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WASHINGTON DC 20372-5300

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BUPERS/BUMED INSTRUCTION 1306.72H

From: Chief of Naval Personnel
Chief, Bureau of Medicine and Surgery

Subj: POLICY AND PROCEDURES CONCERNING MEDICAL TRANSITION
PERSONNEL AND MEDICAL TRANSITION COMPANY (MTC)

Ref: (a) MILPERSMAN
(b) NAVMED P-117, Manual of the Medical Department,
Chapter 18
(c) SECNAVINST 1850.4E
(d) Joint Federal Travel Regulations (JFTR)
(e) BUMEDINST 6320.72
(f) BUMEDINST 6320.85

Encl: (1) Medical Transition Company Message Report Format

1. Purpose. To issue revised guidelines and procedures for the assignment to and operation of Navy Medical Transition Companies (MTCs), and provide definitions and terms pertaining to the Navy's medical transition (MEDTRANS) personnel and MTC. This instruction is a complete revision and should be reviewed in its entirety. Medical Holding Company (MHC) is now called Medical Transition Company.

2. Cancellation. BUPERS/BUMED INSTRUCTION 1306.72G.

3. Applicability. All Active Duty enlisted and officer personnel.

4. Definitions

a. MEDTRANS refers to a Service member who is receiving medical care and whose capacity for full duty status has been impacted by their medical condition, or called into question.

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Tracking MEDTRANS members is required by the Navy Medical Treatment Facility (MTF) with clinical and non-clinical management to ensure administrative and medical support is provided to the member.

(1) Members in the accounting codes listed below are considered MEDTRANS personnel. A MEDTRANS member is assigned one of the below accounting category codes (ACCs) as directed by a Navy MTF patient administration department (PAD) which has a convening authority (CA). Assignment, tracking, and reporting MEDTRANS members are the responsibility of PAD (MTC staff, operational forces liaison, and limited duty (LIMDU) coordinator), clinical and non-clinical managers, personnel support activity detachments (PERSUPPDETs), parent commands, and LIMDU coordinators.

103 FORDU TEMAC - Temporary Active Duty
 105 FORDU LIMDU - Limited Duty
 320 TEMDU FFA - Temporary Duty for Further Assignment
 355 TEMDU MED BD/PEB - Temporary Duty Awaiting Medical Board/Physical Evaluation Board (PEB) Proceedings
 370 TEMDU UNTREAT - Temporary Duty Under-Treatment - Patient at a Navy MTF
 371 TEMDU UNTREAT - Temporary Duty Under-Treatment - MTC
 372 TEMDU UNTREAT - Temporary Duty Under-Treatment - Hospitalized at a Non-MTF
 373 TEMDU UNTREAT - Temporary Duty Under-Treatment - Hospitalized at Other Uniformed Services MTF
 374 TEMDU UNTREAT - Temporary Duty Under-Treatment - Extended Outpatient Treatment

(2) Other types of patients not TEMDU to the MTC that require tracking and support include:

(a) Navy personnel who have temporary additional duty (TEMADD) orders to the MTC that have been placed on convalescent leave, light duty, or sick in quarters (SIQ).

(b) Personnel from other Services, regardless of component, who are either inpatient or residing within MTC spaces temporarily assigned with TEMADD orders. These members from other Services cannot be assigned temporary duty (TEMDU), and these members will be accounted for under their military branch's rules and regulations.

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(3) The only MEDTRANS members that are assigned to the MTC at the Navy MTF are those members assigned ACC 371 or temporarily assigned with TEMADD orders.

(4) There are also varying definitions to the term MEDTRANS by U.S. Navy (USN) and U.S. Marine Corps (USMC). For the purposes of this guidance, MEDTRANS is defined as:

(a) USN MEDTRANS. Active Duty Navy enlisted or officer personnel who are undergoing continued medical care and whose capacity for full duty status in regards to medical restriction has been temporarily impacted, or is in question, as prescribed by reference (a), 1301-010, 1306-1600, 1306-1200 series, 1301-225 and reference (b); or are awaiting disposition through the Navy Disability Evaluation System (DES), per reference (c).

(b) USMC MEDTRANS. Temporary status for Active Duty Marine Corps enlisted or officer personnel that require ongoing medical care that precludes their return to a full duty status within a reasonable timeframe, as prescribed by applicable Marine Corps Order and Marine Admin Messages guidance, or are awaiting disposition through the Navy DES, per reference (c).

b. MTC. Personnel, whether within or outside the geographic area who are assigned to a Navy MTF's patient unit identification code (UIC) as ACC 371 (TEM DU to the MTC) for continuing care and management. A member may also be TEMADD via funded TEMADD orders. MTC assigned personnel are usually from commands outside of the geographical area of the MTF or from operational units, and are employed on light duty, as allowed by their physical condition. Members are assigned to the MTC to complete their medical treatment on an outpatient basis or wait for medical evaluation board (MEB) processing. Once the MEB is accepted by the PEB, the Service member can be TEMDU transferred to a Transient Personnel Unit/Department (TPU/TPD) or others activity to wait for a decision by the PEB in ACC 355, or to wait for further transfer in ACC 320. Assignment to the MTC is based solely on a written order provided by a Department of Defense (DoD) physician, unless the member is assigned directly from an overseas location.

c. Medical Hold (MEDHOLD) is a term used solely for Reserve component (RC) personnel who have been extended on Active Duty

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to undergo treatment or await the outcome of a disability determination through the DES. Reserve component differences are noted below.

(1) USN-MEDHOLD. Refers to retention of Navy RC Sailors on Active Duty to receive medical treatment for a injury, illness, or disease incurred or aggravated while on active duty orders greater than 30 days. The Sailor is retained on Active Duty until determination that they are "fit for duty" as documented by a Navy medical provider or an MTF CA on a NAVMED 6100/6, Return of a Patient to Medically Unrestricted Duty from Limited Duty, and by the Navy Personnel Command (NAVPERSCOM), Reserve Personnel Management (PERS-9) senior medical officer (SMO) and/or medical status review officer, or until final disposition is determined by the PEB. Members will be assigned to a RC command (RCC) MEDHOLD unit and perform duties commensurate with their physical abilities.

(2) USMCR-MEDHOLD and Medical Extension (Convenience of the Government Hold)

(a) USMCR-Medical Extension (Convenience of the Government Hold). Extension of active service for a maximum of 60 days to establish a NAVMED 6100/5, Abbreviated Medical Evaluation Board Report from a competent military medical authority (physician).

(b) USMCR-MEDHOLD. Temporary Limited Duty (TLD) status of a reservist to remain on active duty to receive medical treatment for service connected injuries, illnesses, and/or diseases based upon Headquarters, Marine Corps (HQMC) receipt and approval of a valid NAVMED 6100/5, or to process through the DES via the PEB.

1. Enlisted. TLD for enlisted Marines may be recommended by the local MTF and approved by the commanding officer (CO), wounded warrior regiment (WWR) for up to two, 6-month increments. Any additional period past the 12 months requires departmental review and approval from the HQMC, Director, Manpower Management (MMSR-4).

2. Officers. Any period of TLD for officers requires departmental review and approval from the HQMC (MMSR-4).

5. Command and Control and Medical Tracking

a. Command and control of MEDTRANS personnel will be the responsibility of the Navy MTF when:

(1) Enlisted members are assigned to a Navy MTC TEMDU or TEMADD and housed in a MEDTRANS barracks under the cognizance of a Navy MTF;

(2) Enlisted members are assigned to an MTC TEMDU or TEMADD due to a medical condition but reside within the geographical area of the Navy MTF with their family (family members are not eligible to reside in military barracks);

(3) Officers and enlisted members assigned LIMDU (ACC 105) to the Navy MTF; or

(4) In the absence of Navy MTF-owned MTC berthing, MEDTRANS individuals are housed in a Military-owned berthing facility if assigned TEMDU under treatment (UNTREAT) in the MTF patient UIC as ACC 371 (i.e., TPU barracks, barracks of an installation, wounded warrior barracks, or line command barracks).

b. PAD personnel within the Navy MTF will track and monitor the following personnel while in a MEDTRANS/MEDHOLD status. Command and control remains with their parent command except for those assigned TEMDU UNTREAT in an ACC 37x in the Navy MTF's patient UIC.

(1) If TEMADD UNTREAT command and control remains under the parent command. However, these individuals are clinically and non-clinically tracked by the MTF staff for which outpatient treatment is being received or DES is being processed.

(2) MEDTRANS personnel attached to operational units close to the treating MTF and residing locally, not at an MTF owned MTC facility. These members have a medical condition requiring multiple outpatient medical appointments for treatment while temporarily medically restricted from normal operational activities with their unit, up to 90 days (e.g., SIQ, convalescent leave (CONLV) or light duty). The condition may not necessarily warrant an MEB or PEB per reference (a), 1306-1200 series and references (b) and (c). These personnel are tracked and monitored until completion of their treatment plan and final disposition.

(3) Reservists retained on active duty in a MEDHOLD status to receive medical treatment for service-connected injuries, illnesses, and/or diseases until determined fit for duty by NAVPERSCOM (PERS-9) or until final disposition is determined by the PEB.

(4) Officers and enlisted members in a LIMDU status (ACC 105). Tracking involves visibility of LIMDU members clinically for ongoing care and re-evaluation. Primary tracking responsibility remains with the member's servicing PERSUPPDET and oversight by the member and member's command LIMDU coordinator.

(5) Officer and enlisted members admitted to a civilian MTF within the area of cognizance of the MTF, per references (d) and (e). Tracking continues until the member has been transferred to the MTF for care and final disposition, or transfer to another military MTF for tracking through final disposition per reference (a), 1301-010 and 1306-1600.

(6) Officer and enlisted members receiving extended outpatient treatment at a civilian or military MTF, but TEMDU assigned to a Navy MTF patient UIC in ACC 374. These members must be closely tracked clinically and non-clinically until final decision is made by a DoD physician to allow member to transition to LIMDU to allow member to work or be referred to the PEB for fitness decision.

6. Policy

a. Chief, Bureau of Medicine and Surgery (BUMED), in various policy statements, has directed that patients not be admitted as inpatients when they can be treated as outpatients, within the criteria of good medical practice. The term MTF includes medical and dental components.

b. An MTC is under the cognizance of a Navy MTF. The purpose of the MTC is to physically house and/or administratively manage Navy and other service enlisted members whose current condition precludes them from returning to full duty. These members are usually from commands outside of the geographical area of the MTF or from operational units, and are employed on light duty, as permitted by health-related limitations. Members are assigned to the MTC to complete their health care on an outpatient basis or until fitness determination.

c. While MTCs can reduce costly inpatient care, commanders, COs, and officers in charge (OICs) of MTFs shall ensure patients assigned to MTCs receive prompt, thorough medical and dental treatment, and are quickly returned to duty once found fit by the physician.

d. Commanders, COs, or OICs of Navy MTFs may establish an MTC at their MTF and operate it as part of their command. A Navy MTF that does not establish an MTC must still account for and track Navy members in its patient UIC who are inpatients at civilian and other service MTFs. A Navy MTF with CA must ensure its patient UIC stays active and validated so naval members may be assigned in ACC 372, 373, or 374 per reference (a), 1301-010 and 1306-1200 series.

e. Per reference (c), personnel shall not remain in an MTC longer than 90 days, including any CONLV granted. An MEB for LIMDU or PEB shall be initiated when the total treatment and convalescent period is anticipated to be greater than 90 days. This includes those members who require frequent treatment (e.g., daily or several times a week). When a member exceeds 60 days in an MTC status and a MEB has not been submitted, send a message report to Bureau of Naval Personnel, Transient Monitoring Unit (TMU) (BUPERS-00C2), and BUMED (M3/M5HCS2) following the format of enclosure (1). Execution of this message should initiate inquiry into the potential for LIMDU or PEB referral/consideration.

f. Any MTC patient who is TEMDU assigned to a TPU/TPD/Others activity per reference (a), 1301-010 and 1306-1200 series must be in an ambulatory status and fully capable of self-care, require no dietary care, or special treatment not normally available outside of a hospital. A member requiring outpatient treatment for which commuting from the TPU/TPD/Others activity would create an undue hardship may remain in the MTF's patient UIC as ACC 371 (MTC) or in ACC 374 (extended outpatient treatment) per reference (a), 1306-1600. Should an individual report to the TPU/TPD/Others activity whose medical appropriateness for assignment is questionable, the commander, CO, or OIC of the TPU shall immediately contact the head of the MTF's PAD. The final determination of appropriate disposition will be made with the patient's best interest in mind and through consultation with the treating physician and the head, PAD and the TPU/TPD/Others activity CO/OIC. The MTF commander, CO, or OIC (CA) will address and determine final disposition in all unresolved circumstances.

7. Procedures

a. Assignment to an MTC either TEMDU to the Navy MTF patient UIC or TEMADD with funded TEMADD orders by the parent command follows:

(1) Only enlisted members who have been recommended by a physician and determined to be ambulatory and are fully capable of self-care, or who require minimal care, will be assigned TEMDU to the physical MTC (ACC 371). Members assigned to the MTC must physically muster daily during the work week prior to work, and as determined by the MTF for weekends. A physician order is required for patients to be housed in the MTC.

(2) NAVMED 1306/1, Assignment to Medical Transition Company will be used by physicians when considering assigning a Service member to the MTC. Service members are considered capable of complete self care if each question on NAVMED 1306/1 is answered with a YES. Any question answered with a NO indicates a questionable MTC assignment case. Questionable cases should be referred to senior leadership with the MTF command for final determination of appropriateness of MTC placement.

Note: Other considerations may include priority placement of individuals requiring assistance with ambulation (i.e., crutches or a wheelchair) on the first floor of MTC billeting, and evacuation consideration for those assigned to other floors that have or have not elevators available.

(3) A member may be assigned to the MTC without having been previously admitted to an MTF by direction of a DoD physician. If consultation is required prior to transferring the patient to the MTC, the referring physician will contact the head, PAD to discuss the MTC assignment or other concerns.

(4) Personnel shall report to the MTC with all available service and medical records and a copy of the Inpatient Admission/Disposition Record with physician order assigning them to the MTC (if the case involves assignment from an inpatient status). PAD personnel will work with the PERSUPPDET to acquire any missing records. A Navy MTF message directing the Service member to be TEMDU will ensure the parent command and PERSUPPDET initiate the patient's transfer per reference (a), 1301-010 and 1306-1200 series. Personnel may be assigned to the MTC in a

TEMADD status if the individual was originally ordered for treatment on TEMADD orders and the combined length of hospitalization and outpatient care is not anticipated to exceed the guidelines of reference (a), 1306-1600. When a member's stay in the MTC is anticipated to exceed 60 days, then the Navy MTF PAD shall comply with reference (a), 1306-1600.

(5) Members ordered for treatment on TEMADD orders, who are permanently assigned to shore duty in the geographical area of the MTF, will ordinarily be returned to their parent activity while receiving outpatient treatment instead of being assigned to the MTC. Exception: enlisted personnel must be directed to be transferred TEMDU for psychiatric evaluation or treatment when the treating psychiatrist determines that the return to the parent command would aggravate their condition regardless of the location of their parent command. Other exceptions are members who require frequent outpatient treatment (three or more appointments per week), for which commuting from the parent command would create undue hardship, or whose command is geographically dislocated from the MTF. These members should be transferred TEMDU to the MTC until returned to duty or an MEB is completed, then further transferred to a TPU/TPD/Others activity to wait for LIMDU orders to the MTF's geographical area or to wait for PEB decision per reference (a), 1306-1600, 1306-1200 series, and reference (b).

(6) When enlisted patients of other Services are assigned to the MTC, the PAD officer will ensure that liaison is established with the appropriate local command of the member's parent service, and that administrative procedures of that service are followed.

(7) USN personnel assigned to or residing in an MTC equivalent program operated by another U.S. Military Service should be assigned a U.S. Navy case manager (within the other service's facility or from the nearest Naval MTF with CA) to provide administrative management and maintain visibility of clinical management of the member's case. The Navy MTF PAD personnel tracking the case must determine if member must be transferred TEMDU per reference (a), 1306-1600 and 1306-1200 series. The parent command shall issue funded TEMADD orders per reference (f) until the PAD, if necessary, directs the TEMDU transfer per reference (a), 1301-010 and 1306-1200 series.

b. A Navy MTF with CA authorized to approve MEBs that does not have an MTC or does not take inpatients will still gain hospitalized or extended outpatient treatment members in its MTFs patient UIC to account for wounded, ill, or injured members using ACC 372, 373, or 374 per reference (a), 1306-1600 and 1306-1200 series.

c. Following personnel actions are required by the MTF PAD:

(1) Personnel that are directed to the MTC by the Navy MTF in a TEMDU status must be properly gained in the MTFs patient UIC by its servicing PERSUPPDET in ACC 371.

(2) Personnel assigned to an MTF in ACC 370, 372, 373, or 374, whose status changes from inpatient to MTC outpatient, will be retained on the diary of the MTF's patient UIC in an ACC 371. An ACC 371 will be assigned by means of a miscellaneous diary change by the MTF's servicing PERSUPPDET.

(3) To alleviate non-programmed expenditures of funds, and to determine entitlement to per diem, for personnel in a MTC, use reference (f), paragraphs U4115-G and U4115-M for guidance. The member's parent command is responsible to authorize funded TEMADD orders for outpatient treatment per reference (d), paragraphs U7250 and U7252 of volume I, chapter 7.

(4) Parent commands servicing PERSUPPDET are responsible for issuing standard transfer order, loss endorsement, packaging of service, and other records for members who will be transferred TEMDU as directed by a Navy MTF per reference (a), 1306-1600 and 1306-1200 series and mail or transport them the fastest way possible to the gaining command's servicing PERSUPPDET to gain the member.

(5) Parent commands are responsible for coordinating the TEMDU transfer and providing detaching evaluation to the PERSUPPDET. Commands may be responsible for coordinating other issues including personal property shipment and providing a Non-Medical Assessment for members undergoing the MEB process.

d. Requirements for maintenance of members in a MTC are as follows:

(1) Personnel assigned to the MTC will be gainfully employed within their individual physical limitations and rating.

(2) Personnel assigned to the MTC will be clinically evaluated by their treating physician at intervals determined by their physician based on the illness or injury and medical necessity. This evaluation must be documented in the health record per reference (b).

(3) The Navy MTF staff must manage logistical requirements for personnel assigned to the MTC including transportation to and from medical appointments, adequate lodging and dining, and management of pay, orders, and other administrative issues.

e. Disposition of members assigned to an MTC is as follows:

(1) Personnel who are TEMDU to an MTC that are returned to full duty or receive an approved MEB for LIMDU or PEB referral shall be transferred to the appropriate TPU/TPD/Others activity per reference (a), 1306-1200 and 1306-1200 series to wait assignment and transfer. The supporting PERSUPPDET shall submit an availability report (i.e., code YJ if fit for duty) or an availability report (i.e., code YH for LIMDU orders) per reference (a), 1306-1200 series. Any Navy MTF that does not have a TPU/TPD/Others activity to TEMDU transfer the member to wait for PEB decision or to wait for further assignment shall use its patient UIC as a transient account. The Navy MTF CO is highly encouraged to coordinate with the installation commander to establish an Others UIC when a TPU/TPD/Others activity is not available in the area.

(2) Personnel who are not TEMDU assigned to the MTF or assigned to other than sea duty (type 2 or 4 duty), shall be returned to their parent command on LIMDU or to wait final adjudication of the PEB.

(3) Personnel assigned TEMDU to TPU/TPD/Others activity in ACC 320 to wait for LIMDU orders will have a YH availability report submitted to BUPERS (BUPERS-00C2) per reference (a), 1306-1200 series. If assigned to wait for a PEB decision, then member shall be in ACC 355 at the TPU/TPD/Others activity.

8. Responsibilities

a. Navy MTF commanders, COs, and OICs shall designate in writing a liaison officer or OIC of an MTC, usually an E7 or above. When the MTC is not geographically collocated with an

MTF, designate a medical department officer to provide medical oversight and liaison between the MTC and the MTF to ensure adequacy and continuity of care. Ensure the development of a system to monitor and report the operation of the MTC, including the concurrent review of length of stay, and appropriateness of the patient's placement into and disposition from the MTC.

b. The MTC liaison officer/OIC will ensure the MTC operates and provides reports within the guidelines established by governing instructions, and that adequate lodging and dining arrangements are available for MTC personnel.

c. Liaison officer/OIC of the MTC shall ensure coordination between the PERSUPPDET, member's parent command, and the MTF PAD for all administrative matters.

d. NAVPERSCOM (PERS-821) has final authority on non-clinical matters of the MTC, and may direct TEMDU transfer of a member to the Navy MTF patient UIC in ACC 371, 372, 373, or 374.

9. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per Secretary of the Navy Manual M-5210.1 of November 2007.

10. Forms and Reports

a. The following NAVMED forms are available electronically from Naval Forms Online at:
<https://navalforms.daps.dla.mil/web/public/home>:

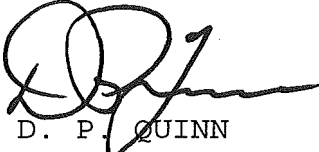
(1) NAVMED 1306/1 (09-2009), Assignment to Medical Transition Company.

(2) NAVMED 6100/5 (Rev. 8-2004), Abbreviated Medical Evaluation Board Report.

(3) NAVMED 6100/6 (Rev. 8-2004), Return of a Patient to Medically Unrestricted Duty from Limited Duty.

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b. The Medical Transition Company Message Report required in paragraph 6e is assigned report control symbol NAVMED 1306-1. This reporting requirement is approved by Chief, BUMED for 3 years from the date of this instruction.



D. P. QUINN
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