

July 8, 1991

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Service," Chapter 25, "Beneficiary Travel." Brackets have not been used to indicate the changes.

2. Principal changes are:

a. Paragraph 25.03: Provide definitions for several terms used extensively throughout this manual.

b. Paragraph 25.04: Expands the policy section to include "limitations" contained in 38 CFR 17.101.

c. Paragraph 25.06: Incorporates all outpatient treatment procedural instructions under one section for easier adaptation.

d. Paragraph 25.09: Explains criteria for authorizing interfacility transfer, to include exceptions allowed under certain circumstances.

e. Paragraph 25.10: Clearly defines the provision of transportation for patients who are discharged, irrespective of whether under regular or irregular conditions.

f. Paragraph 25.15: Describes the "Volunteer Transportation Network" and the need for medical center staff participation to facilitate an ongoing system.

3. Filing Instructions

Remove pages

Insert pages

25-i through 25-19

25-i through 25-21

4. RESCISSIONS: M-1, part I, chapter 25, dated December 10, 1984; Errata to M-1, part I, chapter 25, dated March 13, 1985; VHA Circular 10-88-73, dated June 30, 1988 and Supplement No. 1, dated December 14, 1988.

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CHAPTER 25 BENEFICIARY TRAVEL

SECTION I. GENERAL

25.01 PURPOSE

The purpose of this chapter is to provide policy and procedural instructions under which transportation at Government expense may be furnished beneficiaries and their attendants traveling to or from VA (Department of Veterans Affairs) facilities, or other places, for the purpose of examination, treatment or care.

25.02 AUTHORITY

- a. Basic authority is 38 CFR 17.100, 17.101, 17.102, 17.103, and 38 U.S.C. 111, 210.
- b. Fiscal policy administration is contained in VA manual MP-1, part II, chapter 3.

25.03 DEFINITIONS

a. Specialized Mode of Transportation. For purposes of this chapter, this term includes: ambulance, ambulette, air ambulance, wheelchair van, and other modes of transportation which are specially designed to transport certain types of disabled individuals. This term does not include public transportation such as a bus, subway, train, airplane, or privately owned conveyance.

b. Medically Indicated. This term refers to a VHA (Veterans Health Administration) physician's determination that a specialized mode of transportation is medically required.

c. Nearest Appropriate Medical Care Facility. For purposes of this chapter, this term refers to the VA medical center, VA medical and regional office center, VA outpatient clinic, VA outpatient clinic-satellite or VA outpatient clinic-substation properly equipped and staffed to provide the care and treatment medically indicated by the patients condition and nearest to the point from which the veteran makes application for care.

d. Travel for the Convenience of the Government. This term refers to government directed travel authorized to correct a deficiency identified in the C&P (Compensation and Pension) examination, already done, which can only be resolved by the physical recall of the examinee. Some examples of deficiencies that would cause the recall of an examinee are:

- (1) To repeat a laboratory test that is inconclusive and requires additional blood work to complete.
- (2) A poor quality X-ray that needs to be re-done.
- (3) Failure, through no fault of the veteran, to be seen by all of the various clinics incidental to their treatment, etc.

The rate of travel reimbursement under this provision is 17¢ per mile with no deductible applied.

e. Deductible Provision. Reimbursement for eligible veterans is subject to a \$3 (one-way) for each visit deductible, not to exceed \$18 per calendar month. Eligible veterans who are required to make more than six one-way (three round-trip) visits per calendar month will receive full reimbursement once the \$18 deductible cap is met, provided that the deductible may be waived when imposition would cause severe financial hardship. The deductible provision does not apply to scheduled C&P examinations and special mode of transportation, when a physician determines it is medically required.

f. Other Person. For purposes of this chapter, "other person" is defined to include a veteran's non-employee attendant; a dependent or survivor receiving care in a VA facility; or, members of the immediate family, the legal guardian or an individual in whose household the veteran lives or intends to live when receiving counseling or mental health services in conjunction with the veteran's care.

25.04 GENERAL POLICY

a. Transportation at Government expense may be authorized for the following categories of VA beneficiaries, subject to the deductible established in 38 CFR 17.101, "Limitations":

(1) A veteran or other person traveling in connection with treatment for a service-connected disability (irrespective of percent of disability).

(2) A veteran with a service-connected disability rated at 30 percent or more, for treatment of any condition.

(3) A veteran receiving VA pension benefits.

(4) A veteran whose annual income, as determined under 38 U.S.C. 503, does not exceed the maximum annual rate of pension which would be payable if the veteran were eligible for pension.

b. Travel expenses of all other claimants will not be authorized unless the claimant can present clear and convincing evidence to show that they are unable to defray the cost of transportation, or when medically indicated ambulance transportation is claimed and an appropriate authorizing official has determined administratively that the claimant is unable to bear the cost of such transportation.

c. Beneficiaries categorized in paragraph a(4) requesting travel payment or reimbursement will be required to substantiate eligibility annually at the time of the first visit after June 1 in a given year, or at the time of the first visit in the case of a new patient. Eligibility will be determined by the completion of VA Form 70-2323, Certification of Inability to Pay Transportation Costs, as outlined in VA Manual MP-1, part II, chapter 3.

d. The eligibility of beneficiaries categorized in subparagraph b. will be determined by the completion of VA Form 70-2323 each time a claim is received, and by consideration of other information the claimant presents as clear and convincing evidence of their inability to defray the cost of transportation. Relevant information not recorded on VA Form 70-2323 will be documented on VA Form 119, Report of Contact.

e. The following transportation may be authorized at government expense and is exempt from the deductible provision defined in paragraph 25.03e:

(1) Scheduled C&P examinations.

(2) When a VA physician has determined that a specialized mode of transportation is medically indicated:

(a) Treatment is for a service-connected disability if patient is less than 30 percent service-connected disabled.

(b) Patient is 30 percent or more service-connected disabled, and treatment is for any condition.

(c) Patient is in receipt of VA pension (or has annual income that does not exceed the pension rate).

f. Beneficiary travel will not be paid:

(1) For the cost of travel by privately owned conveyance, in any amount in excess of the cost of such travel by public transportation unless:

(a) Public transportation (common carrier) is not reasonably available, or

(b) Public transportation (common carrier) is medically inadvisable.

(2) In an amount that exceeds the actual necessary expense for travel incurred by the claimant as certified to in writing by the claimant.

g. Veterans who make false statements regarding their inability to pay travel, in claims for travel, will be subject to prosecution under 18 U.S.C. 1001. VA must also take appropriate action to recoup any fraudulent payments under 38

CFR Sections 1.900 to 1.994. Veterans applying for beneficiary travel reimbursement must be advised both orally and in writing of the consequences of knowingly making any false statement(s) in connection with claims for beneficiary travel.

h. The following objectives will be incorporated into local operating procedures to assure uniform conformity with established VA policy:

- (1) Round Trip Travel. Authorize when circumstances permit.
- (2) Mileage Allowance. Encourage beneficiaries to travel at their own expense and claim common carrier or mileage rate reimbursement.
- (3) Medical Indications for Ambulance (and Specialized Modes of Transportation. Local guidelines will be developed for use in determining when ambulance or a specialized mode of transportation is medically indicated. Do not issue conditional authorizations for ambulance transportation unless there is reasonable doubt that an applicant is a veteran.
- (4) Telephonic Authorizations for Emergency Medical Care. Travel arrangements shall not be ignored or overlooked when authorizing an emergency admission or outpatient service. Any travel arrangements completed will be fully explained and clearly and concisely recorded to minimize misunderstanding by the beneficiary or by the beneficiary's representative, and to aid in preparing a confirming travel authorization. Use VA Form 10-2829, Telephonic Authorization, or VA Form 119, Report of Contact, to record all information pertinent to a telephonically authorized emergency admission or outpatient service. Ensure that employees are thoroughly trained and knowledgeable as to when and under what circumstances beneficiaries and their nonemployee attendants may be authorized travel at VA expense before assigning them to handle telephonic requests for emergency medical care. Additionally, arrange for regular periodic review of the function to assure that employees are kept aware of the need to complete necessary transportation arrangements incident to each emergency telephonic authorization concluded.
- (5) Authorizing Travel to Appropriate Facility Nearest to Applicant's Location. Individuals eligible for beneficiary travel who elect to obtain medical care from other than the nearest appropriate VA health care facility to their location, will be paid transportation costs based on the distance from their location to the nearest VA health care facility which could have provided the care.
- (6) Authorizing Travel to Appropriate Facility Which is Not Nearest to Applicant's Location. When the facility nearest the applicant's point of application cannot provide the required care, another facility which is feasibly available and has the capability of treating the applicant's disability, becomes the nearest appropriate facility. In these circumstances, the cost of travel will be authorized and paid by the facility which provides the care.
- (7) Adequacy of Locally Established Directives. Local instructions and guidelines on beneficiary travel will be established with a view to minimizing misunderstood or inadequate arrangements. An authorization that does not include all the information that is needed for performing the travel and paying the costs may result in an injustice to the beneficiary or other person and, possibly, generate adverse public acceptance. Strict adherence to the policy condition which requires travel to be authorized in advance, except as provided in 38 CFR 17.102, will measurably assist in preventing out-of-line occurrences.
- (8) Travel in Foreign Countries. Travel of VA beneficiaries performed in foreign countries (except the Republic of the Philippines) for the purpose of examination or treatment in the foreign country at VA expense, can only be authorized by the VA Medical Center, Washington, DC. No travel payment may be authorized when a veteran residing in a foreign country travels to the United States for authorized examination or treatment at VA expense(except for that portion of the trip performed within the borders of the United States), with exception of travel authorized by the VAOPC, Manilla, Philippines.

25.05 TRANSPORTATION INCIDENT TO HOSPITAL, DOMICILIARY AND NURSING HOME CARE

a. Transportation will be authorized beneficiaries for hospital, nursing home, or domiciliary care as provided in 38 CFR 17.100.

b. Title 38, CFR 17.103 authorizes the furnishing of transportation at VA expense when necessary to provide hospital care which is a part of an approved VA research project.

(1) When a patient is admitted as a veteran to a VA health care facility for authorized medical care and volunteers to take part in an approved VA research project concurrent with the authorized inpatient care, no attempt will be made to prorate beneficiary travel costs, if any, to the research appropriation.

(2) A veteran or other person admitted to a VA medical center under provisions of 38 CFR 17.46c, solely for research purposes, may be authorized transportation at VA expense under authority of 38 CFR 17.103 when needed to effect the hospitalization. Under such circumstances, the cost of the travel will be paid from the research appropriation, in accordance with the provisions of 38 CFR 17.62(g) except when the individual is entitled to the research medical services as a veteran.

c. Eligible spinal cord injury patients will be paid or reimbursed for necessary travel expenses to obtain admission to the following VA health care facilities:

(1) The closest VA health care facility with an available bed.

(2) The closest VA health care facility having an available bed on an appropriate spinal cord injury service as designated in M-2, part I, appendix 19A. If the patient requests admission to a more distant VA health care facility, necessary travel can be authorized; however, reimbursement will be limited to the amount equal to the cost of travel to the closest hospital with a spinal cord injury service.

d. Transportation necessary in the NHC (nursing home care) program will be authorized by the health care facility which provides or authorizes the care.

(1) This includes payment of travel expenses to a suitable community nursing home in the area of a patient's permanent residence when presence there is a prerequisite to qualify for the community assistance needed to assume financial responsibility for continued care on discontinuance of VA authorization. Transfer to a VA health care facility in the vicinity of a community nursing home, located in the area of a patient's permanent residence, may be authorized when determined necessary to facilitate admission to the home. If a patient requests admission to a more distant community nursing home, travel expenses may be allowed not to exceed costs that would have been incurred if admission had been to the approved nursing home (having a suitable bed vacant) nearest the VA health care facility.

(2) The authorizing health care facility will provide or arrange for any transportation for which a patient may be eligible while receiving community NHC, or when released from such care. This includes completing administrative arrangements with the VA field facility of jurisdiction incident to authorizing transportation of eligible beneficiaries for the purpose of obtaining prosthetic services on an outpatient basis.

(3) Transportation required for the admission or readmission of a community nursing home beneficiary to a VA health care facility will be authorized and paid by the admitting health care facility.

25.06 TRANSPORTATION INCIDENT TO OUTPATIENT TREATMENT

a. General. All travel is subject to limitations in subparagraph 25.04a.

b. Transportation, including lodging, subsistence, ambulance and attendant travel, will be authorized eligible beneficiaries traveling to or from a VA health care facility or other place for outpatient examination or treatment, including dental care, as provided in 38 CFR 17.100. The facility providing or authorizing the care on an outpatient or ambulatory care basis will pay the expenses of travel.

c. No return travel will be supplied a beneficiary who terminates an outpatient visit prior to services being completed unless the person completes a sworn statement, on VA Form 70-2323, of inability to defray such expense.

d. Travel expenses for a patient receiving outpatient care under 38 CFR 17.60 may be authorized provided the patient is eligible for such reimbursement under 38 CFR 17.100.

e. A patient who is being provided transportation at VA expense, incident to OPT-PBC (Outpatient Treatment-Pre Bed Care) or OPT-AC (Outpatient Treatment- Ambulatory Care), may be authorized transportation for admission without redetermining eligibility for such VA expense.

f. Those cases where OPT-NSC (Outpatient Treatment-Non-service-Connected) or OPT-NBC (Outpatient Treatment-Non-bed Care) will be provided by another VA health care facility, an eligible OPT-NSC (Outpatient Treatment-Non-service-Connected) patient will be furnished transportation to the place of residence by the releasing health care facility. The patient will be informed that the receiving health care facility will furnish notification of appointment date and authorization for travel, as indicated.

g. A patient who is eligible for travel reimbursement, incident to OPT-NSC (Outpatient Treatment -- Non-service-Connected) or OPT-NBC (Outpatient Treatment - Non-bed Care), may be authorized transportation for hospital readmission when medically indicated to observe progress, modify treatment or reinstitute a form of inpatient care without redetermining eligibility for such travel at VA expense.

h. Transportation will be authorized otherwise eligible OPT-NBC patients when determined necessary in connection with their receiving NBC (non-bed care).

i. In those cases where NBC (non-bed care) will be provided by another VA health care facility, the patient will be furnished transportation to the place of residence by the releasing health care facility and informed that the receiving health care facility will furnish notification of appointment date, and authorization for travel, as indicated.

j. Transportation at VA expense for the readmission of otherwise eligible NBC (non-bed care) patients may be authorized.

k. If a beneficiary, through their own free will, fails to report to the receiving facility, or refuses treatment after arriving at the receiving facility, appropriate action will be taken to recoup any Government monies expended to effect such travel.

l. Transportation at VA expense will not be authorized an eligible beneficiary for the purpose of outpatient treatment rendered under the provisions of 38 CFR 17.60, when payment of the travel allowance would be counterproductive to the therapy being provided.

m. The physician in charge of the patient will make the determination, with respect to eligible veterans receiving outpatient treatment. The basis for each determination made will be recorded in the patient's medical record. The chief of the service concerned will review the determination and indicate approval by signature in the medical record prior to effecting this decision.

25.07 REHOSPITALIZING PSYCHIATRIC PATIENTS ON UNAUTHORIZED ABSENCE FROM VA FACILITIES

a. Transportation and other expenses, including attendant fees, will be authorized by the parent VA medical center (i.e., the facility from which the individual absented themselves without approval) when required for rehospitalizing a psychiatric patient who is on unauthorized absence status.

b. If a psychiatric patient on unauthorized absence is rehospitalized at another VA health care facility and arrangements are made to return the individual to the parent health care facility, transportation required to complete the (interfacility) movement will be authorized by the parent health care facility.

25.08 RETURNING PATIENTS FROM AUTHORIZED ABSENCE

Transportation will not be provided patients who are granted authorized absence either to depart from or return to a VA health care facility, except as follows:

a. If a medical emergency develops during absence, return travel expenses, including attendant fees, may be authorized provided:

(1) The patient (including a guardian, if one has been appointed) is without funds and executes a statement to that effect. (Incompetent patients will not be expected to execute a statement, however, the basis for furnishing transportation at VA expense will be recorded.)

(2) The person who assumed responsibility for a psychiatric patient's absence alleges inability to defray the return travel expense.

b. If the patient is returned at VA expense and it is later determined that the individual had sufficient funds with a guardian or elsewhere, the cost of travel will be recovered from those funds.

c. If circumstances justify using funds in the restricted account of a psychiatric patient to pay the expense of returning them to the health care facility from an "authorized absence," the expenditures will be authorized in accordance with the provisions of M-1, part I, Chapter 8, "Personal Funds of Patients." Directors authorizing release of funds for this purpose will be guided by the same criteria applicable to the procurement of other articles and services. The patient's consent for the expenditure of their personal funds for this purpose is not required.

25.09 AUTHORIZING TRANSPORTATION FOR INTERFACILITY TRANSFERS

a. Transportation necessary for interfacility transfer of a patient may be authorized when such travel is necessary to transfer the patient from one health care institution to another only if both institutions furnish the individual with treatment at VA expense, the transfer is necessary for the continuation of such treatment, and the transferring facility is incapable of providing the necessary services. Facilities may authorize transfers from any VA medical center, nursing home, domiciliary, or outpatient clinic, and from any health-care facility which VA has contracted with to provide care to the veteran needing transfer. Transfers may be made when the patient needs either inpatient or outpatient treatment, including diagnostic testing. However, medical centers may authorize a transfer from an outpatient clinic to another facility only if the patient's condition is acute, and it would be inappropriate to release the patient to his home prior to admission to the second health-care facility. Medical centers may not transfer a patient from an outpatient clinic when the patient is simply being referred to another facility for continued treatment, and the outpatient clinic would ordinarily send the patient home prior to admission to the second facility.

b. Transfer of patients hospitalized at VA expense in the states of Hawaii and Alaska or in the Commonwealth of Puerto Rico or other territories and possessions of the United States to VA health care facilities in the contiguous states for specialized treatment is authorized, provided prior consent of the appropriate Regional Director is obtained before initiating such transfer actions.

c. A patient transferred to the contiguous states in accordance with subparagraph b, may be returned at VA expense to the referring health care facility or their home, as appropriate, on termination of specialized treatment.

d. A veteran-patient in a terminal condition who is being furnished inpatient care by the VA, in a VA or non-VA health care facility, may be transferred to a health care facility suitable and nearest their home, regardless of whether travel so required exceeds that covered in proceeding to the health care facility of original admission.

e. Travel expenses and related accommodations necessary for completing an interfacility transfer will be the responsibility of the releasing facility. When the transferee is being supplied care in a Federal or other non-VA hospital, travel expenses and related accommodations necessary for completing the transfer will be the responsibility of the VA facility authorizing and paying for the care. EXCEPTION: Since the releasing facility cannot feasibly arrange for whatever local transportation may be needed at the final destination (to provide for movement from a common carrier terminal to the receiving facility), the receiving facility will be responsible for this phase of the travel expenses and related accommodations, using either facility vehicle and personnel or commercial services, as local circumstances warrant. A hired car or taxi may be authorized for interfacility transfers, if use of such mode of transportation is less expensive than other authorized specialized modes of transportation.

NOTE: Under no circumstance will an outpatient be admitted solely for the purpose of facilitating an interfacility transfer to another facility for inpatient care.

25.10 DISCHARGE

Subject to policy in sub-paragraph 25.04a:

a. Return transportation may be provided, upon regular discharge from hospitalization for treatment, observation and examination, or nursing home care, to the point from which the patient had proceeded; or to another point if no additional expense to the government is involved.

b. Return transportation incident to irregular discharge from a VA facility will not be provided unless the patient completes a statement of inability to pay. This same stipulation applies to patients authorized care in non-VA facilities for an offense for which the VA would give an irregular discharge. Irregular discharge of a patient from domiciliary care requires prior approval of the Director.

25.11 BASIS FOR AUTHORIZING ONLY RETURN TRIP TRAVEL

a. A veteran who applies to and was admitted without prior travel authorization to the appropriate VA medical center nearest to the point of application, may be authorized return transportation to the place from which they traveled to the medical center for admission.

b. A veteran who applies to and was admitted without prior travel authorization to a VA medical center other than the appropriate medical center nearest to the point of application may be authorized return transportation not exceeding that amount which would have been incurred if medical care had been furnished at the appropriate VA medical center nearest to the point of application.

c. A veteran who reports to a VA health care facility without prior authorization seeking outpatient examination or treatment may be furnished return transportation at VA expense if:

- (1) The purpose for which they reported is one for which travel at VA expense would have been normally authorized;
- (2) The visit is satisfactorily completed;
- (3) Authorization for return trip travel is issued prior to the travel being performed; and
- (4) The amount approved does not exceed the cost which would have been incurred had travel been authorized prior to the incoming trip.

d. The four preceding provisions do not affect payment of unauthorized travel as provided in 38 CFR 17.102.

e. Administrative responsibilities and procedures on approval and payment of travel expenses incurred in connection with obtaining unauthorized medical services are in chapter 22.

25.12 PAYING FOR TRAVEL PERFORMED WITHOUT PRIOR AUTHORIZATION

When unauthorized travel is performed and findings show the beneficiary is entitled to receive reimbursement, the claim may be paid in accordance with the provisions of 38 CFR 17.102. Action will be taken to process the unauthorized claim at the facility level. Generally, Central Office review and advisory opinion will be limited to instances involving unprecedented circumstances.

25.13 TRANSPORTING RELATIVES, FRIENDS OR DONORS

a. A relative or friend given official approval to act as a attendant to a VA beneficiary being transported in a Government vehicle may be authorized to travel in the same vehicle.

b. The VA is responsible for all reasonable costs relating to the hospitalization or outpatient visits of a donor or prospective donor participating in or being evaluated for transplantation of tissues, organs or parts. Such costs may

include the provision of subsistence and travel when required, and any additional travel needed for completion of followup care incident to the donation. NOTE: Donors are not subject to the deductible provision.

25.14 TRAVEL OF ALLIED BENEFICIARIES

a. Transportation, including ambulance service may be provided allied beneficiaries when required for accomplishment of authorized medical services.

b. Beneficiaries of nations allied with the United States in World War I or World War II (except any nation which was an enemy of the United States during World War II) other than British or Canadian, may be provided transportation only when the required entitlement determination is made by the appropriate AID (Agency for International Development) official. Reference M-1, part I, chapter 24, for procedure in obtaining entitlement determinations.

c. Beneficiaries of the Armed Forces of the United Kingdom of Great Britain and Northern Ireland, Canada, Australia, New Zealand, and South Africa may be provided transportation when necessary for accomplishment of authorized medical services. Charges pertaining to the transportation supplied will be handled in accordance with M-1, part I, chapter 24.

25.15 TRANSPORTATION OF BENEFICIARIES OF OTHER FEDERAL AGENCIES

Transportation of beneficiaries of other Federal agencies may be furnished to beneficiaries of other Federal agencies subject to reimbursement of any additional costs to VA.

25.16 VOLUNTEER TRANSPORTATION NETWORK

a. The volunteer transportation network is designed to provide transportation services to veterans in need of medical care at VA medical facilities and who have no other means of transportation.

b. Medical center staffs are directed to cooperate with Department DAV representatives to provide assistance in establishing local procedures to schedule transportation to meet the needs of the veteran patient.

SECTION III. TRAVEL OF BENEFICIARIES TO OR FROM THE VA FACILITY

25.17 SCOPE OF SECTION

The procedures described in this section apply to beneficiaries authorized to travel at their own expense (including local travel) to or from a VA facility for medical care, with provisions that they will be reimbursed an allowance based on common carrier rate, mileage traveled, or be repaid for actual and necessary expenses of travel.

25.18 USE OF VA FORM 70-3542d, VOUCHER FOR CASH REIMBURSEMENT OF BENEFICIARY TRAVEL EXPENSES

a. VA Form 70-3542d will be used to complete mileage allowance claims of beneficiaries authorized to travel at their own expense on a reimbursement basis. This form is also suitable for processing claims of other persons or organizations for expenses they incurred in providing travel for a beneficiary, when used with VA Form 70-1207, Waiver of Right to Claim Reimbursement for Travel. A personal representative of the other person or organization must be present to receipt for and accept the cash reimbursement. If this is not possible, a check may be made payable to another person or organization using VA Form 00-3542, Authorization to Report--Voucher for Mileage Allowance.

b. Instructions for completing item 1 are on the form. Items 2 and 3 usually will be overprinted at the time the die-cut stencil form is reproduced for local use.

c. On determination of the round trip mileage, items 4 through 7 will be completed, as appropriate.

d. Date and signature of certifying official will then be entered in items 15 and 16, and the beneficiary instructed to return on conclusion of the beneficiary's visit at which time the voucher will be given to the beneficiary for presentation to the agent cashier for payment. NOTE: Pen and ink completion of items 4 through 14, as applicable, will usually prove to be both practical and efficient.

e. Travel at VA expense generally will be authorized in advance, in one of the following ways:

- (1) By issuance of VA Form 70-3542c, Notice to Report, which beneficiary will present when reporting.
- (2) Advance telephonic authorization properly recorded on VA Form 10-2829 or VA Form 119.

f. VA Form 70-3542d is specifically provided for use in paying travel claims of beneficiaries authorized to travel at their own expense, to or from the authorizing facility, on a mileage allowance, cash reimbursement, basis. The form will not be used in the following cases:

- (1) Travel performed at beneficiary's expense on a mileage allowance basis subject to reimbursement by check.
- (2) Travel performed on authority of transportation requests.
- (3) Travel performed on an "actual expense" basis.

SECTION IV. OBLIGATIONS

25.19. OBLIGATION DOCUMENT-TRAVEL OF BENEFICIARIES AND NONEMPLOYEE ATTENDANTS TO OR FROM LOCATIONS OTHER THAN THE AUTHORIZING FACILITY, BY MEANS OF VA FORMS 70.3542, 10.2511 AND 70-2509

a. On the first workday of each month, the Chief, Medical Administration Service, will submit a separate VA Form 4-1358, Estimated Miscellaneous Obligation or Change in Obligation, to the Fiscal activity, prepared in original and one or more copies as required, in an amount representing the estimated cost of authorizations to be issued during the month for travel by beneficiaries and nonemployee attendants reporting to locations other than the facility authorizing the travel. The amount of the estimate will cover the cost of travel based on either mileage traveled or actual expenses incurred, plus the cost of travel where transportation, meal, lodging, and special requests are issued and used by the traveler. The purpose of the obligation will be stated on the VA Form 4-1358 and described as beneficiary travel for persons reporting to locations other than the authorizing facility by means of:

- (1) VA Form 70-3542, Authorization to Report--Voucher for Mileage Allowance;
- (2) VA Form 70-2509, Authorization for Nonemployee Attendant, and
- (3) VA Form 10-2511, Authority and Invoice for Travel by Ambulance or Other Hired Vehicle.

b. The Fiscal activity will assign an obligation number to the VA Form 4-1358, initial the form to indicate availability of funds, retain one copy for posting purposes, and return the other copies to Medical Administration Service.

c. The monthly obligation number assigned to the VA Form 4-1358 will be recorded on each authorization issued. In addition, a consecutively numbered decimal suffix, following the basic obligation number, will be assigned to each authorization issued, beginning with number " 1" each month. The obligation number and decimal suffix assigned to the covering authorization will be recorded on all transportation, meal, lodging and special transportation requests issued in condition with a basic authorization to report. Personnel assigned responsibility for preparing travel authorizations will place the estimated cost on each authorization issued. The estimates entered on the authorizations will cover both the cost of reimbursable travel and the cost of transportation, meal, lodging and special requests to be issued, if any. The cost of bus and car tickets or tokens to be issued to beneficiaries for local travel will not be included in the estimates shown on authorizations.

d. A copy of all authorizations issued each day will be forwarded to the Fiscal activity by the beginning of the next workday. A reference slip which will show the inclusive numbers of decimal suffixes and the total dollar value of the attached authorizations will be used as a transmittal document. Memorandum copies of related transportation, meal, lodging and special requests will be submitted with the covering authorizations.

e. At the end of the month, the VA Form 4-1358 will be adjusted to the value of the total authorizations issued during the month.

25.20 OBLIGATION DOCUMENT-TRAVEL OF BENEFICIARIES AND NONEMPLOYEE ATTENDANTS TO OR FROM THE AUTHORIZING FACILITY, BY MEANS OF VA FORMS 70-3542, 10.2511 AND 70-2509

a. On the first workday of each month, a separate VA Form 4-1358 will be submitted to the Fiscal activity, prepared in sufficient copies to meet local needs, in an amount representing the estimated cost of authorizations for only those beneficiaries who are expected to report (to the facility authorizing the travel) during the month.

b. The amount of the estimate will cover the cost of travel based on that performed on authorized transportation requests; ambulance or other hired vehicle services authorized on a flat fee and/or rate per mile basis; fees and expenses of travel authorized nonemployee attendants; and reimbursement claims expected for travel on an actual expense basis. The purpose of the obligation will be stated on the VA Form 4-1358 and described as beneficiary travel for persons reporting to the facility authorizing the travel, by means of:

- (1) VA Form 70-3542, Authorization to Report-Voucher for Mileage Allowance (including transportation requests),
- (2) VA Form 10-2511, Authorization and Invoice for Travel by Ambulance or Other Hired Vehicle, and
- (3) VA Form 70-2509, Authorization for Nonemployee Attendant.

c. The Fiscal activity will assign an obligation number to the VA Form 4-1358, initial the form to indicate availability of funds, retain one copy for posting purposes, and return

the other copies to Medical Administration Service.

d. Copies of authorizations issued beneficiaries, nonemployee attendants and vendors under this restriction will not be assigned obligation numbers at time of issuance, nor will copies be forwarded to the Fiscal activity until the beneficiaries have reported. When beneficiaries report all copies of authorizations will be completed to show the current month's obligation number and a sequential decimal suffix, after which obligation copies of the authorizations, with the memorandum copies of transportation, meal, lodging and special requests, if any, will be forwarded to the accounting section of the Fiscal activity. NOTE: The original copies of the authorizations normally will be used in submitting claims for reimbursement, hence, will not be used as "obligation copies."

e. At the end of the month, the VA Form 4-1358 will be adjusted to the total authorizations issued to beneficiaries who reported during the month.

25.21 OBLIGATION DOCUMENT--TRAVEL OF BENEFICIARIES TO OR FROM THE AUTHORIZING FACILITY, BY MEANS OF VA FORMS 70-3542c AND 10-1124

a. A separate VA Form 4-1358, prepared in original and one or more copies as required, will be submitted to the Fiscal activity on the first workday of each month in an amount representing the estimated cost of travel for only those beneficiaries who are expected to report (to the facility authorizing the travel) during the month.

b. The purpose of the obligation will be stated on the VA Form 4-1358 and described as beneficiary travel for beneficiaries reporting to the facility authorizing the travel by means of VA Form 70-3542c, Notice to Report.

c. The Fiscal activity will assign an obligation number to the VA Form 4-1358, initial the form to indicate availability of funds, retain one copy for posting purposes, and return the other copies to Medical Administration Service.

d. VA Form 70-3542d, Voucher for Cash Reimbursement of Mileage Allowance, will be used in submitting mileage allowance claims of beneficiaries (or persons or organizations that actually paid the expenses of travel). When a beneficiary reports, the "Fiscal Symbols" block of VA Form 70-3542d will be completed to show the current month's obligation number, if not already overprinted to include this information. NOTE: A consecutively numbered decimal suffix procedure will be used on VA Form 70-3542d.

e. Mileage allowance claims of beneficiaries submitted on VA Form 70-3542d will be processed by the Fiscal activity in accordance with current operating practices. A record of payments made will be entered on the copy of the VA Form 4-1358 retained by the Fiscal activity. At agreed upon intervals during the month the Fiscal activity will furnish Medical Administration Service information about the dollar amount of all payments processed to date, and whether a change in obligation, due to increased or decreased cost, is indicated. Changes to the original estimate will be made as necessary.

f. Existing controller policy provides that "When a beneficiary fails to present VA Form 70-3542d, Voucher for Cash Reimbursement of Mileage Allowance, upon leaving the facility but presents the voucher in a subsequent month, the payment will be applied to the current month VA Form 4-1358, except for payment of travel performed in prior year which will be charged to the prior year appropriation." (See MP-4, pt. V, par. 3C.05f(2)(b).)

g. The controller policy described in subparagraph f. is applicable to processing round trip mileage allowance claims of beneficiaries. However, to minimize administrative and accounting work involved in charging travel performed in prior year to the prior year appropriation, facilities will, shortly before the end of each fiscal year, identify expenses incurred for beneficiary travel for which disbursements are not yet made and, to the extent feasible, arrange for payment of the incoming portion of the round trip travel prior to the end of the fiscal year.

h. Controller policy also provides that the cost of travel where transportation, meal, lodging, and special requests are issued and used by beneficiaries reporting to a facility authorizing the travel (by means of VA Form 70-3542c will be applied to the VA Form 4-1358 established in accordance with paragraph 25.51. To provide for this, the memorandum copies of transportation, meal, lodging and special requests will be listed on a separate daily reference slip clearly marked "Additional Requests." The reference slip will be assigned the number of the current estimated obligation established in accordance with paragraph 25.51 (i.e., estimated obligation established in connection with beneficiaries reporting for examination, treatment or other medical services to a location other than the facility authorizing the travel), regardless of when the beneficiary's original authorization to report was issued. Also a decimal suffix, as described in paragraph 25.51c, will be assigned to the daily reference slip and will be shown on all requests included in the transmittal. The covering reference slip, with all memorandum copies of the requests listed thereon, will be forwarded to the fiscal activity daily for necessary accounting processing.

i. At the end of the month, the VA Form 4-1358 will be adjusted to agree with the actual payments made plus reimbursements earned but not paid during the month.

25.22 OBLIGATION DOCUMENT--FEE-BASIS BENEFICIARY TRAVEL

Instructions on preparing and submitting an obligation document pertaining to beneficiary travel required in the outpatient fee-basis program are in chapter 18.

25.23 RECORDING ADDITIONAL OBLIGATIONS

Other VA Forms 4-1358, over and above those enumerated in this section, may be processed to record additional estimated monthly obligations for travel of beneficiaries and their nonemployee attendants, when determined necessary to facilitate control.

SECTION V. USE OF MAC (MILITARY AIRLIFT COMMAND)

25.24 SCOPE OF SECTION

This section sets out the policies and procedures that apply to the use of MAC services for movement of VA patients.

25.25 GENERAL PROVISIONS

Field facilities will maintain a standing set of instructions appropriate for informing and guiding concerned personnel about the use of MAC services. To assist in maintaining currency of the instructions, facilities will arrange for regular receipt of the Domestic

Aeromedical Evacuation System Information Letter which is published periodically by the 57th Aeromedical Evacuation Squadron, Scott AFB, telephone 618-256-3070.

25.26 POLICY

Patients hospitalized by VA who are not DOD (Department of Defense) beneficiaries or active duty military personnel may be transported by MAC for bona fide medical reasons, and when commercial transportation facilities are not available or adequate, subject to reimbursement. Uniformed service patients receiving treatment in VA who are DOD personnel or their beneficiaries and receiving care under the aegis of that Department should be transported by MAC when a medical reason exists without regard to the availability of commercial transportation, at no expense to VA.

25.27 MOVEMENT PRIORITIES FOR PATIENT PICKUP

The following movement priorities have been established by MAC and will be used in requesting airplane accommodations for VA patients:

a. Urgent. An urgent case is a patient presenting a bona fide medical emergency (i.e., delay may result in loss of life or do irreparable and serious damage to a part of the body) who must be moved immediately. In moving such patients, MAC will divert aircraft from the home airbase or from a preplanned itinerary within 1-hour after receipt of notification from the originating hospital. The patient will be delivered to the destination as soon as possible, consistent with flight safety.

b. Priority. A priority case is a patient who is not an urgent case but who should be picked up within 24-hours and delivered with the least possible delay.

c. Routine. A routine case is a patient who is neither urgent nor priority, but who should be enroute within 72 hours. Every special trip or any diversion from a MAC planned schedule is costly in money and allotted flying hours. If routine pickups will serve the purpose, do not request priority or urgent flights.

25.28 PATIENT CLASSIFICATION

Patients transported aboard MAC aircraft will be classified in one of the following aeromedical classification codes:

a. Psychiatric Category

(1) 1A Severe psychiatric litter patients. Psychiatric patients requiring the use of restraining apparatus, sedation and close supervision at all times.

(2) 1B Psychiatric litter patients of intermediate severity. Patients requiring tranquilizing medication or sedation, not normally requiring the use of restraining apparatus. Restraining apparatus should be available for use.

(3) 1C Psychiatric walking patients of moderate severity. Cooperative and reliable under observation.

b. Litter Category

(1) 2A Immobile litter patients, nonpsychiatric, who are not able to move about on their own volition under any circumstances.

(2) 2B Mobile litter patients, nonpsychiatric, who are able to move about on their own during emergency circumstances.

(3) 2C Drug abuse litter patients.

c. Ambulatory Category

(1) 3A Ambulatory patients, nonpsychiatric and nonsubstance abuse, going for treatment or evaluation.

(2) 3B Recovered patients, returning to home facility.

(3) 3C Ambulatory, drug or alcohol (substance) abuse patients, going for treatment.

d. Infant Category

(1) 4A Infant, under 3 years of age, occupying a seat.

(2) 4B Recovered infant, under 3 years of age, occupying a seat.

e. Outpatient Category

(1) 5A Outpatient ambulatory patient, nonpsychiatric and nonsubstance abuse, going for treatment.

(2) 5B Outpatient ambulatory, drug or alcohol (substance) abuse, going for treatment.

(3) 5C Psychiatric outpatients, going for treatment or evaluation.

f. Attendant Category

(1) 6A Medical Attendant

(2) 6B Nonmedical Attendant.

25.29 REQUESTING MAC ACCOMMODATIONS

a. Patients may be moved between VA medical facilities within the CONUS (Continental United States) for bona fide medical reasons when other transportation is not available. Requests for the movement of "routine" patients will be directed to the Patient Airlift Center, Scott AFB, IL, commercial telephone 618-256-6241. Requests for the movement of "priority" or "urgent" cases will be directed to Headquarters U.S. Air Force, Directorate of Transportation, during normal duty hours commercial telephone 202-697-9560, during other than regular duty hours commercial telephone 202-695-7220. The following information will be furnished:

(1) Name, age and sex of patient.

(2) Affiliation of patient.

(3) Complete medical diagnosis and prognosis.

(4) Name and phone number of attending physician.

(5) Name and location of origin hospital.

- (6) Name and location of destination hospital.
- (7) Name and phone number of receiving physician.
- (8) A statement that use of commercial transportation facilities has been fully explored and cannot meet the requirement.
- (9) Name and phone number of person requesting transportation.
- (10) Billing address (bona fide lifesaving missions will not be delayed pending receipt of billing address).
- (11) Name and phone number of persons responsible for surface ambulance transportation at both origin and destination.

b. Once approval has been granted, the following information is required to be given to the ASMRO (Armed Services Medical Regulating Office) on all "routine" patient movements (commercial (618) 256-6361) during normal duty hours provided the patient or their authorized representative has signed VA Form 10-5345, Request for and Consent to Release of Medical Records Protected by 38 U.S.C. 4132, or VA Form 70-3288, Request for and Consent to Release of Information from Claimant's Records:

- (1) Originating hospital.
- (2) Destination facility.
- (3) Patient's name (last, first, and middle initial).
- (4) Patient's rank or civilian status.
- (5) Patient's age.
- (6) Branch of military service and status.
- (7) Movement precedence (routine).
- (8) Patient Classification code.
- (9) Attendant(s) by relationship and name.
- (10) Whether inpatient or outpatient.
- (11) Special equipment or special medical care patient might require in flight.
- (12) Complete diagnosis (including diagnostic code).
- (13) Weight of patient, attendant(s), and baggage and type of baggage.
- (14) Serial numbers of DD Form 600, Patient's Baggage Tag, and type of baggage.
- (15) Patient's emergency address, which will include name and address of next of kin, street address, city, and State (a attendant will not be listed as the emergency addressee).

25.30 COMMUNICATIONS

a. The Patient Airlift Center at Scott AFB, IL, or one of the five aeromedical evacuation detachments located throughout the United States will notify the receiving VA facility of an incoming patient. The receiving facility will be notified as much in advance as possible of all arriving patients. Obviously, weather, maintenance problems, etc., can impact on this procedure. The VA facility that is receiving the patient is responsible for arranging ambulance transportation at the receiving facility, to include giving the Patient Airlift Center the phone number of the ambulance service. Since the amount of ground time at each stop is limited, announced arrival times must be adhered to by the receiving facility. If VA ambulance service is not available, then the Patient Airlift Center must be provided with the name and phone number of the commercial ambulance service.

b. Sufficient medical personnel will be sent with the ambulance to the flight line. It is the VA facility's responsibility to enplane and deplane their patients in a safe and secure manner. If it becomes necessary to cancel a patient off of an aeromedical evacuation mission, this information must be made known to the Patient Airlift Center at Scott immediately to prevent unnecessary stops. If the patient's condition changes in any way, the Flight Clinical Coordinator at the Patient Airlift Center must be notified immediately so that the case may be discussed in full and all quality assurance aspects discussed.

25.31 SPECIAL INSTRUCTIONS FOR CERTAIN MEDICAL CONDITIONS

The following additional instructions will be applied as necessary:

a. Respirator Patients. Patients requiring controlled ventilation can be maintained by use of the Bennett Model MA-I respirator unit during transport. If patient is on a respirator, provide the following information:

- (1) Rate of respiration.
- (2) Tidal volume.
- (3) Percent oxygen.
- (4) Is PEEP or CPPS being used? How much?

b. Tuberculosis Patients. All patients who are under observation for tuberculosis or who have a diagnosis of active disease but have not been on chemotherapy for at least 2 weeks must be brought to the aircraft on a litter, dressed in hospital clothing, and wearing a mask. All other patients may be transported as ambulatory and will not be required to wear a mask.

c. Neuropsychiatric Patients. The patient will be adequately sedated, restrained, and prepared as medically indicated.

d. Maxillofacial Injuries. Due to increased potential for nausea and vomiting, devices used to immobilize upper and lower jaws of patients to be transported should have quick release mechanisms. Wire cutters, or scissors should also be transported with and available to health care personnel accompanying the patient.

e. Airlift of Patients on Stryker Frames. Paraplegics, quadriplegics, cervical fracture injuries, severe burn patients, and others who present a problem in turning are normally transported on a Stryker frame. All parts of that particular frame should accompany the patient, as many parts are not interchangeable.

f. Pregnancy. A pregnancy of any gestation, not in labor, or having difficulty with the pregnancy may be accepted for airlift. All patients must be cleared by a physician for travel.

g. Drug and Alcohol Abuse Patients. These patients will be managed by observing precautions necessary for care of neuropsychiatric patients. Ambulatory patients will be fully dressed in military uniform or appropriate civilian attire.

h. Cardiac Patients. Patients with severe cardiovascular disease may have a reduced tolerance to hypoxia. Patients with a recent myocardial infarction will be considered on an individual basis. Usually, patients can be moved by aeromedical evacuation if they are at least 10 days post-myocardial infarction and complication free for 5 days. Patients requiring use of a cardiac monitor must be accompanied by a physician.

i. Traction Cases. Collins traction is used in the aeromedical evacuation system for use with patients requiring traction. This equipment is available and must be requested at the time the patient is reported for movement.

j. Blood Dyscrasias. Patients with hemoglobins below 8.5 may be aeromedically transferred if the level is chronic and stable. Low flow oxygen should be used continuously on patients with extremely low hemoglobins.

k. Chest Tubes. These may be left in position, but require a Heimlich valve attached to a pleuravac unit. Patients normally will not be transported at least 24 hours after chest tube removal. An expiratory chest film should be taken just prior to evacuation and interpreted to assure that the lungs are fully expanded.

l. Medications. An adequate supply of necessary medications will be furnished (3- to 5-day supply) to the flight. The flight nurse is responsible for administering all medications and treatments during the flight. Annotate on the DD Form 602 the medications in use, their frequency, and the time the last dose was administered. Medications will be labeled with the patient's name, name of drug, dosage, and time.

m. Litter Cases. The releasing facility will assure that each litter being used is in good condition, has adequate litter straps, and is made up with two blankets, two sheets, a pillow and pillowcase. All litter patients will be dressed in hospital clothing.

NOTE: MP-2, subchapter E, section 108-27.5102-8, provides for military property accompanying patients to VA facilities to be turned in to the facility Supply activity, and for the Supply activity to communicate with the military, requesting shipping instructions if return is to be effected. To avoid military litters being out of use for an appreciable amount of time, facilities will follow the practice of substituting VA litters for military litters concurrent with patients being deplaned, when the exchange action is acceptable to the aeromedical evacuation personnel operating the aircraft and not medically contraindicated. Regular application of this condition will necessitate predetermining

the number of litter patients en route from military facilities prior to meeting an aircraft so a sufficient number of VA litters may be immediately available for exchange purposes. When commercial ambulance service is used, consideration will be given to moving patients with military to vendor's litters concurrent with deplaning, when such action is acceptable to the MA C flight personnel, and not medically contraindicated.

25.32 MEDICAL RECORDS

a. The flight nurse will be furnished such patient medical records as necessary to assure proper treatment during flight, including signed orders for all medications, the strength of the tablets or solutions, dosage and time. All other medical records will be inserted in one envelope separate from the above, properly marked, addressed to the receiving hospital, and placed on the aircraft with the patient.

25.33 IN-FLIGHT MEALS

The originating facility will provide each patient being transported an in-flight lunch, including a modified diet lunch when required.

25.34 INSURANCE

Several commercial insurance companies provide extended flight insurance coverage to passengers (patients or attendants) traveling aboard scheduled MAC aircraft. Flight insurance forms, which consist of a combined application and mailing envelope, have been previously furnished VA facilities. MAC passengers (patients and/or attendants) will be fully counseled about availability of flight insurance coverage prior to enplaning, and assisted in executing and mailing applications, when indicated.

25.35 BAGGAGE

a. Authorized Baggage. Active duty patients are authorized 66 pounds of baggage, including carry on items. Additional baggage must be shipped by other means. Baggage will be tagged and claim checks provided by the clerk at the VA facility. Baggage will be stowed in the cargo department of the C-9A or on a pallet in the C-141. Stowed baggage may not have dimensions exceeding 72 inches in any one direction or 100 inches overall (length + width + height) and must be sufficiently durable to withstand handling during transportation. TV sets, musical instruments equipment, and related items not in durable containers will not be accepted. Stowed baggage is generally not available to patients until they reach their destination hospital. Flammable or volatile items or fluids, such as matches, lighter fluid, and chemicals, should not be placed in the bags. If in doubt, ask the aeromedical evacuation technician at plane side for guidance. Place some form of identification in the baggage (orders, etc.) and an identification tag outside of each bag.

b. Carryon Items. Patients should hand-carry a small bag containing any personal items, toilet articles, or medications needed in flight or for an overnight stay. These bags should be of a size to fit under the seat (8 1/2 by 12 by 20 inches in the C-9A, or 12 by 18 by 36 inches in a C-141). Should be one bag per person. NOTE: Since life vests may be placed under the seats, measurements may be less than described. Coats or hats may be placed overhead on the C-9 or along the bulkhead on the C-141 aircraft. Small plants may be hand-carried as long as they do not violate Department of Agriculture regulations. Instruct patients to check around their immediate seating area when leaving the aircraft.

25.36 HOSPITALIZATION EN ROUTE

a. Hospitalization which is required as an incident to authorized travel via MAC will be provided in VA medical facilities where available. Otherwise civilian or other Federal hospitals may be used.

b. Hospital care will be provided as appropriate to permit scheduling of air evacuation, intersectional layovers, or to permit disposition from point of arrival to the designated VA health care facility. Hospitals will be utilized in emergencies when air evacuation aircraft makes a nonscheduled landing due to weather, mechanical conditions or for other reasons. The VA health care facility releasing the patient will be required to reimburse the Air Force the cost of any care provided enroute at MAC expense. Authority to transfer a patient via MAC carries with it the concomitant responsibility of the VA originating health care facility to pay costs arising as a result of any hospitalization supplied enroute.

25.37 PAYMENT OF TRANSPORTATION COSTS

Unless VA executes an interagency agreement with the Air Force, or DOD, prescribing rates for use of MAC aircraft, any charges made for use of MAC aircraft will be subject to rates provided by MAC which may require full reimbursement. Field facility officials who arrange for MAC transportation of urgent, priority or routine cases, will request and obtain a firm estimate of costs to aid in formulating final decision as to whether use of MAC services are justified, in conformity with controlling policies, and that necessary funds are available. Facilities should obtain and maintain current copies of Air Force publications setting out rates for use of MAC aircraft.

25.38 FORMS REQUIRED

The following forms will be used in the aeromedical evacuation of patients:

- a. DD Form 600, Patient's Baggage Tag, one attached to each piece of baggage.
- b. DD Form 602, Patient Evacuation Tag, will not be given to the patient, but will have an additional evacuation tag securely affixed to their litter.
- c. VA Form 10-2511, Authority and Invoice for Travel by Ambulance or Other Hired Vehicle, four copies. The form will be properly completed, validated, and placed in a separate envelope addressed to the MAC Aeromedical Evacuation Control Center with which air transportation arrangements were made. To prevent billing procedures being delayed, facilities will complete all actions necessary to provide for this form being placed in the mail on the same date that arrangements are concluded for aeromedical evacuation.
- d. DD Forms 600, and 602 may be obtained from the nearest DOD facility.