



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6000.05
April 21, 2021

DAD-HCO/THP

SUBJECT: TRICARE Prime Travel Benefit Program (PTB) and Combat-Related Disability Travel (CRDT) Program

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (p), establishes the Defense Health Agency's (DHA) procedures to the TRICARE PTB and CRDT programs (hereinafter referred to collectively as "programs") in accordance with Section 1074i of Reference (d), and References (e) through (h). However, these programs do not include authorized medical travel for Service members, active or activated reserve, undergoing treatment themselves or authorized medical travel to centers of excellence (or similar) designated under authority of Section 1105 of Reference (d). The programs do not include medical travel outside of the United States (Reference (e)).

2. **APPLICABILITY.** This DHA-PI applies to the DHA, DHA components (activities under the authority, direction, and control of DHA), Military Departments (including the United States Coast Guard (USCG) at all times, including when it is in the Department of Homeland Security by agreement with the Department), and all personnel including assigned or attached active duty, or reserve Service members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD.

3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to Sections 1074i of Reference (d), and References (e) through (p), that:

a. Designated program adjudicators educate and assist program travelers and others with program related inquiries.

b. Designated program authorizing officials (AOs) review/approve program claims for accuracy and completeness.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. INFORMATION REQUIREMENTS. Implementation is dependent upon collection of both personally identifying information (PII) and protected health information (PHI) sufficient to render the required determination. Information collected may be subject to References (i) through (n). Financial Management Service (FMS), Department of Defense (DD), and DHA forms are used to support administration of these two programs.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director, Health Care Operations. When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Deputy Assistant Director, Health Care Operations to determine if the waiver may be granted by the Director, DHA or their designee.

8. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>

9. EFFECTIVE DATE. This DHA-PI:
 - a. Is effective upon signature.

 - b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

10. FORMS. Forms referenced in this document can be retrieved from the following locations:
 - a. DD forms can be found at: https://www.esd.whs.mil/Directives/forms/whs_forms/.
 - (1) DD Form 1351-2, "Travel Voucher or Sub-voucher"

 - (2) DD Form 1351-3, "Statement of Actual Expenses"

 - b. DHA forms can be found at:
https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx#.

(1) DHA Form 126, “TRICARE Prime Travel/Combat Related Disability - Confirmation of Specialty Care”

(2) DHA Form 131, “Prime Travel Patient/Combat Related Disability Travel Patient Information Worksheet”

(3) DHA Form 132, “Memorandum for Defense Finance Accounting Service (DFAS) Travel Pay”

(4) DHA Form 133, “Statement in Absence of Receipt”

c. FMS Form 2231, “Fast Start Direct Deposit Form can be found at: <https://fiscal.treasury.gov/forms.html>.”

/S/
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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD (HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) United States Code, Title 10
- (e) Joint Travel Regulation (JTR)
- (f) TRICARE Reimbursement Manual 6010.61-M, Chapter 1, Section 30, “Reimbursement of Travel Expenses for Specialty Care”
- (g) “DoD Travel Explorer Home,” March 2019¹
- (h) Defense Table of Distance (DTOD), March 2019²
- (i) United States Code, Title 5, Section 552a, “Privacy Act of 1974”
- (j) Public Law 104–191, “(110 Stat. 1936), “Health Insurance Portability and Accountability Act of 1996,” August 21, 1996
- (k) Public Law 111–5, (123 Stat. 116), “American Recovery and Reinvestment Act of 2009,” February 17, 2009
- (l) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- (m) DoD Instruction 6025.18, “Health Insurance Portability and Accountability ACT (HIPAA Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (n) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (o) DoD Instruction 7770.01, “Reporting Requirements for Retired Uniformed Service Pay File Extracts,” October 13, 2017
- (p) Defense Finance and Accounting Service website
www.dfas.mil/retiredmilitary/disability/crsc/

¹ This reference is available at: <https://www.defensetravel.dod.mil/Passport/>

² This reference is available at: <https://eta-teams.transport.mil/teams/>

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will maintain this DHA-PI in accordance with Reference (c), which implements common business practices and clinical processes within shared services, functions, and activities of the DHA components and Service MTFs in the administration of Section 1074i of Reference (d), and References (e) through (n).

2. SECRETARIES, MILITARY DEPARTMENTS. Secretaries, Military Department will oversee MTF performance of responsibilities specified in paragraph 4 of this Enclosure for each MTF under their authority, direction, and control.

3. TRICARE HEALTH PLAN (THP) CHIEF. The THP Chief must:
 - a. Designate sufficient DHA staff to inform and assist the programs travelers as well as adjudicate claims for the programs travelers:
 - (1) With a USCG sponsor;
 - (2) Assigned to TRICARE Network Primary Care Managers (PCMs);
 - (3) Enrolled in TRICARE Prime Remote for Active Duty Family Members; or
 - (4) Certain TRICARE Select retirees.
 - b. Provide for supervision of THP-assigned program staff performance.
 - c. Ensure THP-assigned program staff properly determine if each trip requested qualifies for program benefits in accordance with all applicable statute, regulations, policies, and procedure.
 - d. Ensure THP-assigned program staff properly process qualified trips for programs reimbursement in accordance with all applicable statute, regulations, policies, and procedures. If program staff deems prior qualification is necessary, they may establish a protocol to educate program travelers to gain prior program approval.
 - e. Ensure THP-assigned program staff avoid interacting directly with Congressional offices and staff without express authorization from proper authority, currently DHA Program Integration.
 - f. Ensure funds are allocated to provide toll-free telephone access for beneficiaries to reach THP programs office.

g. Require TRICARE contractors to identify and provide priority contact information specifically for use by all program staff.

h. Share up-to-date programs information and provide access to training for those serving in a program role.

i. Maintain program information on TRICARE's public facing website currently located at: www.tricare.mil/primetravel.

j. Maintain program information and make available to staff involved with administering the programs on the DHA SharePoint, or its successor system, currently located at: <https://info.health.mil/hco/thp/PTB/SitePages/Home.aspx>.

4. DIRECTORS, MTF. The Directors, MTF must:

a. Designate sufficient staff to inform and assist program travelers as well as adjudicate claims for program patient travelers in the United States assigned to MTF PCMs, except for those with a USCG sponsor. Assignment of program duties can be an additional duty at the discretion of the Director, MTF.

b. Provide for supervision of MTF PTB program staff performance.

c. Ensure MTF PTB program staff properly determine if each trip requested qualifies for program benefits in accordance with all applicable statute, regulations, policies, and procedures.

d. Ensure MTF PTB program staff properly process qualified trips for program reimbursement in accordance with all applicable statute, regulations, policies, and procedures. If program staff deems prior qualification is necessary, they may establish a protocol to educate program travelers to gain prior program approval.

e. Ensure program staff avoid interacting directly with Congressional offices and staff without express authorization from proper authority in the MTF/Market office.

5. PROGRAM ADJUDICATOR AND AO. The program adjudicator and AO must:

a. Serve as program traveler advocates and advisors. Help program travelers and others understand program qualifications and benefits.

b. Respond in a timely manner to inquiries from program travelers, family members, non-medical attendants (NMA), providers, other agencies, and interested parties as allowed by Health Insurance Portability and Accountability Act (HIPAA), PHI, and PII.

c. Consult with program staff or supervisor in the resolution of program traveler issues as indicated.

- d. Report identified trends or major problems to leadership or other offices.
- e. Participate in program continuous quality improvement initiatives as required.

6. PROGRAM TRAVELER. Make all travel arrangements in fiscally responsible manner. For purposes of this instruction, the word “responsible” means that the traveler exercises the same care in incurring expenses for Government travel that a prudent person would exercise if traveling at personal expense. Each program traveler must:

- a. Comply with all program rules, procedures, terms, and conditions.
- b. Submit required documentation and completed forms necessary for program reimbursement. It is in the traveler’s best interest to provide all relevant information as expeditiously as possible to enable proper adjudication and timely payment.
- c. Not withhold any information that could be material to the determination, authorization, and reimbursement processes covered by this DHA-PI.

ENCLOSURE 3

PROCEDURES

1. FUNDING. All Defense Health Program funds for program travel are in Budget Activity Group (BAG) 1 regardless of whether a particular trip is serviced by an MTF or THP (see Enclosure (2)). Funds for PTB travel administered by MTF program staff are in baseline BAG 1 funding provided to each MTF in the United States. Funds for PTB travel administered by THP program staff are also drawn from BAG 1.

2. CASE DOCUMENTATION. Program staff will:

a. Utilize the DoD-prescribed Electronic Travel Processing System (ETPS) for adjudicating vouchers and issuing reimbursement payments for properly adjudicated trips. The Defense Travel System (DTS) was the DoD-prescribed ETPS at time of issuance of this DHA-PI.

b. Successfully complete all initial and periodic training required for their assigned roles to use the DoD prescribed ETPS. The Defense Travel Management Office provides this training, DoD Travel Explorer Home or TRAX: www.defensetravel.dod.mil/Passport/.

c. Do not enter PHI into the DoD-prescribed ETPS unless it has been certified as HIPAA and PHI compliant. DTS is not certified for PHI. Program staff may document program qualification in the DoD-prescribed ETPS with an appropriate statement such as, “[MTF Name/THP program staff full name] has determined this trip qualifies for reimbursement under applicable [PTB/CRDT] law and regulations.”

d. Store all working documents and program traveler-provided information in HIPAA compliant electronic file stations/data systems maintained by THP or MTF. Examples of electronic file stations could be shared drives or intranet areas (such as SharePoint) accessible only by program staff. Files should contain all relevant completed forms and documentation required to determine eligibility and develop program authorizations and/or vouchers. Electronic file stations/data systems maintained by DHA or local MTF respectively are available for purposes such as audits.

3. TRIP QUALIFICATION. Upon receiving a potential case, program adjudicators will determine if the trip qualifies for program reimbursement under applicable law, regulations, policies, and procedures. Program adjudicators will verify the projected duration of the episode of care and the anticipated frequency of planned medical treatment events within the episode of care in order to determine the proper duration of each program trip.

a. PTB Trip Qualification. To qualify a trip for PTB program reimbursement, program adjudicators will determine if each of the following qualifications are met:

(1) Patient is enrolled in TRICARE Prime in Defense Enrollment Eligibility Reporting System (DEERS) during the dates of the trip.

(2) Patient has a valid PCM authorization/referral for specialty care rendered, or to be rendered.

(3) Determination made that no other specialty provider (MTF provider, TRICARE network provider, or non-network TRICARE authorized provider) is suitable to meet the patient's needs within 100 miles driving distance from the PCM according to widely available mapping software (e.g., Google Maps).

b. CRDT Trip Qualification. The PTB supersedes the CRDT benefit; for patients enrolled in TRICARE Prime during the dates of the trip, the trip would be qualified and processed under PTB rules, not CRDT rules. To qualify a trip for CRDT program reimbursement, program adjudicators will determine if each of the following qualifications are met:

(1) Patient is eligible in DEERS during the dates of the trip. If the source of care is not an MTF, the patient must be enrolled in an appropriate THP other than TRICARE Prime.

(2) Patient has a combat-related disability listed on a "Combat Related Special Compensation" letter issued by his or her parent Service (References (o) and (p)).

(3) Patient has a valid referral from a primary care provider for specialty care rendered, or to be rendered.

(4) The referral from paragraph (3) above is directly related to one of the medical conditions specified in the letter described in paragraph (2) above, in accordance with Reference (f).

(5) Determination made that no other specialty provider (MTF provider, TRICARE network provider, or non-network TRICARE authorized provider) is suitable to meet the patient's needs within 100 miles driving distance from the PCM according to widely available mapping software (e.g., Google Maps).

c. NMA Trip Qualification. In general, if authorized, a NMA must accompany a patient during transportation on a program trip. The NMA may be a parent, spouse, guardian, or other member of the patient's family 21 years of age or older. If the patient on the PTB qualified trip is age 18 years of age or older, then a written letter from the PCM or specialist is required to establish medical necessity for a NMA to qualify for program reimbursement. It is understood that a patient under age 18 would need a NMA present during treatment who can provide informed consent. The PCM can also identify the need for a NMA in the referral.

(1) A separate trip for parents to travel solely to participate in Residential Treatment Center (RTC) family therapy sessions does not qualify for NMA travel under PTB since the patient is not traveling to the source of care. RTC therapy does not require the parents' presence during treatment except for family therapy sessions (typically once a month).

(2) If the patient is being non-emergently transported by professional medical attendants, NMA expenses during the transportation phase (e.g., mileage, tolls, airfare) do not qualify for program reimbursement.

4. CLAIM DEVELOPMENT. The programs are statutory entitlement benefit programs. Both travel authorizations and vouchers/claims are not typically generated by program staff until after trip completion. An otherwise proper program claim cannot be denied based solely on the absence of prior program qualification.

a. Allowances for each claim for qualified NMA trips are calculated according to one of the methodologies listed below (Reference (e)).

(1) For an individual serving as a NMA who is either a DoD employee or a Service member (active or activated reserve), the NMA trip will be reimbursed at the standard travel and transportation allowances (see Reference (e)). It is the responsibility of the NMA to arrange absences with his or her unit or duty station chain of command prior to acting as a NMA for a patient on a qualified program trip.

(2) For an individual serving as a NMA other than those listed in paragraph (1) above, reimbursement will be for actual expenses incurred (receipts required) and at the Other Mileage Rate (see Reference (e)).

b. Each program claim must be submitted to the responsible program office no later than 1 year after the trip ends (Reference (f)). This does not prevent staff from encouraging travelers to submit their claim and supporting information soon after trip completion.

c. Adjudicators/AOs will review entire program claim for accuracy and adjust as necessary. Calculate authorized expense allowances per Reference (e).

d. Adjudicators/AOs will review program forms submitted by the program traveler for completeness. DHA forms are available at: www.TRICARE.mil/FormsClaims/Forms/PrimeTravel. The following must be included as indicated:

(1) DD Form 1351-2, Travel Voucher or Subvoucher. Upload to DoD-prescribed ETPS.

(2) DD Form 1351-3, Statement of Actual Expenses for meals, lodging, and other reimbursable expenses such as airfare, rental car, parking, etc. as required. Upload to DoD-prescribed ETPS.

(3) DHA Form 131, TRICARE Prime Travel Benefit/Combat Related Disability Travel Patient Information Worksheet. Do not upload to DoD-prescribed ETPS because it would contain PHI.

(4) FMS Form 2231, Fast Start Direct Deposit Form. Upload to DoD-prescribed ETPS.

(5) Expense receipts or DHA Form 133, Statement in Absence of Receipt as required. Itemized meal receipts are required as these programs are actual reimbursement programs for all program travelers, except DoD employee or a Service member (active or activated reserve). On a case-by case basis, the DHA 133 form is accepted in place of meal receipts for extenuating circumstances. Upload to DoD-prescribed ETPS as required.

(6) DHA Form 132, Memorandum for Defense Accounting Service (DFAS) Travel Pay completed when receipts show the name of someone other than the patient or NMA. Do not upload to DoD-prescribed ETPS because it would contain PHI.

(7) Appointment verification, which may consist of a note from the specialty care provider's office verifying date and time of appointment, or provide the patient with DHA Form 126, TRICARE Prime Travel/Combat Related Disability - Confirmation of Specialty Care. Do not upload to DoD-prescribed ETPS because it would contain PHI.

(8) Referral/Authorization. Do not upload to DoD-prescribed ETPS because it would contain PHI.

(9) PCM or specialist letter of medical necessity or the MTF PCM stated the need in the referral is required for NMAs for patients 18 years of age or older. Do not upload to DoD-prescribed ETPS because it would contain PHI.

(10) Other information as required (Reference (e)). Do not upload information that contains PHI.

5. DATA ENTRY. Designated program staff will enter required patient and NMA information, appropriate claim documents, required travel receipts, and correct accounting data for electronic funds payment into the DoD-prescribed ETPS. Do not upload any information that contains PHI. DTS procedures current at the time of this DHA-PI publication include the following:

a. Create DTS profiles and/or DTS cross-organizational funding profiles as needed.

b. Enter Authorization/Vouchers into DTS along with supporting documentation.

c. Validate electronic funds transfer account information for accurate payment.

d. Monitor DTS for Defense Finance and Accounting Services payment and notate payment date in the appropriate electronic file station/data system described in paragraph 2.d. of this enclosure as required.

e. Processing standards include the following:

(1) Ensure all complete program claim vouchers are in DTS for AO approval no later than 15 business days after all required documentation is received.

(2) Allow for an additional week for payment to be processed through the DoD-prescribed ETPS.

f. Enter supporting documentation containing PHI into the electronic file station/data system described in paragraph 2.d. of this enclosure.

6. AO. In order to approve a trip for program reimbursement, the AO will:

a. Confirm trip qualification determination by the adjudicator.

b. Review and approve authorizations and vouchers in the DoD prescribed ETPS for appropriate allowances and payment (Reference (e)).

c. Validate 1 year filing requirement.

d. Provide feedback to adjudicator, as needed.

e. Approve program vouchers and authorizations in DoD prescribed ETPS within 2 business days or return to program adjudicator for correction or further development as required.

7. PROGRAM CUSTOMER SERVICE. Program staff will:

a. Protect program travelers' personal information by complying with federal law protecting the privacy and security of PII and PHI.

b. Help beneficiaries and others understand TRICARE program coverage policies including limitations and exclusions.

c. Help program travelers and others understand travel reimbursement processing, including reasons for expenses allowed and disallowed.

8. PROGRAM STAFF RESOURCES. Program staff may use various resources to service cases and inquiries. Resources may include, but are not limited to:

a. Reference (e).

b. Office of the Assistant Secretary of Defense for Health Affairs policies and memoranda.

c. DHA/TRICARE manuals, plan, training, and program documents. All authorized program documents will be accessible through the DHA Share Point site described in paragraph 3.j. of Enclosure 2.

d. DoD, Service-level, or MTF-level instructions or directives.

9. MEASURES OF EFFECTIVENESS. Program staff will:

a. Document each program claim in the appropriate electronic file station/data system described in paragraph 2.d. of this enclosure.

b. Adhere to established claim reimbursement timelines.

c. Maintain a training file with initial and continuing training documentation for each program staff member.

d. Each MTF will provide program reports of caseload, timeliness, and trends as determined by MTF supervisors.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AO	Authorizing Official
BAG	Budget Activity Group
CRDT	Combat-Related Disability Travel
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DTS	Defense Travel System
ETPS	Electronic Travel Processing System
FMS	Financial Management Service
HIPAA	Health Insurance Portability and Accountability Act
MTF	Military Medical Treatment Facility
NMA	Non-Medical Attendant
PCM	Primary Care Manager
PHI	Protected Health Information
PTB	Prime Travel Benefit
THP	TRICARE Health Plan
USCG	United States Coast Guard

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PI.

Combat Related Special Compensation. Has meaning as defined in Reference (o), which is further explained in Reference (p).

DEERS. The official system of record for DoD health care eligibility, health plan enrollment, assignment of PCM, deductible and catastrophic cap accumulation, and payment of applicable enrollment fees and premiums.

Defense Travel Management Office. Serves as the single focal point for commercial travel within the DoD: established strategic direction, sets policy, and centrally manages commercial travel programs.

Defense Table of Official Distance. The official source for worldwide distance information used by DoD. Provides distances for all DoD permanent change of station/temporary duty needs.

DTS. Current DoD fully integrated, automated, end-to-end travel management system that enables authorized users to create travel authorizations (orders), make reservations, receive approvals, generate travel vouchers (claims), and schedule reimbursement payments.

Reserve Components. Defined in Section 101 and 10101 of Reference (d). The seven Reserve Components of the United States Armed Forces are:

- The Army National Guard of the United States;
- The Army Reserve;
- The Navy Reserve;
- The Marine Corps Reserve;
- The Air National Guard of the United States;
- The Air Force Reserve;
- The Coast Guard Reserve;

THP. Organizational entity within DHA.

Uniformed Services. The Uniformed Services defined in Section 101 and 1072 of Reference (d) and covered by TRICARE programs are:

- a. Army;
- b. Navy;
- c. Air Force;
- d. Marine Corps;

- e. Space Force
- f. Coast Guard;
- g. Commissioned Corps of the U.S. Public Health Services; and
- h. Commissioned Corps of the National Oceanic and Atmospheric Administration.

Additionally, the Space Force was established by the National Defense Authorization Act for Fiscal Year 2020 enacted as Public Law 116-92 on December 20, 2019, which added Chapter 908 “The Space Force” to Title 10 of Reference (d). The Space Force is a separate military service and operates under the Department of the Air Force.