

(2) At specific stations within the United States which have been authorized by the Secretary of the Navy to sell these items.

§ 728.93 Chart of adjuncts.

The following chart and footnotes provide information relative to adjuncts which may be furnished the several categories of beneficiaries eligible for medical care at naval MTF's.

Adjuncts	Active duty and retired members	Others authorized the same benefits as active duty or retired members ⁽⁸⁾	Dependents authorized the same benefits	Other beneficiaries ⁽⁹⁾
Ambulance service	Yes	Yes	Yes ⁽¹⁾	No
Artificial eyes	Yes	Yes	Yes	Maybe ⁽³⁾
Artificial limbs	Yes	Yes	Yes	Maybe ⁽³⁾
Contact or special lenses ⁽¹¹⁾	Yes ⁽⁴⁾	Yes ⁽⁴⁾	Maybe ⁽²⁾ (4) ⁽⁶⁾	No
Crutches ⁽⁷⁾	Yes	Yes	Yes	Yes
Dental prostheses	Yes	Yes	Maybe ⁽²⁾	Maybe ⁽⁹⁾
Elastic stockings	Yes	Yes	Yes	Yes
Hearing aids ⁽¹⁰⁾	Yes ⁽⁵⁾	Yes ⁽⁵⁾	Maybe ⁽²⁾	Maybe ⁽³⁾
Hearing aid parts and batteries	Yes ⁽¹⁰⁾	Yes ⁽¹⁰⁾	Maybe ⁽²⁾ ⁽¹⁰⁾	No
Hospital beds ⁽⁷⁾	Yes	Yes	Yes	Yes
Joint braces	Yes	Yes	Yes	Yes
Orthopedic footwear	Yes	Yes	Maybe ⁽²⁾	Maybe ⁽³⁾
Prosthetic devices, other ⁽⁷⁾	Yes	Yes	Maybe ⁽²⁾	No
Respirators and inhalators ⁽⁷⁾	Yes	Yes	Yes	Yes ⁽¹⁾
Resuscitators ⁽⁷⁾	Yes	Yes	Yes	Yes ⁽¹⁾
Spectacles	Yes	Yes	Maybe ⁽²⁾ ⁽⁹⁾	No
Walking irons ⁽⁷⁾	Yes	Yes	Yes	Yes
Wheel chairs ⁽⁷⁾	Yes	Yes	Yes	Yes

¹ When considered medically appropriate by the attending physician.
² See § 728.92(f).
³ Outside the United States and at designated remote stations when considered medically appropriate by the attending physician.
⁴ Contact or special lenses are not to be issued solely for cosmetic reasons. Further guidelines are contained in NAVMEDCOMINST 6810.1.
⁵ In addition to the hearing aid, include in initial issue one spare receiver cord, approximately 1 month's supply of batteries, and a statement indicating make, model, type of receiver, serial number, code, part numbers, "B" battery voltage, and type of "A" and "B" batteries, as appropriate. Provide replacement of hearing aids upon the same basis as initial issue and, except in unusual circumstances, will not be replaced within 2 years of the initial furnishing or the last replacement of the appliance.
⁶ Spectacles, contact lenses, or intraocular lenses may be provided dependents with eye conditions which require these items for complete medical or surgical management of a condition other than ordinary refractive error. For further information, consult NAVMEDCOMINST 6810.1.
⁷ May be loaned on a custody basis at the discretion of the attending physician.
⁸ See subpart of this part relating to specific beneficiary.
⁹ When considered by the attending physician and dentist to be an adjunct to a medical or surgical condition other than dental and when in consonance with existing legislation and directives.
¹⁰ For further guidelines, consult BUMEDINST 6320.41B.
¹¹ Includes intraocular lenses required for implantation upon removal of cataracts.

Subpart I—Reservists—Continued Treatment, Return to Limited Duty, Separation, or Retirement for Physical Disability

§ 728.101 General.

(a) *Notice of eligibility (NOE)*. While the NOE is basically a document that substantiates entitlement to a disability benefit equal to pay and allowances, it may be accepted when required to substantiate eligibility for benefits other than pay and allowances, *i.e.*, treatment in USMTFs under the provisions of title 10, United States Code.

(b) *Physical disability benefits*. The following, excerpted and paraphrased

from SECNAVINST 1770.3, paragraph 10, is applicable when a reservist may be entitled to physical disability benefits.

(1) When a notice of eligibility (NOE) has been issued to a member hospitalized in a naval MTF and the attending physician is of the opinion that recovery is not anticipated or that the reservist is not expected to be fit for return to full duty within a reasonable period, a medical board will be convened and the case managed the same as that of a Regular member. Assure that a copy of the NOE accompanies the medical board report forwarded to the Central Physical Evaluation Board.

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Disability benefits, equal to pay and allowances, will continue in such instances until final disposition.

(2) There is no limited duty status, per se, for inactive reservists. However, if the attending physician determines that a reservist is temporarily unfit for full duty, but will be fit for full duty following a period of convalescence or following duty with physical limitations, not to exceed 6 months, the physician may return the reservist to duty with a summary of the hospitalization or treatment. The summary will set forth the limitations posed by the member's disability and the period of such limitations. Followup hospitalization, treatment, and evaluation for the same condition may be provided at USMTFs during the period of restricted duty, if required. If, during the period of the restricted duty, it appears that the reservist will be *permanently* unfit for full duty, promptly authorize the reservist to report for evaluation, treatment if required, and appearance before a medical board at the nearest naval MTF capable of accomplishing same. Admission to the sicklist is authorized, when required. Should the medical board recommend appearance before a physical evaluation board, disability benefits equal to pay and allowances should continue until final disposition is effected.

§ 728.102 Care from other than Federal sources.

The provisions of this subpart do not authorize care for reservists at other than Federal facilities nor out of funds available for operation of USMTFs (supplemental care) after a period of active duty or a period of training duty ends, including travel to and from such training. Such care may be rendered under the provisions of part 732 of this chapter.

Subpart J—Initiating Collection Action on Pay Patients

§ 728.111 General.

The Comptroller of the Navy has approved a system of transactions that generates reports to COMNAV MEDCOM on unfunded reimbursable transactions. The purpose of the final report is to provide data on services

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furnished by naval health care facilities for which central collection from other Government agencies and private parties is required.

§ 728.112 Responsibilities.

(a) *Patient administration departments.* The initiation of the collection process begins with patient administration departments. Collection action cannot be accomplished unless patient administration departments take the initial step to complete:

(1) *DD 7, Report of Treatment Furnished Pay Patients, Hospitalization Furnished (part A).* Prepare a separate substantiating DD 7, in triplicate, for each category of pay patient receiving inpatient care. At the end of each day that any pay patient is admitted, submit DD 7's to the collection agent.

(2) *DD 7A, Report of Treatment Furnished Pay Patients, Outpatient Treatment Furnished (part B).* Prepare a separate substantiating DD 7A, in triplicate, for each category of pay patient receiving outpatient care. At the end of each day that any pay patient is treated on an outpatient basis, submit DD 7A's to the collection agent.

(b) *Collection agents.* Upon receipt of a completed DD 7 or DD 7A, collection agents will take the action indicated in paragraph 24304 of the Resource Management Handbook, NAVMED P-5020, to effect central collection action.

§ 728.113 Categories of pay patients.

The categories of patients for whom collection action must be initiated are:

(a) *Coast Guard.* (1) Active Officers; (2) Retired Officers; (3) Active Enlisted; (4) Retired Enlisted; (5) Dependents; (6) Cadets.

(b) *Public Health Service.* (1) Active Officers; (2) Retired Officers; (3) Dependents of Officers.

(c) *National Oceanic and Atmospheric Administration (NOAA).* (1) Active Officers; (2) Retired Officers; (3) Dependents of Officers.

(d) *Foreign.* (1) NATO Officers (Except Canadians provided care under the comparable care agreement.); (2) NATO Enlisted (Except Canadians provided care under the comparable care agreement.); (3) NATO Dependents; (4) Civilians Accompanying NATO Members; (5) Foreign Military Sales (FMS) Officers;