DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

MAY 19 2008

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Elective Care Guidelines for Service Members Pending Separation, Retirement or Referral to the Physical Evaluation Board

Ref: (a) Manual of the Medical Department, article 18-25
(b) CNO WASHINGTON DC 291228Z Feb 08 (NAVADMIN 056/08)
(c) CMC WASHINGTON DC 151200Z Jun 04 (MARADMIN 295/04)
(d) SECNAVINST 1850.4E
(e) 32 CFR 728

Over the past few months Navy Medicine has reviewed, analyzed and aligned many issues and tasks surrounding initiatives for the care of our Wounded, Ill and Injured (WII). Through this process, we identified an increasing trend of elective care performed on Active and Reserve personnel that have an impending separation date or are undergoing a Physical Evaluation Board (PEB). This is a concern that greatly impacts service members as it may delay their transition to the civilian sector and the accuracy and efficiency of disability and compensation determination of our wounded, ill and injured.

To ensure compliance with references (a) through (e) and to address the identified trend, Medical Treatment Facility (MTF) Commanders and Commanding Officers shall ensure that providers are educated on an ongoing basis on the matter of not initiating elective courses of care for service members with impending separation, retirement, or referral to the PEB at your facilities. This effort will directly contribute to our service member's smooth transition to the civilian sector and the accuracy and efficiency of disability and compensation determination of our wounded, ill and injured.

Per reference (a), elective care is medical, surgical, or dental care that, in the opinion of professional authority, could be performed at another time or place without jeopardizing the patient's life, sight, limb, health, or well-being. It is not appropriate for MTFs caring for patients with an impending separation date, who present with conditions for which care is deferrable and elective, to attempt to forestall the established separation or retirement date. Care must be taken to avoid initiating an elective course of care which cannot be completed prior to the scheduled separation/retirement date. Reserve Component (RC) service members who are on medical hold (MEDHOLD) orders fall into the same category as any other service member who is leaving active duty service.

Elective surgeries should not be undertaken following the submission of the Medical Evaluation Board Report (MEBR) to the PEB. In consonance with appropriate clinical management, any non-elective surgeries should be completed prior to the submission of the MEBR to the PEB to facilitate comprehensive case adjudication by the PEB members. The role

of the provider in communicating with the MTF patient administration or MEB service cannot be over-emphasized in these cases. The provider and the patient administration officer must ensure that the patient, his or her parent command, the PEB, and the respective service headquarters remain constantly apprised of the patient's status, particularly regarding any attempt to retain the patient on active duty beyond the previously enacted separation or retirement date. In the case of Navy RC personnel on MEDHOLD orders, notification procedures must be applied and enforced as stated in reference (b) and for Marine Corps RC personnel on MEDHOLD orders as indicated in reference (c).

In cases involving would-be retirees and "elective" care, the requirement to maintain the member on active duty is not compelling in many cases, as retirees still have Federally-mandated access to care within the direct care infrastructure of the Military Health Service (MHS). Only in those cases where the would-be retiree can assert an impact on any potential disability determination status based on a recommended elective care course, should consideration of retention on active duty be entertained. Disputes to whether a projected course of care is "elective" must be decided from a clinical perspective with involvement of the appropriate MTF chain of command and the appropriate benefits issuing authority in the case of RC personnel (PERS-95 Senior Medical Officer (SMO), the USMCR Wounded Warrior Regiment (WWR) SMO, or the Reserve Command Medical Director).

For personnel being discharged shy of the number of years required to establish an ongoing entitlement to care in the MHS, the decisions on whether to commence "elective" courses of care near the time of an already-determined separation date may require further consideration. For Reservists, the usual entitlement to care following the date of discharge includes eligibility for Veterans Administration health care benefits for all service members under mobilization orders. Reserve Component personnel on mobilization orders also have access to TRICARE for 180 days under the Transition Assistance Management Program (TAMP). For those cases in which it cannot be asserted that a patient's condition represents a potential disability that mandates referral to the PEB, the provider must conscientiously determine whether all care can appropriately be rendered prior to the member's projected date of discharge. When there is uncertainty about medical coverage following release from active duty for a member of the RC, it is prudent to discuss any proposed elective course of therapy with the PERS-95 SMO, the USMCR WWR SMO, or the Reserve Command Medical Director prior to pursuing the recommendation. As it is unlikely that service headquarters would extend a service member's period of active duty to receive "elective" care, providers must be exactingly cautious not to commence a course of care that will not be concluded prior to the expiration of the patient's eligibility for care.

The decision of what constitutes "elective" care is a clinical call that must be determined on a case-by-case basis. Disputes that may emerge among clinicians as to whether a projected course of care is "elective" must also be decided from a clinical perspective with involvement of the appropriate chain of command of the MTF. Predicated on the respective command's

policies, the senior medical officer, the chief of the clinical staff and/or the Convening Authority for medical boards (i.e., the Commanding Officer) should be consulted as the final arbiter of whether a case involves "elective care."

For additional information, please contact BUMED Patient Administration/TRICARE Operations Department at (202)762-3143/3144/3126.

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