

2.52. Elective Civilian Medical Care for Active Duty Members.

2.52.1. Elective medical and dental care provided at civilian medical facilities or from other civilian sources is not authorized at the government's expense. Service Members who seek medical/dental care outside the Military Health System without prior approval or coordination with the MTF responsible for their primary care, do so at their own risk. Any unfavorable outcome resulting from elective care provided by civilian sources could result in a not-in-line-of duty finding and potentially impact disability benefits. Service Members must arrange for the civilian medical facility to send a summary of treatment to the servicing MTF. All members assigned or attached to a sensitive duty program, e.g., the Personnel Reliability Program (PRP), Presidential Support (PSP) Program, or other national security dependent program, must obtain written permission from their unit Commander and local MTF Commander prior to treatment. If approved, personnel in these uniquely critical programs must have their treatment reviewed by the MTF PRP consultant or designated competent medical authority. Protected Health Information disclosures to command authorities will be tracked in accordance with DoD 6025.18-R.

2.52.2. Prior to any elective treatment from the MHS, a Service Member must consult with a competent military medical authority. A Service Member who elects to have elective care or treatment provided at his or her own expense may not be eligible for compensation for any adverse residuals resulting from the elected treatment. A record of the counseling will be made by the BCAC or other designated individual to document that the member was counseled about the elective treatment and his or her subsequent potential ineligibility for disability compensation for any adverse residuals incurred secondary to the elective treatment.

2.52.3. The MTF Commander, after consultation with the member's PCM and/or specialist, may request a case review by the Deployment Availability Working Group (DAWG) prior to the Service Member's anticipated episode of civilian healthcare if there is concern about the Service Member's current fitness for duty. This action serves to provide documentation of preexisting medical conditions should the future risk of a finding of Not Fit for Duty and the need for a disability evaluation be deemed likely.

2.52.4. If the Service Member suffers complications and presents to the MTF for treatment, the healthcare required to resolve the complication is authorized and the MTF must provide care for the Service Member unless the later care or procedure(s) are elective in nature and not medically necessary. If complications jeopardize the member's fitness for duty, the Service Member's commander may request an MEB. If the member requires further convalescent time because of a complication, the Service Member should be recommended for convalescent leave. If the complication requires hospitalization the Service Member must be placed in hospital inpatient status.

2.52.5. Ordinary leave for lost time may be required in accordance with AFI 36-3003, Military Leave Program.