

CCPM Pamphlet No. 65
February 1999

Information on Health Care Services

**A Guide for Active-Duty Commissioned Officers
of the Public Health Service and the
National Oceanic and Atmospheric Administration**

**Beneficiary Medical Program Section
Medical Affairs Branch
Division of Commissioned Personnel
Human Resources Service
Program Support Center
Department of Health and Human Services**

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INFORMATION ON HEALTH CARE SERVICES
CCPM Pamphlet No. 65

PREFACE

The Beneficiary Medical Program Branch (BMP) and the Medical Branch (MB) of the Division of Commissioned Personnel (DCP) merged on October 1, 1996, to create the Medical Affairs Branch (MAB). Although the names changed, the functions remain the same; MAB encompasses all functions previously located in BMP and MB.

The Medical Evaluations Staff (MES) and their support personnel, previously MB, provide advice and guidance and administer programs for Public Health Service (PHS) officers concerning: medically restricted appointments ("medical limited tours"); physical qualification for call-to-duty, assimilation, and long-term training; periodic, retirement, and other separation physical examinations; sick leave; fitness-for-duty issues; fitness/disability medical boards; and maintenance of officers' central medical files, including documentary support for claims to the Department of Veterans Affairs (VA) for service-connected benefits.

The Beneficiary Medical Program Section (BMP), with its staff of Patient Care Coordinators (PCCs), provides advice and guidance to PHS and National Oceanic and Atmospheric Administration (NOAA) officers concerning: routine health care services; pre-authorization for non-routine health care services; issuance of purchase order numbers to purchase health-care services; management of their health care entitlement; and access to health care services in both the military and civilian sectors.

MAB is the point of contact for all health care policies and procedures of the PHS Commissioned Corps. MAB's address is:

Division of Commissioned Personnel/HRS/PSC
ATTN: Medical Affairs Branch
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

MAB prepared this pamphlet, Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 65, "Information on Health Care Services," to help active-duty PHS and NOAA officers use their health care benefits. PHS officers should request further information from a Patient Care Coordinator (PCC) by calling the toll-free number 800-368-2777 x2 or commercial number 301-594-6330/6425. NOAA officers should call the toll-free number 800-NOAA-BMP (800-662-2267) or commercial number 301-594-1502. PCCs are health care professionals trained to help officers understand and manage their active-duty health care entitlement.

This pamphlet uses plain language and repetition is intentional.

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Summaries of important points will emphasize issues to remember.

This pamphlet contains a "Glossary" and a "Questions and Answers" section to supplement the main text. These sections explain standard MAB operating definitions and health care entitlement policies. The "Questions and Answers" section illustrates how MAB applies these important concepts. Officers are responsible for the information contained and presented in these sections. This information is integral to understanding how the health care entitlement works. The information explains how MAB applies health care entitlement policies to active-duty PHS Commissioned Corps officers and NOAA Commissioned officers.

MAB is very interested in what you have to say about this pamphlet and any of the other services MAB provides. Please send your comments to:

Division of Commissioned Personnel/HRS/PSC
ATTN: Chief, Medical Affairs Branch
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

MAKE SURE YOUR SOCIAL SECURITY NUMBER IS ON EVERYTHING SENT TO MAB!

PLEASE NOTE

This pamphlet is published as part of the Commissioned Corps Personnel Manual (CCPM) of the PHS. It is provided for informational purposes only and is not an official policy document. In the case of any conflict between the information provided herein and the official policy INSTRUCTION in the CCPM, the latter will be the controlling authority.

The Division of Commissioned Personnel's (DCP) web site <<http://dcp.psc.dhhs.gov>> contains the CCPM, most CCPM Pamphlets, a number of PHS forms, the *Commissioned Corps Bulletin*, and other information officers might find useful.

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OFFICER'S RESPONSIBILITY

As a PHS or NOAA officer, you have the important responsibility of developing and maintaining a healthy lifestyle. This includes maintaining an appropriate weight, eating a balanced diet, exercising regularly, refraining from smoking, always using a seatbelt, obtaining regular physical exams, and practicing good dental hygiene.

PHS and NOAA commissioned officers should understand their health care entitlement. Information gained saves time, money, and aggravation. As an active-duty officer, you do not have health care insurance. You have an entitlement to health care. The entitlement provides active-duty personnel a comprehensive range of health care services at Military Treatment Facilities (MTFs). If services are not available at an MTF, you may need approval for civilian supplemental health care. Active-duty officers are not eligible for TRICARE Standard (formerly known as the Civilian Health and Medical Program of the Uniformed Services/CHAMPUS) or TRICARE Extra. TRICARE Standard and Extra are only available to eligible family members of the active-duty sponsor (refer to TRICARE).

When near an MTF, active-duty officers are expected to enroll in TRICARE Prime to gain easier and more timely access to the MTF.

MAB helps you manage your health care entitlement. Your entitlement is not free. You do not have free health care and you are not entitled to unlimited sick leave.

Be familiar with all commissioned corps policies about health care services and your health care entitlement. Consult the CCPM for the policies and procedures that govern the PHS health care benefits. DCP revises the CCPM periodically. This pamphlet provides further details and summarizes current health care entitlement policies as of February 1999.

NOAA Corps (NC) officers should consult NOAA Corps Regulations, specifically Chapter 3, "Health and Medical Care" and other NC regulations that may apply to health care. NC officers can also contact: Director, Office of Health Care Services and Pastoral Care, at 301-713-3440 x186 for clarification of health care entitlement policies. However, the PCCs in BMP of MAB are available to assist both PHS and NC officers manage their health care entitlement and coordinate health care access.

PHS RESPONSIBILITY

MAB provides access to cost-effective, quality health care services within applicable laws and regulations. The goal of your health care entitlement is to keep you FIT-FOR-DUTY. This entitlement does not always allow you to choose where and from whom your health care is received. Your health care entitlement

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is COMPREHENSIVE, NOT ALL INCLUSIVE.

NOAA

Authorization for health care of NOAA commissioned officers is contained in: 42 U.S.C. 253, implemented by interagency agreement between NOAA and PHS; 10 U.S.C. 1074 and instructions implemented through applicable Department of Defense (DoD) and Department of Transportation/United States Coast Guard (DoT/USCG) publications for care at Uniformed Services facilities.

NOAA commissioned officers may receive their health care from the capabilities of the health care services staff of the ship. As necessary, they may be evacuated or referred to an appropriate MTF or other facility authorized by MAB. When medical or dental care must be rendered to a member of a NOAA command on a cash-payment basis (private sector in the continental United States (CONUS) or outside the continental United States (OCONUS)), payment shall be made by the NOAA command.

MAB administers the health care entitlement for active-duty NOAA corps officers. The health care entitlement does not provide reimbursement for services or activities other than from DoD/USCG facilities, unless **prior approval** has been obtained from MAB. Emergency services do not require prior authorization, but notification must be made to MAB within 72 hours by the officer or a representative of the officer (such as a relative or the health services staff). Failure to do so will result in the officer being held liable for payment. Unless incapacitated, the officer is responsible for notifying MAB.

NOAA commissioned officers should call MAB on a special NOAA number at 800-NOAA-BMP (800-662-2267) or 301-594-1502.

NOAA commissioned officers should not send medical records to Medical Evaluations Staff, MAB, DCP, unless they concern a bill. NOAA commissioned officers are to send records not pertaining to a medical bill to:

Department of Commerce, NOAA
NOAA Corps Commissioned Personnel Center (CPC)
1315 East West Highway, Room 12100
Silver Spring, MD 20910-3282
Phone: 301-713-3453

NOAA corps officers should send medical records concerning a medical bill to MAB for certification. After certification, MAB sends the medical record to CPC.

NOAA commissioned officers should consult NOAA Corps Regulations, Chapter 3, "Health and Medical Care," for specific guidance.

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SUMMARY OF IMPORTANT POINTS:

1. Active-duty officers do not have health care insurance.
2. Active-duty officers are not eligible for TRICARE Standard (formerly known as CHAMPUS).
3. The health care entitlement allows you to stay fit-for-duty.
4. The health care entitlement is comprehensive but not all inclusive.
5. BMP and MB merged into one Branch, the Medical Affairs Branch, on October 1, 1996. The Branch has a combined role of evaluating the medical status of officers (Medical Evaluations Staff - MES) and providing access to and payment for health care services (Beneficiary Medical Program Section - BMP).
6. Health care for active-duty officers is not free. MAB pays for all approved health care whether provided by Federal or civilian facilities.
7. Active-duty officers do not have unlimited sick leave. If absent from duty for a period of more than 90 consecutive days or for an aggregate of more than 120 days in any consecutive 12-month period, the officer's file will be referred to a medical review board to determine whether the officer should be retained on active duty, retired, or separated.
8. Active-duty PHS officers should contact MAB at 800-368-2777 x2 or 301-594-6425/6330 for assistance with health care access. Active-duty NOAA officers should contact MAB at 800-NOAA-BMP or 301-594-1502. **Social Security numbers must be on all records and correspondence sent to MAB.**

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MAB PHONE BOOK

Please review these important MAB contact numbers. Copy and file the numbers at your home and duty station. MAB recommends that your spouse/significant other, a concerned family member, supervisor, and co-workers also know how to use these contact numbers. If you have an emergency and the emergency incapacitates you, someone needs to inform MAB.

These contacts will help you stay informed and current on health care entitlement information. MAB uses voice mail on all incoming voice phone lines. PCCs review messages left after duty hours or on weekends the next business day.

BENEFICIARY MEDICAL PROGRAM SECTION (BMP):

- 1. Active-Duty PHS PCC 800-368-2777 x2
or 301-594-6425
- 2. Active-Duty NOAA PCC 800-NOAA-BMP (800-662-2267) or
301-594-1502

Office hours are Monday through Friday, 8 a.m. to 4:30 p.m., East Coast time.

- 3. FAX 800-733-1303 or 301-594-2973

The FAX machine is in a medically confidential area and is available 24 hours a day.

- 4. Billing 800-368-2777 x1 or 301-594-6433

Office hours are Monday through Friday, 7:30 a.m. to 4 p.m., East Coast time.

- 5. E-mail address BMP@psc.gov

Electronic mail is read several times during the workday.

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OTHER MAB PHONE NUMBERS:

1. Medical Evaluations Staff (MES)
Phone: 800-368-2777 x3 or 301-594-3297
FAX: 800-535-7691 or 301-594-3299

MES personnel are available to answer your questions 8 a.m. to 5 p.m., East Coast time. Call MES for information on active-duty PHS officers' central medical files, sick leave, fitness-for-duty/disability issues and boards, and requirements for physical examinations.

2. Medical Affairs Branch Receptionist - 301-594-6330

OTHER DCP PHONE NUMBERS:

3. DCP has a toll-free phone service. The phone number is 877-INFO-DCP or 877-463-6327. Using a simple menu format, you may reach any individual or Branch within the Division.

4. Compensation Branch (CB) - 301-594-2963

CB is open 8:30 a.m. to 5 p.m. East Coast time. Call CB for TRICARE Active-Duty Family Member Dental Plan (FMDP) enrollment information.

5. Personnel Services Branch (PSB)
Phone: 301-594-3108
FAX: 301-594-2711

PSB is open 8 a.m. to 4:30 p.m. East Coast time. Call PSB for Defense Eligibility Enrollment Reporting System (DEERS) enrollment and Identification Card information.

6. DEERS Field Support Center (DFSC)
Phone: 800-538-9552
FAX: 408-644-9256

DFSC is open 6 a.m. to 3:30 p.m. West Coast time. Call DFSC for DEERS enrollment information.

NOAA CONTACTS

7. CPC: 301-713-3453
FAX: 301-713-4140
Office of Health Services and Pastoral Care, NC:
Phone: 301-713-3440 x186
FAX: 301-713-2887

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SOURCES OF CARE - KEY CONCEPTS

As members of a Uniformed Service, you must use these sources to obtain your health care services IF YOU WANT PHS TO BE FINANCIALLY RESPONSIBLE FOR YOUR HEALTH CARE. Laws, regulations, and policies define and direct your health care entitlement.

Military Treatment Facilities (MTF)(all military hospitals that have inpatient capabilities):

MTFs are your primary sources of care. You must use these facilities when your **duty station** zip code lies within a catchment area. A catchment area refers to a specific area, defined by DoD, surrounding an MTF. This requirement to use an MTF applies when you are in any catchment area, regardless of whether you are traveling on official business or on annual leave. When you are outside the catchment area of an MTF, additional sources of health care services are available.

Indian Health Service:

Indian Health Service (**IHS**) facilities are available to you for care when space is available and the Service Unit Director approves. IHS may provide outpatient care to you without prior authorization by MAB. However, complex diagnostic procedures and inpatient care at an IHS facility always require MAB notification. All treatment from an IHS Contractor requires prior approval from a MAB PCC. The active-duty officer or provider must call for prior approval.

Department of Veterans Affairs (VA) Facilities:

In some areas of the country, MAB has working Memorandums of Agreement with certain VA clinics. Call a MAB PCC for up-to-date information on locations and available services.

If none of the above sources of care are available at your location, private-sector health care may be obtained. You may need to check with a PCC first to know whether such care should be preauthorized.

Private Sector Routine care:

MAB will pay health care bills (**up to \$1,000 for medical care and \$1,000 for dental care per fiscal year**) for private-sector routine health care services without prior authorization. Your duty station, however, must be outside the catchment area of an MTF. Additionally, the civilian provider's location cannot be in a catchment area. MAB defines routine care as outpatient services, limited to acute, intermittent, or minor care. Routine care may include outpatient office visits for minor diagnostic, therapeutic, preventive medical/dental, or surgical care. A routine-care physician (general/family practice, internal medicine, and under certain conditions, gynecologist,

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dermatologist, and optometrist) or general dentist must provide this care.

Private-Sector Specialized, Hospital and Inpatient Care:

When routine care costs exceed \$1,000 in a fiscal year or if specialized or hospital care is needed, you must get prior approval from a MAB PCC. A routine-care provider must recommend your specialty care and you must request prior approval by obtaining a purchase order number from a PCC. Without a purchase order number, MAB will not assume financial responsibility for the bills.

Private-Sector Emergency Care:

If emergency care is received from a civilian facility, you must follow specific reporting guidelines for MAB to be financially responsible (refer to Emergency Care under PROCEDURES FOR OBTAINING SERVICES). MAB must be notified within 72 hours after emergency care is rendered or immediately if the officer is admitted to the hospital.

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SUMMARY OF IMPORTANT POINTS:

1. Duty station zip code is the address where you work.
2. Catchment area refers to a specific area, designated by DoD, around a Military Treatment Facility.
3. Both your duty station and your health care provider's location must be outside a catchment area for you to be eligible for routine civilian health care services.
4. Prior approval means approval BEFORE a procedure takes place. This is your permission to proceed. Only MAB can give active-duty PHS and NOAA officers prior approval for payment of health care services.
5. Without a purchase order number, you will be financially responsible for your non-routine medical and dental bills.
6. Routine care is outpatient, non-invasive, minimal cost (well under \$1,000), quick office-visit types of procedures. If you are unsure if a procedure is routine or not, call a PCC first at 800-368-2777 x2. NOAA officers should call MAB at 800-NOAA-BMP (800-622-2267).
7. The active-duty officer must make requests for prior authorization. A family member, supervisor, co-worker or clinic receptionist is not responsible for this request.
8. Civilian emergency care does not require prior authorization. However, you must report the emergency to MAB within 72 hours.

So far this pamphlet, "Information on Health Care Services," has been general. However, if you understand these few pages, you understand the entire concept of your health care entitlement. You also understand the important role MAB plays in the management of your health care entitlement. PHS and NOAA officers make a choice of financial responsibility every time they use health care.

The remainder of the booklet is more detailed. It will build on and reinforce the preceding general concepts. Call a PCC for advice and help before your situation becomes a crisis. PHS officers, call 800-368-2777 x2. NOAA officers, call 800-NOAA-BMP (800-622-2267).

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INFORMATION ON HEALTH CARE SERVICES - DETAILS

PHS CCPM Citations:

- ! INSTRUCTION 1, Subchapter CC24.2, "Travel Incident to Health Care."
- ! INSTRUCTION 2, Subchapter CC29.3, "Psychiatric Care from Non-Government Sources; Officers Serving on Active Duty."
- ! INSTRUCTION 4, Subchapter CC29.3, "Health Benefits Under TRICARE: Retirees and Dependents of Active-Duty, Retired, and Deceased Officers."
- ! INSTRUCTION 5, Subchapter CC29.3, "Medical Examination Requirements."
- ! INSTRUCTION 7, Subchapter CC29.3, "Health Care Benefits; Active-Duty Officers."
- ! INSTRUCTION 8, Subchapter CC29.3, "Policy on Alcohol and Other Drug Abuse."
- ! INSTRUCTION 9, Subchapter CC29.3, "Beneficiary Medical Program Branch Appeals."
- ! MANUAL CIRCULAR #306, "VA Benefits."

TRICARE Publication:

- ! TRICARE Standard Handbook -- TSO 6010.46-H, September 1997

TRICARE - Active-Duty Family Member Dental Plan Publication (FMDP):

- ! Your Dental Benefit Booklet -- UCCI5, 1995

Active-duty PHS officers should contact their Operating Division (OPDIV) Commissioned Corps Liaison regarding CCPM INSTRUCTIONS. INSTRUCTIONS are available on the DCP web site (<http://dcp.psc.dhhs.gov>) and are often available at duty stations and administrative offices. CCPM INSTRUCTIONS change often.

Active-duty NOAA officers should consult NOAA Corps Regulations.

A. HEALTH CARE ENTITLEMENT FOR UNIFORMED SERVICES PERSONNEL

Title 10, United States Code, Chapter 55, Section 1074 entitles PHS/NOAA officers to health care from any MTF. Presentation of the Uniformed Services Active-Duty Identification (ID) Card allows the officer access to these services. Other resources supplement the health care entitlement according to Uniformed Services policies and

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procedures.

Hospital command expects active-duty personnel to wear the uniform of the day when reporting to an MTF. Personnel in uniform generally receive priority service.

B. SOURCES OF HEALTH CARE SERVICES

1. Usual Sources of Care by Duty Station:

Officers whose duty stations are **in the catchment area** of an MTF must use that facility as their source of health care. **Before seeking health care, officers must enroll in TRICARE Prime for guaranteed access to the MTF. When health care services are needed, active-duty officers must first call to schedule an appointment with the contractor for their TRICARE region.** Report in the uniform of the day with your active-duty ID Card. Go through patient registration to obtain a chart and clinic registration card. If you have any problems with access, have patient administration call MAB at 800-368-2777 x2 for PHS officers and 800-NOAA-BMP or 800-622-2267 for NOAA officers. A PCC will help you.

IHS facilities **may** provide routine health care services for active-duty PHS officers and/or family members. However, IHS is in no way obligated to provide such services.

For officers whose duty stations lie outside the catchment area of an MTF, routine medical and dental care, up to \$1,000 each per fiscal year, may be obtained from civilian providers without prior approval from MAB. For this to apply, however, both the officer's duty station and the civilian provider's office must be located outside the catchment area.

2. Supplementary Sources of Care:

If an MTF or IHS facility is unable to provide non-routine, specialty, or inpatient health care, MAB in some cases may supplement care through civilian providers and VA facilities. Prior approval from MAB is the key to using civilian supplemental health care. Without prior authorization, payment for the care will be the responsibility of the officer.

3. PHS Second Opinions:

All requests for a second opinion are referred to an MTF.

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4. NOAA Second Opinions:

The Director of the Office of Health Services and Pastoral Care may request and fund second opinions for NOAA officers at a facility other than an MTF.

C. PROCEDURES FOR OBTAINING SERVICES

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

1. Data Required Every Time an Officer Calls MAB for Civilian Care Authorization:

Call MAB at 301-594-6330/6425 or 800-368-2777 x2, 8 a.m.- 4 p.m., Monday - Friday, East Coast Time with the following information. You can also FAX this information to MAB by dialing 301-594-2973 or 800-733-1303.

- a. Full name.
- b. Social Security Number.
- c. Duty station and home address including zip code and telephone numbers.
- d. Complete name of health care provider and facility.
- e. Telephone number and address of provider and facility including zip code.
- f. The employer identification number (EIN) of the provider and facility. This is a tax ID number assigned by the Internal Revenue Service.
- g. Current Procedural Terminology (CPT) code of the medical procedure. (Refer to Glossary for an explanation.)
- h. Type of medical procedure, i.e., office visits, X-rays, simple lab tests, etc.
- i. Estimated cost of services.
- j. Planned date of service.
- k. Does the provider "Participate" or "Accept Assignment" of Government Claims? (yes or no) (BMP strongly recommends that ALL providers for officers accept assignment.)

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NOTE: The last page of this pamphlet contains the BMP "Purchase Order Instructions, 3 Easy Steps" worksheet. Complete this form every time you need a BMP Purchase Order Number. Tear off the bottom portion and leave it with your provider. Keep the top two sections for your own records.

(the Present your Active-Duty Member Health Benefits Card perforated card located in the inside flap of the front cover of this booklet) along with your ID card to the provider each time health services are obtained.

receive payment. Always sign a medical records release. MAB must your medical records to certify the bill for

2. Referrals for Civilian Medical Care:

MTFs and IHS facilities, as well as civilian providers, issue referrals for civilian medical care. An MTF issues form DD 2161, "Referral for Civilian Care." The IHS issues a standard referral form, as do civilian providers. In all cases these forms only recommend civilian care, they do not authorize care. MTFs, IHS facilities, and civilian providers cannot authorize care! Once issued a referral, the officer must call MAB to obtain authorization for care and subsequent payment. A copy of the referral must be faxed to MAB. It is always best to call MAB BEFORE you leave the MTF, IHS facility, or civilian provider's office.

Form DD 2161 requires a command signature and a supplemental funds certification signature to be valid.

Only MAB can authorize civilian care and commit PHS funds for payment. If prior authorization from MAB is not obtained for the recommended civilian care, the officer will become liable for the cost of that care. REMEMBER: If an officer does not have a purchase order number, the officer does not have authorization and will be liable for all bills.

3. Emergency Care:

A bona fide medical or dental emergency requires immediate care and therefore, does not require prior authorization. However, all emergencies must be reported no later than 72 hours later to a PCC at 800-368-2777 x2 for PHS officers and 800-NOAA-BMP for NOAA officers. If an officer is admitted from the emergency room, MAB should be contacted immediately. If an emergency occurs after MAB's work hours, a message should be left on BMP's voice mail at the above numbers

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with all necessary information (a-f below). Post emergency follow-up care always needs prior approval.
If

MAB determines that this was not a true emergency, the officer will be financially responsible for all bills.

Data required when calling to report emergency services:

- a. Officer's name;
- b. Social Security Number;
- c. Date of emergency;
- d. Name of the civilian facility;
- e. Diagnosis or condition; and
- f. Telephone number and name of physician or contact person at the civilian facility.

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SUMMARY OF IMPORTANT POINTS:

1. If you are in the catchment area of an MTF, you must use that facility for health care if you choose PHS to be financially responsible.
2. When reporting to an MTF hospital or clinic, first call the contractor for your TRICARE region to schedule an appointment. PCCs have a list of contact phone numbers for each TRICARE region.
3. When reporting to an MTF for health care, officers in uniform have priority.
4. If your duty station and your provider's location are outside a catchment area, you may use up to \$1,000 per fiscal year for routine medical care, plus \$1,000 per fiscal year for routine dental care, without prior authorization.
5. If you need a purchase order number, your PCC needs eleven (11) items of information about your civilian provider. Complete the BMP "Purchase Order Instructions, 3 Easy Steps" worksheet every time you need to obtain a purchase order number. Having this information available at the time you call for a purchase order number will save both you, the provider, and the PCC many problems. You may make as many copies of the worksheet, located on the last page of this pamphlet, as necessary.
6. If an MTF gives you form DD 2161, "Referral for Civilian Care," call MAB before you arrange for the care.
7. MAB does not require prior authorization for emergency care, but does require notification to MAB within 72 hours of the care.
8. Post-emergency follow-up care by civilian providers always requires prior authorization by a PCC.
9. Sign a release of medical information form. Without medical records, MAB cannot certify health care bills for payment.
10. All second opinions for PHS officers are referred to an MTF.
11. Second opinions for NOAA officers may be referred to a non-MTF.

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4. Dental Care:

The goal of the dental care entitlement is to keep the officer fit-for-duty. The health care entitlement covers restoration only when necessary to replace tooth structure loss due to fracture or decay.

If your duty station zip code is inside an MTF catchment area, you must use that facility for your dental care, just as you would for your medical care. MAB will only assume financial responsibility if you use your health care entitlement correctly.

When calling for an appointment at the MTF dental clinic, identify yourself as an active-duty PHS or NOAA officer. Report in the uniform of the day with your active-duty ID Card. Go through patient registration to obtain a chart and clinic registration card. If you have any problems with access, have patient administration call MAB at 800-368-2777 x2 for PHS officers and 800-NOAA-BMP(800-622-2267) for NOAA officers. A PCC will help you.

You may use a civilian dentist if you work outside a catchment area **and** the dentist's office is also located outside the catchment area. You may use up to a total of \$1,000 per fiscal year for routine dental services which include exams, x-rays, prophylaxis, scaling, single tooth extractions, silver fillings, plastic tooth colored resin fillings, a single crown and a single tooth root canal, front or back tooth. Please note that endodontics and crowns for wisdom teeth (teeth #1,16,17,32) must be pre-authorized.

You must call MAB for prior approval if the cost of routine dental care exceeds \$1,000 in a fiscal year, a proposed treatment exceeds \$1,000, non-routine services are needed, or you are referred to a specialist (e.g., oral surgeon, endodontist, periodontist, prosthodontist). When in doubt, call MAB first before you incur medical or dental expenses. Do not obtain care in excess of the \$1,000 limit unless you plan to pay for the services yourself.

Always submit non-routine treatment plans to the MAB's Chief Dental Consultant for predetermination of benefits and prior approval. A MAB purchase order number means you have prior approval.

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Excluded Dental Procedures:

- IMPLANTS
- ORTHODONTICS
- ORTHOGNATHIC SURGERY
- PRIOR OR PRE-EXISTING CONDITIONS BEFORE YOUR CALL TO ACTIVE DUTY
- DEVELOPMENTAL GROWTH DEFORMITIES
- COSMETIC DENTISTRY: BLEACHING, VENEERS
- INLAYS

MAB will not assume financial responsibility for these procedures or any sequelae resulting from these procedures in the civilian sector. DoD has established provisions at selected MTFs for some specialized elective services for active-duty Service members. Call MAB for advice and availability on these dental services.

Extensive treatment plans, those more than \$5,000, WILL REQUIRE a second opinion from the closest MTF.

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SUMMARY OF IMPORTANT POINTS:

1. The health care entitlement provides dental care that will enable you to stay fit-for-duty. Elective and cosmetic dentistry is not part of your health care entitlement.
2. The same catchment area rules apply to dental care as with medical care.
3. If your duty zip code and your provider's location are outside a catchment area, you may spend up to \$1,000 per fiscal year on routine dental services.
4. Submit all non-routine dental treatment plans to MAB's Chief Dental Consultant for prior approval.
5. All non-routine dental treatment purchased without a MAB purchase order number will be your financial responsibility.
6. For dental treatment plans of \$5,000 or more, the officer must go to the nearest MTF for a second opinion.

INFORMATION ON HEALTH CARE SERVICES

5. Obtaining Care While on Travel Within the Continental United States (CONUS):

Officers are required to use an MTF for their health care, except in emergencies, when travel takes them into the catchment areas of such facilities. Please call a PCC to learn if your travel will take you into a catchment area. When these facilities are not available, PHS officers may obtain prior authorization for local civilian providers by calling a PCC at 800-368-2777 x2. NOAA officers should call 800-NOAA-BMP(800-622-2267).

6. Obtaining Care Outside the Continental United States (OCONUS):

When outside the United States, officers are required to use an MTF for health care when one is available. If an MTF is unavailable, officers can purchase health care from local sources. Reimbursement will be made by MAB when the following instructions are followed:

- a. Submit receipts for payment on form SF-1034, "Public Voucher for Purchases and Services Other than Personal." Form SF-1034 is completed in two copies.
- b. Clearly specify the diagnosis and services provided in English. The documents must state the currency exchange rate on the date of service.
- c. Forward the documents through your supervisor in the United States for review, approval, and conversion of charges from foreign currency to dollars.
- d. Send the approved and converted bills, receipts, and vouchers to MAB for reimbursement to the officer.
- e. Officers stationed OCONUS can contact MAB and leave a voice message by calling 301-594-6424. 800 numbers do not work OCONUS.
- f. Officers stationed OCONUS can also contact MAB at the following e-mail address: BMP@psc.gov.

INFORMATION ON HEALTH CARE SERVICES

7. Eye Examinations:

You may obtain eye examinations and eye glasses/corrective lenses from an MTF. The Frames of Choice (FoC) program at Navy MTFs provides a choice of frames for eyeglasses. Some IHS facilities will also send prescriptions to DoD fabrication centers where eyeglasses are made. If you are not in a catchment area, MAB will reimburse you for refractory eye examinations but not for eyeglasses purchased from civilian sources. MAB will authorize payment for exams and fittings for contact lenses in the civilian sector; however, contact lenses, contact lens solutions, and supplies are not part of the health-care entitlement. MAB also does not authorize examinations by ophthalmologists when the sole purpose of the examination is for routine eye care. The exam must be obtained from an optometrist.

8. Prescription and Pharmacy Services:

If you are out of a catchment area of a MTF, you may fill prescriptions at a local pharmacy, MAB-preferred pharmacy provider, or through the National Mail Order Pharmacy Program (NMOP). When you have civilian receipts totalling \$50.00 or more for prescription drugs, send them to MAB for reimbursement. Receipts totalling under \$50.00 for prescription drugs should be sent to MAB for reimbursement at the end of the fiscal year. Please send the original receipt and prescription label verifying the type, strength, quantity, and price to MAB (refer to Billing). Copies and faxes of receipts and labels will not be accepted. Make sure your Social Security Number is on all correspondence sent to MAB. MAB will not pay for certain medications, i.e., anorexic agents, over-the-counter (OTC) items, self-prescribed medications (prescriptions written by you for you), drugs for cosmetic purposes, etc. Call MAB for a list of restricted drugs. If you are in a catchment, you are expected to use the MTF for your pharmacy needs.

The National Mail Order Pharmacy Program (NMOP) at 1-800-903-4680 provides free delivery of maintenance prescriptions to the homes of active-duty officers and other eligible beneficiaries.

9. Health Benefit Limitations:

The following services have very specific authorization requirements and limitations when purchased from civilian providers: physical therapy, prosthetic or

INFORMATION ON HEALTH CARE SERVICES

orthopedic devices, allergy testing, infertility studies, psychiatric care, alcohol and drug rehabilitation, temporomandibular joint (TMJ) treatment, dental implants, orthodontics, orthognathic surgery, and experimental care.

Contact MAB for additional information before attempting to obtain these services.

10. Health Benefit Restrictions:

The following services are not entitlements in the civilian sector: cosmetic surgery, contact lenses, eyeglasses, abortions, chiropractic services, acupuncture, sports medicine, radial keratotomy, LASIK, cosmetic dentistry, and orthodontic services.

Officers planning to receive these health care services from civilian sources are financially responsible for all bills incurred as well as all bills incurred resulting from sequelae related to these procedures.

INFORMATION ON HEALTH CARE SERVICES

SUMMARY OF IMPORTANT POINTS:

1. When on travel within the continental United States (CONUS), use an MTF when possible and when practical. Call a PCC to see if you will be in a catchment area while on travel.
2. When on travel outside the continental United States (OCONUS), use an MTF if possible. Call a PCC before you travel for instructions on how to obtain health care should you need it.
3. If you travel OCONUS and an MTF is not available, obtain care locally and pay for the services yourself. File a correctly processed form SF-1034 through proper channels for reimbursement. Records must be in English and the exchange rate for the date of service must be documented. Banks and credit card companies will give you exchange rates.
4. MAB will pay for civilian routine eye exams from an optometrist, not an ophthalmologist, if you are outside a catchment area. MAB will not pay for civilian glasses, contact lenses, or fashion frames.
5. MAB will pay for certain civilian prescriptions. You are responsible for supplying specific records. MAB will not pay for over-the-counter (OTC) medications, restricted drugs, self-prescribed medications, or medications available at an MTF in your area.
6. You have civilian health care benefit limitations.
7. You have civilian health care benefit restrictions.

INFORMATION ON HEALTH CARE SERVICES

11. Physical Therapy:
When a physician refers you to physical therapy in the civilian sector, you must contact a PCC for prior authorization. A PCC may authorize an initial visit with a physical therapist that would include an evaluation/assessment and treatment plan. A copy of the treatment plan must be received by MAB before subsequent physical therapy sessions can be authorized. All copies of the therapist's records must be received before reimbursements are made by MAB. Make sure your social security number is on all documentation sent to MAB. If additional treatments are needed, the therapist and physician must submit a proposed treatment plan with prognosis. To avoid interruption of treatment, a PCC may grant conditional verbal authorization pending receipt of written documentation.

MAB will not authorize civilian care if you are in an MTF catchment area or at an IHS facility that offers physical therapy.

12. Prosthetic/Orthopedic Devices:
MAB may authorize prosthetic devices in the civilian sector provided a physician writes the prescription for the device. The appliance or device must enable the officer to become fit-for-duty or, without the device, the officer would eventually become unfit-for-duty. Officers must submit requests for appliances and devices in writing to a PCC for prior approval. Orthotics are for duty shoes only.

13. Substance Abuse Treatment:
MAB will not authorize evaluation and treatment for alcohol and other substance abuse in the civilian sector unless MTF programs are unavailable. MAB will not be financially responsible for the diagnostic work-up and therapy if prior authorization has not been obtained.

Substance abuse therapy and rehabilitation: MAB will not accept financial responsibility for self-referral (unless to an MTF), State licensure board referral, or impaired health care professional group referral. MAB will only be financially responsible if YOU disclose according to PHS INSTRUCTION 8, Subchapter CC29.3, "Policy on Alcohol and Other Drug Abuse," of the CCPM. NOAA, consult NOAA Corps Instruction 6001.

INFORMATION ON HEALTH CARE SERVICES

14. Psychiatric Services: MAB will not authorize evaluation and treatment for psychiatric conditions in the civilian sector unless MTF programs are unavailable.

Psychiatric Care: Always call MAB for advice and guidance. You 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 with a mental health care provider, as long as one visit includes a medical evaluation from a psychiatrist. Additional treatments will not be authorized without medical documentation. Please read INSTRUCTION 2, Subchapter CC29.3, "Psychiatric Care from Non-Government Sources; Officers Serving on Active Duty," of the CCPM. Call a PCC first; they are there to help.

15. Required or Recommended Examinations: Each officer is responsible for arranging for his/her periodic, assimilation, separation or retirement medical examinations, preferably at an MTF. Travel to and from these examinations will not be funded by MAB as they are not "directed" by MAB. If the officer does not work in a catchment area, prior authorization is not needed as long as care is rendered by a primary care provider.

MAB does "direct" when and where fitness-for-duty evaluations occur, therefore, travel expenses to these evaluations will be authorized and reimbursed to the officer's OPDIV or Program (provider of the officer's travel orders). The OPDIV or Program is responsible for reimbursing the officer.

Although periodic examinations are required every 5 years, an officer overseas may delay obtaining an examination until he/she returns to CONUS.

INFORMATION ON HEALTH CARE SERVICES

SUMMARY OF IMPORTANT POINTS:

1. MAB manages services that are long-term, chronic, expensive, or could have a direct relation to your fitness-for-duty.
2. If you choose to have PHS be financially responsible for your alcohol or other substance abuse treatment, YOU must disclose the condition and provide proper documentation when requested. MAB expects an officer to take responsibility and make a knowledgeable disclosure if the officer expects MAB to pay any bills related to the treatment.
3. Failure to follow proper procedures could lead to a financial disengagement. If MAB determines that an officer is trying to circumvent his/her health-care entitlement or knowingly provides false or misleading information, MAB will not pay the bills. If MAB disengages, an officer becomes financially responsible for ALL health care bills.
4. Prior authorization is KEY to MAB taking financial responsibility.
5. The officer is responsible for being aware and knowledgeable of the CCPM issuances governing the PHS health-care entitlement.
6. The officer is responsible for SELF-DISCLOSURE of any substance abuse. MAB will assist the officer in accessing an appropriate rehabilitative program.
7. Periodic, assimilation, separation and retirement exams are never "directed." MAB does not direct when and where the examination is to take place. Therefore, travel incident to medical care does not apply.
8. Fitness-for-duty evaluations are "directed." MAB does direct when and where the examination is to take place. Therefore, travel incident to medical care does apply after obtaining prior authorization and a BMP purchase order number.

INFORMATION ON HEALTH CARE SERVICES

D. BILLING

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

Civilian Provider Bills: MAB uses your medical records to **certify** your 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 all medical records and the accompanying ITEMIZED bill should be sent to:

Division of Commissioned Personnel/HRS/PSC
ATTN: Medical Affairs Branch Billing Unit
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

Routine Health Care Bills: Follow all instructions as with non-routine medical bills. Additionally, if you paid for medical/dental services and are requesting personal reimbursement, you must also send proof of personal expenditure (cash receipt, credit card receipt, etc.) and a simple note stating that you are requesting reimbursement from MAB. All reimbursements will soon be in the form of an Electronic Funds Transfer directly to your account at a financial institution.

****MAKE SURE YOUR SOCIAL SECURITY NUMBER IS ON ALL BILLS AND RECORDS SENT TO MAB****

Call the MAB Operational Support Section with billing questions. Call 800-368-2777 x1 or 301-594-6433 from 7:30 a.m.- 4 p.m. East Coast time, Monday through Friday.

MAB will only pay itemized bills on standard billing forms, e.g., HCFA-1500, UB-92. MAB will not accept "balance-forward" bills. Additionally, the Federal Government does not pay sales tax. If you pay sales tax, you will not be reimbursed for the tax.

Because active-duty PHS and NOAA officers are ENTITLED to health care and not INSURANCE COVERAGE, MAB has no authority to do coordination of benefits, e.g., pay the remainder of a claim after another insurance carrier has been primary or first payer.

Note: Medical records sent to MAB to support payments will be forwarded for permanent filing in the officer's central medical file. However, it is always in your best interest to verify that important information, medical and dental, is part of your central medical file. PHS officers, please call MES of MAB at 301-594-3297 or 800-368-2777 x3 to check on your medical file.

NOAA officers, call 301-713-3440 x186, Office of Health Services and Pastoral Care.

INFORMATION ON HEALTH CARE SERVICES

E. THIRD PARTY LIABILITY

If an accident or injury occurs that involves a third party, the officer must call and report the incident to a PCC. A report will need to be filed by the officer to protect the Government's interest and permit recovery of any costs due the Government. This is in accordance with the Third Party Recovery Act. Call MAB at 800-368-2777 x2 and talk to a PCC.

F. RECORDS

Medical records not pertaining to a medical bill:

Copies of pertinent medical records not pertaining to a claim (bill) for services should be sent, marked "Medical Confidential," to MAB, ATTN: MES, 5600 Fishers Lane, Room 4C-06, Rockville, MD 20857-0001, for the following purposes:

1. Documentation of service acquired or aggravated medical condition(s) for which a claim for VA benefits may be filed before separation or retirement;
2. Medical justification of extended sick leave or convalescence leave or post-delivery maternity leave more than 42 days;
3. Issues about fitness-for-duty, restricted duty, and disability; or
4. Provision of medical information or records to requesting parties when authorized by the officer.

SPECIAL RECORDS NOTE:

PHS

MAB does not routinely receive copies of periodic and separation (P&S) physical examinations or medical evaluation and treatment received by officers at MTFs, IHS, or VA facilities. The officer must specifically request that the treating facility send the medical records to the MAB MES for inclusion into the officer's central medical file. Do not assume that the treating facility knows where to send your medical records, rather, ASSUME THAT THEY DO NOT KNOW WHERE TO SEND YOUR MEDICAL RECORDS. Many officers maintain their own medical records to protect against loss by either the provider or MAB. Officers can then be proactive and send in their own records whenever their MAB medical file needs updating.

INFORMATION ON HEALTH CARE SERVICES

NOAA

NOAA corps officers need to exercise the same precautions with regard to medical records except that NOAA medical records are centralized at NC: NOAA, CPC, 1315 East-West Highway, Silver Spring, MD 20910

G. HEALTH CARE FOR COSTEP OFFICERS

There are two types of Commissioned Officer Student Training and Extern Programs (COSTEPs), each with different health care benefits.

PHS considers Junior COSTEP (JRCOSTEP) officers under the same regulations as military reservists. Please refer to CCPM Pamphlet No. 64, "Information on JRCOSTEP." PHS issues a reserve ID Card to JRCOSTEP officers. JRCOSTEP officers have a limited health care entitlement restricted to emergencies and space-available military health care. All routine health care must be provided at an MTF. MAB will not authorize routine care from civilian providers. MAB will authorize emergency care at the closest emergency room. All rules pertaining to notification of emergencies must be followed.

PHS considers Senior COSTEP (SRCOSTEP) officers under the same regulations as any other active-duty officer. PHS issues an active-duty ID card to SRCOSTEP officers. Therefore, it is not necessary for a SRCOSTEP to pay for university health care services while in school due to active-duty status. All SRCOSTEP officers should call a PCC for advice on how to use their health care entitlement before they seek health care services.

H. TRICARE (PRIME, STANDARD, AND EXTRA)

TRICARE is the Military Health Services System's (MHSS) regionally managed health-care program for active duty and retired members of the Uniformed Services, their families, and survivors who are not Medicare-eligible. The managed care system consists of three options, TRICARE Prime, Extra, or Standard, and is managed by twelve separate U.S. health care regions. A Lead Agent (MTF Command) and a private-sector TRICARE contractor are responsible for the management of each region. Active-duty officers in a catchment are only eligible for enrollment in TRICARE Prime at a MTF. TRICARE-Prime, Standard (formerly known as CHAMPUS), and EXTRA are options for eligible members. For additional information, refer to SPECIAL NOTE on page 30 and TRICARE in the glossary.

INFORMATION ON HEALTH CARE SERVICES

SPECIAL NOTE: Because of the rapidly changing nature of TRICARE, it is imperative that active-duty sponsors and other eligible members stay current and up-to-date on this program by reading handbooks, official DoD publications, and TRICARE marketing brochures. If you have access to the Internet, connect to these URLs for the latest information:
<http://www.tso.osd.mil/> (TRICARE Support Office, formerly OCHAMPUS) or <http://www.ha.osd.mil/> (Assistant Secretary for Health Affairs). Call a MAB PCC at 800-368-2777 X2 to get advice before you attempt to use TRICARE. Additionally, the DCP web site has information regarding health care for both the active-duty officer and the family member. The DCP web site address is <http://dcp.psc.dhhs.gov>.

To assure family member eligibility, the officer must confirm enrollment in the Defense Eligibility Enrollment Reporting System (DEERS) of all family members. Inpatient and some outpatient care may require care authorization (CA) from a nearby MTF before health care is obtained. Failure to obtain a CA will result in the denial of a claim. Check with your local Health Benefits Advisor (HBA) before using TRICARE.

Active-duty officers may sponsor eligible family members in the TRICARE Active-Duty Family Member Dental Plan (FMDF) through payroll deductions. This is a voluntary plan. Contact Compensation Branch, DCP, at 301-594-2963 for enrollment information and forms. Contact MAB to discuss plan benefits.

For all eligible family members to access health care, medical or dental, the key is the DEERS system. The active-duty sponsor must enroll each family member in the DEERS system in order for claims to be processed and paid. If your family member's ID card expires, DEERS will show ineligibility of that family member. If your family member's ID Card is valid but DCP does not update information to DEERS, DEERS will also report ineligibility. Without DEERS enrollment, both TRICARE and FMDF will deny health care bills.

INFORMATION ON HEALTH CARE SERVICES

Please verify your family members' enrollment in DEERS before they seek health care. Check DEERS status by calling Personnel Services Branch at 301-594-3384, East Coast duty hours, or the DEERS Field Support Center, 800-538-9552, 6 a.m. to 3 p.m. West Coast time.

Special note on filing claim forms:

The requirement for non-participating providers to file claims for TRICARE beneficiaries has been rescinded. However, both institutional and individual providers who participate in TRICARE are still required by Federal law to file claims on behalf of TRICARE patients. Only pharmacies will be exempt from the claim filing requirement. TRICARE-eligible persons may still submit pharmacy claims to regional TRICARE contractors. The legal requirement is contained in the National Defense Authorization Act for Fiscal Year 1992.

SPECIFICALLY:

Individual providers must file your claim on a HCFA 1500 form. Institutional providers must use a UB-92 form. The old form, DD form 2642, OCT 93, "Patients Request for Medical Payment," is no longer accepted by the TRICARE regional contractor without a waiver. All waivers must be obtained BEFORE you file your own claim.

EXCEPTIONS:

Family members who have other health insurance that provides primary coverage (in other words, insurance that pays before TRICARE) may file the TRICARE claims themselves, and will not need a waiver (this is called "coordination of benefits"). Pharmacies will be exempt from the claim filing requirement. TRICARE-eligible persons may still submit pharmacy claims to regional TRICARE contractors.

INFORMATION ON HEALTH CARE SERVICES

I. APPEALS

If MAB denies a bill or claim for payment, you may appeal that decision in writing to:

MAB
Division of Commissioned Personnel/HRS/PSC
ATTN: Chief, Beneficiary Medical Program Section,
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

PHS:

If the Chief, BMP, denies your appeal, your next level of appeal may be sent to:

Division of Commissioned Personnel/HRS/PSC
ATTN: Chief, Medical Affairs Branch
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

If the Chief, MAB, denies your appeal, your final level of appeal may be sent to:

Division of Commissioned Personnel/HRS/PSC
ATTN: Director
5600 Fishers Lane, Room 4A-15
Rockville, MD 20857-0001

NOAA:

If the Chief, MAB, denies your appeal, your final level of appeal would be sent to:

Director, NOAA Corps Operations
NOAA, NC
1315 East-West Highway
Silver Springs, MD 20910

INFORMATION ON HEALTH CARE SERVICES

SUMMARY OF IMPORTANT POINTS:

1. Your Social Security Number must be on all records, bills, and correspondence sent to MAB.
2. MAB will only pay on an itemized bill; NO "balance-forward" bill is acceptable.
3. Do not assume that your health care provider, civilian or military, is sending your medical records to the correct office. In fact, assume that they are not and send these important medical records yourself. Medical records for both NOAA and PHS officers are sent to MAB to certify payment of bills. They are then forwarded to the respective officer's central medical file.
4. Officers are urged to keep a full and up-to-date copy of all their medical and dental records in a safe place throughout their active-duty careers.
5. Report accidents or injuries involving a third party to MAB.
6. There are two types of COSTEP officers, Junior and Senior COSTEPs, each with a different entitlement to health care benefits.
7. Eligible family members have medical health care coverage through TRICARE. Enrollment with the TRICARE Active-Duty Family Member Dental Plan is voluntary. Active-duty personnel ARE **NOT** ENTITLED TO TRICARE Standard, TRICARE Extra, OR TRICARE Active-Duty Family Member Dental Plan.
8. TRICARE is a managed health-care program that is in constant change. All officers and family members are urged to stay up-to-date by obtaining current information from a wide variety of sources: *Commissioned Corps Bulletin*, numerous Internet Home Pages, Army/Navy/Air Force Times Publications, etc.
9. Please verify your DEERS enrollment BEFORE using TRICARE or TRICARE Active-Duty Family Member Dental Plan for your family members. You MUST have correct DEERS enrollment to be recognized by this system.
10. If MAB denies a bill for payment, you can appeal that decision.
11. PHS and NOAA officers have different final levels of appeal.
12. If you are an active-duty PHS or NOAA officer and are covered (have benefits) under a health care insurance plan and you choose to file for benefits with that plan (make a claim), MAB has no authority to pay the balanced billing (that portion of the claim the insurance company does not pay). MAB does not do "coordination of benefits" with any insurance carrier for active-duty PHS or NOAA officers. You

INFORMATION ON HEALTH CARE SERVICES

must choose one or the other to be the financially responsible party.

J. DIRECTED TO AN MTF

There will be occasions when a PCC will direct an officer to a Uniformed Services facility for evaluation of certain medical conditions, i.e., cardiac, endocrine, orthopedic, neurologic, gastrointestinal, etc. A PCC may direct an officer to an MTF for evaluation and a diagnostic work-up when a civilian physician recommends surgery, even if the officer's duty station is outside the catchment area of a Uniformed Services facility. Evaluations for a second opinion will be provided only at an MTF. The PCC is responsible for directing officers to this source of care when appropriate, regardless of catchment area.

A PCC may direct an officer to a Uniformed Services facility for further evaluation of post-emergency conditions. A PCC may direct an officer to a Uniformed Services facility after the civilian facility stabilizes the officer's condition.

K. TRAVEL INCIDENT TO MEDICAL CARE

MAB may direct any medical care provided at Government expense. MAB may tell an officer where and when care will be delivered. If MAB directs your care, MAB will pay the applicable OPDIV or Program for the associated travel and transportation costs. MAB will not pay active-duty officers directly for directed travel costs. If you travel without a MAB purchase order number and an OPDIV issued travel order, you are financially responsible for that travel. MAB must pre-authorize all travel incident to medical care. Read INSTRUCTION 1, Subchapter CC24.2, "Travel Incident to Medical Care," of the CCPM. Call a PCC if you or your OPDIV or Program have questions and need clarification on this policy.

L. MEDICAL SUPPLIES

Effective December 1, 1994, MAB covers payment for some medical supplies. Please call a PCC if you have a medical need that requires medical supplies, such as insulin syringes, blood glucose monitoring strips, CPAP tubing, and other medically necessary supply items. Be prepared to supply the PCC with the information necessary to obtain a purchase order. Upon approval of your request, a purchase order will be issued for the medically needed supplies. **Prescription eyewear is not a covered benefit.**

INFORMATION ON HEALTH CARE SERVICES

SUMMARY OF IMPORTANT POINTS:

1. PHS may direct officers, at any time, to an MTF for diagnosis, evaluation, work-up, surgery, physical therapy, mental health services, alcohol and substance abuse detoxification and rehabilitation, dental treatment plans that exceed \$5,000, second opinions or any other procedure that is in the Government's best interest.
2. PHS Supervisors, OPDIVs/Programs cannot direct officers to medical care. Only MAB has the authority to direct and pay for health care services.
3. NOAA has the authority to direct NOAA Corps Officers to medical care.
4. Medical supplies may be a covered benefit. Call a PCC to see if your supplies will be covered.

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GLOSSARY

All Inclusive Care:

Care which covers all manner and forms of health-care services. All inclusive care could be elective or non-elective, cosmetic or non-cosmetic, non-pathology-based corrective procedures, non-line-of-duty injuries and accidents, all pre-existing health conditions whether stated or unstated, and unmanaged health care services with no restrictions, limitations, or exclusions.

Beneficiary Medical Program Section (BMP):

A section within Medical Affairs Branch (MAB)/DCP. BMP/MAB pays all approved health care services bills for the following:

1. PHS active-duty officers and eligible family members;
2. NOAA active-duty officers and eligible family members;
3. Retired PHS and NOAA officers;
4. Active-duty and certain retired NOAA wage marine personnel; and
5. Some NOAA wage marine retiree dependents.

MAB is responsible for about 30,000 beneficiaries. MAB provides expert advice and helps active-duty officers in the management of their health-care entitlement. MAB is the only program in the PHS that has the authority to accept financial responsibility for active-duty health-care services bills, military or civilian. MAB also manages travel incident to Uniformed Services care, and coordinates and pays for military Med-Evac flights and civilian flights when necessary.

Catchment Area:

An area around a military medical facility with inpatient capabilities that is about 40 miles in radius. DoD, not MAB, defines a catchment area by zip code. Catchment areas are not circular. Catchment areas change shape depending on the relative distribution of military families.

CCPM:

Commissioned Corps Personnel Manual. These are the DCP "yellow pages." The CCPM consists of a two-volume set of INSTRUCTIONS arranged by Subchapters. The CCPM contains all current governing personnel policies and guiding personnel regulations for the commissioned corps. MAB expects all active-duty officers to be knowledgeable of all applicable health-care policies.

CHAMPUS

Refer to TRICARE Standard

Comprehensive Care:

MAB defines comprehensive care as a wide and varied collection of health-care services whose purpose and goal is to keep active-duty commissioned corps officers in a fit-for-duty status. Comprehensive care is usually non-elective, medically necessary, and service or line-of-duty connected.

CONUS:

Continental United States.

COORDINATION OF BENEFITS:

A process used by two or more insurance carriers to pay one health care claim. One of the carriers must be the primary payer and the other carrier, the secondary payer. After the primary carrier pays out its benefits, the secondary carrier pays benefits on the remainder of the bill. MAB has no authority to coordinate benefits for active-duty PHS and NOAA officers because MAB manages an entitlement, not an insurance policy.

CPC:

Commissioned Personnel Center, NOAA.

CPT Codes:

A 5-digit code developed by the American Medical Association that identifies a medical procedure. MAB needs this code to check a data base to identify the TRICARE (formerly known as CHAMPUS) maximum allowable charge (CMAC). This gives MAB a starting point for negotiating prices with providers.

DD 2161:

The Uniformed Services call this form the "Referral for Civilian Care." The DD 2161 is not valid until signed by the hospital command and the supplemental care section. A valid DD 2161 states that the facility cannot provide a particular medical need. This situation may arise because the facility is short staffed, lacks certain specialty services, or special types of equipment or instrumentation. Always call MAB first when issued a DD 2161. A PCC will help you manage your health care needs.

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DEERS:

The Defense Enrollment Eligibility Reporting System. This is the computerized data bank that lists all active and retired Uniformed Services members and their eligible family members. DEERS lists active and retired Uniformed Services members automatically. Active-duty sponsors must enroll their eligible family members and report any changes to family members' status (divorce, adoption, etc.). TRICARE and TRICARE Active-Duty Family Member Dental Plan claims processors check DEERS before processing claims, to make sure patients are eligible for TRICARE and FMDP benefits.

Division of Commissioned Personnel (DCP):

A Division within the Human Resources Service, Program Support Center. DCP manages all personnel matters affecting PHS Commissioned Corps officers.

EIN:

Employer identification number. See TIN.

Elective Care:

This term refers to health-care services that may not have an effect on an officer's fitness-for-duty. These services may be limited or restricted. Alternate forms of health care are included in this term.

Emergency Medical Care:

The Uniformed Services defines a medical emergency as, "the sudden and unexpected onset of a medical condition or the acute exacerbation of a chronic condition that is threatening to life, limb or sight, and requires immediate medical treatment; or that manifests painful symptomatology requiring immediate palliative efforts to lessen suffering. Medical emergencies include heart attacks, cardiovascular accidents, poisonings, convulsions, respiratory distress, hemorrhage, kidney stones, and other acute medical conditions, as may be determined medical emergencies by the Uniformed Services or a designee."

Emergency Dental Care:

Patients needing treatment to stop ACUTE pain, infection, or bleeding. Emergency care is ALWAYS needed to relieve sudden onset and NEVER includes the final restoration or the definitive treatment. Emergency dental care is palliative treatment only.

Excluded Dental Procedures:

Examples of these procedures are implants, experimental dental procedures, orthodontics, orthognathic surgery, correction of developmental deformities and anomalies, and treatment of prior or pre-existing dental defects that were present before your enter-on-duty date.

Explanation of Benefits (EOB):

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An explanation of how your health care bill is processed. You will receive an EOB for all health care services provided. It states the service provided; date(s) of service; CPT code(s); amount billed, paid, and difference between the two; actions taken; and to whom payment is being sent. It should be reviewed carefully. Codes on the EOB will indicate if further action is needed on your part. A copy of the EOB is sent to both the provider and the officer if payment is to be made to the provider.

Extensive Dental Treatment Plans:

Any treatment plan that exceeds \$5,000. All extensive treatment plans will require a second opinion at an MTF.

Family Member:

A person or persons whose relationship to the active-duty member makes them eligible for TRICARE and eligible to apply for the TRICARE Active-Duty Family Member Dental Plan.

Fiscal Year:

October 1 through September 30.

Fit-For-Duty:

A PHS or NOAA Commissioned Corps officer is fit-for-duty when he/she can perform the duties and responsibilities of his/her current billet and professional category without restriction or limitation due to accident, injury, or disability. Furthermore, an officer that is fit-for-duty can follow the mission and goals of the PHS Commissioned Corps about deployment and mobility.

Health Care Entitlement:

A comprehensive range of health-care services mandated by Congress and authorized through 10 U.S.C. Chapter 55 to keep commissioned corps officers fit-for-duty. Legislation entitles active-duty PHS and NOAA officers to health-care services. Active-duty PHS and NOAA officers do not have health care insurance as a condition of their employment with the PHS.

Health Benefits Advisor (HBA):

A person at a military hospital or clinic who is available to assist active-duty family members receive the health care they need through the military and through TRICARE. Contact an HBA whenever family members have any questions regarding obtaining medical or dental care. HBAs can give valuable advice but they cannot guarantee coverage under TRICARE or FMDP. HBAs cannot authorize care at PHS expense. Your TRICARE and FMDP claims processor must review each claim and make payment determinations according to Uniformed Services eligibility rules and the TRICARE regulation.

ICD-9 Codes:

A code that identifies a specific disease.

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IHS:

Indian Health Service.

Lead Agent:

A medical center commander who is responsible and accountable for the local health-care delivery system within each of the 12 TRICARE Regions designated by DoD. The Lead Agent has a tri-service (Army, Navy, Air Force) staff that coordinates and manages the regional health-care initiatives.

Medical Affairs Branch (MAB):

A Branch of DCP. The merger of Beneficiary Medical Program Branch (BMP) and Medical Branch (MB) was effective October 1, 1996.

Medical Evaluation Staff (MES):

Formerly Medical Branch (MB). Now part of the Medical Affairs Branch/DCP/HRS/PSC. MES keeps active-duty officers' central medical files, monitors sick leave, convenes medical review boards, advises active-duty officers on disability retirement, advises on physical examinations, and reviews medical and dental information supplied in applications for commission.

Military Clinics:

There are many military clinics, including those operated by the Coast Guard, that do not have inpatient capabilities, and do not have catchment areas around them. Many of these smaller clinics are exceptional places to obtain medical care. These facilities are also referred to as Military Treatment Facilities (MTFs).

Military Health Services System (MHSS)

The military's managed health-care system is composed of military hospitals and clinics, preferred provider networks, Regional Lead Agents, and Regional TRICARE Contractors.

Military Treatment Facility (MTF)
(see Military Clinics)

National Oceanic and Atmospheric Administration (NOAA):

NOAA is an Agency of the Department of Commerce responsible for research, charting, and mapping of oceans and atmospheric conditions. NOAA employs commissioned corps officers and non-commissioned ships personnel (wage marine employees).

NC:

NOAA Corps

Non-routine dental treatment:

Any treatment from a specialist, any treatment plan that exceeds \$1,000, any dental treatment involving flap surgery

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or hard tissue removal, multiple (2) units or more of crowns (caps), multiple root canals (2 or more), fixed bridges, full dentures, partial dentures, etc.

Nonavailability Statement (NAS):

A certificate from a Uniformed Services hospital that states it cannot provide the health care your eligible **family member needs**. If you live in certain zip codes around a military hospital, you must obtain a NAS before receiving non-emergency inpatient care and some outpatient care at civilian hospitals under TRICARE Standard. TRICARE Standard does not determine eligibility nor does it issue a NAS. The MTF must enter a NAS electronically in the DEERS computer files.

OCHAMPUS:

Office of Civilian Health and Medical Program of the Uniformed Services. This office supervised the CHAMPUS program. January 1997, the office changed its name to the TRICARE Support Office (TSO). Offices continue to be located in Aurora, CO 80045-6900. Phone: 303-361-1088.

OCONUS:

Outside the continental United States.

OPDIV:

Operating Division. This was formerly called an Agency within the PHS. Now, instead of having Agencies and Programs, the PHS has OPDIVs and Major Programs.

PCC:

Patient Care Coordinator. Health care professional trained to help officers use health-care services available under the health care entitlement.

Routine care provider:

A general practitioner, medical or dental, optometrist, family practitioner, internal medicine practitioner, and gynecologist under certain conditions.

Purchase order number:

A specific code that MAB gives you to authorize non-routine medical or dental services. It is your authorization to buy civilian health care services. With this number, MAB assumes financial responsibility for your health care bills. Without this number, you are financially responsible for your health care bills.

Routine dental services:

Initial and recall exams, x-rays to diagnose decay, prophylaxis, preventive services, topical fluoride application, periodontal scaling, silver fillings, tooth colored fillings for front teeth, single crown, single tooth root canal.

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Routine medical care:

Acute, intermittent, minor care such as out-patient office visits, therapeutic, preventive, medical or surgical care, i.e., flu, common colds, sore throats, minor cuts and scrapes, routine physical exams, etc. Services received from routine care providers. Generally, services from specialists are not routine care.

Sick Call:

Sometimes called "military medicine" or "active-duty routine care" or "active-duty acute care." Sick call is the starting point for active-duty personnel using an MTF or other military health care facility when reporting for routine health care services.

Specialty Care:

Non-routine care. Includes any inpatient care, complex diagnostics (MRI, CT scan, etc.), involved laboratory testing, and care from a specialist (non-routine care provider). Includes drug, surgical care, alcohol rehabilitation, and psychiatric care and any care that exceeds \$1,000 per fiscal year per active-duty officer.

Sponsor:

The active-duty member whose relationship to other family members in the household makes the family member eligible for TRICARE and FMDP.

SSN:

Social Security Number. MAB uses this 9 digit number to avoid confusing your file with that of any other officer.

TIN:

Provider tax identification number. MAB uses this 9 digit number to sort and retrieve its provider data base. (SEE EIN.)

TRICARE:

A Department of Defense managed health care program for qualified family members, eligible retirees and their family members, survivors of all Uniformed Services who are not Medicare-eligible, as well as active duty officers. It was designed to improve access to high quality health care. There are three enrollment options in TRICARE: PRIME, EXTRA, and STANDARD. Active-duty officers are only eligible to use TRICARE Prime.

TRICARE Prime:

This option provides the most comprehensive health care benefits at the lowest cost and is best for families and retirees who live close to a military hospital or civilian TRICARE Prime network. Unlike TRICARE Standard and Extra, enrollment is required for all participants, including active duty officers if within a catchment area.

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TRICARE Extra:

This option offers choices of civilian physicians from a network of health care providers. It is often chosen by eligible members whose regular physician is a member of the network. It is also the preferred option of those who live too far away from a military hospital for convenient access, but who wish to reduce the cost of health care as compared to TRICARE Standard.

TRICARE Standard (formerly known as CHAMPUS):

This is the new name for the health care option available for all persons eligible for military health care, except active duty and most Medicare-eligible beneficiaries. **This option permits the most flexibility in choosing health care professionals but may be the most expensive.** It is often used by members who are not located near a MTF. Always consult the TRICARE Handbook as well as advisors before seeking care. TRICARE is a program in rapid, **dynamic change.**

TRICARE - Active-Duty Family Member Dental Plan (FMDP):

This is dental coverage for eligible family members. It is voluntary and must be requested by the active-duty sponsor. The sponsor must enroll for this plan through the Compensation Branch, DCP, who will then deduct a monthly amount from the sponsor's salary. **The health care entitlement DOES NOT ALLOW ACTIVE-DUTY PERSONNEL TO USE FMDP.** This dental coverage is also referred to as the Family Member Dental Plan.

TRICARE Support Office (TSO):

Formerly OCHAMPUS. Central administration and Public Affairs for TRICARE. Public Affairs Branch, Aurora, CO 80045-6900. Phone: 303-361-1088. URL: <http://www.tso.osd.mil/>

Uniform of the Day:

The uniform approved for wear in a certain location or at a certain facility at a certain time. The local uniform authority approves this uniform.

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QUESTIONS AND ANSWERS

1. **I don't work in a catchment area of a Uniformed Services health care facility, but I live in a catchment area. Must I use this facility as my primary source of health care?**

No, you are not required to use the MTF for primary care. Because all specialty care requires pre-approval, you can expect to be directed to the MTF for specialty care.

2. **I don't live in a catchment area of a Uniformed Services health care facility but I work in a catchment area. Must I use this Uniformed Services health care facility as my primary source of health care?**

Yes.

3. **I don't live or work in a catchment area of a Uniformed Services health care facility. The civilian health care provider I want to use has her office in a catchment area. Will MAB authorize civilian care with this provider?**

If you travel into a catchment area, MAB expects you to use the MTF for your health care services. MAB will not authorize routine civilian care in this type of situation.

4. **I live near an MTF. If I am off-duty and experience severe chest pains, do I have to go to the MTF for this emergency?**

NO. You may go to the nearest available emergency care facility. When you receive emergency care from a civilian facility, you or someone on your behalf must contact a PCC within 72 hours. Additionally, you must notify the civilian facility that you are an active-duty member of the Uniformed Services. Provide them with BMP's mailing address and inform them that copies of all medical records must be sent to BMP along with the itemized bill for payment to be made. When you are stable, you may be moved to the MTF for further tests and treatment. The MTF will provide all follow-up care.

5. **I'm new to PHS. My supervisor did not tell me about the health care entitlement. When I signed-up, a friend told me I have free health care. If my health care is free, why did MAB send me a denial for my doctor bills?**

Officers are responsible for learning how to use their health care entitlement. Health care is a major consideration of any job these days. MAB's explanation of benefits (EOB) indicated the reason(s) for the denial and your appeal rights.

6. **I heard that as a commissioned officer I had free health**

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care. Why do I have to go to a military clinic to see a doctor? Why can't I go anywhere I want?

Your health care is not free although you do not pay the cost; PHS pays for the care. PHS and MAB manage and direct the health care entitlement. MAB is charged for visits to an MTF, VA facility, or IHS hospital or clinic and MAB pays for all approved health care bills.

7. **I feel that I'm the best person to direct my health care. I'm a doctor and I know what I need. Why can't I choose where I go and who I see for health care services?**

MAB directs the health care for which PHS assumes financial responsibility. Officers may elect to assume financial responsibility and in those instances may choose the location and provider.

8. **I was just commissioned in the PHS. I don't like the idea of military health care. So, I've decided to pick my doctor and use my CHAMPUS/TRICARE insurance. Is this a problem?**

Officers do not have coverage under TRICARE Standard (formerly known as CHAMPUS). An active-duty commission makes QUALIFIED FAMILY MEMBERS eligible for TRICARE Standard. If you erroneously file a claim for yourself, TRICARE will deny your claim because you are on active-duty. If you want PHS to pay your health care bills, you need to work with MAB.

9. **I never feel comfortable in my uniform. My OPDIV doesn't require me to wear it except 1 day a week. Why do I have to wear my uniform when I go to a military hospital or clinic?**

You don't. However, all MTF facilities expect to see active-duty personnel in the appropriate uniform of the day. Standing MTF policy states that uniformed personnel will be seen first. MTF staff employees often think patients who are not in uniform are retirees or family members. Retirees and dependents have lower priority for care and may wait longer to be seen than officers in uniform.

10. **I don't understand why I always have to report to sick call when I go to a military health-care facility. Wouldn't it be quicker if I could just schedule myself into the clinic I need?**

If you think of an MTF as a private sector Health Maintenance Organization (HMO), it might make this easier to understand. Civilian HMO members must first report to the HMO's routine care access point. From there, routine care providers direct patients to all specialty clinics as needed. This is exactly how it works at an MTF. Routine

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care first, specialty referral as needed.

11. **I fell down last week at my duty station and injured my knee. The pain is worse now. I know I'll need to see an orthopedist. I called the orthopedics clinic at my MTF and they said it would be 6 to 8 weeks before they could see me. I need to see someone right now, what can I do?**

Report to sick call immediately. The routine care provider needs to evaluate your knee, triage, and stage you for the specialty referral. This process can take a few minutes depending on the triage results. If this is an urgent condition, the orthopedics clinic will likely see you right away. The point is that there is no way you can place yourself in a staging class other than routine. Only facility staff can say that you need specialty consultation and treatment.

12. **I went to military sick call. The doctor said that the procedure I needed wasn't available at the facility and they would need to refer me for civilian care. I have a form DD 2161. What do I do now?**

Call MAB first. A PCC will help you manage your health care. The PCC will need to check the form DD 2161 to make sure it is valid. The military clinic might want to send you to a nearby civilian contractor if one is available but the command is uncertain as to the financially responsible party. The military clinic will still be in charge of your case management. If there is no nearby civilian contract referral source, MAB will start the process of a civilian purchase order to get the needed health care service for you. Call MAB first and talk to a PCC.

13. **I live and work in a small rural community. There are no military health care facilities for almost a hundred miles. I need to see a family practice doctor in a nearby town to examine my wrist that I sprained yesterday when I slipped and fell. What do I do now?**

This is routine care from a family practice physician. You are out of the catchment of any MTF so your routine care maximums apply. You have \$1,000 per fiscal year for routine medical expenses and you do not need prior approval from MAB. You can schedule your appointment for this routine care visit, receive your care and then have the provider send MAB the itemized bill. Send records showing the reason for the visit, diagnosis, and disposition of your case. Make sure your SSN is on all documents sent to MAB.

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14. I went to see my civilian doctor about my wrist that I sprained a couple of days ago. He said that I'll need a MRI at the local hospital to determine if the injury is more serious. Will MAB pay for this? Will I need to get this authorized or is this routine care?

In this case, you do need prior approval from MAB. MRIs and other complex diagnostics are not routine. Your doctor must provide documentation of a medical need for this complex diagnostic test. With justification, MAB will assume financial responsibility for this procedure. Call a PCC to help you. The PCC will need ten (10) items of information from you about your upcoming visit for this MRI. If the PCC gives you a purchase order number, you will know that MAB approved this visit. You also will know that MAB accepts financial responsibility for this procedure.

You are also responsible for notifying the hospital that you are on active-duty and requesting that they send the bill and medical records to BMP's address. You also need to sign a release of medical information form.

15. I have the results from the MRI of my sprained wrist. My doctor feels there is no need for surgery, but I will need physical therapy (PT) for 2 to 3 months. Unfortunately, this town does not have a physical therapist. I need to travel to the city where this doctor sends all his patients for PT. By the way, the city I'm traveling to has a large Army Medical Center. I know I must get prior approval for long-term treatment, but should the MTF concern me?

You will be traveling into a catchment area. MAB or you will need to determine if the MTF can provide the PT that you need. If the MTF can provide the PT, then MAB will not authorize civilian care. You must report to the MTF for treatment. Call MAB and a PCC will help you manage your health-care entitlement.

16. When I call MAB to request prior authorization, the PCC asks me for ten (10) items of information. This is a lot of trouble on my part. Why can't the PCC get all this information? After all, isn't that the PCC's job?

The PCC is there to help officers manage their health-care entitlement. PCCs need some information from you to enable them to do their jobs. The PCC provides point-in-time information, aids in MTF access, and pre-approves your civilian health care for payment. Officers are responsible for supplying certain information. The PCC will check a data bank of maximum allowable charges for active-duty personnel and negotiate fees with civilian providers according to cost containment guidelines.

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17. **Why do I need to supply my Social Security number each time I call a PCC? Isn't my name enough?**

Unfortunately your name is not enough as names can be identical. Because of this, the data base arranges all beneficiaries by Social Security number. It is the only way MAB can sort and retrieve the information correctly.

18. **Why do I need to supply the provider's tax identification number (TIN or EIN) each time I call a PCC for prior authorization for civilian health care services?**

The data base arranges all providers by TIN only. It is the only way MAB can sort and retrieve correct vendor information.

19. **Three weeks ago, while working in the yard, a bee stung me. My chest felt tight and I had trouble breathing. The MTF is about 20 miles away in the city. I went to the Emergency Room (ER) a couple miles from my home. While in the ER, my heart started feeling funny, so the doctor ordered an EKG. I feel fine now. All those follow-up tests they did last week came back normal. I told the hospital to send all the bills to PHS and they'd take care of everything. In all the confusion I forgot to call that toll-free phone number and report my emergency. Today I got a collection letter from the hospital. The finance office says I owe them a lot of money because MAB denied the bills for payment. What's going on here?**

First, the good news. You did the right thing by going to the ER. You should always take care of the emergency first. However, MAB sent back your bills because there was no emergency visit recorded for this event. You must call MAB within 72 hours of any emergency room visit so MAB can manage your health care. MAB must update your duty status in case your injury is serious.

Where this really fell apart is when you went back to the civilian hospital for the follow-up tests. If you're in a catchment area, you must go to the MTF for non-emergency care. The emergency is one thing, but non-emergency follow up is a different matter. You can appeal the MAB denial.

20. **Several weeks ago I went to a local civilian hospital for some laboratory tests. I have authorization for these tests because MAB gave me a purchase order number. I told the hospital to send all the bills to MAB. Yesterday, I got a collection notice from the hospital. What's wrong? Why hasn't MAB paid for this authorized procedure?**

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Several things could be wrong. Most likely, MAB did not receive the medical records. Without records, MAB cannot certify the bills for payment. Did you sign a release of medical information form? This is the primary reason for delayed payment; no records. Did you tell the hospital you had TRICARE? This is the second most common reason for payment delays. It will take 6 to 8 weeks for TRICARE to reject an active-duty claim. In the meantime, the collection agency is hard at work.

Remember, always sign a release form and never file a TRICARE claim for the active-duty member. Call MAB billing at 800-535-7691 or 301-594-6330; the claims auditors will help you with this problem.

21. **I live and work outside a catchment area. Yesterday, I broke a tooth. I went to my usual dentist in town and he said I will need a crown. Do I need to call MAB for authorization?**

It's always wise to call if you're not sure about a certain procedure. Since you are outside a catchment area, MAB policy authorizes routine dental bills from a civilian dentist. The policy defines one crown as routine. A PCC needs to give prior approval for routine dental bills which exceed a total of \$1,000 in a fiscal year.

22. **My civilian dentist wants to do an implant to restore a missing tooth. He said he could do a bridge, but the implant is state of the art and would be the best service for me. Since it is the best service, will MAB approve this procedure for me?**

Dental implants are on MAB's restricted list of services. With rare exceptions, implants are always elective dental procedures. This means MAB will not pay for an implant under the circumstances you describe. There are alternatives that are less invasive and produce a very acceptable clinical result. MAB will consider all alternatives in the treatment of this dental need. Some MTFs might consider your condition a good teaching case. You may want to find out if you would fit such a teaching protocol. Call a PCC and they may find an MTF to help you. If you decide to have your dentist place the implant, you will be financially responsible for all dental bills.

23. **I understand that MAB will pay for eye examination and fittings for contacts. Why won't MAB pay for contacts?**

Vision correction is fitness-for-duty related and eyeglasses are the standard of care. Eyeglasses are available from MTFs. There are no provisions, however, for obtaining eyeglasses or contacts from civilian sources. If there is medical justification for use of contact lenses, officers may submit this request in writing to MAB.

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24. I have not sent in any prescriptions this year. My prescriptions did not total \$50.00. It's now the first of September. Do I still have to hold these bills until they reach \$50?

Send all pharmacy bills to MAB at the end of the fiscal year even if the bills total less than \$50.00.

25. I have decided to see the medical provider of my choosing and pay for all the bills myself. However, the medication he is prescribing is very expensive. Is there anything I can do to help with payment of these pharmacy bills?

If you are near a military hospital or clinic, you may take your prescription to the military pharmacy. Sometimes MTF pharmacies will fill civilian prescriptions. It depends on the established policies and procedures of the facility and whether the pharmacy usually stocks your medication. MAB suggests that you call the MTF and ask if this courtesy is available to you.

26. I'm a very physically active PHS officer. Recently, I purchased an orthotic device from a sports medicine clinic. The orthotic will help me ski better and prevent injury that may keep me home from work. Since this device will help me stay fit-for-duty, I know you'll reimburse me for it. Where do I send the bill?

Unfortunately, you will have to pay for this device yourself. First, you did not have a physician prescribe this device. Also, you did not call a PCC for prior approval. And finally, the intent of the health care entitlement is to keep or make officers fit-for-duty not fit-to-ski.

27. The military clinic near my duty station and home does not provide alcohol or drug abuse treatment programs. May I get such services at a private facility?

MAB judges each case on the merits of the individual's needs and the availability of care in the Uniformed Services health care system. MAB usually makes the evaluation referral to an MTF. If the evaluation indicates the need for long-term treatment, then MAB directs the officer to the nearest MTF with space available. MAB may consider a non-Government referral source only when space is not available at a Government facility.

28. If I need psychiatric care, may I choose my provider?

If you are in a catchment area of an MTF or IHS facility that offers psychiatric care, you must report there for services. These facilities will provide evaluation and treatment for commissioned officers if care is available. Whenever the MTF refers to the civilian sector, the referral

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IS NOT AUTHORIZATION FOR CARE. A PCC must authorize civilian care. If approved for civilian sponsorship, MAB will authorize a limit of four (4) visits. One of these four visits is for an evaluation by a psychiatrist. Your provider must send the evaluation of your condition to MAB's chief medical consultant. MAB will not authorize further treatment until the review is complete.

Your PCC will mail instructions concerning these procedures with the authorization for the initial four (4) visits. MAB will not pay for the initial visits until the consultant reviews your case.

29. **I am following MAB's direction. The PCCs provide useful information and help me manage my health care entitlement. I need to have MAB approve my sick leave for an upcoming clinic visit. Where do I send my sick leave request?**

MAB does not authorize your sick leave. Only your immediate supervisor, OPDIV or Program leave-granting authority can authorize your sick leave.

30. **If I become pregnant before I voluntarily separate from active duty, am I entitled to obstetric care?**

Yes, provided that the care is given by the nearest MTF and will cover delivery and post-natal care. Care of the newborn is not provided. Medical authorities must supply written certification that the pregnancy existed before the date of honorable separation. Officers should report to the MTF before separation to arrange for pre-natal care. The **MTF** must provide all care. PHS will not authorize care at a IHS facility or civilian source.

UNDER ANY OTHER CIRCUMSTANCE OR CONDITION, ALL ELIGIBILITY TO THE ACTIVE-DUTY HEALTH CARE ENTITLEMENT ENDS MIDNIGHT THE DAY OF YOUR OFFICIAL SEPARATION.

Interested officers can call 800-809-6119 for more information about the Continued Health Care Benefits Program (CHCBP). This program replaced the USVIP insurance program.

31. **I've decided to have reconstructive cosmetic and orthognathic surgery to fix a developmental growth abnormality. I will require about 2 to 3 weeks of sick leave to recover. Since this is elective, I am not asking that PHS or MAB pay for this. However, if I'm paying all the bills, why do I need to send any of the records to Medical Branch?**

Active-duty officers are responsible for keeping their central medical file complete concerning significant medical events. Should you ever need to document disability or service aggravation, you would not be able to do so if this record was not in your medical file.

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32. **MAB suggested that I go to a small military clinic close to my home for my physical therapy. This clinic has a good staff and is out of the way, so you can get in quickly. Since MAB directed this care and told me where to go, I understand that MAB will repay me for all my gas and mileage. Where do I send the bills?**

Unfortunately, this is not how MAB or PHS interprets travel incident to medical care. First, the clinic is in your local vicinity. Second, the PCC gave you information that would make treatment easier and more convenient for you. PCCs aid your access to a military clinic whenever possible. MAB pays for travel incident to medical care for transportation to an MTF distant from your home or duty station. MAB does not pay for local travel associated with medical care. MAB only pays the officer's official local travel authority, not the officer directly, and only when the officer is on an official travel order preauthorized by a PCC with a purchase order number. Therefore, all gas and mileage expenses to and from this clinic will be yours to pay.

33. **My husband took our children to a participating dentist in the FMDFP for their checkups. I signed-up and PHS is deducting a monthly premium from my active-duty pay. You can imagine my surprise when the contractor denied my claim. The statement said that my family members were not eligible. What went wrong and what can I do?**

Sounds like you have a DEERS enrollment problem. First, check with the dental plan's customer service department. If they say that your family members are not showing up as enrolled but you are having premiums deducted, contact Division of Commissioned Personnel, Personnel Services Branch, DEERS support. DEERS support can help you resolve this problem. Quite often the problem is an expired ID card.

34. **I changed my duty location. I am close to an MTF. How can I tell if my zip code is in the catchment area?**

Call MAB and ask a PCC. MAB has printouts that list all zip codes included in each catchment area.

35. **I am new to this duty station and did not know any of the local health care providers. I twisted my knee the other day and thought it would be a good idea to have an MRI. So, I asked my supervisor to recommend an orthopedist and imaging center. My supervisor told me to go to his orthopedist. I now have some bills that need to be paid. Since my supervisor gave me permission to go to this doctor,**

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I'm assuming that MAB will pay the bills.

Unfortunately, your supervisor, although trying to help, has no authority to direct and pay for your medical or dental care. As a commissioned corps officer, only a MAB PCC can direct and pay for your health care. Always call a PCC first. A PCC can save you time, money and aggravation. If your care is approved and authorized, the PCC will give you a BMP purchase order number. This number is your assurance that PHS will be financially responsible for your health care bills. Without a BMP purchase order number, you will be financially responsible for your non-routine health care bills.

36. **I've needed to have a ligament in my knee repaired for some time now. I wanted to wait until I found the most capable sports knee surgeon in my area. Well, I found one and used my husband's private health insurance coverage last week to get my knee fixed. My husband's insurance only paid a portion of the total bill and we still need to pay the hospital. Can I have MAB pay the remainder of these benefits with my PHS Commissioned Corps health care insurance?**

No, MAB cannot coordinate benefits with insurance carriers for commissioned corps officers. Remember, you do not have health care INSURANCE as a condition of your employment as a commissioned corps officer. Active-duty PHS and NOAA officers have an ENTITLEMENT to health care and MAB manages this health care entitlement. Therefore, you can choose to have MAB manage and coordinate all of your health care or, if you are covered by private health care insurance, you can file claims with that carrier but, you will be financially responsible for all premiums, co-pays, and non-allowable fees.

37. **I am a new commissioned corps dentist stationed with the IHS. Several weeks ago I slipped, fell, and broke my finger while I was on duty in the dental clinic. My supervisor is civil service and told me that since this was an "on-the-job" injury, I needed to file all medical claims and bills with the Department of Commerce, Office of Workers Compensation Programs (OWCP). I'm getting collection notices from the hospital, ER, orthopedic specialist, radiologist, MRI imaging service, and most recently, from a physical therapy and rehabilitation specialist I was referred to by my orthopedic specialist. OWCP has denied my claim. My bills are about \$7,000. What do I do now? Who's going to pay these bills?**

Well, we know OWCP is not going to pay. Active-duty members in any of the seven Uniformed Services are not covered by

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OWCP. Because the accident/injury happened on-the-job you still need to complete and file the "Incident Report" with the IHS but, as an active-duty PHS officer you need to notify the Beneficiary Medical Program, Medical Affairs Branch, DCP, within 72 hours of this accident and ER visit. Now you have bills for an unnotified ER visit, specialty care and advanced diagnostics that were never pre-authorized, and physical therapy that was never pre-approved. Call a PCC and explain the situation. If BMP denies your claim you can appeal BMP's decision.

38. **I am a commissioned corps officer and a single parent. I want to take time off my assignment with FDA to care for my son who is recovering from a recent accident. I want to take 2 months off and apply for this leave under the "Family Medical Leave Act." Do I file the request with BMP since you pre-approve medical services?**

Active-duty members in any of the seven Uniformed Services are not eligible for leave under the Family Medical Leave Act. Additionally, active-duty members cannot apply for sick leave to care for an ill or injured family member. Sick leave is for the active-duty member only. Active-duty members can request annual leave to provide care and support for their ill or injured family members. All annual leave is granted depending on individual program demands and needs. However, BMP does not grant any leave and is not responsible for any leave requests. All leave requests, annual leave, sick leave, and station leave need to be requested and processed through the active-duty officer's official local leave-granting authority.

39. **I am an active-duty officer with the PHS Commissioned Corps. My daughter is 18, unmarried and expecting a baby in 2 months. Up until now, TRICARE-Standard has been participating and paying allowable charges for my daughter's pre-natal care. Since my daughter is under 21, won't TRICARE continue to pay for both my daughter and her baby after delivery?**

NO. The entitlement to medical care is for the active-duty officer's family members and is not intended and does not extend to your family member's family members. Your daughter will continue to be entitled to health care services until she is 21 or 23 if enrolled full time in college. However, your daughter's family member (her new baby) is not covered past the first 24 to 48 hours post-delivery. This condition applies at civilian medical facilities and even if labor and delivery were at an MTF. Therefore, if your daughter's baby requires sustained neonatal intensive care, all medical bills would be your daughter's responsibility. In this situation, MTF billing offices can and do charge full civilian fees, usual and

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customary, for neonatal intensive care.

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