

MANUAL: Personnel  
Chapter Series CC--Commissioned Corps Personnel Manual  
Part 2--Commissioned Corps Personnel Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chapter 29--Officers' Relationships, Services, and Benefits  
Sub-Chapter CC29.3--Medical and Health Programs  
Personnel INSTRUCTION 7--Health Care Benefits; Active Duty Officers

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Section A. Purpose and Scope

The purpose of this INSTRUCTION is to establish policy and procedures covering the provision of health care services for active-duty Public Health Service (PHS) Commissioned Officers. For additional information on Health Care Services for active-duty commissioned officers, please see Commissioned Corps Personnel Manual (CCPM), pamphlet #65, "Information on Health Care Services."

Section B. Authorities

Military Treatment Facilities (MTFs). For the purpose of this INSTRUCTION, the term MTF includes military health care, hospitals and clinics, and those facilities under contract with the Government to provide health care services for members of the Uniformed Services.

The term MTF was, at one time, known as Uniformed Services Medical Treatment Facilities (USMTF), but has recently been changed to MTF. MTFs are your primary sources of care. You must use these facilities when your duty station or residence lies within the zip code catchment area of one of them. This requirement applies when you are in any catchment area while traveling on official business or on leave. When you are outside the catchment area of a MTF, additional sources of health care services are available.

Commissioned officers of PHS on active duty are eligible for health care at MTFs and MAB 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 a MTF.

Section C. Application for and  
Provision of Care-General

1. If Duty Station, Residence and Provider is within the Zip Code Catchment Area of a MTF or a Medical Affairs Branch (MAB) contract health care facility, that facility is to be used for all primary care.
2. An officer seeking health care shall present Form DD-2 (ACTIVE), "Identification (ID) Card," to the treating facility.
3. Under certain circumstances, cost of travel for an officer from the duty station, home, etc., to and from a medical facility, is the responsibility of the specific Operating Division (OPDIV) or Program to which the officer is assigned, and reimbursable by MAB to the OPDIV or Program. (See CCPM, Subchapter CC24.2, INSTRUCTION 1, "Travel Incident to Health Care"). If on travel orders, the Joint Federal Travel Regulations (JFTR) do not allow per diem while "inpatient" in any facility.

The costs of transfers of officers between medical facilities, as inpatients, are payable by MAB, Division of Commissioned Personnel (DCP), Human Resources Service, Program Support Center.

4. Officers hospitalized in a Uniformed Service facility will be required to pay for subsistence while hospitalized. The rate is a set fee prescribed by the Department of Defense (DoD).
5. By law, eligibility for health care services ceases the day an officer separates from the Service (except as cited in paragraph 6 of this section). Officers who retire from the Service retain eligibility for care at MTFs on a space-available basis. However, retirees do lose eligibility for civilian contract care under MAB, since they become eligible for care under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS/TRICARE) upon retirement. Additionally, all CHAMPUS/TRICARE, MTF, and MAB contract health care benefits end at age 65 when the retiree becomes eligible for medicare. (See CCPM, Subchapter CC29.3, INSTRUCTION 4, "Health Benefits Under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS): Retirees and Dependents of Active Duty, Retired, and Deceased Officers," and CCPM pamphlet #24, "Information on Commissioned Officers Retirement").
6. Health care may be provided for an officer of the regular or reserve corps who is involuntarily separated from the Service through reduction in strength, or for convenience of the Government and for any family member of such officer, if, as determined by the Director, DCP:
  - a. the officer or family member was receiving health care at the expense of the Service at the time of separation; and
  - b. the Service finds that the officer or family member is unable to obtain appropriate insurance for the conditions for which the officer or family member was receiving health care.

A family member is a person or persons whose relationship to the active-duty member makes them eligible for CHAMPUS/TRICARE and eligible to apply for the TRICARE-Active Duty Family Member Dental Plan. Health care under this provision may be provided for a period of not more than 1 year from the date of separation of the officer from the Service.
7. CCPM, Subchapter CC29.3, INSTRUCTION 5, "Medical Examination Requirements," sets forth physical examination requirements.
8. Officers whose Duty Station, Residence, and Provider zip codes are outside the Zip Code Catchment Area of a MTF or a MAB contractor may obtain, without prior authorization, routine outpatient medical care up to \$1,000 per fiscal year from civilian providers. Routine outpatient services are limited to acute and intermittent minor care, provided by primary care providers/routine care providers. All non-routine health care services from civilian providers, including services provided by specialists, require prior approval from an MAB Patient Care Coordinator (PCC).

Requests for approval of non-routine health care services can be made by calling an MAB PCC at 1-800-368-2777 weekdays, Monday through Friday.

MAB is responsible for pre-authorizing care for an officer by a civilian provider. Unless pre-authorized, payment for the care will be the responsibility of the officer.

Note: All authorizations are conditional and based on subsequent review of each case to determine if legal and policy requirements have been met. MAB may also disallow payments when authorization was granted based on less than full information. Authorizations are for only those services identified and for the time periods indicated. Additional services and extension of treatment period require an additional authorization. Any increase of more than \$50 over the original cost estimate requires additional authorization.

Officers who present themselves to a MTF for care, and who are evaluated and/or issued a written referral, Form DD-2161, "Referral for Civilian Medical Care," must contact an MAB PCC for prior authorization before obtaining services from a civilian provider. The MAB PCC must issue a purchase order number before the services are rendered. (Note: Other than a MAB PCC, no other person can pre-authorize an active-duty service member health care service or issue a purchase order.)

9. ACTIVE DUTY OFFICERS ARE NOT ELIGIBLE FOR BENEFITS UNDER CHAMPUS/TRICARE-Standard or TRICARE-Extra. Any bills sent to CHAMPUS/TRICARE for care rendered to an officer will be returned without action.

#### Section D. Emergency Care-General

In a medical emergency (including psychiatric), an active-duty officer may seek care at the most accessible or closest medical facility, Federal or non-Federal. The officer must notify a PCC in MAB within 72 hours, on the number listed in Section C.8 above. The officer must also notify his/her supervisor of his/her absence from duty due to illness. If extensive treatment, outpatient surgery, or inpatient care is needed, the officer must notify the civilian facility that he/she is an active-duty member of a Uniformed Service and present the "Active Duty Member Health Benefits Card" to patient administration (see CCPM pamphlet #65, and tear off flap on the front page).

Note: The "Active-Duty Health Benefits Card" should be carried by each active-duty service member at all times as a critical part of their personal identification. When the officer's condition makes it impossible for the officer to carry out his/her notification responsibilities, another person may do so on the officer's behalf.

Officers admitted to Federal non-Uniformed Service or civilian medical facilities for emergency treatment, are not eligible for reimbursement for elective surgery or for medical treatment of conditions not related to the injury or illness for which admitted, without prior approval, and may not be eligible for reimbursement for surgery or treatment related to the emergency without prior authorization (see Section C. above).

Section E. Dental Emergency and  
Restorative Services

Dental Services

- a. Emergency dental services may be obtained from non-Uniformed Service facilities or non-contract providers when the services qualify as emergencies. Emergency dental care is limited to:
- (1) Relief from pain limited to immediate palliative treatment only, but includes proper surgical procedures where indicated;
  - (2) Elimination of acute infection;
  - (3) Control of life-hazardous oral conditions of hemorrhage, cellulitis and respiratory difficulties; and
  - (4) Treatment of trauma to teeth, jaws and associated facial structures.

It does not include permanent restoration or prosthetic replacement of teeth.

- b. Officers whose Duty Station, Residence and Provider zip codes are outside the Zip Code Catchment Area of the MTF or a MAB contractor, may obtain routine dental care from a civilian provider without prior authorization, not to exceed \$1,000 per fiscal year. Routine dental care is defined as a routine office visit for annual dental examination and prophylaxis, oral hygiene instruction, basic restorative care, a single crown and a single tooth root canal. Non-routine care including, but not limited to, multiple tooth root canals, multiple crowns, fixed bridges, periodontics or dental services from other specialists require prior authorization from an MAB PCC. In addition, if a dentist determines that needed work will exceed \$1,000, a treatment plan must be submitted to the MAB PCC before approval can be considered. Please note that certain dental services are excluded; officers should call MAB for advice and availability of these dental services or consult CCPM pamphlet #65.

- c. Officers seeking information and/or assistance in obtaining dental care may call MAB on the number listed in Section C.8 above.
- d. ACTIVE DUTY OFFICERS ARE NOT ELIGIBLE TO RECEIVE SERVICES UNDER THE "TRICARE Active-Duty Family Member Dental Plan."

Section F. Optical Care-Refractions and Eyeglasses

Officers must get eye examinations at a MTF if they want glasses/corrective lenses from a DoD fabrication center. Also, some Indian Health Service facilities will send prescriptions to DoD fabrication centers. There are no provisions for reimbursement for eyeglasses obtained from civilian sources. MAB will pay for a refractory eye examination if the Officer's Duty Station, Residence and Provider are not in a Catchment Area of a MTF or a MAB contractor. MAB does not authorize examinations by Ophthalmologists when the sole purpose of the examination is for routine eye care versus treatment for diseases. MAB will authorize contact lenses' exams and fittings in the civilian sector. However, contact lenses, contact lens solutions, and supplies are not furnished as part of the health care entitlement.

Section G. Care Outside the United States

When outside the United States, officers will use a MTF when available. If a MTF is unavailable, officers can purchase health care from local sources, and reimbursement will be made by MAB.

Section H. Psychiatric Care from Civilian Sources

MAB will not authorize evaluation and treatment for psychiatric conditions in the civilian sector unless MTF programs are unavailable. MAB will not reimburse for diagnosis and therapy after the fact. Officers must always have prior approval from MAB if they choose to have PHS be financially responsible for their treatment.

Psychiatric Care: Always call MAB for advice and guidance. Officers may be eligible to request service sponsorship for mental health treatment in the civilian sector. If eligible, MAB may authorize a total of four (4) initial visits, including a visit for a medical evaluation with a Psychiatrist. See CCPM, Subchapter CC29.3, INSTRUCTION 2, "Psychiatric Care from Non-Government Sources; Officers Serving on Active Duty" of this manual.

Substance Abuse Treatment: Additional and related information on substance abuse treatment can be found in CCPM, Subchapter CC29.3, INSTRUCTION 8, "Policy on Alcohol and Other Drug Abuse" of this manual.

### Section I. Pharmaceutical Reimbursement Policy

Officers must fill prescriptions at a MTF pharmacy, a MAB contract pharmacy, or a MAB contract health care facility when available. Some MTFs will fill civilian prescriptions. If a MTF pharmacy is unavailable, officers may use a civilian pharmacy. When officers have civilian receipts totaling \$50 or more for prescription drugs, they must send their receipts to MAB for reimbursement. For receipts under \$50, officers should hold their receipts to the end of the fiscal year before sending them to MAB for payment. Officers should send the original receipt and a copy of the prescription or prescription label verifying the type, strength, quantity, and price to MAB (see Billing, below). Also, officers must include their Social Security number on everything they send to MAB. MAB will not pay for medications such as anorexic agents, over-the-counter items, or self-prescribed medications (prescriptions written by you for you). Officers should call MAB for a list of restricted drugs or consult CCPM pamphlet #65.

### Section J. Reimbursement and Billing Procedures

Payment of bills for approved health care services provided to officers is made as follows:

1. Civilian Provider Bills: MAB uses the officer's medical records to certify bills for payment. Certification requires records for all non-routine health care including, but not limited to, emergency care, specialty evaluations and inpatient admissions. Copies of medical records and the accompanying itemized bill should be sent to:

Division of Commissioned Personnel/MAB  
ATTN: Billing Unit  
5600 Fishers Lane, Room 4C-06  
Rockville, MD 20857-0001

2. Routine Health Care Bills: Follow all instructions as with non-routine health care bills. Additionally, if the officer paid for services and is requesting reimbursement, he/she must also send proof of personal expenditure (cash receipt, credit card receipt, etc.). The officer should send a simple note requesting reimbursement from MAB, and specify where MAB should send the reimbursement.

For billing questions, the officer should call the MAB claims audit staff weekdays at 1-800-368-2777.

MAB will only pay on itemized bills; it will not accept "balance-forward" bills. Additionally, the Federal Government does not pay sales tax, and officers will not be reimbursed for sales tax.

Note: After certification, the Medical Evaluation Staff, MAB, retains the officer's medical records for inclusion in the medical file. It is always in the officer's best interest to periodically check that important information on health care services is included as part of his/her central medical file. MTF clinics under MAB contract or non-contract civilian facilities do not routinely send medical records to the Medical Evaluation Staff. Active-duty service members should check with the Medical Evaluation Staff to certify a complete medical file.

#### Section K. Information and Resources

It is vital that all active-duty officers in the PHS Commissioned Corps understand their health care entitlement. Because of this, MAB published a specialized publication, CCPM pamphlet #65, "Information on Health Care Services." This pamphlet is included in every "Call to Duty Packet" given to each officer with his/her call to duty orders. Every officer is responsible for the information contained in this publication. Every officer needs to carry with them at all times the "Active-Duty Member Health Benefits Card" that comes with this health care pamphlet.

Because health care and the health care entitlement tend to be in a process of dynamic change, DCP maintains a computer bulletin board system (BBS) that is toll free and online 24 hours, 7 days a week to assist officers and active duty family members, retirees and family members, understand these changes in a timely manner. Information on how to access DCP's Bulletin Board is available by calling MAB or by consulting the Commissioned Corps Bulletin or reading the log-in instructions contained in CCPM pamphlet #65.

#### Section L. Privacy Act Provisions

Health care records are subject to the provisions of the Privacy Act of 1974. CCPM, Subchapter CC26.1, INSTRUCTION 7, "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 system of records is 09-37-0003, "PHS Commissioned Corps Medical Records," HHS/OASH/OSG.

Contract health care records are maintained in 09-15-0008, "Emergency Non-PHS Treatment Authorization File, HHS/HRSA/BPHC," and 09-15-0029, "PHS Beneficiary-Contract Medical/Health Care Records," HHS/HRSA/BHCDA.