Employee Medical Travel Guide

Department of the Navy
Office of Civilian Human Resources

As of 22 May 2013
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INTRODUCTION

Overview
The Department of the Navy (DON) Office of Civilian Human Resources has developed a guide on employee medical travel for our overseas Human Resources Offices. This guide provides additional clarification on how an employee and or dependent assigned to a foreign OCONUS PDS authorizes medical travel.

Purpose
The employee medical travel guide provides overseas HRO’s to follow the Secretarial process for civilian medical travel requests. For certain travel requests, the Secretarial process is required according to the Joint Travel Regulations. The Secretarial process is an approval request to DON OCHR Travel and Overseas Allowance Program Manager who is the Per Diem Committee Principal member. The Travel and Overseas Allowance Program Manager will determine based on supporting documentation provided by the HRO if local medical facilities (military or civilian) at a foreign OCONUS area are not able to accommodate an employee’s needs. When authorized, an eligible employee assigned to a foreign OCONUS PDS is authorized travel and transportation allowances for travel to/from another location incident to the employee obtaining required health care (whether or not the care itself is at GOVT expense) provides emergency travel and transportation for an employee due to incapacitating illness, injury, or a personal emergency situation while TDY.
Joint Travel Regulation (JTR) References

JTR pertains to per diem, travel and transportation allowances, relocation allowances, and certain other allowances of DoD civilian employees and civilians who travel using DoD funding.

The JTR is issued under the following authorities:

1. Federal Travel Regulation (FTR), published by GSA (41 CFR 300-304); the Department of State Standardized Regulations (DSSR) for Government Civilians in Foreign Areas, issued by State Department; and regulations published by the Office of Personnel Management (OPM) (CFR, Title 5);

2. The USC, primarily sections found in Title 5 (especially Chapter 57, concerning allowances for travel, transportation, and subsistence) and Title 10;

3. Executive Orders, GSA Committed Rate Schedule, and DoD directives and instructions; and;

4. Decisions of the U.S. Comptroller General (GAO), the GSA Board of Contract Appeals (GSBCA), the GSA Civilian Board of Contract Appeals (CBCA), and the OSD General Counsel (OSD(GC)).

Medical Travel References:

1. JTR Chapter 5, Part C, Section 5 references dependent medical travel;

2. JTR Chapter 7, Part K, references employee medical travel.
Eligibility of Medical Travel for Employee

A. In order for the employee to be eligible for medical travel:
   - An employee must be permanently assigned to a foreign OCONUS PDS.
   - An employee is eligible while performing foreign OCONUS PCS travel.
   - A locally hired employee, who does not have a service agreement, is not eligible for this travel.

B. If a family member is accompanying the employee on medical travel, the AO may authorize/approve if:
   - The family member is incapable of self care at the PDS, and
   - No suitable care arrangements can be made at the PDS, and
   - The travel is in the GOVT's interest.

C. What authorized medical care qualifies under employee medical travel?
   - Must be completed before the next scheduled RAT, or EML (funded or unfunded) travel, and which,
   - If delayed, could result in a worsening of the condition, and
   - Includes specialized examinations, special inoculations, obstetrical care, and hospitalization

D. What authorized dental care qualifies under employee medical travel?
   - Treatment of any dental condition causing severe pain and/or that, if treatment were deferred, would cause permanent and irreparable damage to the teeth or supporting dental structures.
   - Treatment that must be done before the next RAT or EML (funded or unfunded) travel and, if delayed, could result in a need for emergency dental care.
   - Orthodontic care qualifies as required dental care when necessary for proper occlusion.
   - Periodontal disease treatment qualifies when necessary to prevent permanent, irreparable damage to the teeth and supporting structures.

E. What types of healthcare is unauthorized under employee medical travel?
   - Elective treatment, routine medical examinations, and routine immunizations.
   - Elective treatment, dental prophylaxis (routine cleaning, superficial scaling, and fluoridation treatment), and elective cosmetic dental treatment.
Medical Travel Per Diem for Employee

A. TDY per diem is authorized for medical travel for a/an:
   - Employee, accompanying family member(s) and an attendant/escort, subject to the limitations.
   - Uniformed member authorized as an attendant/escort, subject to the JFTR.

B. **Maximum Number of Days**, the AO may authorize/approve per diem for up to, **but in no case for more than**, 180 days including:
   - Travel time to/from the designated point/elective destination, and
   - Necessary delays before treatment and while awaiting return transportation, and
   - Necessary outpatient treatment periods.

C. **Elective Destination**, if an employee elects travel to other than the designated point, per diem may be authorized/approved for travel periods to and from the elective destination, but for no longer than the constructed travel time to and from the designated point.

D. **Hospital Stay**, per diem is not authorized/approved for an employee during a hospitalization period.

E. **Dental Care**, unless the AO specifically authorizes/approves a longer period because of extraordinary circumstances, dental patients may not be authorized/approved for more than:
   - 3 days for emergency dental care, and
   - 1 day for required dental care.
   - Extraordinary circumstances are limited to those situations that, because of the severity of the dental condition, require more time to complete emergency dental care.

F. **Obstetric Care**, an employee traveling for obstetric care ordinarily leaves the PDS 6 weeks before the expected delivery date and returns 6 weeks thereafter. The AO may not authorize/approve per diem for obstetric care travel for a period longer than 90 days, unless an early departure from, or delayed return to, the PDS is medically required.

G. **Newborn Infant**, a newborn infant is authorized per diem under the same circumstances and conditions as the mother, except at one half the applicable locality rate.

H. **Per Diem Rates**, the applicable locality per diem rate applies. If the employee elects health care travel to a location other than the designated point, the per diem rate is NTE the rate for the designated point.
Eligibility of Medical Travel for Dependents

Eligibility, an eligible individual is a dependent, an attendant/escort, and/or an accompanying family member who meets the following criteria.

A. In order for the dependent to be eligible for medical travel:
   - Must reside with the employee at the foreign OCONUS PDS or be performing foreign OCONUS PCS travel.
   - Who boards at a foreign OCONUS school and otherwise resides with the employee at the foreign OCONUS PDS qualifies.
   - Infant born during the mothers' health care travel qualifies.

B. If a family member is accompanying the dependent on medical travel, the AO may authorize/approve if:
   - The family member is incapable of self care at the PDS, and
   - No suitable care arrangements can be made at the PDS, and
   - The travel is in the GOVT's interest.

C. Required health care is medical or dental care that the AO determines is needed by a dependent whose employee sponsor is stationed at a foreign OCONUS PDS at which there is no adequate facility to provide suitable care. This determination must be based on the advice of an appropriate professional certifying physician.

D. What authorized medical care qualifies under dependent medical travel?
   - Must be completed before the next scheduled RAT, or EML (funded or unfunded) travel, and which,
   - If delayed, could result in a worsening of the condition, and
   - Includes specialized examinations, special inoculations, obstetrical care, and hospitalization

E. What authorized dental care qualifies under dependent medical travel?
   - Treatment of any dental condition causing severe pain and/or that, if treatment were deferred, would cause permanent and irreparable damage to the teeth or supporting dental structures.
   - Treatment that must be done before the next RAT or EML (funded or unfunded) travel and, if delayed, could result in a need for emergency dental care.
   - Orthodontic care qualifies as required dental care when necessary for proper occlusion.
- Periodontal disease treatment qualifies when necessary to prevent permanent, irreparable damage to the teeth and supporting structures.

What types of healthcare is unauthorized under dependent medical travel?

- Elective treatment, routine medical examinations, and routine immunizations.
- Elective treatment, dental prophylaxis (routine cleaning, superficial scaling, and fluoridation treatment), and elective cosmetic dental treatment.
Medical Travel Per Diem for Dependents

A. TDY per diem is authorized for medical travel for a/an:
   - Dependent, accompanying family member(s) and an attendant/escort, subject to the limitations.
   - Uniformed member authorized as an attendant/escort, subject to the JFTR.

B. **Maximum Number of Days**, the AO may authorize/approve per diem for up to, **but in no case for more than**, 180 days including:
   - Travel time to/from the designated point/elective destination, and
   - Necessary delays before treatment and while awaiting return transportation, and
   - Necessary outpatient treatment periods.

C. **Elective Destination**, if an dependent elects travel to other than the designated point, per diem may be authorized/approved for travel periods to and from the elective destination, but for no longer than the constructed travel time to and from the designated point.

D. **Hospital Stay**, per diem is not authorized/approved for an dependent during a hospitalization period.

E. **Dental Care**, unless the AO specifically authorizes/approves a longer period because of extraordinary circumstances, dental patients may not be authorized/approved for more than:
   - 3 days for emergency dental care, and
   - 1 day for required dental care.
   - Extraordinary circumstances are limited to those situations that, because of the severity of the dental condition, require more time to complete emergency dental care.

F. **Obstetric Care**, a dependent traveling for obstetric care ordinarily leaves the PDS 6 weeks before the expected delivery date and returns 6 weeks thereafter. The AO may not authorize/approve per diem for obstetric care travel for a period longer than 90 days, unless an early departure from, or delayed return to, the PDS is medically required.

G. **Newborn Infant**, a newborn infant is authorized per diem under the same circumstances and conditions as the mother, except at one half the applicable locality rate.

H. **Per Diem Rates**, the applicable locality per diem rate applies. If the employee elects health care travel to a location other than the designated point, the per diem rate is NTE the rate for the designated point.
Establish a Memorandum for Distribution

Overseas HRO should draft and establish a Memorandum for medical travel requests to all of the servicing commands within your installation and geographic location.

The memorandum should address the following:

- References in the JTR related to employee medical travel.
- Who is authorized and eligible to perform medical travel.
- Reason for medical travel.
- Designated point for medical travel.
- Address the Secretarial process.
- What forms and additional documentation is required for submission to perform medical travel.
- Reference the AO and their approval of per diem for medical travel.
- Reference appropriate leave approval prior to medical travel.
MEMORANDUM

From: Chief, Labor/Employee Relations and Services Division, Human Resources Office, Yokosuka, Japan

Subj: EMPLOYEE AND DEPENDENT MEDICAL TRAVEL

Ref: (a) JTR Volume 2, Chapter 7, Part K
     (b) JTR Volume 2, Chapter 5, Part C, Section 5

Emcl: (1) Request for Medical Travel Authorization
       (2) Physician's Certification for Medical Travel
       (3) Sample Excess Cost Agreement

1. Employee/Dependent Family Member: An eligible employee or dependent family member may be authorized to perform medical travel at government expense to obtain required medical/dental treatment via the Secretarial Process per references (a) and (b).

2. Eligibility: An employee must be permanently assigned to a foreign OCONUS PDS and have a signed service agreement; a dependent family member must reside with the employee at the foreign OCONUS permanent duty station (PDS) or be performing foreign OCONUS PDS travel; a local hire who does not have a service agreement is not eligible.

3. Required Health Care: Medical/dental care the Authorizing/Order-Issuing Official (AO) determines is needed by an employee or dependent stationed at a foreign OCONUS PDS; there is no adequate facility to provide suitable care; the treatment cannot be postponed until the employee's next scheduled travel; and if delayed, could result in a worsening of the condition. This determination must be based on the advice of an appropriate professional certifying physician.

4. Designated Point: The facility closest to the employee’s PDS based on the advice of the certifying physician. If a different location is elected by the employee, the AO may authorize the transportation to an employee's elective designation if the employee agrees, in writing, to pay/reimburse to the Government any excess travel and transportation costs incurred. Transportation for dental care is authorized once a year in addition to required dental care done during any other travel.
Subj: EMPLOYEE AND DEPENDENT MEDICAL TRAVEL

5. Secretarial Process: All requests will be submitted to the Department of the Navy (DON) Overseas Travel and Allowances Program Manager, Office of Civilian Human Resources (CCHR), via the Labor/Employee Relations & Services Division (N133), Human Resources office (HRO) Yokosuka. Enclosures (1) through (3) are provided to request medical/dental travel.

6. Request forms/Supporting documentation: These documents should be forwarded to the HRO via the AO as soon as practicable to obtain a determination from the Secretarial Process prior to travel. If travel must commence prior to approval by the Secretarial Process due to emergency circumstances, medical/dental travel requests may be retroactively authorized/approved.

7. Authorizing Officer (AO): The AO may authorize Temporary Duty (TDY) per diem for medical travel per references (a) C7515 and (b) CS140.

8. Approved Leave: An eligible employee must have leave approved prior to authorization of medical travel for days on which he/she is not authorized TDY per diem (i.e., a hospital stay). An employee may use any form of leave, e.g., annual, sick, home leave or leave without pay. An employee or dependent is in an official travel status for the time periods per diem is authorized and not otherwise in leave status.

9. For further information or questions regarding employee and dependent medical travel guidance, please contact the Labor/Employee Relations and Services Division, Human Resources Office, Yokosuka Japan, DSN: 243-8184, Commercial: 011-81-6160-43-8184.

THOMAS R. MCGARRY

Distribution:
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NAVLEGSVICOFF
NAVSECNAV
NMOC Yokosuka
TDIP

Copy to:
HROSO Atsugi / HROSO Sasebo / HROSO Okinawa
Request for Medical Travel Authorization Form

Prior to medical travel, employees should fill out a medical travel authorization form. The form will detail the employee and dependent’s personal information, reason for medical travel, employee/supervisor certification, and AO certification.

PART A – Employee’s Information

Date of Request:

Name (Last/First/MI): ___________________________ Last 4 of SSN: ___________
Pay Plan/Series/Grade: __________________________ Position Title: __________________________
Organization: _____________________________ ZIP Code/FPO: ___________
Work Phone: _____________________________ Home Phone: _____________________________
E-mail: _____________________________
Home of Record (include City and State): _____________________________
Designated Point suitable care may be obtained: _____________________________
Alternate Destination(s) : _____________________________

**Please attach Excess Cost Agreement when the travel is other than the designated point.

For Dependent Medical Travel

Dependent Name (Last/First/Mi): _____________________________ Relationship to Dependent: _____________________________
Employee/Dependent Dates of Travel – Depart: _____________________________ Return: _____________________________
Dates of Approved Leave for Employee – From: _____________________________ To: _____________________________

**Please attach approved Leave Request. Approved leave hours should be modified accordingly per travel claim.

PART B – Reason for Medical Travel

(Please choose only one):

☐ Medical Care ☐ Dental Care

Reason for Required Health Care/Treatment:

**Please attach physician’s certification for medical travel. Must include the following information:

1. That Medical/Dental Care Transportation cannot wait until the employee’s scheduled RAT or EML (funded or unfunded) travel, and if delayed, could result in a worsening of the condition.

2. That the nearest medical facility for the necessary treatment is outside the local foreign OCONUS area, and there are no other local medical facilities that can provide the medical treatment needed.

3. Approximate Inpatient Care Dates (e.g. hospitalization) - From/To

4. Approximate Outpatient Care Dates (if required) - From/To

5. Whether or not the patient is physically incapable self-care and requires an attendant during medical travel.

6. Whether or not the patient is medically cleared for commercial air travel including Air Mobility Command (AMC) transportation.
# Request for Medical Travel Authorization Form

## PART C – Attendant/Escort/Accompanying Family Members’ Information (if Required)

<table>
<thead>
<tr>
<th>Travel – From: (PDS OCONUS Location)</th>
<th>To: (Destination City &amp; State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last/First/MI)</td>
<td>Birth Date</td>
</tr>
<tr>
<td>______________________</td>
<td>_______</td>
</tr>
</tbody>
</table>

## PART D – Employee Certification and Supervisor Approval

Employee Certification: I certify that the information provided in this request is correct and complete to the best of my knowledge and ability.

I acknowledge that I am required to submit an SF-1190 to modify my Post Allowance Entitlements to HRO if my dependent and/or I will be away from the overseas post for more than 30 consecutive calendar days.

Employee’s Signature: ___________________________ DATE: ______

Supervisor’s Approval: ___________________________ DATE: ______

(Printed Name & Signature)

## PART E – Authorizing/Order-Issuing Official (AO) Certification

Required Health Care Determination is completed.
The designated point is;

**Forwarded, request via the Secretarial Process.** (Check one if condition applies)

- [ ] Command will issue/issued travel order.
- [ ] Employee will purchase/purchased own ticket.

AO’s Certification: ___________________________ DATE: ______

(Printed Name & Signature)
Physician's Certification For Medical Travel

The employee and/or dependent should receive certification from a Physician prior to medical travel. The physician should certify that local medical facilities both on and off base are not able to accommodate the patient's care and must seek treatment at the closest medical facility that can accommodate the patient.

Patient Information

Name of Patient (Last/First/MI): ____________________________  Last 4 of SSN: _______________________
Name of Sponsor: ____________________________  Organization: ____________________________
Work Phone: ____________________________  Home Phone: ____________________________

Medical Information (This section must be completed by a certified physician)

(Please choose only one and complete the reason):

☐ Medical Care  ☐ Emergency Dental Care  ☐ Required Dental Care  ☐ Periodontal Disease

Reason for Required Health Care/Treatment: ______________________________________________________

(Please certify by checking applicable boxes):

☐ I have determined that local medical facilities, both on-base and off-base are not able to accommodate the patient’s needs and provide suitable care. The designated point which is the closest medical facility available is:

- Name of Hospital: ____________________________
- Location of Hospital: ____________________________

☐ I have determined that transportation to another location is urgent, and if delayed, could result in worsening the condition.

- Date of Appointment: ___________  Date of Surgery: ___________
- Inpatient Care Dates (approx):  From: ___________  To: ___________
- Outpatient Care Dates (approx):  From: ___________  To: ___________

(Please check one only):

☐ The patient is physically capable of traveling alone.
☐ The patient is physically incapable of traveling alone and will require an attendant to travel along to accompany the patient, to consult the treating health care provider, and to make necessary return travel arrangements.

I hereby appoint: ____________________________  Relationship: ____________________________

☐ The patient is a minor and an attendant who is a family member is required to resolve medical or legal problems, render psychological support during inpatient confinement, or provide parental care while awaiting inpatient admission and/or during outpatient treatment.

(Please check one only):

☐ The patient is medically safe to fly commercial air travel including Air Mobility Command (AMC)
transportation.

☐ Specialized transportation is necessary due to:

<table>
<thead>
<tr>
<th>Medical Certification</th>
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</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Certifying Physician’s Name:</td>
</tr>
<tr>
<td>Phone No.</td>
</tr>
<tr>
<td>E-mail:</td>
</tr>
</tbody>
</table>
Medical Travel Flowchart Process

STEP 1
Employee completes Medical Travel Request Form and obtain signatures for approval

STEP 2
Submit to HRO
HRO reviews eligibility

STEP 3
Fwd to OCHR
SECRETARIAL PROCESS DETERMINATION

STEP 4
To HRO
HRO receives determination

STEP 5
Upon Approval
To Command
Upon Disapproval
HRO notifies employee via command

Obtain supporting documents, such as
Approved Leave
Physician's Certification
If applicable
Excess Cost Agreement