

Transportation Frequently Asked Questions

1. **Who is eligible for Beneficiary Travel (BT)?**

- Veterans with service-connected (SC disabilities) rated 30% or more: travel for care relating to any condition
 - Veterans with disabilities rated less than 30%: travel for care relating to their SC condition(s)
 - Veterans receiving VA pension benefits: travel for care of any condition
 - Veterans with annual income below the maximum applicable annual rate of pension: travel for care of any condition.
 - Veterans traveling in relation to a Compensation and Pension (C&P) Examination
 - Eligible Veterans in certain situations related to obtaining Service Dogs
 - Certain Veterans in certain emergency situations
 - Certain non-Veteran attendants, Caregivers and donors when related to care of a Veteran (attendants, "Caregivers" & donors)
 - Beneficiaries of other Federal Agencies, when authorized by that agency
 - Allied Beneficiaries when authorized by appropriate foreign government agency
-

2. **Are OEF/OIF Veterans, combat Veterans, spinal cord injury (SCI), catastrophic disabled (CD) or any other "special" group of Veterans eligible for travel based upon their inclusion in that group?**

- With the exception of Veterans traveling to a VA or VA authorized transplant center in relation to VA transplant care, Veterans in a "special" group are not eligible for VA travel benefits based solely on their inclusion that group. "Special" group Veterans must meet travel eligibility criteria in the same manner as any other Veteran.
-

3. **What travel can the Department of Veterans Affairs (VA) provide?**

- VA has authority to provide eligible beneficiaries mileage reimbursement, transportation by common carrier/public transportation (plane, bus, taxi etc.) and when medically justified by a VA health care provider, special mode of transportation (ambulance, wheelchair van, etc.).
-

4. **What are the current mileage reimbursement rates for travel? Why are rates different for Veterans and VA employees?**

- VA reimburses 41.5 cents per mile, subject to appropriate deductibles, to eligible beneficiaries traveling in relation to VA or VA authorized health care, treatment or services. Mileage rate for Veterans was established by Public Law (PL) 111-163 while 41 Code of Federal Regulations (CFR) Chapter 301 provides guidance for employee travel and takes different criteria into account. The Government Services Administration (GSA) establishes Federal employee mileage reimbursement rates.

5. Can mileage reimbursement or special mode transportation be withheld from a travel eligible Veteran?

- Travel benefits may be withheld when it is clinically determined that travel allowance would be counterproductive to care, treatment, or therapy being provided and such determination is recorded in the patient's medical record. In addition, the chief of the service or a designee must review and approve the determination in writing in the patient's medical record. Travel payments cannot be withheld due to an overpayment for previous travel unless a Bill of Collection has been established and the Veteran agrees to such withholding.

6. What are the deductible amounts? Is the monthly deductible cap for each facility or is it for travel to all VA facilities for health care? Who is required to pay the deductible?

- Current deductibles are \$3.00 per one way trip; \$6.00 for a round trip; with a maximum deductible of \$18.00 per calendar month. The \$18.00 is the total monthly deductible amount for travel to all VA facilities. Regardless of the deductible amount withheld per trip, deductible requirements end after 6 one-way (3 round) trips in a calendar month. The only exemptions to the deductible are:
 - Veterans traveling in conjunction with a C&P examination,
 - Non Veterans (donors, Caregivers, attendants)
 - Veterans requiring a special mode of transportation, and
 - When it is determined that the imposition of the deductible would cause a severe financial hardshipAll other eligible Veterans, including those receiving care for service-connected conditions, are required to have the deductible applied.

7. Who is eligible for a waiver of the deductible? How do you determine if a Veteran is eligible for the waiver?

- Waivers of the deductible can be made when the deductible causes a "severe financial hardship" to the Veteran. Per 38 CFR § 70.31(c), a severe financial hardship occurs when the Veteran is in receipt of a VA pension; his or her income for the year prior to application, or projected income for the year of application (current year) does not exceed the appropriate VA pension level; or in the case of an SC Veteran, income is at or below the appropriate "Means Test" threshold for the year prior to application or projected for the year of application. When it can be determined that a Veteran qualifies for a waiver of the deductible it should be automatically granted without request from Veteran. Veterans can also request a waiver either orally or in writing.

8. How is it determined that a Veteran requires "Special Mode" transportation? What eligibility requirements must be met?

- Special mode of transportation includes ambulance, ambulette, air ambulance, wheelchair van, and other modes which are specially designed to transport certain disabled individuals. Special mode DOES NOT include public transportation such as taxi, bus, subway, train, airplane, or privately owned conveyance with special adaptive equipment and/or capable of transporting disabled persons.
 - In order to be eligible for special mode transportation, two criteria must be met. The Veteran first has to be administratively eligible for transport at VA expense.
 - Once administrative eligibility is established, a VA clinician must then determine that a special mode of transportation is medically required to transport the Veteran for VA health care and documented as such. Should it be clinically determined at one VA facility that such transportation is required, this should be accepted at all VA facilities, unless there is an indication a Veteran's condition may have changed.
-

9. **How much discretion does a facility have if a Veteran does not meet BT eligibility criteria and extenuating circumstances exist?**

- Except in the case of VA Organ Transplant care extenuating circumstances including medical necessity do not provide BT authority for ineligible Veterans.
-

10. **Is there anything VA can do to obtain travel for ineligible beneficiaries?**

- When a Veteran does not meet eligibility for Beneficiary Travel, other sources, including the DAV network, VTS, family and community should be aggressively pursued. In addition, VA facilities should be proactive in assisting the Veteran explore possible VA options that would give him/her eligibility for Beneficiary Travel. These include:
 - **Service-Connection**
 - Is the Veteran potentially eligible? Refer to the Directory of Veterans Service Organizations, a VBA Representative, your Regional Office, or the VA web site to file a claim.
 - **A&A/Household(HB)**
 - For a Veteran not receiving these benefits, has his or her VA provider determined they meet the medical criteria for these benefits as noted in 38 CFR 3.351 and 3.352? If such determination is made and documented in Veteran's record the higher A&A and HB pension thresholds may be used to determine BT eligibility.
 - **"Hardship" Review**
 - Has the Veteran lost their job?
 - Does it appear that their future income will be less?
-

11. **Does VA have authority to provide transportation for non-VA community (Fee Basis) care or visits when an eligible Veteran chooses to use private health insurance to pay for care?**

- VA has authority to pay for transportation of BT eligible Veterans traveling to VA authorized non-VA health care when a deductible (if applicable) is met. If VA is not paying for the care, travel at VA expense will not be provided.

[R](#)

12. What if a Veteran chooses to go to his "preferred" facility instead of the closest VA facility that can provide the required care?

- Veterans have the choice to go to any VA facility they choose for care. However, travel can only be authorized to the nearest facility that can actually provide the needed care. Therefore, should a Veteran choose to go to another facility than that closest to his/her home, he or she is responsible for any costs beyond that for transportation to the nearest facility: this includes mileage and special mode of transportation. However, should VA determine either for administrative or clinical reasons that a specific facility, including one that may be more distant, is the appropriate place for care then travel should be paid to that facility.

13. How does VA determine distance for mileage reimbursement purposes?

- Historically BT mileage calculations were based upon use of VA's "zip-to-zip code" methodology or one of the many online mileage tools. However, VA has now established the "BT Dashboard" as the standard for mileage calculations. The Dashboard uses Bing Map's embedded door-to-door technology to determine distances and is required for use by VA facilities. Deviations from the BT Dashboard results are allowable when an identified route is impassable or documented as clinically inappropriate.

14. What if a Veteran has a P.O. Box and physically lives elsewhere?

- Beneficiary Travel is intended to assist Veterans with transportation from their place of residence, or other place if not their permanent residence, to the VA health care facility that can provide the needed care. With the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Veterans have the option of having their official mail sent to any place they choose. However, this does not imply that Travel should be paid from that point. Similarly, a Veteran's home address could be in another state but he or she is currently staying in the area. Therefore, Travel should not necessarily be paid from the distant address. In order to determine appropriate travel reimbursement it is necessary that a Veteran establish a current place of residence. A Veteran may be asked to provide documentation establishing their address. Should a Veteran refuse to provide this information, they are only authorized travel to the nearest VA facility that can provide the required care, not necessarily where the Veteran chooses to seek care or treatment. If another VA facility is closer to the Veteran's actual residence and that VA facility can provide the care, then travel reimbursement will only be to the closer facility.
-

15. Which facility is responsible for travel when a Veteran is referred to a Tertiary Care facility, or another facility that can provide the needed care on an outpatient basis? For inpatient treatment? What about Veterans who do not meet eligibility criteria?

- For outpatient treatment, the VA facility that is providing the care, or in the case of non-VA care, the facility that authorizes the care is responsible for arranging and providing travel to eligible Veterans. Therefore, should a VA facility refer a Veteran to another VA facility for care, the second facility is responsible for providing travel, as they will be providing the care (as well as authorizing it). For non-VA (FEE Basis) care, the VA facility that authorizes and pays for the treatment is responsible for travel.
 - When it is necessary to transport an inpatient between VA facilities (Inter-facility Travel), the releasing VA facility is responsible for travel. Therefore, the initial transportation will be the responsibility of the first facility, and return transport is the responsibility of the second facility. The only exceptions to these rules are for transportation in relation to VA transplant care, transportation to a VA Parkinson's Disease, Research, Education and Clinical Centers (PADRECCs) and transport to an Epilepsy Center of Excellence (ECoE). For transport to VA transplant care and PADRECCs, the referring facility is responsible for round-trip transportation for either inpatient or outpatient care. When travel is to an ECoE for inpatient or outpatient care each facility pays one-way transport.
-

16. Which facility is responsible for transport of Veterans in a community nursing home (CNH)?

- For Veterans in a CNH at VA expense, the placing VA facility is responsible for travel. Should a CNH Veteran be placed in an area outside the placing facility's established responsibility, the initial placing facility will be responsible for travel (and CNH payment) for the first 90 days. After that time, the VA facility with jurisdiction for the area where Veteran is placed will be responsible for costs incurred, including travel for VA placement of the Veteran. Veterans in a CNH at private expense must meet eligibility requirements for VA payment of non-VA emergency care as well as Beneficiary Travel in order to receive transport at VA expense.
-

17. What authority does VA have to transport Veterans in emergency situations?

- **Transport from a VA facility to a community facility for emergency treatment:** When a Veteran develops an emergency while receiving care at a VA facility and the facility cannot provide the needed care, transport to a community provider and back to the VA facility can be authorized at VA expense regardless of the Veteran's Beneficiary Travel eligibility when the non-VA care is approved for VA payment in accordance with Fee basis authority at 38 U.S.C. § 1703.
- **Transport from any point other than a VA facility to a community facility for emergency treatment:** If the emergency episode of care at the non-VA facility is approved for VA payment in accordance with 38 U.S.C. § 1725 or 38 U.S.C. § 1728, then transport from the point of emergency to the non-VA facility can be authorized at VA expense.

However, once medically stabilized at the community provider, the Veteran must meet Beneficiary Travel and medical eligibility criteria for further transportation at VA expense.

18. Can VA pay for transport of an attendant, donor, or other non-Veteran?

- VA has the authority to pay for transportation and associated incidental costs (lodging, food, etc.) at VA expense of non-Veterans including attendants and donors when:
 - It is clinically determined by a VA provider that due to the Veterans mental or physical condition an attendant is required when transporting the Veteran, or
 - The non-Veteran is the donor or potential donor of tissue, organ, or parts to a Veteran receiving VA, or VA authorized non-VA transplant health care, or
 - In the case of an Allied Beneficiary, travel and reimbursement has been authorized by the appropriate foreign government agency, or
 - Travel and reimbursement is authorized by another Federal Agency when VA care is provided to a beneficiary of that agency, or
 - Individual is a "Caregiver" under the national Caregiver program and is traveling in relation to initial training as a potential caregiver or travel is in conjunction with associated Veteran's VA or VA authorized health care.
-

19. Is VA required to pay for lodging and meals associated with VA travel?

- VA may provide reimbursement for the actual cost up to 50% of the government employee rate for meals and/or lodging, when appropriate. The need for lodging and/or meals should be determined on a case-by-case basis and based upon the Veteran's medical condition, distance required to travel, and any other extenuating circumstances. Such items should be requested and authorized in advance of travel. Reimbursement should not be provided solely because the Veteran chooses to stop or take a less direct route to VA or VA authorized care.
-

20. Does VA have authority to pay ferry fares; bridge, road, and tunnel tolls; luggage fares; or parking in association with VA travel?

- Reimbursement for these and/or other accessories of travel may be provided upon presentation of an appropriate receipt. The beneficiary should be informed prior to their travel to save their receipts. They should also be informed of any travel restrictions (e.g., amount of luggage authorized). Reimbursement is based on a case-by-case basis and the individual needs and condition of the beneficiary.
-

21. Does VA have authority to transfer Veterans to where they "grew up", or where their family resides?

- VA has limited authority to provide travel for such requests. Transport may be approved for travel eligible Veterans if the cost to the government is less than to the originating home of record. Otherwise, only Veterans receiving inpatient care at a VA facility, or non-VA facility at VA expense, in a terminal condition (estimated less than 6-months to live) can be

transferred to a suitable health care facility in area other than where they lived upon entering the VA facility. In addition, such transfer can occur only from one VA facility to another, or when VA is paying for care at a non-VA facility, and future care will be at VA expense. Veterans receiving care on an outpatient basis are not eligible for such transportation.

22. How should travel payment be determined if a Veteran changes residence while undergoing VA health care, especially if they are an inpatient?

- If the beneficiary's residence changed while receiving care or services, payment for the return trip will be for travel to the new residence except that payment may not exceed the amount that would be allowed from the facility where the care or services could have been provided that is nearest to the new residence.
 - For example, if during a period of care or services in Baltimore, a beneficiary changed his or her address to Detroit, payment for the return trip would be limited to that allowed for traveling to the new residence from the nearest facility to the new residence in Detroit where the care or services could have been provided.
-

23. How should Beneficiary Travel at Community Based Outpatient Clinics (CBOCs) or other outlying VA facilities be handled when there isn't a Travel Office or agent cashier on station?

- Each "parent" facility must develop local guidelines in order to provide Beneficiary Travel benefits to eligible beneficiaries at remote facilities under their jurisdiction. These should include procedures to capture appropriate documents (VA Form 10-4352, receipts, and applications for Direct Deposit of reimbursement) to meet the requirements of the program as well as those of other involved services (e.g., Fiscal).
-

24. How long do beneficiaries have to submit a claim for travel?

- Claims for travel reimbursement or payment must be filed in accordance with the following guidelines:
- **Mileage Reimbursement:**
 - Application either in person or in writing must occur within 30 calendar days after completion of travel
- **Special Mode of Transportation:**
 - Except in cases of emergency, special mode transportation should be approved and arranged in advance of travel.
- **Emergency Transportation:**
 - VA should be notified as soon possible after transport occurs in cases of special mode travel not authorized by VA prior to travel to either a VA or non-VA facility for emergent treatment.
- **Change in Beneficiary Travel Eligibility:**

- If a person becomes eligible for Beneficiary Travel after the travel takes place, payment may be made if the person applies for travel benefits within 30 days of the date when the person became eligible for travel benefits.

NOTE: The date of an application for Beneficiary Travel is the postmark date if mailed; or the date of submission if hand delivered or requested verbally

25. What are the VA authorities for Beneficiary Travel, and where can copies be obtained?

- The following are current legislative and regulatory guidelines for VA Beneficiary Travel:
 - **United States Code (USC)**
 - Payments or allowances for Beneficiary Travel – 38 U.S.C. § 111
 - **Code of Federal Regulations (CFR)**
 - Purpose and Scope – 38 C.F.R. § 70.1
 - Definitions – 38 C.F.R. § 70.2
 - Determination of Secretary – 38 C.F.R. § 70.3
 - Criteria for Approval – 38 C.F.R. § 70.4
 - Eligible persons – 38 C.F.R. § 70.10
 - Application – 38 C.F.R. § 70.20
 - Where to Apply – 38 C.F.R. § 70.21
 - Payment Principles – 38 C.F.R. § 70.30
 - Deductibles – 38 C.F.R. § 70.31
 - Reimbursement or Prior Payment – 38 C.F.R. § 70.32
 - Administrative Procedures – 38 C.F.R. § 70.40
 - Recovery of Payments – 38 C.F.R. § 70.41
 - False Statements – 38 C.F.R. § 70.42
 - Reduced fare requests – 38 C.F.R. § 70.50
-

26. Are Veterans who work at a VA facility and receive their care there eligible for Beneficiary Travel reimbursement when they have a medical appointment? What about volunteers?

- BT eligible Veteran employees and Compensated Work Therapy (CWT) patients shall be provided mileage reimbursement in the same manner as other travel eligible Veterans when they receive VA health care on the same day they are working. It is not necessary to determine in the case of an employee, if sick or annual leave was used to cover the period of the appointment. In cases of unscheduled visits, if the employee or CWT patient is seen as a Veteran (vs. employee), then they may be reimbursed for one-way travel the same as other Veterans.

- Volunteers are not employees and are therefore eligible for Beneficiary Travel reimbursement whether or not they volunteer on the same day as their appointment.
-

27. Are Veterans who travel together all entitled to Beneficiary Travel reimbursement? What about those Veterans who take the DAV system or other "free" transportation?

- In order to be eligible for travel benefits when transporting to VA care or treatment, a Veteran must actually incur an expense. Should one or more Veterans travel together in a private vehicle, only the owner of the vehicle is actually incurring expenses and therefore is the only person entitled to travel reimbursement. However, should multiple Veterans share a vehicle where passengers must pay for their transport such as a taxi or where one Veteran pays another Veteran for transport, then all are entitled to travel reimbursement either at the mileage reimbursement rate or actual expense, whichever is less. Such persons must provide a receipt to indicate an incurred expense and to receive reimbursement. Veterans who take non-pay transportation such as DAV transportation, VA transportation systems (VTS) or other no-cost city, state, or area systems are only eligible to reimbursement for any travel to and from residence to point of pick-up/drop-off as they are not otherwise incurring an expense.

28. I have no other means of transportation what should I do?

There are a number of local resources within your area that may assist with your transportation needs. Please refer to the list of community resources provided with your letter.

29. Will the community transportation services cost me money?

Costs associated with community transportation services are totally at the discretion of that service. You may/may not be charged for the cost of transportation by the service provider. You will need to contact the service provider for fee amounts. However, the VA will not be responsible for any arranged services and/or costs.

30. How will I pay for services?

If you qualify for VA beneficiary travel, you will be reimbursed for travel at the general travel rate of \$0.415 (41.5 cents) per mile to the closest facility that can provide the care or treatment. You may also be charged a deductible \$3.00 one-way (\$6.00 round trip). The deductible requirement is subject to a monthly cap of \$18.00. Upon reaching \$18.00 cap in deductibles or six one way (3 round trips) whichever comes first, travel payments made for the balance of that particular month will be free of deductible charges. [Title 38 CFR 70.30(b)(1); Veterans Health Administration (VHA) Handbook (HB) 1601B.05 9c(1) 12 (a)].

31. How will I be reimbursed?

Upon first submission of beneficiary travel reimbursement you will need to set up an electronic deposit transfer to your bank account. The reimbursement will show in your account 7-10 business days after claim has been made. You must make claim for reimbursement within 30 days of the scheduled appointment you are requesting these benefits for. [Title 38 CFR 70.30(b)(1); Veterans Health Administration (VHA) Handbook (HB) 1601B.05 19(a)].

32. Why are you changing this process?

Special Mode Transportation is designed to accommodate those Veterans who meet both administrative and clinical criteria to be transported by ambulance, ambulette, air ambulance, wheelchair van or other mode of transportation specifically designed to transport disabled persons. A Veteran must be eligible for Beneficiary Travel and clinically meet special mode criteria. VHA health care clinicians determine the clinical necessity for special mode transport if they meet administrative criteria. [Title 38 CFR 70.30(b)(1); Veterans Health Administration (VHA) Handbook (HB) 1601B.05 3 Definitions (k)].

33. What would make me eligible for Special Mode transportation?

In order to be eligible for transportation the following criteria has to be met.

Administrative criteria: A Veteran whose annual income (as determined under 38 U.S.C. § 1503) does not exceed the maximum annual rate of pension that the Veteran would receive under 38 U.S.C. § 1521 (as under 38 U.S.C. § 5312) if the Veteran was eligible for pension and travels to or from a VA facility or VA authorized health care facility for examination, treatment, or care. [Title 38 CFR 70.30(b)(1); Veterans Health Administration (VHA) Handbook (HB) 1601B.05 7 (e)].

Clinical criteria: A VHA health care clinician determines that this mode of transport is clinically required. [Title 38 CFR 70.30(b)(1); Veterans Health Administration (VHA) Handbook (HB) 1601B.05 7 (e)].

34. Do I have a right to appeal this process?

Yes. You have the right to appeal our decision. The appeal must be provided in writing and provided with VA Form 4107VHA, Your Rights to Appeal Our Decision (see

<http://www4.va.gov/vaforms/va/pdf/VA4107VHA.pdf>. [Title 38 CFR 70.30(b),(1); Veterans Health Administration (VHA) Handbook (HB) 1601B.05 14 (b)].