

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

Chapter CC29--Officers' Relations, Services, and Benefits
Subchapter CC29.3--Medical and Health Programs
Personnel INSTRUCTION 9 -- Beneficiary Medical Programs Branch Appeals

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Section A. Purpose and Scope

This INSTRUCTION prescribes the procedure by which active-duty commissioned corps officers can appeal health care service claims for which the Beneficiary Medical Programs Branch (BMPB), Division of Commissioned Personnel, has denied payment.

Section B. Authorities

1. Commissioned officers of the U.S. Public Health Service (PHS) on active duty are eligible for medical, surgical, and dental treatment, and physical examination at Uniformed Services health care facilities and for medical, surgical, and dental treatment at PHS contract health care providers in accordance with Section 326(a)(3) and (b) of the PHS Act (42 U.S.C. 253(a)(3) and (b)), Part 31 of PHS Regulations (42 C.F.R. 31.1-31.16), and under authority of 10 U.S.C. 1074 (Dependents' Medical Care Act, P.L. 84-569, as amended.) Prior authorization is not required for services rendered at Uniformed Services health care facilities.

2. The authority to administer the PHS Commissioned Corps is prescribed in 42 U.S.C. 216. The authority to establish policy and procedure for the management of the PHS Commissioned Corps as part of the general authority to administer the PHS Commissioned Corps has been delegated by the Assistant Secretary for Health to the Surgeon General as set forth in 53 Federal Register 5046-5047, February 19, 1988. The Surgeon General has delegated the authority for the daily administration of the PHS Commissioned Corps to the Director, Division of Commissioned Personnel (DCP), Office of the Surgeon General.

Section C. General Information

1. INSTRUCTION 7, Subchapter CC29.3, "Medical, Surgical, Dental, and Optical Care Benefits; Active Duty Officers," sets forth the policies and procedures covering the provision of medical, surgical, dental, and optical care for active-duty PHS commissioned officers.
2. INSTRUCTION 5, Subchapter CC29.3, "Medical Examination Requirements," sets forth the physical examination requirements.
3. INSTRUCTION 5, Subchapter CC29.1, "Absence Without Authorized Leave." sets forth the policy and procedures regarding absence without authorized leave.
4. An active-duty officer may have his/her bills for medical, surgical, dental or other health care services denied for failure to follow prescribed BMPB procedure by:
 - a. not obtaining prior approval and purchase order number from a patient care coordinator;
 - b. not notifying BMPB that he/she required emergency care within 72 hours of that care;
 - c. not supplying BMPB with the needed information and records to certify a claim for payment;
 - d. obtaining health care services in a civilian sector when either duty or residence zip code are in a catchment of a Uniformed Service Military Treatment Facility;
 - e. being in an absent without authorized leave status; or
 - f. obtaining health care service not in accordance with Federal laws and regulations or PHS policy.

Section D. Procedure

A PHS commissioned officer may request reconsideration of a claim that has been denied by the BMPB. Any reconsideration request must be in writing and addressed to:

Chief, Beneficiary Medical Programs Branch
Attn: Billing Unit
Division of Commissioned Personnel
5600 Fishers Lane, Room 4-35
Rockville, MD 20857-0001

The request for reconsideration should include copies of supporting records requested by BMPB, along with other information concerning the purchase of non-approved health care. All bills must include the provider's tax identification number and an indication of the diagnosis and treatment. Copies of medical records must be provided for all emergency claims and for visits with medical specialists. Bills for inpatient services require a copy of the discharge summary before payment can be considered. Should any of the services be the result of a referral from a Uniformed Services health care facility, a copy of form DD-2161, "Referral for Civilian Medical Care" must be on file with BMPB. Balance forward bills and copies that are not certified true copies by the provider are not acceptable.

If the request for reconsideration is denied, a final appeal can be sent to:

Director
Division of Commissioned Personnel
5600 Fishers Lane, Room 4-35
Rockville, MD 20857-0001

The final appeal should clearly state the basis of your claim and should contain all relevant supporting documentation. The decision of the Director, DCP, is final; there is no further appeal available to officers.

Section E. Privacy Act Provisions

Medical, surgical, dental, and optical care records are subject to the provisions of the Privacy Act of 1974. INSTRUCTION 7, Subchapter CC26.1, "Rights, and Responsibilities of PHS Commissioned Officers Under the Privacy Act of 1974," sets forth the procedures to be followed in the maintenance of these records.

The applicable systems of records are 09-37-0002, "PHS Commissioned Corps General Personnel Records, HHS/OASH/OSG;" 09-37-0003, "PHS Commissioned Corps Medical Records, HHS/OASH/OSG;" and 09-37-0023, "PHS Beneficiary-Contract Medical/Health Care Records, HHS/OASH/OSG."