

**DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
2500 ARMY PENTAGON
WASHINGTON, D.C. 20310-2500**



NGB-ARS

18 NOV 1997

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO, THE VIRGIN ISLANDS, GUAM, AND THE DISTRICT OF COLUMBIA

SUBJECT: All States (Log Number P98- 0007) Medical and Dental Care Entitlements

1. References:

- a. Section 1074, Title 10 USC, Chapter 55 Medical and Dental Entitlement
- b. Army Regulation 40-3, Medical, Dental and Veterinary Care
- c. Army Regulation 135-381, Incapacitation of Reserve Component Soldiers
- d. National Guard Regulation 40-3, Medical Care for National Guard Members
- e. National Guard Regulation 135-381, Management of the Army National Guard Incapacitation System
- f. National Guard Regulation 500-2, National Guard Counterdrug Support

2. Purpose: This policy letter outlines medical and dental care entitlements, identifies the approval authority and amounts for medical and dental care from civilian sources for members of the Army National Guard (ARNG).

3. Medical and Dental Care Entitlements: Medical and Dental care entitlements vary with duty status and, if authorized, will be provided in Department of Defense (DOD) Medical Treatment Facilities whenever possible.

a. Active Duty over 30 days - Soldiers serving on active duty orders for over 30 days are entitled to medical and dental care without regard to whether the injury, illness or disease was incurred or contracted IN LINE OF DUTY (ILD).

b. Inactive Duty Training (IDT) or Active Duty 30 days or less - Soldiers serving in an IDT status or on active duty orders for 30 days or less are entitled to medical and dental care when required as a result of:

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(1) Injury, illness or disease determined to be incurred or aggravated ILD. If the condition is considered "Existed Prior to Service (EPTS) - Service Aggravation", the soldier is entitled to medical care to correct the aggravation caused by military duty. The ARNG is not required to correct the underlying EPTS condition. Questions concerning health care entitlements should be forward to the Chief, Clinical Services Branch, Office of the Surgeon, Army National Guard.

(2) Injuries incurred while traveling directly enroute to or from duty unless the injury was incurred or aggravated as a result of the member's own gross negligence or misconduct.

c. Not In Line of Duty (NLD) Determinations

(1) When it is determined that an injury, illness or disease was not incurred in the line of duty (NLD), medical treatment is not authorized beyond the expiration of AD.

(2) If NLD is determined after expiration of orders, entitlement to funded medical treatment ends on the date the soldier is notified of final NLD finding. Therefore, the payments for all ensuing health care related expenses become the responsibility of the soldier.

4. Approval Authority for Civilian Medical Care

a. Emergency care is immediate care required to preserve life, limb, eyesight, or to prevent undue suffering. The approval authority for emergency civilian medical care is the commanding officer or senior person present in the commander's absence.

b. Routine or non-emergency medical care must be authorized prior to care being rendered. The Military Personnel Officer (MILPO) or designated representative may authorize civilian medical care for M-day soldiers who are authorized to receive medical care at government expense, if the total cost of the care (from initial treatment to return to full duty) is \$1,500.00 or less. The Human Resource Office (HRO) or designated representative has the same authority for soldiers serving in the Active Guard/Reserve (AGR) program under Title 32 USC. The Counterdrug Coordinator (CDC) or designated representative has the same authority for soldiers serving on Active Duty Special Work (ADSW) orders for over thirty days.

c. Approval authority for non-emergency civilian medical care over \$1,500.00 is the Chief, Clinical Services Branch, Office of the Surgeon, Army National Guard.

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d. Obstetric care - Approval authority is as indicated in para 4(b) with no established funding approval limit. Care includes all required prenatal, delivery, and postnatal care for the soldier (including amniocentesis and ultrasound studies if indicated). Elective gynecology medical services such as tubal ligations, etc., are not authorized for payment from government funds. All charges for the newborn will be submitted to CHAMPUS for processing and payment. It is the responsibility of the sponsor to enroll the newborn in DEERS to ensure CHAMPUS payment.

e. Elective care is not authorized in a civilian facility. Elective services are defined as non-emergency care that, in the opinion of the cognizant medical authority, is not medically required, but requested or preferred by the patient. Examples are; vasectomy, radial keratotomy, and augmentation mammoplasty.

f. The approval amount for routine or non-emergency care is not applicable in TRICARE regions that have implemented Manage Care Support Contractor claims processing and payment.

5. Approval Authority for Civilian Dental Care:

a. Emergency civilian dental care will be confined to the relief of the immediate emergency, i.e., relieve pain or prevent undue suffering. The approval authority for emergency civilian dental care is the MILPO or designated representative for M-day soldiers. The HRO or designated representative has the same authority for soldiers serving in the AGR program under Title 32 USC. The CDC or designated representative has the same authority for soldiers serving on ADSW orders for over thirty.

b. Routine or non-emergency civilian dental care includes dental examinations, oral health counseling, prophylaxis, calculus removal and basic restorative care, i.e., amalgam, composite fillings, root canals and precious/semi-precious metals crowns. The HRO or designated representative may authorize civilian dental care for soldiers serving in the AGR program under Title 32 USC until an annual \$1500.00 cost limit is encountered (from initial treatment until Dental Classification 2 Standards have been met). The CDC or designated representative has the same authority for soldiers serving on ADSW orders for over thirty days. The MILPO or designated representative may authorize civilian dental care not to exceed \$1500.00 for M-day soldiers who are authorized to receive dental care at government expense. Extreme care must be taken when determining the dental entitlement by a line of duty investigation. A tooth damaged or lost while engaged in normal everyday activities (which includes eating) is evidence of EPTS dental neglect and not line of duty trauma.

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c. Procedures always requiring pre-approval from the Chief, Clinical Services Branch, Office of the Surgeon, regardless of cost are: Dental Implants, Orthodontics, Orthognathic Surgery and Temporal Mandibular Joint/Myofascial Pain Disorder therapy.

d. Approval authority for routine or non-emergency civilian dental care once the annual \$1500.00 cost limit has been met or over the \$1500.00 limit for eligible M-Day soldiers is the Chief, Clinical Services Branch, Office of the Surgeon, Army National Guard.

6. Authorization for Payment of Civilian Medical and Dental Claims

a. The United States Property and Fiscal Officer (USPFO) is authorized to make payment for civilian emergency medical bills for soldiers authorized emergency care at government expense.

b. The USPFO is authorized to make payment for authorized routine or non-emergency civilian medical and dental care, within the dollar amounts specified in para 4(b), 4(d) and 5(b) above. Funding will be obtained from Medical/Dental Care Account 51000200.

c. Medical care expenditures for soldiers participating in the Counterdrug Support Program are chargeable to the Counter Drug Program. This action is accomplished within the State or Territory, not at the National Guard Bureau.

d. In accordance with DOD Appropriations Act, 1989 (Public Law 100-463, section 8107) all medical claims submitted for care received under the Active Duty Claims and Supplemental Care program must be priced at the CHAMPUS Maximum Allowable Charge (CMAC) as follows:

(1) Inpatient Treatment – All hospital admissions must be forwarded to the respective CHAMPUS Fiscal Intermediary for pricing by Diagnosis Related Group(s) (DRG). The appropriate form for processing an inpatient treatment medical claim is Form UB-92/HCFA-1450.

(2) Outpatient Treatment and Professional Services – May be priced by the CHAMPUS Fiscal Intermediary or locally utilizing the CHAMPUS Ready Access Information System (CRAIS). The appropriate form for processing an outpatient treatment/professional services medical claim is Form HCFA-1500.

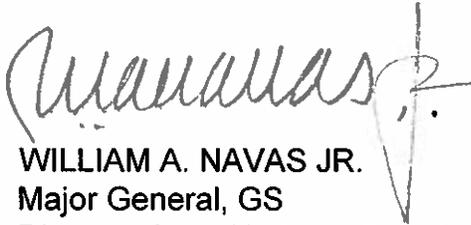
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(3) Waiver authority for Non-participating providers due to remote areas resides with the Chief, Clinical Services Branch, Office of the Surgeon, Army National Guard.

7. Point of contact for this memorandum is MAJ Hepner, Patient Administration Officer at 703-607-9532 or DSN 327-9532.

FOR THE CHIEF, NATIONAL GUARD BUREAU:



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