

## Chapter 1

## Section 30

# Reimbursement Of Travel Expenses For Specialty Care

Issue Date: December 21, 2001

Authority: 32 CFR 199.17(n)(2)(vii); JTR, Ch3, Part D; Public Law 110-181 Section 1632 (which amended 10 USC 1074i); Public Law 111-281 Section 203

Revision: C-59, May 26, 2021

### 1.0 POLICY

**1.1** Non-active duty TRICARE Prime and TRICARE Prime Remote **Active Duty Family Member** (TPRADFM) 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 **Medical** Treatment Facility (MTF), network, or non-network specialists) is available within 100 miles (one way) of the PCM's office. **For TPRADFM enrollees with unassigned PCM program qualification is determined from referring provider's office. Travel reimbursements allowed under paragraphs 1.1 through 1.4 will be reimbursed in accordance with the Joint Travel Regulations (JTR). 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 1.4). Travel expenses will not be authorized for non-medically necessary elective procedures or non-covered benefits. TRICARE Prime Travel Benefit (PTB) does not apply to a beneficiaries enrolled to TRICARE Overseas Program (TOP) or to an Active Duty Service Member (ADSM) who is authorized medical travel.**

**1.2** PTB Program Attestations - **Each beneficiary entry shall be called an attestation. The attestation confirms that Managed Care Support Contractors (MCSCs) have verified that the referred specialist is 100 miles or more from the PCM, and there are no suitable providers to meet the patient's needs within 100 miles of the PCM within appointment access to care (ATC) standards. The contractor shall provide a report with any information needed to assist in validating beneficiary trip qualification requirements for TRICARE Prime travel reimbursement. The Government (TRICARE PTB Section or the MTF, depending on member enrollment) will perform all operational functions to include distance validation and final program trip qualification. The Government determines beneficiary PTB qualification based on the attestations.**

**1.2.1** A daily report will be provided to the TRICARE PTB Section to include information related to TRICARE Prime network-enrollees, any TPRADFM enrollee or any Coast Guard enrollee beneficiaries (network or Direct Care (DC)) who received approved authorizations for specialty care over 100 miles from the PCM's office. Details for reporting are identified in DD Form 1423, Contract Data Requirements List (CDRL), located in Section J of the applicable contract. **Each approved authorization for specialty care over 100 miles from the PCM will be annotated on the report.**

**1.2.1.1** When a manual attestation is requested the contractor shall provide the attestation, or the response for the need of additional information, within three business days 90% of the time.

**1.2.1.2** A manual attestation is requested by the government when an attestation is missing from either the daily or weekly PTB Program attestation reports.

**1.2.1.3** When the original attestation is contested and upon request by the beneficiary, by either direct inquiry to the MCSC or forwarded by the Defense Health Agency (DHA), the contractor shall perform a medical review of all available documentation, to include additional provider justification letters, to determine if there is medical justification to be evaluated and treated by the selected specialty provider.

**1.2.1.3.1** The contractor shall respond to beneficiary inquiries requesting medical review assessment. The MCSC shall forward the medical review assessment and determination to the TRICARE PTB Section within 14 calendar days of receipt of the beneficiary's provider justification letter. The contractor will provide additional clinical documentation upon TRICARE PTB Section request.

**1.2.1.3.2** If the contractor determines there are other qualified providers located within 100 miles of the PCM they shall provide the beneficiary with that specialty contact information.

**1.2.1.3.3** The contractor shall track and report beneficiary contested attestations.

**1.2.2** A weekly report will be provided to each MTF to include information related to each individual MTF's enrolled beneficiaries or any (exclude Coast Guard enrolled beneficiaries) who received approved authorizations for specialty care over 100 miles from the PCM's office. Details for reporting are identified in DD Form 1423, CDRL, located in Section J of the applicable contract. Each approved authorization for specialty care over 100 miles from the MTF will be annotated on the report.

**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 PTB Section 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 regional TRICARE PTB Section 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 the continental United States (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, network, or non-network specialists) is available on the island. The beneficiary must be enrolled in TRICARE Prime or TPRADFM and referred to a specialty care provider by their PCM. The contractor shall refer inquiries about travel reimbursement for Coast Guard beneficiaries to the appropriate PTB travel representative.

## TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

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**1.5** For patients eligible for travel reimbursement under [paragraphs 1.1 through 1.4](#), if the PCM/PCP or servicing provider 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, legal guardian, spouse, or other adult member of the patient's family, or other adult companion who has been delegated a medical Power of Attorney (POA) by the patient or legally responsible party. In most cases, the NMA's must be at least 21 years old. The **medical POA** may be waived at Approving Official (AO) discretion.

**1.6** Except for Coast Guard beneficiaries, MTFs will validate the travel expense entitlement and issue travel orders for specialty referrals issued by military PCMs, and the TRICARE PTB **Section** 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 JTR. 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-enrolled **TRICARE Prime** beneficiaries to the MTFs and civilian-enrolled **TRICARE Prime** beneficiary requests to the TRICARE PTB **Section** 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 or the TRICARE PTB **Section** 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 **general PTB Program** inquiries about travel reimbursement for Coast Guard beneficiaries to the appropriate PTB travel representative. This applies to MTFs, civilian-enrolled **TRICARE Prime**, and **TPRADFM** beneficiaries.

## **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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