



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

IN REPLY REFER TO:

OPNAVINST 7200.1
DNS-F

AUG 01 2006

OPNAV INSTRUCTION 7200.1

From: Chief of Naval Operations

Subj: MEDICAL/DENTAL TRAVEL FOR SECURITY ASSISTANCE ORGANIZATIONS
(SAOs)

Ref: (a) SECNAVINST 4900.49
(b) CNO memo of 14 May 84
(c) JFTR, Vol. 1 Chapters 3, 4, 5 and 7
(d) OSD Health Affairs memo of 10 Aug 04
(e) OPNAVINST 3710.7T

Encl: (1) Functions of Medical and Dental Travel Program
(2) Medical and Dental Travel Program Matrix
(3) Request for Fund Cite of Medical Travel

1. Purpose. To prescribe guidance and procedures to be utilized when requesting funds for routine outpatient medical and dental travel for Navy personnel and their command sponsored family members assigned to Security Assistance Organizations (SAOs) in foreign countries.

2. Definition. *Security Assistance Organization:* "All DOD elements, including defense attaché offices, located in a foreign country carrying out security assistance management functions under the Foreign Assistance Act of 1961, as amended, section 515, regardless of actual title assigned. SAOs include military assistance advisory groups, military missions, U.S. military groups, offices of defense cooperation, offices of military cooperation, offices of defense representative, and other similar organizations located in foreign countries as part of the U.S. Embassy country team. These organizations are established for a long-term basis to manage international security assistance programs."

3. Scope. Reference (a) establishes procedures to be followed by SAO's assigned outside the continental United States. Reference (b) assigned funding responsibility to Field Support Activity (FSA) for routine outpatient medical and dental travel of Navy personnel and their command sponsored family members

assigned to an SAO. Outpatient medical and dental travel funds for Navy personnel and their family members are limited and requests will be handled on a case-by-case basis. Travel eligibility is limited to Navy members and their command sponsored family members not serving in a Military Assistance Program (MAP) or Personnel Exchange Program (PEP) billets. Travel will be conducted per reference (c). Travel is restricted to cases where local medical services are not adequate or available. Per reference (d), the utilization of the TRICARE Global Remote Overseas Healthcare Contract is mandatory and will be the first option for routine medical and dental care.

4. Discussion. With the multiple references and overlapping guidance affecting patient travel in general, enclosure (1) is provided for guidance on specific situations relative to the Medical and Dental Travel Program. Enclosure (2) provides the process for active duty patients and command sponsored family members. Active duty members and command sponsored family members must be on official travel orders. Enclosure (3) is provided as a template for requesting fund cite authorization.

5. Responsibilities

a. Field Support Activity (FSA)

(1) Review all requests for routine medical and dental travel for compliance with appropriate guidance.

(2) Authorize and provide fund cite for approved medical and dental travel.

(3) Track and maintain medical and dental travel funding.

(4) Reconcile estimated versus actual cost in official accounting system using liquidated travel vouchers.

b. Activity Duty Sponsor

(1) Prior to requesting fund cite authorization from FSA, the member must first utilize the TRICARE GLOBAL REMOTE HEALTH CARE SYSTEM to locate local medical and/or dental care. This is accomplished by contacting SOS International at one of the following numbers or visiting their respective websites:

AUG 0 1 2006

(a) SOS International Europe: 44-20-8762-8133 (collect) or www.europe.tricare.osd.mil

(b) SOS International Latin America: 1-215-701-2800 (collect) or <http://www.tricare.osd.mil/tlac/default.cfm>

(c) CARE PACIFIC OFFICE: 808-433-6841 or <http://tricare-pac.tamc.amedd.army.mil>

(2) If TRICARE is unable to provide treatment through a local provider, then TRICARE will make arrangements with the nearest military treatment facility (MTF) that can provide the necessary/required services.

(3) Documentation from a competent medical authority stating the need for the medical/dental appointment must accompany all out of area requests.

(4) Use enclosure (3) to request fund cite authority.

(5) File travel voucher within 5 days of return from medical/dental appointment travel.

(6) Ensure a copy of paid travel voucher is forwarded to FSA, either by fax, email not later than 3 working days after submitted for payment. See Medical/Dental travel request form for point of contact information.

(7) Members should coordinate appointments with TRICARE far enough into the future to allow appropriate time to process orders.

c. Security Assistance Organization (SAO)

(1) Act as point of contact between sponsor and FSA.

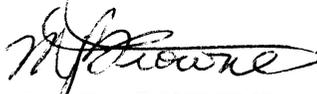
(2) Prepare travel orders.

(3) Make travel arrangements per reference (c).

AUG 0 1 2006

(4) Ensure military transportation, including MEDEVAC and Space-A, is used whenever available. Medical evacuation must be coordinated with the Joint Medical Regulating Office (JMRO) for military personnel stationed in foreign countries.

6. Entitlements Approval. The entitlements portion of this instruction has been reviewed by the Per Diem, Travel and Transportation Allowance Committee (PDTATAC) in accordance with DoD Directive 5154.29, of 9 Mar 93, as PDTATAC Case RR051206.


for A. E. RONDEAU
Vice Admiral, U.S. Navy
Director, Navy Staff
By Direction

Distribution:

Electronic only, via Navy Directive Web site

<http://neds.daps.dla.mil>

AUG 01 2006

FUNCTIONS OF SAO MEDICAL AND DENTAL TRAVEL PROGRAM1. General Information

The fund cite provided by Field Support Activity (FSA) is for routine outpatient medical and dental travel only. All emergency travel will be funded per reference (a), paragraphs 3-5e, and 4-2c. The Bureau of Medicine and Surgery (BUMED) will provide funding for transportation from inpatient setting to an inpatient setting for further medical care. Funding provided by FSA is not to be used for any type of training (TAP, TAMP, Scholars Program, training request, funded student travel, etc.). Rental cars will not be reimbursed unless specifically authorized in advance by FSA. Travel and transportation expenses will not be authorized for elective surgery.

2. Flight Physicals

If a member is in a non-flight status, authorization of medical travel will be granted only if an application for a waiver has been denied by BUPERS. Per reference (e), a flight physical may be waived, and the member will continue to draw Aviation Career Incentive Pay (ACIP), if the member is deployed or stationed in remote areas where access to a local flight surgeon of any branch of service is unavailable. The member must get a flight physical as soon as he/she returns to a duty station where a physical can be readily obtained. The procedures for applying for a waiver are as follows: The member's commanding officer must make the request to PERS-43C for officers and PERS-404E for enlisted members via Naval Aerospace Medical Institute (NAMI Code 342). The subject line of the request must state: REQUEST FOR WAIVER OF ANNUAL FLIGHT PHYSICAL ICO Rank/Name, Branch of Service, and SSN/designator. The letter needs to be one per service member. No blanket letters will be accepted. The letter also needs to indicate when member's last physical was performed, where member is currently stationed, member's current health status, and whether or not the member is on a medical waiver. The request may be faxed to DSN 312-922-2708 or COM 850-452-2708.

3. Dental Care

Active duty members are authorized both travel and per diem for routine dental care. Per reference (c), paragraph U5240-C, a

command sponsored family member participating under a dental plan established by 10 USC §1076A (currently TRICARE) is authorized transportation to the nearest dental facility at an OCONUS location. Command sponsored family members will only receive reimbursement for actual costs of travel, as well as, lodging and meals up to the amount of the daily per diem rate.

4. Pregnancies

Pregnancies will be handled on a case-by-case basis. Under normal circumstances, pregnant patients will not be sent to the United States to deliver. Pregnancy cases may be sent to the Storcks Nest in Germany or Spain where they have facilities for pre/post-natal care, or the nearest medical facility. Lodging costs would be based on the current rate at the Storcks Nest. Reimbursement of actual expenses will only be authorized for the mother and the newborn child; no other family members are authorized to be covered in this situation. (If other family members need to travel, it is up to the member to cover all expenses.) If the mother is experiencing a high-risk pregnancy and needs to be seen at a facility in CONUS, documentation must be provided by the attending physician.

5. Rental Car

Rental cars are not normally funded with medical travel funds unless sufficient justification is provided to indicate that it is more cost efficient and/or more advantageous to the government than utilizing commercial transportation i.e., taxicabs, or public transportation. Authorization for use of a rental car must be specifically requested in advance and if approved, will be specified in the funding provided by FSA. For example, if the nearest Medical Facility is outside the point of embarkation, a rental car can be authorized.

6. Escorts and Attendants

Per reference (c), paragraph U7550, an escort may be appointed by the member's commanding officer or order-issuing authority. An attendant is appointed by competent medical authority. If an escort or attendant is utilized, a letter of authorization must be provided by respective authority.

7. Funding Authorization

Only transportation, per diem, and miscellaneous travel expenses associated with outpatient medical/dental travel can be charged to the fund cite provided. Family members are authorized actual expenses only. Military quarters must be used if available. If military quarters are not available, travel orders must have a non-availability endorsement.

8. Inpatient Medical Care

a. Funding for all inpatient to inpatient medical care is provided by a centrally managed line of accounting provided by BUMED, M8C21, FAX (202) 762-0928 and at BUMEDCMA@US.MED.NAVY.MIL.

b. Amounts expended for those items other than travel will be charged to the Navy member's assigned organization. The member's activity will be responsible for identifying and charging proper lines of accounting.

9. Requesting a Fund Cite

a. Requests for a fund cite may be sent via message, fax or email. When requesting a fund cite, use the format in enclosure (3). (If for any reason, the fund cite and standard document number are not used, FSA Code 01A must be notified in writing as soon as it is realized that the funding will not be utilized).

b. If this is a request for a flight physical and the member is in a non-flight status, then a copy of the denied Flight Physical waiver request must be sent in addition to enclosure (3).

c. If for any reason additional funding is required (due to appointments being changed, additional appointments required, etc.) the member will forward a memo to FSA Code 01A, stating why and how much additional funding is required, and new dates for treatment, if necessary. Travel accounting data and standard document numbers will be assigned by FSA on an

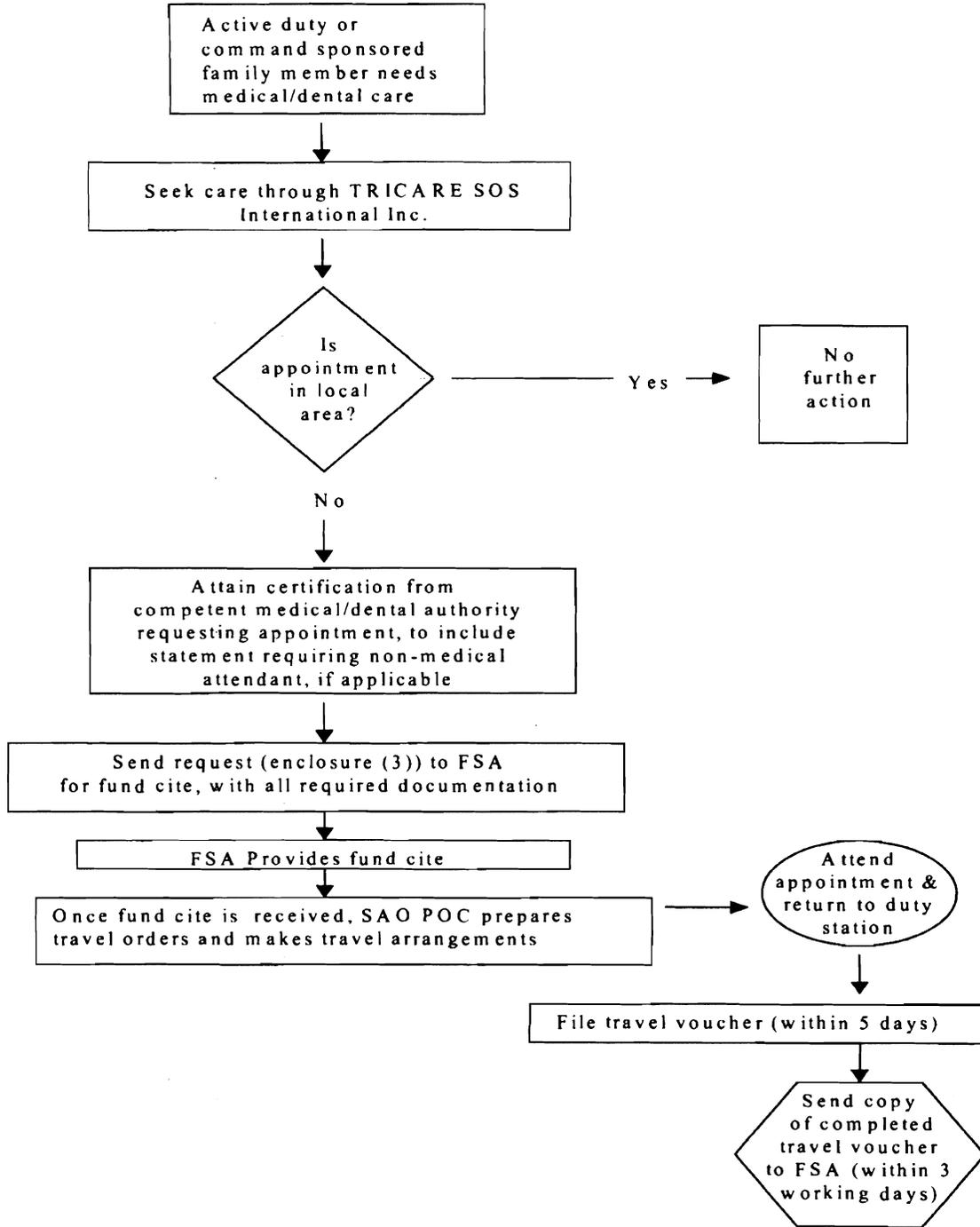
individual basis. The standard document number must be typed on travel orders under the line of accounting.

10. Reporting Instructions

a. One copy of the travel orders and one copy of the paid travel voucher, including vouchers for travel advances, and copies of airline/train/ferry tickets with cost of \$75 or more in US dollars annotated, must be furnished to Field Support Activity (Code FSA-01A), 1013 O Street SE Suite 301, Washington Navy Yard, DC, 20374-5044. It is essential that travel vouchers reflect accurate accounting data and standard document number as provided by FSA, without change, to ensure proper processing.

b. POC for FSA at COMM (202) 685-1522, (DSN 312-325-1522). Fax number is COMM (202) 685-1541 (DSN 312-325-1541) or email address fsa.medicaltravel@navy.mil.

MEDICAL/DENTAL TRAVEL FLOW CHART:



AUG 01 2006

REQUEST FOR FUND CITE FOR MEDICAL/DENTAL TRAVEL

Required information is below. Actual form is obtained by contacting Field Support Activity.

1. Subj: FY-XXXX Navy Medical/Dental Travel (routine)
2. Name of traveler(s)
3. SSN of travelers
4. Unit Identification Code (UIC) of member
5. Branch of service
6. Nature of illness (be specific)
7. Date(s) of appointment (be specific)
8. Destination (City, State, Country)
9. Mode of travel
10. Departure date
11. Return date
12. Estimated cost of transportation, per diem, and misc costs listed separately with total.
13. Dependents are authorized actual expenses only and commercial auto must be pre-approved.
14. Statement of non-availability of adequate local medical treatment (must be signed by a TriCare official).
15. Statement that government required transportation has been checked for availability and will be used, if available.
16. Name, phone, fax number, and email address of POC
17. Correct message address

Enclosure (3)