWCP until authorized as such by the appropriate district office of OWCP listed in enclosure (3). However, they may be carried as potential beneficiaries pending OWCP determination of eligibility. DOD civilian employees provided medical services under a Defense or service health program are not included under this authority (see section G).

(1) Members and applicants for membership in the Reserve Officers' Training Corps of the Navy, Army, and Air Force, provided the condition necessitating treatment was incurred in line of duty during an off-campus training regimen. Such care is authorized for injury (a disease or illness which is the proximate result of performance of training is considered an injury) incurred while engaged in:

(a) Training.

(b) Flight instructions.

(c) Travel to or from training or flight instructions.

(2) The following employees of the Government of the United States, regardless of nationality or place of work, are entitled to receive care as outlined in paragraph 3e for work incurred traumatic injuries at the expense of OWCP. (In addition to injury by accident, a disease or illness which is the proximate result of performance of employment duties is considered an injury.) This category includes but is not limited to:

(a) Civilian student employees in training at Navy and Marine Corps facilities.

(b) Civilian seamen in the service of vessels operated by the Department of the Army (see paragraph 3a(7) below and section G, paragraph 10c(2) for civilian Military Sealift Command (MSC) personnel).

F-3a(2)(c)

F-3a(7)(b)

(c) All civilian employees of the Government except nonappropriated-fund-activity employees. Nonappropriated-fund employees may be covered under the Longshore and Harbor Workers' Compensation Act (contact cognizant district office of OWCP).

(3) Civilian members of the Civil Air Patrol (except Civil Air Patrol Cadets) for injury or disease which is the proximate result of active service or travel to and from such service, rendered in performance or support of operational missions of the Civil Air Patrol under the direction and written authority of the Air Force.

(4) Former Peace Corps enrollees for injury or disease which is the proximate result of their former employment with the Peace Corps or which was sustained or contracted while located with the Peace Corps outside the United States and its territories.

(5) Former Job Corps enrollees for injury or disease which is the proximate result of employment with the Job Corps.

(6) Former VISTA (Volunteers in Service to America) enrollees for injury or disease which is the proximate result of employment with VISTA.

(7) Military Sealift Command (MSC) civilian marine personnel (CIVMARPERs or CIVMARS) (including temporary employees, intermittent employees, and employees with less than 1 year's service) are entitled to occupationally related care at the expense of OWCP. CIVMARS are in a crew status only after reporting to their assigned ship. They are in a travel status from crewing point to ship and return. While in a travel status, they are entitled to the same health care benefits as other Federal civil service employees in a travel status (5 U.S.C. 8101). CIVMARS presenting for treatment with a properly completed CA-16, Request for Examination and/or Treatment, will:

(a) Enter the naval MTF's system through the occupational medicine service.

(b) Be treated for any injury or disease proximately caused by their employment. Although the actual determination of whether an illness or injury is occupationally related is a function of OWCP, determinations are based on the required injury report along with the treatment record from the attending physician. Therefore, when doubt exists as to the relationship of the condition to the potential patient's employment, the physician should report an unbiased medical conclusion and the medical

F--3a(7)(b)1F-3a(7)(c)3

rationale therefor, indicating the conditions which are responsible for the claimant's disability. As a general rule, the following may be initially considered as occupationally related, however, it should be emphasized that OWCP is the final approval authority:

1. Any injury or illness occurring as a direct result of employment. May occur on a ship, at a Government installation ashore, or in an aircraft while performing a requirement of employment.

2. Any injury or illness which becomes manifest while away from work (on leave or liberty) while in a crew status or travel status as long as the condition may be directly related to job activities or to exposures incident to travel to ship assignment.

3. Required immunizations.

4. Required physical examinations.

5. Periodic medical surveillance screening examinations for DOD occupational and industrial health programs, i.e., asbestos medical surveillance, hearing conservation, etc.

(c) Be referred to a non-Federal source of care where back-to-work care may be provided at the CIVMAR's expense after, if necessary, the immediate emergency is alleviated when a reasonable determination can be made that the injury or illness is not occupationally related.

1. Per 5 U.S.C. 7901(c)(3), the health service program for Federal civilian employees is limited to referral of employees, upon their request, to private sources of care.

2. Long term extended care of chronic illnesses such as hypertension, diabetes, etc., is not authorized in naval MTFs at the expense of OWCP nor at the CIVMAR's personal expense.

3. Patients who cannot be referred, because of medical reasons or because non-Federal sources are not available or available but inadequate, may be retained in naval MTFs at the expense of the CIVMAR or of his or her private insurance until transfer becomes possible. Although the means of access to the naval MTF may have been through the occupational medicine service, retention in the naval MTF is on a civilian humanitarian basis. This is also applicable when OWCP disallows a CIVMAR's claim (see paragraph 3c below).

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F-3e(1)

b. Authorization Required. Personnel listed in paragraphs 3a(1) through 3a(6) may be rendered inpatient and outpatient care as outlined in paragraph 3e, unless otherwise stipulated herein, upon presentation of a properly prepared and signed authorization form CA-16 (Request for Examination and/or Treatment). District offices of OWCP will honor these authorizations for 60 days unless written notice of termination of authorization is given earlier. Whereas the CA-16 is used primarily for traumatic injuries, it may also be used to authorize examination and treatment for disease or illness provided the affected agency has obtained prior permission from the cognizant district office of OWCP. If the condition for which treatment is requested appears related to employment, treatment of beneficiaries in paragraphs 3a(1) through 3a(7) may be initiated without presentation of a CA-16. Patients provided treatment without a CA-16 may be carried as OWCP beneficiaries from the time of initial treatment, provided the appropriate district office of OWCP is notified and requested to submit a CA-16 within 48 hours giving authorization as of the date of actual treatment. OWCP will not be liable for payment of bills for unauthorized treatment. Post hospitalization care following authorized inpatient care does not require an additional authorization. First aid treatment rendered civilian employees does not require an authorization form.

c. Disallowance by OWCP. When OWCP determines that any claim should be disallowed, OWCP will advise the naval facility rendering care that no further treatment should be rendered at OWCP expense. The patient ceases to be an OWCP beneficiary as of the date of receipt of the notice of disallowance by the naval MTF and the patient will be so notified. Any treatment subsequent to the date of receipt of the notice of disallowance will be at the personal expense of the patient (see section G, paragraph 11a).

d. Authorization for Transfer. Prior approval of OWCP is required before a transfer can be effected, except in an emergency or when immediate treatment is deemed more appropriate in another Federal facility. When transfer is effected without approval, the transferring facility will immediately request such authorization from the appropriate district office of OWCP. When authorized by OWCP, evacuation to the United States can be effected per OPNAVINST 4630.25B (NOTAL). Medical records and a CA-16 will accompany such patients.

e. Care Authorized

(1) Inpatient Care. Medical and surgical care necessary for the proper treatment of the condition upon which eligibility

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F-3f(2)(e)

is based. Specific OWCP authorization is required before major surgical procedures can be performed unless the urgency of the situation is such that time does not permit obtaining said authorization. All necessary prostheses, hearing aids, spectacles, and orthopedic appliances will be furnished when required for proper treatment of the condition upon which eligibility is based. Upon specific authorization, damaged or destroyed medical braces, artificial limbs, and other orthopedic and prosthetic devices will be replaced or repaired, except that eyeglasses and hearing aids will not be replaced or repaired unless their damage or destruction is incidental to a personal injury requiring medical services.

(2) Outpatient Care. Complete medical and surgical care not requiring hospitalization, and posthospitalization services following authorized inpatient care in a naval MTF for the proper treatment of the condition upon which eligibility is based.

(3) Dental Care. Limit dental treatment to emergencies and that care necessary as an adjunct to inpatient hospital care authorized in advance. Such care will not include dental prostheses, unless specifically authorized, nor orthodontic treatment.

f. Reports and Records

(1) Copies of medical records will accompany OWCP patients being transferred from one medical treatment facility to another. Records accompanying OWCP patients to a debarkation hospital will be the same as for military personnel and will clearly identify the patient as an OWCP beneficiary.

(2) Forward a CA-20 (Attending Physician's Report) to the appropriate district office of OWCP on discharge of the patient unless hospitalization exceeds 1 month. In such instances, a report will be submitted every 30 days. When extensive hospitalization is required, use an SF 502 or a narrative format in lieu of a CA-20. When submitted to OWCP, the physician's report will include:

- (a) History.
- (b) Physical findings.
- (c) Laboratory findings.
- (d) Abstract of hospital records.
- (e) Diagnosis for conditions due to injury and not due to injury.

F-3f(2)(f)

F-4b(1)

(f) Rationalized medical opinion for the physician's belief that the illness or disease treated was causally related to a specific condition or set of conditions to which the claimant was subjected.

(g) Condition on discharge with opinion as to degree of impairment due to injury, if any.

(3) Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or a DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered to any OWCP beneficiary.

g. District Offices of OWCP. Enclosure (3) is a listing of the OWCP offices of jurisdiction responsible for furnishing authorizations and notices of disallowance and to whom the CA-20 or SF 502 will be sent.

4. U.S. Public Health Service (USPHS), Other Than Members of the Uniformed Services

a. Potential Beneficiaries. The following may be beneficiaries of the USPHS for care in naval MTF's upon submission of the necessary form from appropriate officials as outlined in subparagraph b.

(1) Within and Outside the United States. Any individuals the USPHS may determine to be eligible for care on an interagency reimbursable basis.

(2) Within the 48 Contiguous United States and the District of Columbia. American Indians, Alaska Natives, Eskimos, and Aleuts.

(3) In Alaska. American Indians, Eskimos, and Aleuts.

b. Authorization Required

(1) Normal Circumstances. An American Indian or Alaska Native may be rendered inpatient care upon presentation of form HRSA 43 (Contract Health Service Purchase Order for Hospital Services Rendered) or form HRSA 64 (Purchase/Delivery Order for Contract Health Services Other Than Hospital Inpatient or Dental). Either form must be signed by an appropriate Indian Health Service or Alaska Native Health Service area/program official.

F-4b(2)

F-5a

(2) Emergencies. In an emergency, care may be rendered upon written request of patient's commanding officer or superior officer, or the patient if neither of the above is available. When emergency care is rendered without prior authorization, the facility rendering care must notify the service unit director of the patient's home reservation within 72 hours from the time such care is rendered unless extenuating circumstances preclude prompt notification.

c. Care Authorized. Unless limited by the provisions stipulated in paragraph 4a and subject to the provisions of section A, paragraph 3, the following care may be rendered, when requested, to all beneficiaries enumerated in paragraph 4a.

(1) Inpatient Care. Necessary medical and surgical care.

(2) Outpatient Care. Necessary medical and surgical care.

(3) Dental Care

(a) Limit dental care in the United States, its territories, possessions, and the Commonwealth of Puerto Rico to emergencies for the relief of pain or acute conditions and that necessary as an adjunct to inpatient hospital care. Prosthetic dental appliances and permanent restorations are not authorized.

(b) In overseas areas, dental care is authorized to the extent necessary pending the patient's return to the United States, its territories, possessions, or the Commonwealth of Puerto Rico.

d. Report. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or a DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

5. Department of Justice Beneficiaries. Upon presentation of a letter of authorization that includes disposition of SF 88 (Report of Medical Examination), SF 93 (Report of Medical History), and address for submission of claim, the following personnel may be furnished requested care as beneficiaries of the Department of Justice. See appendix G on completing and submitting forms for central collection of the cost of care provided.

a. Federal Bureau of Investigation. Investigative employees of the Federal Bureau of Investigation (FBI) and applicants for employment as special agents with the FBI may be provided:

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F-6b(1)

(1) Immunizations.

(2) Physical examinations and hospitalization when required to determine physical fitness. Use this period of hospitalization for diagnostic purposes only. Do not correct disqualifying defects.

b. U.S. Marshals. U.S. Marshals may receive physical examinations and hospitalization when required to determine physical fitness. Use this period of hospitalization for diagnostic purposes only. Do not correct disqualifying defects.

c. Claimants Against the United States. Claimants whose suits or claims against the United States are being defended by the Department of Justice may be furnished physical examinations to determine the extent and nature of the injuries or disabilities being claimed. Hospitalization is authorized for proper conduct of the examination. Upon completion, forward the report of the examination promptly to the U.S. Attorney involved.

6. Treasury Department Beneficiaries

a. Potential Beneficiaries. The following may be beneficiaries of the Treasury Department and may be rendered care as set forth below.

(1) Secret Service Special Agents and support personnel.

(2) Secret Service Agents providing protection to certain individuals.

(3) Persons being provided protection by the Secret Service.

(4) Agents of the U.S. Customs Service.

(5) Prisoners (detainees) of the U.S. Customs Service.

b. Care Authorized

(1) Secret Service Special Agents may be provided routine annual physical examinations upon request and presentation of a letter of authorization. Conduct and record examinations in the same manner as routine examinations are rendered naval officers except that they may be conducted only on an outpatient basis. If hospitalization is considered desirable in connection with an examination, patient administration department personnel will contact

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the United States Secret Service at (202) 535-5641 at the address in paragraph 6c. Enter a statement, attesting to the fact that hospitalization is desirable, in item 73 or 75 of the SF 88, as appropriate, before forwarding to the United States Secret Service as directed by the letter of authorization.

(2) Secret Service Agents providing protection to certain individuals and those persons being provided such protection may be rendered all required medical services including hospitalization subject to the provisions of section A, paragraph 3.

(3) Agents of the U.S. Customs Service and their prisoners (detainees) may be provided emergency medical treatment and evacuation services to the nearest medical facility (military or civilian) in those remote areas of the United States where no other such services are available. Limit evacuation to the continental United States and do not cross borders. The Navy's responsibility for medical care of such prisoners terminates once the medical emergency has been resolved. Guarding of prisoners, while they or their captors are receiving treatment at naval MTFs, remains the responsibility of the U.S. Customs Service or other appropriate Federal (nonmilitary) law enforcement agencies.

c. Reports and Records

(1) When examinations are rendered to Secret Service Special Agents and support personnel, forward one copy of the SF 88, one copy of the SF 93, and one copy of any forms provided with the letter of authorization to United States Secret Service, Administrative Operations Division, Safety and Health Branch, 1800 G Street, N.W., Room 845, Washington, DC 20223 or as otherwise directed by the letter of authorization. Provide an information copy to the Deputy Comptroller of the Navy.

(2) Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

7. Department of State and Associated Agencies. Eligibility for care under the provisions of this paragraph will be determined by the Department of State, Office of Medical Services.

a. Beneficiaries. Officers and employees of the following agencies, their dependents, and applicants for appointment to such agencies are authorized inpatient and outpatient medical care as set forth below in addition to that care that may be authorized

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F-7(b)(1)

elsewhere within this instruction (i.e., section F, paragraphs 3, 5, 6, and 8). Limit dental care to that delineated in paragraph 7b(6).

- (1) Department of State - U.S. Arms Control and Disarmament Agency and the Office of International Conferences.
- (2) U.S. Agency for International Development.
- (3) International Communications Agency.
- (4) ACTION -- Peace Corps Staff.
- (5) Department of Agriculture - Foreign Agriculture Service.
- (6) Department of Commerce - Bureau of Public Roads.
- (7) Department of Interior - Bureau of Reclamation and the U.S. Geological Survey.
- (8) Department of Transportation - Federal Aviation Administration and the Federal Highway Administration.
- (9) Department of Justice - Drug Enforcement Agency.
- (10) Department of Treasury - U.S. Customs, U.S. Secret Service, Office of International Affairs (OIA), U.S. - Saudi Arabian Joint Commission for Economic Cooperation (JECOR), and the Internal Revenue Service.
- (11) National Aeronautics and Space Administration.
- (12) Library of Congress.
- (13) Beneficiaries of such other agencies as may be included in the Department of State Medical Program.

b. Care Authorized

(1) General. The Foreign Service Act of 1946, as amended, authorizes care delineated below. Subject to the restrictions and priorities of section A, paragraph 3 and the restrictions of this paragraph 7, care may be rendered at the expense of the Department of State or one of the agencies listed in paragraph 7a. The law allows for payment when care is furnished for an illness or injury which results in hospitalization or equal treatment. Outpatient care is only authorized as an adjunct to hospitalization.

F-7b(2)

F-7b(4)

(2) Overseas

(a) When, in the opinion of the principal or administrative officer of an overseas post of the Department of State, an individual meets the conditions of eligibility, the post will furnish authorization to the naval MTF for care at the expense of the Department of State or one of the agencies listed above.

(b) Should the Department of State official determine that the illness or injury does not meet the conditions of eligibility for care at the expense of one of the agencies, all care provided will be at the expense of the patient or patient's sponsor and charged at the full reimbursement rate.

(3) In the United States

(a) Care is not authorized for an injury or illness incurred in the United States. Authorizations and other arrangements for care in the United States for individuals incurring injury or illness outside the United States will be provided by the Deputy Assistant Secretary for Medical Services, Department of State, using appropriate authorization form(s). When personnel are admitted in an emergency without prior authorization, the commanding officer of the admitting naval MTF will immediately request authorization from the Deputy Assistant Secretary for Medical Services.

(b) The extent of care furnished in the United States to individuals above who are evacuated to the United States for medical reasons will be comparable in all respects to that which is authorized or prescribed for these individuals outside the United States. When determined appropriate by the Deputy Assistant Secretary for Medical Services, officers and employees and their accompanying dependents who have returned to the United States for nonmedical reasons may be furnished medical care at the expense of one of the above agencies for treatment of an illness or injury incurred while outside the United States.

(4) Physical Examinations. The Secretary of State is authorized to provide for comprehensive physical examinations, including dental examinations and other specific testing, of applicants for employment and for officers and employees of the Foreign Service who are U.S. citizens and for their dependents, including examinations necessary to establish disability or incapacity for retirement purposes. An authorization will be executed by an appropriate Department of State official and furnished in duplicate to the naval MTF, listing the type of examination

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required and stating that the individual is entitled to services at the expense of the Department of State. Furnish reports per the letter of authorization.

(5) Immunizations. Inoculations and vaccinations are authorized for officers, employees, and their dependents upon written authorization from an appropriate Department of State official. This authorization, in duplicate, will include the type of inoculation or vaccination required and will state that the individual is entitled to services at the expense of the Department of State. Furnish reports per the letter of authorization.

(6) Dental Care. Limit dental care to emergencies for the relief of pain or acute conditions, or dental conditions as an adjunct to inpatient care. Do not provide prosthetic dental appliances.

c. Evacuation to the United States. Should a beneficiary in an overseas naval MTF require prolonged hospitalization, the commanding officer of the overseas facility will report the requirement to the nearest Department of State principal or administrative officer and request authority to return the patient to the United States. Release dependents who decline evacuation to the custody of their sponsor. Aeromedical evacuation may be used per OPNAVINST 4630.25B (NOTAL). Travel of an attendant or attendants is authorized at Department of State expense when the patient is too ill or too young to travel unattended.

d. Report. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

8. Federal Aviation Agency (FAA) Beneficiaries

a. Beneficiaries. Air Traffic Control Specialists (ATCS) of the FAA when appropriate authorization has been furnished by the FAA regional representative.

b. Authorization. Written authorization from an FAA Regional Flight Surgeon is required and will include instructions for forwarding the results of services rendered.

c. Care Authorized. Subject to the provisions of section A, paragraph 3, authorized personnel may be rendered chest x-rays,

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electrocardiograms, basic blood chemistries, and audiograms, without interpretation in support of the medical surveillance program for ATCS personnel established by the FAA.

d. Report. Complete and submit, per appendix G, a DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient care is rendered.

9. Peace Corps Beneficiaries

a. Potential Beneficiaries

(1) Applicants for the Peace Corps.

(2) Peace Corps Volunteers.

(3) Minor children of a Peace Corps volunteer living with the volunteer.

b. Care Authorized in the United States. Upon written request of a Peace Corps official, stating care to be provided and disposition of reports, the following may be provided subject to the provisions of section A, paragraph 3.

(1) Physical Examinations. Physical examinations are authorized on an outpatient basis only. Except for interpretation of x-rays, make no assessment of the physical qualifications of examinees.

(a) Preselection physical examinations may be provided applicants (volunteers) for the Peace Corps.

(b) Separation or other special physical examinations may be provided volunteers and their dependents as listed in paragraph 9a(3). Unless otherwise prescribed in written requests, report such examinations of Peace Corps volunteers on SF-88 and SF-93. Include:

1. Medical history and systemic review.

2. Chest x-ray with interpretation.

3. Complete urinalysis, serology, and blood type.

4. Pelvic examination and Pap smear for all female volunteers.

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F-9c(5)

5. Hematocrit or hemoglobin for all females and for all males over 40 years of age.

6. Electrocardiogram for all volunteers over 40 years of age.

(2) Immunizations. Immunizations, as requested, may be provided all beneficiaries listed in paragraph 9a.

(3) Medical Care. Both inpatient and outpatient care may be provided volunteers for illnesses or injuries occurring during their period of service which includes all periods of training. Dependents of volunteers specified in paragraph 9a(3) are authorized care to the same extent as their sponsor.

(4) Dental Care. Limit dental care to emergencies. Render only that care essential to relieve pain or prevent imminent loss of teeth. All beneficiaries seeking dental care will be requested, whenever possible, to furnish advanced authorization.

c. Care Authorized Outside the United States

(1) Physical Examinations. Termination physical examinations may be provided volunteers and eligible dependents of volunteers. In most instances, Peace Corps staff physicians will provide these examinations; however, help may be required of naval MTFs for ancillary services.

(2) Immunizations. When requested, immunizations may be provided all beneficiaries listed in paragraph 9a.

(3) Medical Care. When requested in writing by a representative or physician of a Peace Corps foreign service post, volunteers, eligible dependents of volunteers, and trainees of the Peace Corps may be provided necessary medical care at Peace Corps expense. When emergency treatment is rendered without prior approval, forward a request to the Peace Corps foreign service post as soon as possible.

(4) Dental Care. Limit dental care to emergencies. Render only that care essential to relieve pain or prevent imminent loss of teeth. All beneficiaries seeking dental care will be requested, whenever possible, to furnish advanced authorization.

(5) Evacuation to the United States. When a beneficiary in an overseas naval MTF requires prolonged hospitalization, the com-

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F-10c(1)

manding officer of the overseas facility will report the requirement to the nearest Peace Corps foreign service post and request authorization to return the patient to the United States. Release custody of dependents to their sponsor when evacuation is declined. Aeromedical evacuation may be used per OPNAVINST 4630.25B (NOTAL). Travel of attendant(s) is authorized when the patient is too ill or too young to travel unattended. (Symbol OPNAV 4630-1 applies.)

d. Report. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

10. Job Corps and Volunteers in Service to America (VISTA) Beneficiaries

a. Beneficiaries. Job Corps and VISTA enrollees and Job Corps applicants may be provided services as set forth. For former members, see paragraph 3.

b. Authorization Required

(1) Job Corps Enrollees. Presentation of a Job Corps Identification Card after appointment has been made by the corpsmember's Job Corps center.

(2) Job Corps Applicants. Presentation of a letter from a screening agency (e.g., State Employment Service) after an appointment has been made by that agency.

(3) VISTA Volunteers and VISTA Trainees. A "Blue-Cross and Blue Shield Identification Card" is issued to such personnel as identification. Each card has a VISTA identification number which will be used on all records and correspondence.

c. Care Authorized. Normally, medical services are provided only when civilian or VA facilities are not available or, if available, are incapable of providing needed services. However, upon presentation of an appropriate authorization, the following services may be rendered subject to the provisions of section A, paragraph 3.

(1) Job Corps enrollees are authorized emergency medical care upon presentation of their Job Corps Identification Card; however, the corpsmember's Job Corps center should be notified immediately.

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F-11b(1)

(2) Job Corps applicants may be provided preenrollment physical examinations and immunizations on an outpatient basis only.

(3) Job Corps enrollees, VISTA trainees, and VISTA volunteers are authorized:

(a) Outpatient medical examinations, outpatient treatment, and immunizations.

(b) Inpatient care for medical and surgical conditions which, in the opinion of the attending physician, will benefit from definitive care within a reasonable period of time. When found probable that a patient will require hospitalization in excess of 45 days, notify the Commander, Naval Medical Command (MEDCOM-33) by the most expeditious means.

(c) Limit dental care to emergencies. Render only that care essential to relieve pain or prevent imminent loss of teeth. Beneficiaries seeking dental care will be requested to furnish, whenever possible, advanced authorization.

d. Report. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

11. Medicare Beneficiaries

a. Care Authorized. Emergency hospitalization and other emergency services are authorized for beneficiaries of the Social Security Health Insurance Program for the Aged and Disabled (Medicare) who reside in the 50 United States and the District of Columbia, Guam, Puerto Rico, the Virgin Islands, American Samoa, and the Northern Mariana Islands. Such care in naval MTFs may be rendered when emergency services, as defined in paragraph b, are necessary.

b. Emergency Services. Services provided in a hospital emergency room after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

(1) Placing the patient's health in serious jeopardy.

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(2) Serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

c. General Provisions

(1) Limitations. Benefit payments for emergency services under Medicare can be made for only that period of time during which the emergency exists. Therefore, when the emergency is terminated and when permissible from a medical standpoint, discharge or transfer the patient to a facility that participates in Medicare.

(2) Notification. Notify the nearest office of the Social Security Administration as soon as possible when a Medicare beneficiary is rendered treatment.

d. Report. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or a DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

Section G. OTHER PERSONS

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1. Ex-Service Maternity Care

a. Eligible Beneficiaries. After separation from the service under honorable conditions because of pregnancy, or separated from the service under honorable conditions and found to have been pregnant at the time of separation, the following former members and their newborn infant(s) may be provided care as set forth below. The rendering of this care is subject to the provisions of section

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A, paragraph 3. When certified by medical authorities that the pregnancy existed prior to entry into service (EPTE), maternity benefits are not authorized.

(1) Former women members of the Army, Air Force, Navy, and Marine Corps.

(2) On or after 12 August 1985, former women members of the Commissioned Corps of the United States Public Health Service (USPHS) and the National Oceanic and Atmospheric Administration (NOAA).

b. Care Authorized

(1) Former women members may be rendered medical and surgical care in naval MTFs incident to that pregnancy, prenatal care, hospitalization, postnatal care, and, when requirements of SECNAV INST 6300.2A are met, abortions. Limit postnatal care to 6 weeks following delivery. Do not promise civilian care under any circumstances for either the mother or the infant as such care is not authorized.

(2) Treatment of the newborn infant in USMTFs includes care, both inpatient and outpatient, only during the first 6 weeks (42 days) following delivery. If the newborn infant requires care beyond the 6-weeks postnatal period, the mother or other responsible family member must make arrangements for disposition to private, State, welfare, or another Federal facility.

c. Application for Care. In making application for care authorized by this paragraph, former women members should apply either in person or in writing to the Armed Forces inpatient MTF nearest their home and present either their DD 214 (Armed Forces of the United States Report of Transfer or Discharge) or DD 256A (Honorable Discharge Certificate) as proof of eligibility for requested care. In areas with more than one Armed Forces MTF available and capable of providing required care, application should be made to the MTF of the service from which separated, when applicable. Disengagement in such areas to MTFs of other services may be made only when space is not available or capability does not exist in the MTF of the service from which the individual was separated.

d. Charges and Collection. Charges and reimbursement procedures for care rendered to beneficiaries in paragraph 1a(2) are the same as prescribed by current regulations for active Coast Guard, USPHS, and NOAA members.

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G-5a

2. Applicants for Enrollment in the Senior Reserve Officers' Training Program. When properly authorized, designated applicants (including applicants for enrollment in the 2-year program and Military Science II enrollees applying for Military Science III) may be furnished medical examinations including hospitalization necessary for the proper conduct thereof. Medical care, including hospitalization, is authorized for diseases contracted or injuries incurred in line of duty while at or traveling to or from a military installation for the purpose of undergoing medical or other examinations or for visits of observation.

3. Applicants for Enlistment or Reenlistment in the Armed Forces, and Applicants for Enlistment in the Reserve Components

a. Upon referral by a commander of a Military Enlistment Processing Station (MEPS), applicants will be furnished necessary medical examinations, including hospitalization when qualifications for service cannot otherwise be determined. Use the hospitalization period only for diagnostic purposes. Do not correct disqualifying defects.

b. Applicants who suffer injury or acute illness while awaiting or undergoing processing at Navy and Marine Corps facilities or MEPS may be furnished emergency medical and dental care, including emergency hospitalization, for that injury or illness.

4. Applicants for Appointment in the Regular Navy or Marine Corps and Reserve Components, Including Members of the Reserve Components Who Apply for Active Duty

a. Necessary medical examinations may be furnished, including hospitalization when qualifications for service cannot otherwise be determined. Use such a period of hospitalization only for diagnostic purposes. Do not correct disqualifying defects.

b. Applicants who suffer injury or acute illness while awaiting or undergoing processing at Navy and Marine Corps facilities or MEPS may be furnished emergency medical and dental care, including emergency hospitalization, for that injury or illness.

5. Applicants for Cadetship at Service Academies and Applicants for the Uniformed Services University of Health Sciences (USUHS)

a. Upon presentation of a letter of authorization from the Department of Defense Medical Examination Review Board (DODMERB), applicants for cadetship at Service Academies (Navy, Army, Air Force, Coast Guard, and Merchant Marine) and applicants for the

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G-7a(1)

Uniformed Services University of Health Sciences (USUHS) will be furnished medical examinations at facilities designated by the DOD MERB. Hospitalization is authorized when qualifications for service cannot otherwise be determined. Use the hospitalization period for diagnostic purposes only, and not to correct disqualifying or other defects. Perform examinations and make disposition of completed forms per NAVMEDCOMINST 6120.2 (NOTAL).

b. Applicants who suffer injury or acute illness while awaiting or undergoing processing at Navy and Marine Corps facilities or at MEPS may be furnished emergency medical and dental care, including emergency hospitalization, for that injury or illness.

6. Naval Home Residents. Provide necessary medical and dental care, both inpatient and outpatient, to residents of the Naval Home when requested by the Governor of the Home. In an emergency, care may be rendered without prior approval of the Governor; however, the Governor of the Home should be contacted immediately and requested to furnish authorization.

7. Secretarial Designees. Subject to the capabilities of the professional staff and the availability of space and facilities, naval MTFs and DTFs will provide treatment to individuals that have been granted Secretarial designee status by any of the three service Secretaries (Navy, Army, or Air Force), the Secretary of Commerce for NOAA personnel, the Secretary of Health and Human Services for USPHS personnel, or the Secretary of Transportation for Coast Guard personnel.

a. Potential Designees. Upon a showing of sufficient cause, the Secretary of the Navy may authorize individuals, not otherwise authorized by law, to receive such care as is available in naval MTFs in the United States. Designation may be extended on a worldwide basis for preadoptive children and wards of active duty members, and for abused dependents delineated in subparagraph (6). Temporary in loco parentis or foster parent status of the member with regard to a minor is insufficient for approval. Also, civilian health care under the CHAMPUS program cannot be authorized for other than abused dependents. The Secretary's discretionary authority is exercised most conservatively, however, favorable action is usually taken on requests involving the following situations:

(1) Preadoption proceedings wherein an active duty member or a retired member has taken affirmative legal action to adopt a child.

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G-7b(1)

(2) Custodianships and guardianships authorized by a court order wherein the member is designated by the court as the custodian or guardian and the child is fully dependent upon the active duty or retired member sponsor.

(3) Evaluation and selection of nonbeneficiaries who are donor candidates for an organ or tissue transplant procedure in behalf of a military service beneficiary.

(4) Nonbeneficiary participants in officially approved clinical research studies.

(5) Unremarried former spouses who: require care for a condition incurred during or caused/aggravated by conditions associated with the member's or former member's creditable service; do not qualify under the former spouse act; and do not have medical coverage under an employer-sponsored health plan which will provide for the care required.

(6) Abused dependents of discharged or dismissed former uniformed services members in need of medical or dental care resulting from knowledge of the abuse or for an injury or illness resulting from abuse by the former member. Eligibility will terminate the earlier of 1 year after the date on which the member is discharged or dismissed from a uniformed service, or when care is no longer needed.

(7) In other instances wherein the circumstances clearly merit the providing of treatment in naval MTFs, and in which the best interest of the patient, the Navy, and the Government will be served, favorable Secretarial action may result. The mere need of medical care by a former beneficiary or other person, alone, will not support approval of such a request.

b. Requests for Consideration. Requests for consideration will be submitted to the Commander, Naval Medical Command (MEDCOM-33) by applicants via their command, when applicable, or by the Medical Department command concerned. Requests should include any pertinent information which will support resolution and a return address. Requests involving:

(1) Preadoption must include a legible reproducible copy of an interim court order or adoption agency placement agreement which names the sponsor and identifies the other participating parties. A petition for a court order is insufficient to support a recommendation for approval.

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G-7b(5)(b)

(2) Custodianships and guardianships must include a legible reproducible copy of the court order, identification of the parties, and also identify any amounts of income to which the ward is entitled.

(3) Participants in clinical research studies must include:

(a) Sufficient clinical information concerning the nature of the study.

(b) Benefits which may accrue to the individual.

(c) The extent, if any, to which access by other authorized beneficiaries will be impaired.

(d) Benefits which will accrue to the command, e.g., enhancement of training, maximum use of specialized facilities, etc.

(e) Recommended duration of designation.

(f) Whether the consenting individual has been informed concerning the nature of the study, its personal implications, and freely consents.

(4) Unremarried former spouses must include:

(a) A notarized copy of the marriage license.

(b) A statement attesting to the fact that the sponsoring former spouse achieved 20 or more years of creditable military service.

(c) Copy of divorce decree with official date.

(5) Abused dependents must include:

(a) Full name, social security number, grade or rate, branch of service, and date and type of discharge or dismissal of the former member. Such a member must have received a dishonorable or bad-conduct discharge or dismissal from a uniformed service as a result of court-martial conviction for an offense involving abuse of a dependent of the member.

(b) Full names, social security numbers (if assigned), and relationship to the former member of any dependent in need of medical or dental care to treat adverse health conditions result-

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ing from such dependent's knowledge of the abuse or any injury or illness suffered by the abused person as a result of such abuse.

c. Blanket Designation

(1) The Secretary of Defense has granted Secretarial designee status to full-time Schedule "A" faculty members of the Uniformed Services University of Health Sciences (USUHS). They have been provided documentation substantiating their eligibility and, where necessary, an eligibility termination date. These personnel are authorized routine care at the Naval Hospital, Bethesda, MD. At other naval MTFs, only emergency treatment is authorized while they are traveling on official university business. The letter of authorization excludes routine dental care, prosthetic appliances, and spectacles.

(2) The following officials within the Government, the Department of Defense, and military departments have been granted blanket Secretarial designation for medical and emergency dental care in naval MTFs in the United States:

- (a) The President.
- (b) The Vice President.
- (c) Members of the Cabinet.
- (d) Article III Federal Judges.
- (e) U.S. Court of Military Appeals Judges.
- (f) Members of Congress.
- (g) The Secretary, Deputy Secretary, and the Assistant Secretaries of Defense.
- (h) The Under Secretary of Defense for Policy.
- (i) The Under Secretary of Defense for Research and Engineering.
- (j) The Secretaries, Under Secretaries, and the Assistant Secretaries of the Military Departments.

d. Authorization. Designees will present a signed letter bearing the letterhead of the designating service. Secretarial designees are not included in the DEERS data base and may not

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possess Government identification cards. Therefore, the only proof of their eligibility for treatment may be the letter of authorization. When a Secretarial designee presents for treatment:

(1) Ask for identification of the individual presenting the letter of authorization to assure that the person seeking care is the individual to whom the letter was issued.

(2) Check the expiration date on the letter of authorization. Many authorizations are issued for only a specified period of time, e.g., abused dependents - no longer than 1 year.

(3) Check to assure that the individual is applying for care authorized by the letter of authorization. Designation is often granted for a specific diagnosis or specific mode of treatment.

(4) Check to assure that the individual has not been designated for care only at a specific facility. Many authorizations are granted for conditions or for care that can be rendered only by a specified physician or under a specific program.

(5) Place a copy of the letter of authorization in the individual's Health Record or outpatient treatment record on the left side at the first visit or admission.

e. Charges and Collection

(1) Interagency rates are applicable for inpatient and outpatient care provided outside the National Capital Region to all individuals listed in paragraph 7c(2) with the exception of Members of Congress. Charges are at full reimbursement rates for Members of Congress provided inpatient or outpatient care outside the National Capital Region.

(2) In the National Capital Region:

(a) Charges are waived for outpatient care provided to all categories listed in paragraph 7c(2).

(b) Charge interagency rates for inpatient care of all individuals in paragraph 7c(2) except Members of Congress. Charge Members of Congress at full reimbursement rates.

(3) Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpa-

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G-8c

tient Treatment, Part B) when outpatient or inpatient care is rendered to Secretarial designees whose charges for care have not been waived.

8. American Red Cross Representatives and Their Dependents

a. Potential Beneficiaries

(1) Volunteer workers.

(2) Full-time, paid employees.

(3) Dependents of personnel enumerated in paragraphs 8a(1) and (2) when accompanying their sponsor outside the continental United States, including Alaska, Hawaii, and Puerto Rico.

b. Care Authorized

(1) When services of the American Red Cross (ARC) have been accepted in behalf of the Federal Government under applicable DOD regulations, beneficiaries in paragraph 8a(1) above are considered "employees" of the Government for the purpose of this instruction and are authorized health care in USMTFs, both in and outside the United States for work-related conditions. See section F, paragraph 3a(2) regarding the specific application of this authorization.

(2) Beneficiaries enumerated in paragraphs 8a(1) and (2) above are authorized health care in USMTFs located outside the United States for both work and nonwork-related conditions. See section F, paragraph 3a(2) for treatment of work-related conditions of those in paragraph 8a(1).

(3) Beneficiaries identified in paragraphs 8a(1), (2), and (3) are authorized emergency care in USMTFs outside the continental United States, including Alaska, Hawaii, and Puerto Rico where facilities are not otherwise available in reasonably accessible and appropriate non-Federal hospitals. Provide hospitalization only for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care. Routine dental care, other than dental prosthesis and orthodontia, is authorized on a space available basis provided facilities are not otherwise available in reasonably accessible and appropriate non-Federal facilities.

c. Records Disposal. Upon completion of treatment of accredited representatives of the American Red Cross or their dependents,

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forward medical records, including all clinical records and x-ray films, to the Medical Director, National Headquarters, American Red Cross, 20th and D Streets, N.W., Washington, DC 20006.

d. Charges and Collection. Charge beneficiaries in paragraphs 8a(1) and (2) the rate applicable to officer personnel and dependents in paragraph 8a(3) the dependent rate. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered to ARC personnel or to their dependents.

9. Employees of Federal Contractors and Subcontractors

a. Beneficiaries

(1) U.S. citizen contractor, engineering, and technical service personnel designated as U.S. Navy Technicians.

(2) Civilian employees of contractors and subcontractors operating under U.S. Government contracts.

(3) Dependents of personnel enumerated in paragraphs 9a(1) and (2) above when accompanying their sponsor outside the continental United States or in Alaska.

b. Care Authorized

(1) Beneficiaries identified in paragraphs 9a(1) and (2) above may be provided emergency care in naval MTFs for illnesses and injuries occurring at work in or outside the United States.

(2) While serving outside the continental United States or in Alaska, where facilities are not otherwise available in reasonably accessible and appropriate non-Federal facilities, beneficiaries identified in paragraphs 9a(1), (2), and (3) may receive hospitalization and necessary outpatient services in naval MTFs on a reimbursable basis. Except for beneficiaries in paragraph 9a(1) who are serving aboard naval vessels, all others enumerated may only be hospitalized for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care. Routine dental care, other than dental prosthesis and orthodontia, is authorized on a space available basis provided facilities are not otherwise available in reasonably accessible and appropriate non-Federal facilities.

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c. Charges and Collection. Care is authorized on a reimbursable basis. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

10. U.S. Government Employees

a. Civil service employees of all Federal agencies, including teachers employed by Department of Defense Dependents' Schools (DODDS) and their dependents, may be provided hospitalization and necessary outpatient services (other than occupational health services), on a reimbursable basis, outside the continental limits of the United States and in Alaska, where facilities are not otherwise available in reasonably accessible and appropriate non-Federal hospitals. Except for employees who are serving aboard naval vessels, hospitalization may be furnished only for acute medical and surgical conditions, exclusive of nervous, mental, or contagious diseases or those requiring domiciliary care. Routine dental care, other than dental prosthesis and orthodontia, is authorized on a space available basis provided facilities are not otherwise available in reasonably accessible and appropriate non-Federal facilities.

b. Such civilian employees and their dependents may be provided medical, surgical, dental treatment, hospitalization, and optometric care at installations in the United States which have been designated remote by the Secretary of the Navy for the purpose of providing medical care.

c. The major objective of the following programs for civil service employees, regardless of location, is emergency treatment for relief of minor ailments or injuries to keep the employee on the job:

(1) The Department of Labor, Office of Workers' Compensation Programs (OWCP), governs the overall medical care program for employees of the Government who sustain injuries while in the performance of duty, including diseases proximately caused by conditions of employment (see section F, para. 3).

(2) Federal civil service employees and applicants for such employment are authorized services as outlined in chapter 22, section XIII, of the Manual of the Medical Department (MANMED). When appropriated fund and nonappropriated fund employees, including unpaid volunteer employees, require emergency and nonemergency occupational health services due to an illness or an injury on the

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job, provide this limited care through your occupational health service, emergency room, or evening primary care clinic, as appropriate. This care is rendered free of charge to the employee, the employee's command, or insurance carrier. Included with this group are Military Sealift Command (MSC) civilian marine personnel (authorized additional care and services as outlined in BUMEDINST 6320.52 (NOTAL) and care under section F, paragraph 3a (7)) and members of the National Oceanic and Atmospheric Administration (NOAA) serving with the Navy.

(3) Under the technical control of the Surgeon General of the Army, the DOD Civilian Employees' Health Service is responsible for administering the health program for all Federal civil service employees in the District of Columbia area.

d. Care, other than occupational health services, is provided on a reimbursable basis. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

11. Other Civilians

a. General. In an emergency, any person may be rendered care in naval MTFs to prevent undue suffering or loss of life or limb. Limit care to that necessary only during the period of the emergency, and if further treatment is indicated, initiate action to transfer the patient to a private physician or civilian facility as soon as possible. Further, subject to the provisions of section A, paragraph 3, the following personnel are authorized care as set forth.

b. Beneficiaries and Extent of Care

(1) Provide all occupational health services to civilian employees paid from nonappropriated funds, including Navy exchange employees and service club employees, free of charge (see paragraph 10c(2)). Provide treatment of occupational illnesses and injuries other than in emergencies per rules and regulations of the Office of Workers' Compensation Programs (see section F, paragraph 3).

(2) Civilians attending the Federal Bureau of Investigation (FBI) Academy, Marine Corps Development and Education Command, Quantico, VA may be rendered care at the Naval Medical Clinic, Quantico, VA for emergencies. Such persons who are in need of hospitalization for injuries or disease may be hospitalized and classed as civilian humanitarian nonindigents with the

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approval of the cognizant hospital's commanding officer. EXCEP-
TION: Certain individuals, such as employees of the Federal
Bureau of Investigation who are injured in the line of duty, may
be entitled to care at the expense of the Office of Workers' Com-
pensation Programs (OWCP) (see section F, paragraph 3).

(3) The following civilians who are injured or become ill
while participating in Navy or Marine Corps sponsored sports, rec-
reational or training activities may be rendered care on a tempo-
rary (emergency) basis until such time as an appropriate disposi-
tion can be effected to another source of care.

(a) Members of the Naval Sea Cadet Corps.

(b) Junior ROTC/NDCC (National Defense Cadet Corps)
cadets.

(c) Civilian athletes training or competing as part of
the U.S. Olympic effort.

(d) Civilians competing in Navy or Marine Corps
sponsored competitive meets.

(e) Members of Little League teams and Youth Con-
servation groups.

(f) Boy Scouts and Girl Scouts of America.

(4) Other civilian personnel included below are not norm-
ally eligible for care in naval MTFs; however, under the condi-
tions set forth, care may be rendered.

(a) Potential Beneficiaries

1. Civilian representatives of religious groups.
2. Educational institutions representatives.
3. Athletic clinic instructors.
4. USO representatives.
5. Celebrities and entertainers.
6. Social agencies representatives.
7. Others in a similar status to those in para-
graphs 1 through 6 above.

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8. News correspondents.

9. Commercial airline pilots and employees.

10. Volunteer workers. This category includes officially recognized welfare workers, other than Red Cross.

(b) Care Authorized

1. Persons enumerated in paragraphs 11b(4)(a)1 through 7, who are contracted to provide direct services to the Armed Forces and who are acting under orders issued by the Department of Defense or one of the military departments to visit military commands overseas, and their accompanying dependents, may be provided medical care in naval MTFs outside the 48 contiguous United States and the District of Columbia provided local civilian facilities are not reasonably available or are inadequate. Limit inpatient care to acute medical and surgical conditions exclusive of nervous, mental, or contagious diseases, or those requiring domiciliary care. Routine dental care, other than dental prosthesis and orthodontia, is authorized on a space available basis outside the United States, provided such care is not otherwise available in reasonably accessible and appropriate non-Federal facilities.

2. Persons enumerated in paragraphs 11b(4)(a)8 and 9 are authorized emergency medical and dental care in naval MTFs outside the 48 contiguous United States and the District of Columbia provided local civilian facilities are not reasonably available or are inadequate.

3. Persons enumerated in paragraph 11b(4)(a)10, both within and outside the 48 contiguous United States and the District of Columbia, may receive care in naval MTFs for injuries or diseases incurred in the performance of duty as beneficiaries of OWCP (see section F, paragraph 3). Additionally, if such volunteers are sponsored by an international organization (e.g., the United Nations) or by a voluntary nonprofit-relief agency registered with and approved by the Advisory Committee on Voluntary Aid (e.g., CARE), they may receive other necessary non-emergency medical care and occupational health services while serving outside the 48 contiguous United States and the District of Columbia.

c. Charges and Collection. Care is provided on a reimbursable basis. Complete and submit a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

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12. Individuals Whose Military Records are Being Considered for Correction. Individuals who require medical evaluation in connection with consideration of their individual circumstances by the Navy, Army, and Air Force Board for Correction of Military Records are authorized evaluation, including hospitalization when necessary for the proper conduct thereof.

13. Persons in Military Custody and Nonmilitary Federal Prisoners

a. Potential Beneficiaries

- (1) Military prisoners.
- (2) Nonmilitary Federal prisoners.
- (3) Enemy prisoners of war and other detained personnel.

b. Care Authorized

(1) Military Prisoners:

(a) Whose punitive discharges have been executed but whose sentences have not expired are authorized all necessary medical and dental care.

(b) Whose punitive discharges have been executed and who require hospitalization beyond expiration of sentences are not eligible for care but may be hospitalized as civilian humanitarian nonindigents until final disposition can be made to some other appropriate facility.

(c) On parole pending completion of appellate review or whose parole changes to an excess leave status following completion of sentence to confinement while on parole are members of the military service and as such are authorized care as outlined in section B.

(d) On parole whose punitive discharge has been executed are not members of the military service and are therefore not entitled to care at Government expense. If the circumstances are exceptional, individuals herein who are not authorized care may request Secretarial designee status under the provisions of paragraph 7 of this section.

(2) Nonmilitary Federal Prisoners. Under the provisions of this paragraph, nonmilitary Federal prisoners are authorized only emergency medical care. When such care is being rendered, the institution to which prisoners are sentenced must furnish nec-

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essary guards to effectively maintain custody of prisoners and assure the safety of other patients, staff members, and residents of the local area. Under no circumstances will military personnel be voluntarily used to guard or control such prisoners. Upon completion of emergency care, make arrangements for immediate transfer of the prisoners to a nonmilitary MTF or for return to the facility to which sentenced.

(3) Enemy Prisoners of War and Other Detained Personnel. Subject to the provisions of section A, paragraph 3, enemy prisoners of war and other detained personnel are entitled to and may be rendered all necessary medical and dental care.

c. Charges and Collection. Care provided individuals enumerated in paragraphs 13b(1)(b), 13b(1)(d), and 13b(2) is on a reimbursable basis. Complete and submit, per appendix G, a DD 7 (Report of Treatment Furnished Pay Patients, Hospitalization Furnished, Part A) or DD 7A (Report of Treatment Furnished Pay Patients, Outpatient Treatment, Part B) when outpatient or inpatient care is rendered.

Section H. ADJUNCTS TO MEDICAL CARE

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1. General. Adjuncts to medical care include but are not limited to prosthetic devices such as artificial limbs, artificial eyes, hearing aids, orthopedic footwear, spectacles, wheel chairs, hospital beds, and similar medical support items or aids which are required for the proper care and management of the condition being treated. Generally, expenses incurred for procurement of such items, either from civilian sources as supplemental care or from stocks maintained by the facility, are payable from operation and maintenance funds available for support of naval MTFs. However, certain adjuncts may be cost-shared under CHAMPUS for CHAMPUS-eligible individuals under circumstances enumerated in the cooperative care or services criteria of section A, paragraph 4z.

2. Policy

a. Provide adjuncts to medical care to eligible beneficiaries receiving inpatient or outpatient care when, in the opinion of the attending physician, such adjuncts will offer substantial assistance in overcoming the handicap or condition and thereby contribute to the well-being of the beneficiary.

b. Unless necessary for humanitarian reasons, do not furnish orthopedic and prosthetic appliances on an elective basis to members of the naval service with short periods of service remaining when the defect requiring the appliance existed prior to entry into service and when such members will be separated from the service because of these defects.

c. For active duty members, make the initial allowance of orthopedic footwear and orthopedic alterations to standard footwear the same quantity as provided in the initial clothing allowance.

d. Base the number of orthopedic and prosthetic appliances issued or replaced for other authorized recipients upon the individual's requirements as determined by the attending physician to be consistent with the highest standards of modern medicine.

e. Former members of the uniformed service should be advised that they may obtain durable medical equipment, medical care, and adjuncts from Veterans Administration facilities.

f. Dependents are authorized certain adjuncts per section D, paragraphs 1c and d and in instances where items are not normally authorized at the expense of the Government, they may be provided at cost to the United States if available from Government stocks under the following conditions:

(1) Outside the United States.

(2) At specific stations within the United States which have been authorized by the Secretary of the Navy to sell these items.

3. Chart of Adjuncts. The following chart and footnotes provide information relative to adjuncts which may be furnished the several categories of beneficiaries eligible for medical care at naval MTF's.

Adjuncts	Active Duty and Retired Members	Others Authorized the Same Benefits as Active Duty or Retired Members (8)	Dependents Authorized the Same Benefits	Other Beneficiaries (8)
Ambulance Service	Yes	Yes	Yes(1)	No
Artificial Eyes	Yes	Yes	Yes	Maybe (3)
Artificial Limbs	Yes	Yes	Yes	Maybe (3)
Contact or Special Lenses (11)	Yes (4)	Yes (4)	Maybe (2)(4)(6)	No
Crutches (7)	Yes	Yes	Yes	Yes
Dental Prostheses	Yes	Yes	Maybe (9)	Maybe (9)
Elastic Stockings	Yes	Yes	Yes	Yes
Hearing Aids (10)	Yes (5)	Yes (5)	Maybe (2)	Maybe (3)
Hearing Aid Parts and Batteries	Yes (10)	Yes (10)	Maybe (2)(10)	No
Hospital Beds (7)	Yes	Yes	Yes	Yes
Joint Braces	Yes	Yes	Yes	Yes
Orthopedic Footwear	Yes	Yes	Maybe (2)	Maybe (3)
Prosthetic Devices, Other (7)	Yes	Yes	Maybe (2)	No
Respirators and Inhalators (7)	Yes	Yes	Yes	Yes (1)
Resuscitators (7)	Yes	Yes	Yes	Yes (1)
Spectacles	Yes	Yes	Maybe (2)(6)	No
Walking Irons (7)	Yes	Yes	Yes	Yes
Wheel Chairs (7)	Yes	Yes	Yes	Yes

H-3

H-3

Footnotes

- (1) When considered medically appropriate by the attending physician.
- (2) See paragraph 2f of this section.
- (3) Outside the United States and at designated remote stations when considered medically appropriate by the attending physician.
- (4) Contact or special lenses are not to be issued solely for cosmetic reasons. Further guidelines are contained in NAVMEDCOMINST 6810.1 (NOTAL).
- (5) In addition to the hearing aid, include in initial issue one spare receiver cord, approximately 1 month's supply of batteries, and a statement indicating make, model, type of receiver, serial number, code, part numbers, "B" battery voltage, and type of "A" and "B" batteries, as appropriate. Provide replacement of hearing aids upon the same basis as initial issue and, except in unusual circumstances, will not be replaced within 2 years of the initial furnishing or the last replacement of the appliance.
- (6) Spectacles, contact lenses, or intraocular lenses may be provided dependents with eye conditions which require these items for complete medical or surgical management of a condition other than ordinary refractive error. For further information, consult NAVMEDCOMINST 6810.1 (NOTAL).
- (7) May be loaned on a custody basis at the discretion of the attending physician.
- (8) See section and paragraph of this instruction relating to specific beneficiary.
- (9) When considered by the attending physician and dentist to be an adjunct to a medical or surgical condition other than dental and when in consonance with existing legislation and directives.
- (10) For further guidelines, consult BUMEDINST 6320.41B.
- (11) Includes intraocular lenses required for implantation upon removal of cataracts.

Appendix A

REFERRAL FOR CIVILIAN MEDICAL CARE

SUBMIT CHARGES TO: REFERRING UNIFORMED SERVICES FACILITY CHAMPUS

MEDICAL RECORD	CONSULTATION SHEET	
REQUEST		
TO: ABC Diagnostic Service 12 D St., Anywhere, TN	FROM: (Requesting physician or activity) NH, Gumpstump, TN 37413	DATE OF REQUEST 17 Nov 86
REASON FOR REQUEST (Complaints and findings)		
(Self Explanatory)		
ANTICIPATED LENGTH OF TREATMENT: (Self Explanatory)		
PROVISIONAL DIAGNOSIS		
(Self Explanatory)		
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION
(Self Explanatory)	Approval	<input type="checkbox"/> BEESIDE <input type="checkbox"/> ON CALL <input type="checkbox"/> CO's (As applicable) <input type="checkbox"/> 72 HOURS <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> (As applicable) <input type="checkbox"/> EMERGENCY
CONSULTATION REPORT		

I acknowledge that I am being referred to a civilian health care provider for the sole purpose of obtaining the specified procedure. I understand that the cost of the procedure will be paid by _____
 (Name of Referring Naval MTF)

Additionally, I understand and acknowledge that should admission be required at a civilian facility following the completion of the procedure for which referral is made, I desire that _____
 (Name of Civilian Provider, If Known)

assume medical responsibility. If medical responsibility by a civilian source of care becomes necessary, I understand that I will be considered disengaged from care at _____ Payment for the
 (Name of Referring Naval MTF)

ensuing care from a civilian source of care will be made under _____
 (Responsible Program/Private Insurance/etc.)

provided eligibility for such participation exists.

(Continued on reverse side)

SIGNATURE AND TITLE		DATE	
(To be completed by the ABC Diagnostic Service)			
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
(To be completed by the ABC Diagnostic Service)			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)			DD FORM 1 OCT 78 2161
DOE, Mary F., D/W, USN NH, Gumpstump, TN 37413			S/N 0102-LF-002-1610

PATIENT/RESPONSIBLE FAMILY MEMBER SIGNATURE To be signed in presence of issuing authority.
 SPONSOR'S FULL SSAN (Self Explanatory)

IMPORTANT INFORMATION (on reverse side)

CONSULTATION REPORT (Continued)
S/N 0102-LF-002-1610

(Self Explanatory)

APPROVAL

*Signature of Commander or designated representative must appear in "approved" block on front of form.

PATIENT INFORMATION

As you have been advised, your physician has determined that you require the medical services shown on the front of this form. These specific services are not available at this medical facility. After considering other sources of care available for you, your physician has recommended that you get the medical services you need from local civilian sources. The Uniformed Services regulation covering payment for civilian medical care requires that claims for the civilian care recommended by your physician be sent to:

- a. THIS MEDICAL FACILITY. Charges to you will be the same as if you received the care in this facility.
- b. CHAMPUS. Charges to you will be as prescribed under current terms of the CHAMPUS program.

The Health Benefits Coordinator at this facility will answer any questions you have concerning this determination.

If the charges are being submitted for CHAMPUS consideration, insure that the Health Benefits Coordinator fully explains program cost-sharing provisions. Allowable charges, provider participation, and claim filing procedures for your particular case. You should also:

- a. Make arrangements to see the type of civilian provider recommended by your physician at this facility.
- b. File your CHAMPUS claims regularly (every 30 days). Attach a copy of this form with each CHAMPUS claim submitted for care recommended.
- c. Your signature on the front of this form indicates your understanding of how payment will be made for the medical services recommended on the front of the form.

INFORMATION FOR CIVILIAN PROVIDERS OF CARE

This patient is being referred to you for the services indicated on the front of this consultation sheet. Your charges should be submitted to:

Naval Hospital, Gumpstump, TN 37413

NAME OF THE UNIFORMED SERVICES MEDICAL FACILITY

Please send your itemized bill

with this completed consultation sheet to:

Complete mailing address
of referring medical facility

Commanding Officer
Naval Hospital
Gumpstump, TN 37413
Attn: LCDR Gus Glock, MSC, Contracting Off.

NOTE: Use provided pre-addressed envelope for return of consultation report.

- CHAMPUS. (1) Conditions for participation in the CHAMPUS program are described on the CHAMPUS claim form. We encourage provider participation. Participating providers should send properly completed claims to:
Address of CHAMPUS Contractor for your area
Send completed consultation report to:

NOTE: Use provided pre-addressed envelope for return of consultation report.

(2) If you elect not to participate in the CHAMPUS program, please give the patient an itemized statement of your services, including diagnostic information (ICDA or DSM II is acceptable). The patient is responsible to you for payment arrangements. CHAMPUS payment will be made to the patient.

Health Benefits Advisor signature To be signed immediately before giving to patient/sponsor.

PLEASE INCLUDE A COPY OF THIS COMPLETED CONSULTATION SHEET
WITH EACH CHAMPUS CLAIM YOU SUBMIT TO THE CONTRACTOR.

Thank You

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Appendix B

REFERRAL FOR CIVILIAN MEDICAL CARE

SUBMIT CHARGES TO: REFERRING UNIFORMED SERVICES FACILITY CHAMPUS

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: (Leave Blank)	FROM: (Requesting physician or activity) NH, Gumpstump, TN 37413	DATE OF REQUEST 18 Nov 86	
REASON FOR REQUEST (Complaints and findings)			

(Self Explanatory)

ANTICIPATED LENGTH OF TREATMENT: (Self Explanatory)

PROVISIONAL DIAGNOSIS

(Self Explanatory)

DOCTOR'S SIGNATURE (Self Explanatory)	APPROVED * CO's Approval	PLACE OF CONSULTATION (As Applicable) <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> (As Applicable) EMERGENCY
---	---------------------------------	---	---

CONSULTATION REPORT

To be completed by the provider selected by the beneficiary.

SAMPLE

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
To be signed by the provider.			Date of Service
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
(To be completed by the provider of the service.)			

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DD FORM 1 OCT 78 2161
S/N 0102-LF-002-1610

DOE, Jane B., D/W, USMC
NH, Gumpstump, TN 37413

PATIENT/RESPONSIBLE FAMILY MEMBER SIGNATURE To be signed in the presence of issuing auth.
SPONSOR'S FULL SSAN (Self Explanatory)

IMPORTANT INFORMATION (on reverse side)

CONSULTATION REPORT (Continued)
S/N 0102-LF-002-1610

(Self Explanatory)

APPROVAL

*Signature of Commander or designated representative must appear in "approved" block on front of form.

PATIENT INFORMATION

As you have been advised, your physician has determined that you require the medical services shown on the front of this form. These specific services are not available at this medical facility. After considering other sources of care available for you, your physician has recommended that you get the medical services you need from local civilian sources. The Uniformed Services regulation covering payment for civilian medical care requires that claims for the civilian care recommended by your physician be sent to:

- a. THIS MEDICAL FACILITY. Charges to you will be the same as if you received the care in this facility.
- b. CHAMPUS. Charges to you will be as prescribed under current terms of the CHAMPUS program.

The Health Benefits Coordinator at this facility will answer any questions you have concerning this determination.

If the charges are being submitted for CHAMPUS consideration, insure that the Health Benefits Coordinator fully explains program cost-sharing provisions. Allowable charges, provider participation, and claim filing procedures for your particular case. You should also:

- a. Make arrangements to see the type of civilian provider recommended by your physician at this facility.
- b. File your CHAMPUS claims regularly (every 30 days). Attach a copy of this form with each CHAMPUS claim submitted for care recommended.
- c. Your signature on the front of this form indicates your understanding of how payment will be made for the medical services recommended on the front of the form.

INFORMATION FOR CIVILIAN PROVIDERS OF CARE

This patient is being referred to you for the services indicated on the front of this consultation sheet. Your charges should be submitted to:

_____ Please send your itemized bill with this completed consultation sheet to:

NAME OF THE UNIFORMED SERVICES MEDICAL FACILITY

Complete mailing address of referring medical facility

NOTE: Use provided pre-addressed envelope for return of consultation report.

- CHAMPUS. (1) Conditions for participation in the CHAMPUS program are described on the CHAMPUS claim form. We encourage provider participation. Participating providers should send properly completed claims to:
Address of CHAMPUS Contractor for your area

Blue Cross & Blue Shield
730 Chestnut Street
Charanooga, TN 37402

Commanding Officer
Naval Hospital
Gumpstump, TN 37413

NOTE: Use provided pre-addressed envelope for return of consultation report.

- (2) If you elect not to participate in the CHAMPUS program, please give the patient an itemized statement of your services, including diagnostic information (ICDA or DSM II is acceptable). The patient is responsible to you for payment arrangements. CHAMPUS payment will be made to the patient.

Health Benefits Advisor signature To be signed immediately before giving to sponsor/patient.

PLEASE INCLUDE A COPY OF THIS COMPLETED CONSULTATION SHEET WITH EACH CHAMPUS CLAIM YOU SUBMIT TO THE CONTRACTOR.

Thank You

U.S. Government Printing Office: 1982-600-164/643 2-1

Appendix C

UNIFORMED SERVICES MEDICAL TREATMENT FACILITY NONAVAILABILITY STATEMENT (NAS) <i>(See Privacy Act Statement on Reverse)</i>	
INSTRUCTIONS TO THE PATIENT Concerning use by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)	
<p>1. The medical care requested is not available to you at a Uniformed Services Medical Treatment Facility (USMTF) in this area</p> <p>2. This form does NOT guarantee that CHAMPUS will cost share your care.</p> <p style="margin-left: 20px;">a. If you receive medical care from civilian sources and such care is determined to be authorized care under CHAMPUS, it will be cost shared by the Government to the extent that the program permits, provided such care is not obtained in an inpatient facility which discriminates in its admission and treatment practices on the basis of race, color, or national origin.</p> <p style="margin-left: 20px;">b. If you receive medical care from civilian sources and it is determined that all or part of the care is not authorized under CHAMPUS, the GOVERNMENT WILL NOT PAY for the unauthorized care.</p> <p style="margin-left: 20px;">c. The determination of whether medical care you receive from civilian sources is covered under CHAMPUS can not be made at this time because this determination depends, among other things, upon the care you actually receive and not upon the statement regarding your condition or diagnosis made on this form.</p> <p>3. This form must be presented with your Uniformed Services Identification and Privilege Card when you obtain civilian medical care. For your claim to be processed, you must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).</p> <p>4. This form is valid only for medical care requested from and determined not available at a Uniformed Services medical treatment facility in this area.</p>	<p>5. This Nonavailability Statement is valid for a hospital admission occurring within 30 days of issuance and remains valid from the date of admission until 15 days after discharge for any follow-on treatment that is related directly to the original admission.</p> <p style="margin-left: 20px;">a. In the case of maternity, the date of admission is defined as the date when the patient entered into the prenatal care program with a civilian provider, and the maternity NAS shall remain valid until 42 days following termination of the pregnancy.</p> <p style="margin-left: 20px;">b. In the event that a newborn infant remains in the hospital continuously after the discharge of the mother, the mother's NAS shall be deemed valid for the infant in the same hospital for up to 15 days after the mother's discharge. If the infant is likely to remain in the hospital beyond this 15 day limit, you will have to obtain a new NAS for the infant. Such an NAS will be issued by the facility only if the required care is not available in a Uniformed Services medical treatment facility in your area.</p> <p style="margin-left: 20px;">c. If you do not use this form within 30 days, or if you have questions about the expiration of the form, you should check with your local Health Benefits Advisor (HBA) prior to your admission to the hospital.</p> <p style="margin-left: 20px;">d. If you do not use this form, return it to the issuing Uniformed Services medical treatment facility.</p> <p>6. If you have further questions regarding this form or your CHAMPUS benefits, you should talk with your local Health Benefits Advisor, the CHAMPUS Fiscal Intermediary for your area, or the Beneficiary and Provider Relations Division Office of CHAMPUS, Aurora, Colorado.</p>
I HAVE REVIEWED AND UNDERSTAND THE ABOVE INSTRUCTIONS	
PATIENT'S SIGNATURE <i>John D. Doe</i>	
1. NAS NUMBER (Facility) (Yr-Julian) (Seq. No.) 067 4321 011	2. PRIMARY REASON FOR ISSUANCE (X one) <input type="checkbox"/> A. FACILITIES NOT AVAILABLE <input type="checkbox"/> B. PROFESSIONAL CAPABILITY NOT AVAILABLE <input checked="" type="checkbox"/> C. MEDICALLY INAPPROPRIATE (Explain in remarks)
3. TYPE OF PROBLEM FOR WHICH NAS IS ISSUED (Use code from reverse) 03	
4. PATIENT DATA	
a. PATIENT'S NAME (Last, First, Middle Initial) DOE, John D.	c. DATE OF BIRTH (YYMMDD) 20924
d. SEX M	
b. ADDRESS (Street, City, State, ZIP Code) 5212 Vale Hollow Drive Fort Holloway, VA 22000	e. PATIENT CATEGORY (X one) <input checked="" type="checkbox"/> (1) DEPENDENT OF ACTIVE DUTY <input type="checkbox"/> (2) RETIREE <input type="checkbox"/> (3) DEPENDENT OF RETIREE <input type="checkbox"/> (4) SURVIVOR <input type="checkbox"/> (5) FORMER SPOUSE
f. OTHER NON-CHAMPUS HEALTH INSURANCE (X one) <input checked="" type="checkbox"/> (1) YES, BUT ONLY CHAMPUS SUPPLEMENTAL <input type="checkbox"/> (2) YES (List in Remarks) <input type="checkbox"/> (3) NO	
5. SPONSOR DATA (If you marked 4e(2) RETIREE above, print "Same" in 5a)	
a. SPONSOR'S NAME (Last, First, Middle Initial) Same	d. SPONSOR'S OR RETIREE'S SOCIAL SECURITY NUMBER 100 20 3000
6. REMARKS (Indicate block number to which the answer applies.) 2c (1) Unable to be transported the 38 miles to this facility. (2) Plans treatment at Neighbor Hood Hospital, Ft., Holloway, VA. (3) Approx. 34 miles from neighbor Hood Hospital to this facility.	
7. ISSUING OFFICIAL DATA	
a. OFFICIAL'S NAME (Last, First, Middle Initial) KNODNICKE, Harry L.	b. OFFICIAL'S SIGNATURE <i>Harry L. Knodnicke</i>
c. TITLE Patient Administration Officer	d. PAY GRADE 0-4
	e. DATE ISSUED (Year, Month, Day) 1986 November 16

DD Form 1251, AUG 86

Supersedes all previous editions of DD Form 1251 and DD Form 1251 (Test), which are obsolete

Privacy Act Statement

- AUTHORITY:** 44 USC 3101, 41 CFR 101 et seq. and 10 USC 1066 and 1079.
- PRINCIPAL PURPOSE:** To evaluate eligibility for civilian health benefits authorized by 10 USC, Chapter 55, and to issue payment upon establishment of eligibility and determination that the medical care received is authorized by law. The information is subject to verification with the appropriate Uniformed Service.
- ROUTINE USES:** CHAMPUS and its contractors use the information to control and process medical claims for payment; for control and approval of medical treatments and interface with providers of medical care; to control and accomplish reviews of utilization; for review of claims related to possible third party liability cases and initiation of recovery actions; and for referral to Peer Review Committees or similar professional review organizations to control and review providers' medical care.
- DISCLOSURE:** Voluntary; however, failure to provide information will result in denial of, or delay in payment of, the claim.

INSTRUCTIONS FOR COMPLETING DD FORM 1251

This form can be issued only in accordance with the provisions of DoDI 6015.19, "Issuance of Nonavailability Statements," as implemented by the issuing facility's host Service (AR 40-121, NAVMEDCOMINST 6320.3, AFR 168.9, PHS General Circular No. 6, CGCOMDTINST 6320.11b, NOAA CO. 4).

The issuing officer or designee should brief the recipient on the Instructions to the Patient on the front of this form. If the patient is not enrolled in DEERS, instruct the patient to submit required paperwork immediately.

If this NAS is being issued retroactively (after the date the patient was admitted to the hospital), the last three digits of the NAS Number, Block 1, must be between 900 and 999 and an explanation provided in Block 6, "Remarks." If this condition is not met, the CHAMPUS Fiscal Intermediary will reject the claim.

SPECIFIC BLOCK INSTRUCTIONS

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------|------------|---------------|-------------------------------------|---------------|----------------|------------------|------------------|----------------------|---------------------|-----------------------|---------------|---|-----------------------|----------------------|---------------|--------------------|--------------|-----------------|----------------|----------------|--------------------------|---------------------|-----------------|------------|--|--|---|
| <p>1. Enter an NAS Number.</p> <ul style="list-style-type: none"> - The first three digits are the Defense Medical Information System (DMIS) facility identifier. - The next four digits represent the date the form is issued and are the last digit of the year plus the Julian Day. (For example, if the date is 1 January 1985, these digits would be 5001.) - The final three digits are the facility sequence number: <ul style="list-style-type: none"> - Numbers 000 through 899 may be assigned in accordance with the implementing instructions of the issuing facility's host Service. - Numbers 900 through 999 are assigned to NAS's issued retroactively. Enter the civilian hospital name and admission date for which the NAS applies in Block 6, "Remarks." <p>2. Check the appropriate box. If "Medically Inappropriate" is checked, specify why in Block 6, "Remarks," and <u>ONLY if the reason relates to access</u>, indicate in the following order: (a) the special circumstances, (b) the name and location of the civilian source of care selected by the beneficiary, and (c) the approximate distance from the source of care to the USMTF.</p> <p>3. Enter the code for the type of problem for which the NAS is being issued from the following list. For further information on what goes into each category, consult the "User's Guide for the CHAMPUS Cost and Workload Report" in the Service's implementing instructions.</p> <table border="0"> <tr> <td>01-Adverse Reactions</td> <td>15-Dental</td> </tr> <tr> <td>02-Allergy</td> <td>16-Obstetrics</td> </tr> <tr> <td>03-Cardiology
(Vascular Disease)</td> <td>17-Gynecology</td> </tr> <tr> <td>04-Dermatology</td> <td>18-Ophthalmology</td> </tr> <tr> <td>05-Endocrinology</td> <td>19-Psychiatry (GP I)</td> </tr> <tr> <td>06-Gastroenterology</td> <td>20-Psychiatry (GP II)</td> </tr> <tr> <td>07-Hematology</td> <td>21-Special Pediatrics
(Congenital Anomalies,
Neonatology)</td> </tr> <tr> <td>08-Infectious Disease</td> <td>22-Ear, Nose, Throat</td> </tr> <tr> <td>09-Nephrology</td> <td>23-General Surgery</td> </tr> <tr> <td>10-Neurology</td> <td>24-Neurosurgery</td> </tr> <tr> <td>11-Nutritional</td> <td>25-Orthopedics</td> </tr> <tr> <td>12-Pulmonary/Respiratory</td> <td>26-Thoracic Surgery</td> </tr> <tr> <td>13-Rheumatology</td> <td>27-Urology</td> </tr> <tr> <td>14-Internal Medicine, General
(not specified above)</td> <td></td> </tr> </table> | 01-Adverse Reactions | 15-Dental | 02-Allergy | 16-Obstetrics | 03-Cardiology
(Vascular Disease) | 17-Gynecology | 04-Dermatology | 18-Ophthalmology | 05-Endocrinology | 19-Psychiatry (GP I) | 06-Gastroenterology | 20-Psychiatry (GP II) | 07-Hematology | 21-Special Pediatrics
(Congenital Anomalies,
Neonatology) | 08-Infectious Disease | 22-Ear, Nose, Throat | 09-Nephrology | 23-General Surgery | 10-Neurology | 24-Neurosurgery | 11-Nutritional | 25-Orthopedics | 12-Pulmonary/Respiratory | 26-Thoracic Surgery | 13-Rheumatology | 27-Urology | 14-Internal Medicine, General
(not specified above) | | <p>4a. Enter the PATIENT'S name.</p> <p>4b. Enter the PATIENT'S home address. You must include the ZIP Code.</p> <p>4c. Enter the PATIENT'S date of birth. Enter two digits each for year, month, day with no dividers. January 23, 1985 will be entered as 850123.</p> <p>4d. Enter the PATIENT'S sex.</p> <p>4e. Mark the appropriate box.</p> <p>4f. Mark the appropriate box. If "f(2), Yes," is marked, specify the name of the insurance company and the policy number, if available, in Block 6, "Remarks."</p> <p>5a. Enter the SPONSOR'S name. If the sponsor is the patient, enter "SAME."</p> <p>5b. Enter the SPONSOR'S or RETIREE'S Social Security Number.</p> <p>6. Enter remarks as required by these instructions and implementing instructions.</p> <p>7a, c, and d. Type or print the name, pay grade, and title of the individual issuing this NAS.</p> <p>7b. The Issuing Official must sign the form.</p> <p>7e. Enter the date the form is issued. This date should be the same day of the year as the Julian date in Block 1; however, it should be spelled out (i.e., 1985 January 23) so the patient knows exactly when the form was issued. The form should be signed by the issuing official and given/sent to the beneficiary on the date of issuance.</p> |
| 01-Adverse Reactions | 15-Dental | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02-Allergy | 16-Obstetrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03-Cardiology
(Vascular Disease) | 17-Gynecology | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04-Dermatology | 18-Ophthalmology | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05-Endocrinology | 19-Psychiatry (GP I) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06-Gastroenterology | 20-Psychiatry (GP II) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07-Hematology | 21-Special Pediatrics
(Congenital Anomalies,
Neonatology) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08-Infectious Disease | 22-Ear, Nose, Throat | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09-Nephrology | 23-General Surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10-Neurology | 24-Neurosurgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11-Nutritional | 25-Orthopedics | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12-Pulmonary/Respiratory | 26-Thoracic Surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13-Rheumatology | 27-Urology | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14-Internal Medicine, General
(not specified above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DD Form 1251 Reverse, AUG 86

APPENDIX D

GEOGRAPHIC NAVAL MEDICAL REGIONS AND AREAS OF RESPONSIBILITY

<u>Geographic Regions</u>	<u>Area of Responsibility</u>
<p><u>Northeast Region</u></p> <p>Mailing Address: Commander Naval Medical Command Northeast Region Great Lakes, IL 60088-5203</p> <p>Message Address: NAVMEDCOM NEREG GREAT LAKES IL</p>	<p>Connecticut, Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Wisconsin, and Newfoundland</p>
<p><u>National Capital Region</u></p> <p>Mailing Address: Commander Naval Medical Command National Capital Region Bethesda, MD 20814-5000</p> <p>Message Address: NAVMEDCOM NATCAPREG BETHESDA MD</p>	<p>District of Columbia, Maryland, West Virginia, and the northern Virginia counties of Arlington, Fairfax, Prince William, and Loudoun and the Virginia cities of Alexandria and Falls Church</p>
<p><u>Mid-Atlantic Region</u></p> <p>Mailing Address: Commander Naval Medical Command Mid-Atlantic Region 6500 Hampton Boulevard Norfolk, VA 23508-1297</p> <p>Message Address: NAVMEDCOM MIDLANTREG NORFOLK VA</p>	<p>Bermuda, Cuba, North Carolina, Puerto Rico, South Carolina and all counties and cities of Virginia except those under the jurisdiction of the National Capital Region</p>
<p><u>Southeast Region</u></p> <p>Mailing Address: Commander Naval Medical Command Southeast Region Jacksonville, FL 32214-5222</p> <p>Message Address: NAVMEDCOM SEREG JACKSONVILLE FL</p>	<p>Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas</p>

APPENDIX D (Continued)

Geographic Regions

Area of Responsibility

Northwest Region

Mailing Address:
Commander
Naval Medical Command
Northwest Region
Oakland, CA 94627-5025

Message Address:
NAVMEDCOM NWREG OAKLAND CA

Alaska, Colorado, Idaho, Kansas, Montana, Nebraska, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming; the California counties of Inyo, Kings, and Tulare and all other counties of California north thereof except the community of Bridgeport; and NAS Fallon, Nevada and its immediate area

Southwest Region

Mailing Address:
Commander
Naval Medical Command
Southwest Region
San Diego, CA 92134-7000

Message Address:
NAVMEDCOM SWREG SAN DIEGO CA

Arizona and New Mexico; the California counties of Kern, San Bernadino, San Luis Obispo, Santa Barbara, and all other counties of California south thereof; the community of Bridgeport, CA (Marine Corps cold-weather training site); and Nevada, except for NAS Fallon and its immediate area

European Region

Mailing Address:
Commander
U.S. Naval Medical Command
European Region
P.O. Box 22
FPO New York 09510

Message Address:
NAVMEDCOM EURREG LONDON UK

Europe, Greece, Italy, Spain, the United Kingdom, and the Middle East

Pacific Region

Mailing Address:
Commander
Naval Medical Command
Pacific Region
Naval Air Station
Barbers Point, HI 96862-5850

Message Address:
NAVMEDCOM PACREG BARBERS PT HI

Australia, Guam, Hawaii, Japan, and the Republic of the Philippines

APPENDIX E

MARINE CORPS DISTRICTS AND AREAS OF RESPONSIBILITY

<u>District</u>	<u>Area of Responsibility</u>
First Marine Corps District 605 Stewart Avenue Garden City, NY 11530	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont
Fourth Marine Corps District Building 75, U.S. Naval Base Philadelphia, PA 19112	Delaware, District of Columbia, *Indiana, Kentucky, *Maryland, Ohio, Pennsylvania, Virginia, and West Virginia
Sixth Marine Corps District 75 Piedmont Avenue, NE Atlanta, GA 30335-2201	Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Tennessee
Eighth Marine Corps District Building 10, Naval Support Activity New Orleans, LA 70142	Arkansas, Colorado, *Iowa, Kansas, Louisiana, *Maryland, New England, New Mexico, Oklahoma, South Dakota, Texas, and Wyoming
Ninth Marine Corps District 10000 West 75th Street Shawnee Mission, KS 66204	*Iowa, Illinois, *Indiana, Michigan, Minnesota, Missouri, North Dakota, and Wisconsin
Twelfth Marine Corps District Naval Station Treasure Island, CA 94130	Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, and Washington

*Per Marine Corps Order P3040.4B, dual responsibility for these States exist. Make the nearest Marine Corps district the information addressee on each casualty message.

APPENDIX F

DISENGAGEMENT FOR CIVILIAN MEDICAL CARE	NAVMEDCOMINST 6320.3B
<p style="text-align: right;">20 Dec 86 <small>(Date)</small></p> <p>From: <u>CAPT Harold Excell, MC, USN / Cardiology</u> <small>(Physician's Name and Clinical Service)</small></p> <p style="margin-left: 40px;"><u>NH, Bethesda, MD 20814</u> <small>(Name and Address of Facility)</small></p> <p>To: <u>DOE, John Frank</u> / <u></u> <small>(Patient's Name) (Responsible Family Member's Name)</small></p> <p>Procedure/Services Required by Patient: <u>Cardiac Catheterization</u></p> <hr/> <p>Patient disengaged:</p> <p>To receive care under: <u>Unknown</u> <small>(Program, If Known)</small></p> <p>To receive care from: <u>Unknown</u> <small>(Health Care Provider/Source, If Known)</small></p> <hr/> <p>Disengagement: I understand that the above named facility does not have the capability to provide the services required by the patient named hereon. I understand that the Navy will not be responsible for the cost of care obtained through this disengagement. The Navy has not recommended nor directed the patient named hereon to a particular physician or source of care. I acknowledge that I have been counseled concerning this disengagement and its possible cost-sharing provisions under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or other programs that may be responsible for costs associated with this disengagement. I understand that I am to receive a copy of this statement.</p> <p>Patient or Responsible Family Member's Acknowledgement: <u><i>John F. Doe</i></u> <small>(Signature)</small></p> <hr/> <p>Patient's Name: <u>DOE, John Frank</u> Status: <u>HMC, USN, Retired</u> <small>(Rank/Service/Dep/Ret)</small></p> <p>Address: <u>3700 Clair Drive, Mitchel, MD 20715</u></p> <p>SSN <u>123-45-6789</u> ID Card No: <u>20705010</u></p> <p>Phone No: <u>(301) 464-2000</u> ID Card Issue Date: <u>1985 SEP 22</u></p> <p>DEERS Check: <u>Yes</u> ID Card Effective Date: <u>1979 SEP 21</u> <small>(Yes) (No)</small> ID Card Expiration Date: <u>Indefinite</u></p> <p>DEERS Verifies Eligibility: <u>Yes</u> <small>(Yes) (No)</small></p> <p>Counselor: <u><i>Harold C. White</i></u> <u>21 Dec 86</u> <small>(Signature) (Date)</small></p>	

APPENDIX G

INITIATING COLLECTION ACTION ON PAY PATIENTS

1. General. The Comptroller of the Navy has approved a system of transactions that generates reports to COMNAVMEDCOM on unfunded reimbursable transactions. The purpose of the final report is to provide data on services furnished by naval health care facilities for which central collection from other Government agencies and private parties is required.

2. Responsibilities

a. Patient Administration Departments. The initiation of the collection process begins with patient administration departments. Collection action cannot be accomplished unless patient administration departments take the initial step to complete:

(1) DD 7, Report of Treatment Furnished Pay Patients, Hospitalization Furnished (Part A). Prepare a separate substantiating DD 7, in triplicate, for each category of pay patient receiving inpatient care. At the end of each day that any pay patient is admitted, submit DD 7's to the collection agent. See page App G-4 for a completed sample DD 7.

(2) DD 7A, Report of Treatment Furnished Pay Patients, Out-patient Treatment Furnished (Part B). Prepare a separate substantiating DD 7A, in triplicate, for each category of pay patient receiving outpatient care. At the end of each day that any pay patient is treated on an outpatient basis, submit DD 7A's to the collection agent. See page App G-5 for a completed sample DD 7A.

b. Collection Agents. Upon receipt of a completed DD 7 or DD 7A, collection agents will take the action indicated in paragraph 24304 of the Resource Management Handbook, NAVMED P-5020 (NOTAL), to effect central collection action.

3. Categories of Pay Patients. The categories of patients for whom collection action must be initiated are:

a. Coast Guard

- (1) Active Officers
- (2) Retired Officers
- (3) Active Enlisted
- (4) Retired Enlisted

APPENDIX G (Continued)

(5) Dependents

(6) Cadets

b. Public Health Service

(1) Active Officers

(2) Retired Officers

(3) Dependents of Officers

c. National Oceanic and Atmospheric Administration (NOAA)

(1) Active Officers

(2) Retired Officers

(3) Dependents of Officers

d. Foreign

(1) NATO Officers (Except Canadians provided care under the comparable care agreement.)

(2) NATO Enlisted (Except Canadians provided care under the comparable care agreement.)

(3) NATO Dependents

(4) Civilians Accompanying NATO Members

(5) Foreign Military Sales (FMS) Officers

(6) FMS Enlisted

(7) FMS Dependents

(8) FMS Civilians

(9) Military Grant Aid Officers

(10) Military Grant Aid Enlisted

(11) Military Grant Aid Dependents

(12) Military Grant Aid Civilians

APPENDIX G (Continued)

- (13) Military Officers From Other Than NATO Nations
- (14) Military Enlisted From Other Than NATO Nations
- (15) Dependents of Officers and Enlisted From Other Than NATO Nations
- (16) Civilians Accompanying Military Members of Other Than NATO Nations
- (17) Nationals and Their Dependents
- e. Secretarial Designees Not Exempted From Paying
- f. Others
 - (1) Merchant Marines
 - (2) Military Sealift Command (MSC) Personnel
 - (3) Public Health Service Beneficiaries (Other than Commissioned Corps)
 - (4) Veterans Administration Beneficiaries
 - (5) Peace Corps Beneficiaries
 - (6) Job Corps Beneficiaries
 - (7) Volunteers In Service to America (VISTA) Beneficiaries
 - (8) Office of Workers Compensation Program (OWCP) Beneficiaries
 - (9) Bureau of Employees Compensation (BEC) Beneficiaries
 - (10) Department of State and Other Federal Agencies Beneficiaries (Prepare a separate form for each Federal agency.)
 - (11) Civilian Humanitarian Nonindigents (CHNI)
 - (12) Trust Territory Beneficiaries
 - (13) Others Not Specified Above Who Are Not Entitled to Health Benefits at the Expense of the Government

APPENDIX G (Continued)

REPORT OF TREATMENT FURNISHED PAY PATIENTS HOSPITALIZATION FURNISHED (PART A)		REPORT CONTROL SYMBOL				
1. INSTALLATION PROVIDING HOSPITALIZATION (Name and address) Naval Hospital, Gumpstump, TN		2. MONTH AND YEAR COVERED BY THIS REPORT Sep 86				
3. CATEGORY OF PATIENTS NOAA Active Duty Officers		4. AUTHORITY FOR ADMISSION Identification Cards & DEERS				
NAME (Last, first, middle Initial) AND SSN 5	MILITARY GRADE 6	ORGANIZATION 7	DIAGNOSIS 8	ADMISSION 9	DISCHARGE 10	TOTAL 11
1. GRANT, L. Leroy (001-02-0003)	CAPT	MAR SAF OFF LBEACH, CA	Myocardial Infarction	21 Sep 86	29 Sep 86	08
2. JONES, JIM JAMES (002-03-0004)	LCDR	11TH CG DIST LBEACH, CA	Hepatitis	01 Sep 86	27 Sep 86	26
13. AUTHORITY (Signature, rank, title, organization of Commanding Officer) <i>S. T. White, III</i> S. T. WHITE, III, MSC, USNR				14. TOTAL DAYS HOSPITALIZED		34
12. DATE 30 Sep 86		DD FORM 1 Jan 76, 7				

FORNAMES

APPENDIX G (Continued)

REPORT OF TREATMENT FURNISHED PAY PATIENTS OUTPATIENT TREATMENT FURNISHED (PART B)					REPORT CONTROL SYMBOL	
1. INSTALLATION PROVIDING TREATMENT (Name and address) Naval Hospital, Gumpstump, TN			2. MONTH AND YEAR COVERED BY THIS REPORT Aug 1986			
3. CATEGORY OF PATIENTS Coast Guard, Retired			4. AUTHORITY FOR ADMISSION Identification Card			
NAME (Last, first, middle initial) AND SSN 5	MILITARY GRADE 6	ORGANIZATION 7	DIAGNOSIS 8	TREATMENT DATES 9		NUMBER 10
1. Doe, John L. 123-45-6789	LT			8 Aug 86		1
2. Jones, James J. 234-56-7890	CAPT			8 Aug 86		2
				(3. TOTAL		3
11. DATE 8 Aug 86		12. AUTHENTICATING SIGNATURE (Military grade, organization of Commanding Officer) <i>S. T. White</i> S. T. WHITE, LT, MSC, USNR				

DD FORM 7A
1 AUG 76

EDITION OF 1 OCT 49 WILL BE USED UNTIL EXHAUSTED.

PROCEDURES FOR TRANSFERRING
PATIENTS IN NAVAL MTFs TO MEDICAL HOLDING COMPANIES

1. MTF Responsibilities. Commanding officers of naval hospitals and the Naval Medical Clinic, Pearl Harbor, HI will assure that, per BUPERSINST 1306.72E, the following procedures are followed after a determination is made that a patient should be transferred to a medical holding company (MHC).

a. Ensure that only active duty enlisted patients who are first admitted as inpatients are transferred to the MHC as outpatients.

b. Ensure that only patients who are ambulatory and require a minimum of medical care are transferred to the MHC.

c. Gainfully use personnel assigned to the MHC commensurate with individual physical limitations.

d. Transfer qualified patients from the MTF with records and accounts, including a copy of the patient's Inpatient Admission/Disposition Record (NAVMED 6300/5) to the designated MHC for temporary duty (TEM DU) as an outpatient. Personnel may also be transferred to a MHC with all records, orders, and a copy of the NAVMED 6300/5 in a temporary additional duty (TEMADD) status provided the individual was originally ordered to treatment on TEMADD orders when the combined length of hospitalization and outpatient treatment is not anticipated to exceed the guidelines of paragraph 2. However, any member permanently assigned to shore duty in the geographical area of the naval MTF will be returned to the parent activity, vice the MHC, for outpatient treatment. When enlisted patients of other uniformed services are transferred to the MHC, ensure that liaison is established with the appropriate local command of the member's parent service, and ensure that administrative procedures of that service are scrupulously followed.

e. Advise the liaison officer/officer in charge of the MHC of dates personnel are to be returned to the naval MTF for further treatment or reevaluation, and also when treatment has been completed.

f. Ensure that personnel assigned to the MHC are accounted for in Manpower, Personnel and Training Information System (MAPTIS) per the following procedures:

(1) Retain on the diary of the naval MTF personnel admitted to a naval hospital whose status changes from inpatient to medical hold outpatient. ACC 371 will be assigned by means of a miscellaneous diary change.

Enclosure (1)

(2) Unit identification codes (UICs) previously used to identify MHCs at naval hospitals will no longer be used for personnel accounting purposes. If appropriate, transfer personnel currently charged to MHC accounts to the inpatient accounts of the associated medical facilities in the ACC 371 citing BUPERSINST 1306.72E as authority. When all personnel have been transferred, submit a final diary entry closing out the MHCs diaries. As an exception, Naval Medical Clinic, Pearl Harbor, HI will retain UIC 41304 and continue to report as before.

g. As soon as possible during the recuperative period, and no later than immediately following final reevaluation and determination by the medical activity that a member in an outpatient status is fit for full duty, submit an availability report to COMNAVMILPERSCOM (NMPC-453) (Head, Availability Control Branch) per Chapter 20 of the Enlisted Transfer Manual, with a copy to the member's former or parent command as applicable. Return the member to a MHC to await assignment and transfer processing.

h. When the MHC company is not geographically collocated with a naval MTF, designate a medical department officer to provide liaison between the MHC and the MTF.

i. Establish a cross reference tickler system, interfaced with the MHC, to ensure the continuing evaluation, at least weekly, of personnel in a medical hold status.

j. Ensure that personnel transferred into a MHC do not remain longer than 30 days, including any convalescent leave granted. If the total convalescent period will exceed 30-days, pursue a medical board disposition.

k. If a member will exceed 30 days in a medical hold status and a medical board is unwarranted, submit a ROUTINE precedence message report in the following format to COMNAVMEDCOM WASHINGTON DC:

FM: NAVHOSP _____
TO: COMNAVMEDCOM WASHINGTON DC
INFO: EPMAC DET TMU NEW ORLEANS LA
PERSUPFACT/PERSUPPDET _____(as applicable)
(Designated medical holding company activity, if applicable)
(Other addrees as deemed appropriate)

UNCLAS //NO1306//

SUBJ: THIRTY DAY MEDICAL HOLD (MEDCOM RPT SYM 1306-1)

1. RATE, FULL NAME, BRANCH, SSN, NEC:
2. LAST PERMDUSTA AND DATE TRF:
3. INITIAL ADMISSION AND DATE RCVD: (Should member be readmitted to the MTF as an inpatient from a medical holding status, provide: initial hospital admission date, date received in medical holding company, date readmitted to MTF, and if appropriate, date readmitted to medical holding company, plus sufficient remarks to explain this action.)
4. DIAGNOSIS: For this submission.
5. CIRCUMSTANCES REQUIRING RETENTION IN MEDICAL HOLD STATUS:
6. ESTIMATED DATE OF COMPLETION OF MEDICAL HOLD STATUS:
7. GRADE AND NAME OF ATTENDING PHYSICIAN OR COUNSELOR:

l. Provide for local development of reports to monitor operation of the medical holding company, including the concurrent review of length of stay and appropriateness of patients' placement into and disposition from the medical holding company.

m. Provide for an MHC personnel accounting system. Upon transfer to a medical holding company, assure that personnel have a copy of their Inpatient Admission/Disposition Record (NAVMED 6300/5) in their possession in addition to all other records and orders. Complete the NAVMED 6300/5 upon the member's discharge from inpatient status and give a copy to the member.

2. Limitations. Per the Enlisted Transfer Manual, article 19.021, the following represents limitations on certain classes of patients relative to their anticipated length of hospitalization (to include time in medical hold). Issue TAD under treatment orders to the following individuals per guidelines below:

a. Personnel Serving On Sea Duty (Type 2 Duty and Type 4 Duty in Hawaii). When period of hospitalization is expected to be less than 30 days and the ship or unit is not scheduled to depart the area for an extended period (extended period defined as deployment of more than 60 days).

b. Personnel Serving Overseas (Type 3, 4, 5, or 6, Duty) (Including Alaska and Hawaii (Less Type 4 Duty)) With or Without Dependents on Station. When period of hospitalization is expected to be less than 6 months.

c. Personnel Serving On Shore Duty (Type 1 Duty) and Neutral Duty (CONUS) (Type 5 Duty). When period of hospitalization is expected to be less than 45 days.

d. Personnel Undergoing Recruit Training. When period of hospitalization is expected to be less than 6 months.

e. Personnel Undergoing Courses of Instruction (TEMDUINS/DUINS) at Naval Training Activities or Civilian Facilities. When hospitalization is expected to be less than 4 months.

f. Personnel Serving On Hazardous Duty or Diving Duty and Receiving Incentive Pay. Personnel who require hospitalization as a result of injury or incapacitation incurred during performance of such duty will be transferred under TAD orders to remain in effect for one of the following lengths of time, whichever occurs first:

(1) For period of hospitalization.

(2) Until found fit for duty assigned by appropriate medical authority.

(3) For a period of 3 months.

3. Exception. If determined that any member in paragraphs 2a or b above is to be transferred to a naval hospital in CONUS for treatment or observation, then TEMDU orders will be issued vice TAD.

4. Supplemental Information. See NAVPERS 15909C, Enlisted Transfer Manual for supplemental information.

5. Medical Holding Company Responsibilities. BUPERSINST 1306.72E prescribes guidelines and procedures for the operation of MHCs.

THE PRIVACY ACT - DISCLOSURE
TO OTHERS AND DISCLOSURE ACCOUNTING

1. General. Since medical information on individuals is maintained by the Navy in a "system of records," requirements of the Privacy Act of 1974, 5 U.S.C. 552a (1982), apply to that system. Consequently, Navy activities will maintain medical records in strict compliance with the Privacy Act and the implementing instruction, SECNAVINST 5211.5C, Personal privacy and rights of individuals regarding records pertaining to themselves. The following, excerpted and paraphrased from SECNAVINST 5211.5C, highlights requirements of the Privacy Act and procedures to be followed when requests are received for disclosure of medical information on individuals.

a. Summary of Privacy Act Requirements. A "system of records," for purposes of the Privacy Act, is a group of agency records from which information is retrieved by the name of an individual or by some identifying number, symbol, or other identifying particular assigned to that individual. The Privacy Act requires an agency maintaining a "system of records" to publish in the Federal Register a notice of existence of that system. The Privacy Act prohibits an agency from disclosing any records contained in a "system of records" to any person or other agency, except pursuant to a written request by, or with prior written consent of, the individual to whom the record pertains, unless disclosure is authorized under one or more of twelve exemptions listed in the Act. Any member or employee of the Department of the Navy may be found guilty of a misdemeanor and fined not more than \$5,000 for willfully violating either of these two requirements. Other important requirements are set forth in SECNAVINST 5211.5C, including, in certain cases, keeping an accurate accounting of disclosures made from an individual's records and allowing a person who is the subject of a record in a system of records to see his or her record. The Privacy Act, generally, gives persons other than the record subject no right to see the record, except if they have a written request by, or prior written consent of, the record subject. However, parents generally may act on behalf of their children. Compliance with the Privacy Act will not be possible without referring to SECNAVINST 5211.5C.

b. Conditions of Disclosure. No record contained in a "system of records" will be disclosed except pursuant to a written request by, or with prior written consent of, the record subject, unless disclosure falls within a Privacy Act exemption. Where the record subject is mentally incompetent, insane, or deceased, no medical record will be disclosed except pursuant to a written request by, or with prior written consent of, the record subject's next of kin or legal representative, unless disclosure falls within a Privacy Act exemption. The most important Privacy Act exemptions are:

Enclosure (2)

(1) Intra-agency. Disclosure may be made to personnel of the Department of the Navy or other components of the DOD who have need of the record in performance of their duties. Private contractor personnel who are engaged to perform services in connection with operation of a system of records for a DOD component may also have access to that system, provided the contract under which they are working makes them fully responsible for maintaining the system according to Privacy Act standards.

(a) Within Navy. Following are examples of entities to whom disclosure may be made, within Navy, without prior consent of the record subject: concerned commanding and executive officers, personnel managers, review boards, discipline officers, courts-martial personnel, medical officers, investigating officers, and representatives of the Judge Advocate General, Auditor General, Inspector General, or Naval Investigative Service who require the information to discharge an official duty.

(b) Within DOD. Following are examples of entities outside Navy but within DOD to whom disclosure may be made without prior consent of the record subject: personnel of the Joint Chiefs of Staff, Military Enlistment Processing Stations (MEPS), Defense Investigative Service, or the other military departments who require the information to discharge an official duty.

(2) Freedom of Information Act Requests. Certain information must be released in response to Freedom of Information Act requests. Reference should be made to SECNAVINST 5211.5C, paragraph 7b(2), and SECNAVINST 5720.42C with respect to handling these requests. Consult a judge advocate if you have any questions with respect to a particular request.

(3) Routine Uses. Certain disclosures may be made through specific "routine uses" listed in the notice for the "system of records" at issue. Disclosure accounting is required.

(4) Medical Emergency. Disclosure may be made pursuant to a showing of compelling circumstances affecting health or safety of an individual if, upon such disclosure, notification is transmitted to the last known address of such individual. Disclosure accounting is required.

(5) Other. Disclosure accounting is also required for disclosures made under other exemptions mentioned in SECNAVINST 5211.5C, paragraph 7b.

2. Supplemental Information. See SECNAVINST 5211.5C for further information on the Privacy Act and on disclosure under the Freedom of Information Act (FOIA).

OFFICE OF WORKERS' COMPENSATION (OWCP) DISTRICT OFFICES

<u>District No. & Address</u>	<u>Area of Jurisdiction</u>
1. Deputy Commissioner Office of Workers' Compensation Rm. 1800, John F. Kennedy Bldg. Government Center Boston, MA 02203	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
2. Deputy Commissioner Office of Workers' Compensation Room 324 1515 Broadway (at West 44th) New York, NY 10036	New Jersey, New York, Puerto Rico, and the Virgin Islands
3. Deputy Commissioner Office of Workers' Compensation Rm. 15100, Gateway Building 3535 Market Street Philadelphia, PA 19104	Delaware, Pennsylvania, and West Virginia
6. Assistant Deputy Commissioner Office of Workers' Compensation 400 West Bay Street P.O. Box 35049 Jacksonville, FL 32002	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
9. Deputy Commissioner Office of Workers' Compensation Room 867 1240 East Ninth Street Cleveland, OH 44199	Indiana, Michigan, and Ohio
10. Deputy Commissioner Office of Workers' Compensation 230 South Dearborn St., 8th Floor Chicago, IL 60604	Illinois, Minnesota, and Wisconsin
11. Deputy Commissioner Office of Workers' Compensation 1910 Federal Office Building 911 Walnut Street Kansas City, MO 64106	Iowa, Kansas, Missouri, and Nebraska
12. Deputy Commissioner Office of Workers' Compensation Drawer 3558, Federal Building 1961 Stout Street Denver, CO 80294	Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Enclosure (3)

<u>District No. & Address</u>	<u>Area of Jurisdiction</u>
13. Deputy Commissioner Office of Workers' Compensation 450 Golden Gate Avenue P.O. Box 36066 San Francisco, CA 94102	Arizona, California, and Nevada
14. Deputy Commissioner Office of Workers' Compensation 4010 Federal Office Building 909 First Avenue Seattle, WA 98174	Alaska, Idaho, Oregon, and Washington
15. Assistant Deputy Commissioner Office of Workers' Compensation 300 Ala Moana Boulevard Room 5108, P.O. Box 50209 Honolulu, HI 96815	Hawaii and the posses- sions and trust terri- tories of the United States in the Pacific
16. Assistant Deputy Commissioner Office of Workers' Compensation 555 Griffin Square Bldg., Room 100 Griffin and Young Streets Dallas, TX 75202	Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
25. Assistant Deputy Commissioner Office of Workers' Compensation Room 405, McLachlen Building 666 11th Street, N.W. Washington, DC 20211	District of Columbia, Maryland, and Virginia
50. Assistant Deputy Commissioner Office of Workers' Compensation P.O. Box 28608 Washington, DC 20005	All claims originating outside the U.S., its possessions, territories and trust territories, including claims by U.S. citizens and residents as well as foreign nationals; and all for- eign nationals wherever employed, other than employees of the Panama Canal Company.

RESERVISTS - CONTINUED TREATMENT, RETURN TO LIMITED DUTY,
SEPARATION, OR RETIREMENT FOR PHYSICAL DISABILITY1. General

a. Notice of Eligibility (NOE). While the NOE is basically a document that substantiates entitlement to a disability benefit equal to pay and allowances, it may be accepted when required to substantiate eligibility for benefits other than pay and allowances, i.e., treatment in USMTFs under the provisions of title 10, United States Code.

b. Physical Disability Benefits. The following, excerpted and paraphrased from SECNAVINST 1770.3, paragraph 10, is applicable when a reservist may be entitled to physical disability benefits.

(1) When a notice of eligibility (NOE) has been issued to a member hospitalized in a naval MTF and the attending physician is of the opinion that recovery is not anticipated or that the reservist is not expected to be fit for return to full duty within a reasonable period, a medical board will be convened and the case managed the same as that of a Regular member. Assure that a copy of the NOE accompanies the medical board report forwarded to the Central Physical Evaluation Board. Disability benefits, equal to pay and allowances, will continue in such instances until final disposition.

(2) There is no limited duty status, per se, for inactive reservists. However, if the attending physician determines that a reservist is temporarily unfit for full duty, but will be fit for full duty following a period of convalescence or following duty with physical limitations, not to exceed 6 months, the physician may return the reservist to duty with a summary of the hospitalization or treatment. The summary will set forth the limitations posed by the member's disability and the period of such limitations. Followup hospitalization, treatment, and evaluation for the same condition may be provided at USMTFs during the period of restricted duty, if required. If, during the period of restricted duty, it appears that the reservist will be permanently unfit for full duty, promptly authorize the reservist to report for evaluation, treatment if required, and appearance before a medical board at the nearest naval MTF capable of accomplishing same. Admission to the sicklist is authorized, when required. Should the medical board recommend appearance before a physical evaluation board, disability benefits equal to pay and allowances should continue until final disposition is effected.

Enclosure (4)

2. Care From Other Than Federal Sources. The provisions of this enclosure do not authorize care for reservists at other than Federal facilities nor out of funds available for operation of USMTFs (supplemental care) after a period of active duty or a period of training duty ends, including travel to and from such training. Such care may be rendered under the provisions of NAVMEDCOMINST 6320.1.

OFFICES OF MEDICAL AFFAIRS (OMA)
AND OFFICES OF DENTAL AFFAIRS (ODA)

1. For the 48 contiguous United States, the District of Columbia, and Alaska, six regions have been given the responsibility for medical cognizance of the sick and injured, claims processing and adjudication of preauthorized nonnaval care, and prior or after the fact approval or disapproval of requests for nonemergency medical, dental, or maternity care within their areas of responsibility. The areas and the OMA and ODA serving the areas are:

a. Northeast Region. The States of Connecticut, Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, and Wisconsin are served by one ODA and one OMA:

(1) Responsibility for dental matters for all States in the Northeast Region is vested in:

Commander
Naval Medical Command, Northeast Region
Office of Dental Affairs
Great Lakes, IL 60088-5400
Telephone: (A) 792-3942 (C) 312-688-3942

(2) Responsibility for medical matters for all States in the Northeast Region is vested in:

Commander
Naval Medical Command, Northeast Region
Office of Medical Affairs
Great Lakes, IL 60088-5400
Telephone: (A) 792-3950 (C) 312-688-3950

b. National Capital Region. For the States of Maryland and West Virginia; the Virginia counties of Arlington, Fairfax, Loudoun, and Prince William; the Virginia cities of Alexandria, Falls Church, and Fairfax; and the District of Columbia, medical and dental responsibilities are vested in:

Commander
Naval Medical Command, National Capital Region
Office of Medical Affairs
Bethesda, MD 20814-5000
Telephone: (A) 295-5322 (C) 301-295-5322

c. Mid-Atlantic Region. For the States of North Carolina, South Carolina, and all areas of Virginia south and west of Prince William and Loudoun counties, medical and dental responsibilities are vested in:

Commander
Naval Medical Command, Mid-Atlantic Region
6500 Hampton Boulevard
Norfolk, VA 23502-1297
Telephone: (A) 565-1074 and 1075 (C) 804-445-1074 and 1075

d. Southeast Region. For the States of Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas, medical and dental responsibilities are vested in:

Commanding Officer
Naval Medical Clinic
Code OMA
New Orleans, LA 70142-5300
Telephone: (A) 485-2406 (C) 504-361-2406

e. Southwest Region. For the States of Arizona, Nevada, and New Mexico the California counties of Kern, San Bernadino, San Luis Obispo, Santa Barbara, and all other counties of California south thereof, medical and dental responsibilities are vested in:

Commander
Naval Medical Command, Southwest Region
Office of Medical Affairs
San Diego, CA 92134-7000
Telephone: (A) 987-2611 (C) 619-233-2611

f. Northwest Region. The States of Alaska, Colorado, Idaho, Kansas, Montana, Nebraska, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming; and the California counties of Inyo, Kings, Tulare, and all other counties of California north thereof are served by one ODA and two OMAs:

(1) Responsibility for dental matters for all States in the Northwest Region is vested in:

Commander
Naval Medical Command, Northwest Region
Office of Dental Affairs
Oakland, CA 94627-5025
Telephone: (A) 855-6200 (C) 415-633-6200

(2) For the States of Colorado, Kansas, and Utah, and the California counties of Inyo, Kings, Tulare, and all other counties of California north thereof, medical responsibilities are vested in:

Commander
Naval Medical Command, Northwest Region
Oakland, CA 94627-5025
Attn: Office of Medical Affairs
Telephone: (A) 855-5705 (C) 415-633-5705

(3) For the States of Alaska, Idaho, Montana, Nebraska, North Dakota, Oregon, South Dakota, Washington, and Wyoming, medical responsibilities are vested in:

Commanding Officer
Naval Medical Clinic
Naval Station
Seattle, WA 98115-5004
Attn: Office of Medical Affairs
Telephone: (A) 941-3823 (C) 206-526-3823

BIBLIOGRAPHY OF INSTRUCTIONS, NOTICES,
MANUALS, AND OTHER SOURCE MATERIAL CITED

<u>Source</u>	<u>Title</u>
Air Force Regulation (AFR) 168-6	Persons authorized medical care
Army Regulation (AR) 40-3	Medical, dental, and veterinary care
BUMEDINST 1910.2G	Disposition of enlisted members by medical board action by reason of physical disability, military unsuitability, and enlisted in error
BUMEDINST 5890.1A	Third Party Tort Liability Program under the Medical Care Recovery Act
BUMEDINST 6230.1H	Immunization requirements and procedures
BUMEDINST 6320.1D	Medical regulating to and within the continental United States
BUMEDINST 6320.41B	Aural rehabilitation
BUMEDINST 6320.52	Medical support services to Military Sealift Command by naval regional medical centers, naval hospitals and regional medical clinics
BUPERSINST 1306.72E	Medical holding companies; policies and procedures concerning
DODINST 6015.19 of 26 Nov 1984	Issuance of Nonavailability Statements
DOD Military Pay and Allowances Entitlement Manual	
International Classification of Diseases - 9th Revision - Clinical Modification	
JAG Manual, chapters 8 and 24	

NAVMEDCOMINST 6320.3B	
MANMED, chapters 18, 21, and 22	
Marine Corps Order P3040.4B	Marine Corps Casualty Procedures Manual
Military Health Services System Catchment Area Directory	
MILPERSMAN, articles 1810520, 3020360, and 4210100	
NAVCOMPTMAN, paragraph 032103	
NAVMED P-5020	Resource Management Handbook
NAVMEDCOMINST 6120.2	Medical Examination of Applicants for the United States Service Academies, Reserve Officer Training Corps (ROTC) Scholarship Program, Including the Air Force, Army, and Navy Two- and Three-Year College Scholarship Program (CSP), and the Uniformed Services University of Health Sciences (USUHS)
NAVMEDCOMINST 6320.1A	Nonnaval medical and dental care
NAVMEDCOMINST 6320.12	Transfer of patients of the naval service to Veterans Administration treatment facilities
NAVMEDCOMINST 6320.18	CHAMPUS Regulation; implementation of
NAVMEDCOMINST 6810.1	Ophthalmic services
NAVMEDCOMNOTE 6320	Cost elements of medical, dental, subsistence rates, and hospitalization bills
NAVMILPERSCOMINST 1750.1A	Verifying DD Form 1172 and Issuing DD Form 1173
NAVPER 15909C	Enlisted Transfer Manual
OPNAVINST 1750.2	Defense Enrollment Eligibility Reporting System (DEERS)

Enclosure (6)

OPNAVINST 1770.1	Casualty Assistance Calls and Funeral Honors Support (CAC/FHS) Program Coordination
OPNAVINST 4630.25B	Air transportation eligibility
OPNAVINST 4950.1H	Department of the Navy Security Assistance Training
OPNAVINST 6000.1	Management of Pregnant Service- women
SECNAVINST 1770.3	Disability and death benefits for Navy and Marine Corps reservists
SECNAVINST 1910.4A	Enlisted administrative separa- tions
SECNAVINST 5211.5C	Personal privacy and rights of individuals regarding records pertaining to themselves
SECNAVINST 5720.42C	Department of the Navy Freedom of Information Act Program
SECNAVINST 6300.2A	Family Planning Services; contra- ception, sterilization and abor- tion
SECNAVINST 6320.8D	Uniformed Services Health Bene- fits Program
U.S. Navy Regulations	

DATA MANAGEMENT INFORMATION SYSTEM (DMIS) FACILITY IDENTIFIER

In preparing each DD 1251, Nonavailability Statement (NAS), authorized issuing authorities are required to insert a facility unique NAS number in item 1 thereon. The first three digits of that number is the DMIS facility identifier that follows:

<u>Naval Hospitals</u>	<u>Facility Identifier</u>
Beaufort, SC.....	104
Bethesda, MD.....	067
Bremerton, WA.....	126
Camp Lejeune, NC.....	091
Camp Pendleton, CA.....	024
Charleston, SC.....	103
Cherry Point, NC.....	092
Corpus Christi, TX.....	118
Great Lakes, IL.....	056
Jacksonville, FL.....	039
Lemoore, CA.....	028
Long Beach, CA.....	025
Memphis, TN.....	107
New London, CT.....	035
Newport, RI.....	100
Oakland, CA.....	027
Orlando, FL.....	040
Patuxent River, MD.....	068
Pensacola, FL.....	038
Philadelphia, PA.....	099
Portsmouth, VA.....	124
San Diego, CA.....	029
Whidbey Island, WA.....	127
 <u>US Naval Hospitals</u>	
Guam, MI.....	620
Guantanamo Bay, CU.....	615
Naples, IT.....	617
Okinawa, JA.....	621
Roosevelt Roads, PR.....	616
Rota, SP.....	618
Subic Bay, RP.....	619
Yokosuka, JA.....	622

ACRONYMS

ACDUTRA	Active Duty for Training
AFM	Air Force Manual
AFR	Air Force Regulation
AIDS	Acquired Immune Deficiency Syndrome
AR	Army Regulation
ARC	American Red Cross
ATCS	Air Traffic Control Specialists
BUMEDINST	Bureau of Medicine and Surgery Instruction
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CIVMARPERS or	
CIVMARS	Civilian Marine Personnel
CMC	Commandant of the Marine Corps
CO	Commanding Officer
COMNAVMEDCOM	Commander, Naval Medical Command
COMNAVMIIPERSCOM	Commander, Naval Military Personnel Command
CONUS	Continental United States
DD or DOD	Department of Defense
DEERS	Defense Enrollment Eligibility Reporting System
DHHS	Department of Health and Human Services
DMIS	Data Management Information System
DODMERB	Department of Defense Medical Examination Review Board
DUINS	Duty Under Instruction
EPTE	Existed Prior to Entry
FAA	Federal Aviation Agency
FBI	Federal Bureau of Investigation
FMS	Foreign Military Sales
FOIA	Freedom of Information Act
FRR	Full Reimbursement Rate
HBA	Health Benefits Advisor
HEW	Health, Education, and Welfare (see HHS)
HHS	Health and Human Services (formerly HEW)
HIV	Human Immuno Deficiency Virus
ICDA	International Classification of Diseases, Annotated
ID	Identification
IMET	International Military Education and Training
ITO	Invitational Travel Orders
JAG	Judge Advocate General
JECOR	Joint Commission for Economic Cooperation
LOD	Line of Duty
MAAG	Military Assistance Advisory Group
MANMED	Manual of the Medical Department
MAPTIS	Manpower, Personnel and Training Information System
MARCORPS	Marine Corps

ACRONYMS (Continued)

MEPS	Military Enlistment Processing Station
MHC	Medical Holding Company
MHSS	Military Health Services System
MILPERSMAN	Military Personnel Manual
MSC	Military Sealift Command
MTF	Medical Treatment Facility
NAS	Nonavailability Statement
NAVILCO	Navy International Logistics Control Office
NATO	North Atlantic Treaty Organization
NAVCOMPTMAN	Navy Comptroller Manual
NAVJAG	Navy Judge Advocate General
NAVMEDCOM	Naval Medical Command
NAVMEDCOMINST	Naval Medical Command Instruction
NAVMEDCOMNOTE	Naval Medical Command Notice
NAVPUBFORMCEN	Naval Publications and Forms Center, Phila., PA
NDCC	National Defense Cadet Corps
NMPC	Naval Military Personnel Command
NOE	Notice of Eligibility
NOTAL	Not All
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
ODA	Office of Dental Affairs
OIA	Office of International Affairs
OIC	Officer in Charge
OMA	Office of Medical Affairs
OPNAVINST	Chief of Naval Operations Instruction
OWCP	Office of Workers' Compensation Program
PEP	Personnel Exchange Program
PHS	Public Health Service
PKU	Phenylketonuria
ROTC	Reserve Officers' Training Corps
SAMS	Sea and Air Mariners
SATP	Security Assistance Training Programs
SECNAVINST	Secretary of the Navy Instruction
SF	Standard Form
SNDL	Standard Navy Distribution List
SOFA	Status of Forces Agreement
TEMADD	Temporary Additional Duty
TEMDU	Temporary Duty
TEMDUINS	Temporary Duty Under Instruction
U.S.	United States
U.S.C.	United States Code
USDTF	Uniformed Services Dental Treatment Facility
USHBP	Uniformed Services Health Benefits Program
USMTF	Uniformed Services Medical Treatment Facilities
USPHS	United States Public Health Service
USTF	Uniformed Services Treatment Facility, Designated

ACRONYMS (Continued)

USUHS	Uniformed Services University of Health Sciences
VA	Veterans Administration
VAB	Veterans Administration Beneficiary
VISTA	Volunteers in Service to America

DEERS
TREATMENT AND BILLING FLOW CHART

