



**PER DIEM, TRAVEL, AND TRANSPORTATION
ALLOWANCE COMMITTEE**
4800 MARK CENTER DRIVE, SUITE 05E22
ALEXANDRIA, VA 22350-9000

July 10, 2024

MEMORANDUM FOR: MILITARY ADVISORY PANEL

SUBJECT: UTD FOR MAP 44-24(I), "Correction to Medical Specialty Care Travel"

1. Purpose: This item further clarifies the eligibility requirements for non-emergency specialty care.
2. This revision is forwarded for information purposes. No coordination is required.
3. Staff initiated this revision.
4. This revision is effective when publication in the JTR.
5. Action Officer: Ashley Aguilar (ashley.aguilar5.civ@mail.mil)

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Christopher M. Woods
Chief, Policy Branch

Attachment:
Joint Travel Regulations Revisions

cc:
Civilian Board of Contract Appeals
Defense Travel Management Office
General Services Administration
U.S. Coast Guard Pay and Personnel Center

Joint Travel Regulations Revisions

033007. Medical Specialty Care Travel ~~of More Than 100 Miles~~

This paragraph does not apply to a dependent outside of the continental United States (OCONUS) authorized travel in [par. 033101](#) or to an active-duty Service member who is authorized medical travel.

A. Eligibility. A patient may be eligible for travel allowances when the qualifications, as specified in health care programs established and administered by the Military Health System, are met for travel reimbursement.

~~1. The patient is a TRICARE Prime enrollee (based on policy from OASD/Health Affairs policy, TRICARE Management Activity memorandum, dated June 22, 2001).~~

~~a. The military treatment facility where the TRICARE Prime member is enrolled, or the Lead Agent if the TRICARE Prime member is enrolled with a civilian primary care manager (PCM), determines if the specialty care is more than 100 miles from the PCM.~~

~~b. This also applies to subsequent specialty referrals authorized by the PCM or Health Care Finder.~~

~~2. The retired Service member has a combat-related disability and is not a TRICARE Prime enrollee, but requires follow-up specialty care, services, and supplies for that particular disability (based on policy from OASD/Health Affairs policy, TRICARE Management Activity/Health Plan Operations memorandum, July 14, 2009).~~

~~a. A TRICARE Regional Office in the region where the retired Service member resides determines if the specialty care is more than 100 miles from the PCM.~~

~~b. The retired Service member may travel for subsequent specialty referrals for that particular disability when authorized by the primary care provider.~~