

Reimbursement Of Travel Expenses For Specialty Care

Issue Date: December 21, 2001

Authority: [32 CFR 199.17\(n\)\(2\)\(vi\)](#); JFTR, Ch7, Part Y; Public Law 110-181 Section 1632 (which amended 10 USC 1074i); Public Law 111-281 Section 203

Revision:

1.0 POLICY

1.1 Non-active duty TRICARE Prime and TRICARE Prime Remote (TPR) enrollees referred for non-emergent medically necessary specialty care over 100 miles (one way) from their Primary Care Manager's (PCM's) office to the nearest specialist's office may be eligible to receive reimbursement for reasonable travel expenses. Entitlement is limited to those specialty referrals when no other specialist (i.e., Military Treatment Facility (MTF)/Enhanced Multi-Service Market (eMSM), network or non-network specialists) is available within 100 miles (one way) of the PCM's office.

1.2 Prime Travel Benefit Program Attestations - The contractor shall provide a daily spreadsheet with all required information (authorization number, specialty requested, PCM name, PCM address, PCM city, PCM state, PCM zip code, Specialty Provider name, Specialty Provider address, Specialty Provider city, Specialty Provider state, Specialty Provider zip code, patient address, patient city, patient state, patient zip, patient phone, traveler's e-mail address, beneficiary category of patient, branch of service, contractor's notes related to authorization) to assist in validating beneficiary eligibility requirements for Prime travel reimbursement. Each beneficiary entry shall be called an "attestation" and shall provide all Government required information related to network-enrolled beneficiaries who received approved authorizations for specialty care over 100 miles from the PCM's Office.

1.3 A retiree with a combat-related disability (as determined by the member's Branch of Service), not enrolled in TRICARE Prime, and referred by a Primary Care Provider (PCP) for follow-on specialty care related to that specific disability as listed in Combat-Related Special Compensation (CRSC) letter, more than 100 miles (one way) from where the PCP provides services to the retiree, may be eligible to receive reimbursement for reasonable travel expenses. The TRICARE Regional Office (TRO) for the region in which the retiree resides will determine if the specialty care is more than 100 miles (one way) from the provider's office. The contractor shall refer inquiries about travel reimbursement for retirees with combat-related disabilities to the Director, TRICARE Regional Offices (TROs) travel representative or Beneficiary Counseling and Assistance Coordinator (BCAC) for further information and assistance.

1.4 The Coast Guard Authorization Act of 2010, signed into law on October 15, 2010, authorizes reimbursement for travel to specialty care less than 100 miles (one way) for a non-active duty Coast Guard beneficiary (active duty dependents only) who resides on an island within CONUS, with no public access roads to the mainland, and for one medically necessary attendant. Entitlement is limited to those specialty referrals when no other specialist (i.e., MTF/eMSM, network or non-network specialists) is available on the island. The beneficiary must be enrolled in TRICARE Prime and referred to

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a specialty care provider by their PCM. The contractor shall refer inquiries about travel reimbursement for Coast Guard beneficiaries to the Coast Guard Health, Safety and Work-Life (HSWL) service center (see [paragraph 1.7](#)).

1.5 For patients eligible for travel reimbursement under [paragraphs 1.1](#) through [1.4](#), if the PCM or PCP deems it medically necessary, travel orders and reimbursement may be authorized for one Non-Medical Attendant (NMA) to accompany a non-active duty patient referred for applicable specialty care. The NMA must be a parent, an adult family member, a legal guardian, or a companion who has been delegated a medical Power of Attorney (POA) by the patient or legally responsible party.

1.6 Except for Coast Guard beneficiaries, MTFs/eMSMs will validate the travel expense entitlement and issue travel orders for specialty referrals issued by military PCMs, and the Director, TROs or designated Government representatives will validate the travel entitlement and issue travel orders for specialty referrals from civilian PCMs. Travel reimbursements allowed under [paragraphs 1.1](#) through [1.4](#) will be reimbursed in accordance with the Joint Federal Travel Regulations (JFTR). Travel reimbursement claims must be filed no later than one year after the qualifying travel date (exceptions may be made for patients eligible for travel reimbursement under [paragraph 1.3](#)). Travel expenses will not be authorized for elective procedures or non-covered benefits. Except for Coast Guard beneficiaries (see [paragraph 1.7](#)), the contractor shall refer travel requests for MTF/eMSM-enrolled Prime beneficiaries to the MTFs/eMSMs and civilian-enrolled Prime beneficiary requests to the TROs or designated Government representative for authorization, orders and claim processing if it appears the beneficiary may be entitled to travel benefits. Non-Coast Guard beneficiaries with questions about these travel benefits and the NMA entitlement should contact their local MTF/eMSM or TROs travel representative or BCAC for assistance. Telephone numbers and addresses for BCAC are available on the TRICARE web site at <http://www.tricare.mil/bcacdcao>.

1.7 The contractor shall refer inquiries about travel reimbursement for Coast Guard beneficiaries to the Coast Guard HSWL services center health benefits team for administrative processing of their travel. HSWL service center health benefits team is available by contacting 1-800-9HBAHBA (1-800-942-2422) or via the following address:

Commanding Officer HSWL Service
ATTN: Health Benefits
300 E. Main St, Suite 1000
Norfolk, VA 23510

2.0 EFFECTIVE DATES

2.1 October 30, 2000, for TRICARE Prime enrollees.

2.2 January 1, 2008, for retirees with a combat-related disability.

2.3 October 15, 2010, for TRICARE Prime Coast Guard island dwellers.

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