

CHAPTER 9  
SECTION 14.1

PROGRAM FOR PERSONS WITH DISABILITIES (PFPWD):  
ELIGIBILITY ADJUDICATION

Issue Date: July 3, 1997

Authority: [32 CFR 199.5\(b\)](#)

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I. ISSUE

Program for Persons with Disabilities (PFPWD) eligibility determination.

II. POLICY

A. Eligibility. A TRICARE/CHAMPUS eligible beneficiary must also meet the following criteria to be eligible for PFPWD benefits:

1. Spouse or child. PFPWD benefits are limited to a TRICARE/CHAMPUS eligible child or spouse, but not a former spouse, except as provided in [paragraph II.A.1.b.](#), below, of:

a. Active duty sponsor. An active duty member of one of the Uniformed Services as determined in accordance with the provisions of [32 CFR 199.3](#), or,

b. Former Member sponsor. After November 13, 1986, a former member of a Uniformed Service, when the qualifying condition is the result of, or has been exacerbated by, an injury or illness resulting from physical or emotional abuse. See also [Chapter 9, Section 10.1B](#).

c. Deceased sponsor. A TRICARE/CHAMPUS beneficiary remains eligible for benefits under the PFPWD:

(1) for a period of one calendar year from the date an active duty sponsor dies, or

(2) through midnight of the beneficiary's twenty-first birthday when the beneficiary is receiving PFPWD benefits at the time the sponsor dies and was eligible at the time of death for receipt of hostile-fire pay or died as a result of a disease or injury incurred while eligible for such pay.

B. Loss of PFPWD eligibility. Eligibility for PFPWD benefits ceases as of 12:01 a.m. of the day following the day that:

1. The sponsor ceases to be an active duty member for any reason other than death, or

2. Eligibility based upon the abused family member provisions of [32 CFR 199.5\(b\)](#), (see also [Chapter 9, Section 10.1B](#)), expires, or
3. Eligibility based upon the deceased sponsor provisions of [32 CFR 199.3](#), expires, or
4. The Contractor determines that the beneficiary no longer has a qualifying condition.

C. Transition continuity of eligibility. A beneficiary who has an outstanding Program for the Handicapped (PFTH) benefit authorization during the 30 calendar day period immediately prior to the effective date of the Program for Persons with Disabilities (PFPWD) shall be deemed to have a PFPWD qualifying condition for the duration of the period during which the beneficiary is otherwise eligible for PFPWD and the beneficiary continues to meet the applicable PFTH qualifying condition criteria.

D. Approval. When a beneficiary meets the requirements of [Chapter 9, Section 14.2](#) or [Section 14.3](#), the contractor shall issue a letter of PFPWD qualifying condition certification, written upon letterhead, which includes at least the following information:

1. Sponsor's full name.
2. Sponsor's social security number.
3. Sponsor's branch of service.
4. Beneficiary's full name
5. Statement that the letter certifies a PFPWD qualifying condition.
6. Approval reason: Primary diagnoses associated with the PFPWD qualifying condition written as an ICD-9-CM code number with diagnosis description.
7. Effective date of the qualifying condition certification
8. Expiration date of the qualifying condition certification.
9. Printed name of the certifying official.
10. Printed title of the certifying official.
11. Signature of the certifying official.
12. Date of signature.

E. Denial. When a beneficiary does not meet the eligibility requirements of [32 CFR 199.3](#), and related TRICARE/CHAMPUS Policy Manual requirements, the contractor shall issue a letter written upon letterhead, denying PFPWD eligibility. Issuance of such a letter must conform to the requirements for issuance of a notice of benefit denial and must include at least the following information:

1. Sponsor's full name.
2. Sponsor's social security number.
3. Sponsor's branch of service.
4. Beneficiary's full name.
5. Statement that this is a denial of PFPWD eligibility
6. Denial reason(s): A statement of the rationale for denial, written in language that is non-technical and easily understandable by a person who does not have detailed understanding of TRICARE/CHAMPUS, the PFPWD, or medical disability assessment.
7. The underlying appropriate citation of [32 CFR 199.3](#) must be given for each different reason for eligibility denial.
8. Statement of appeal rights.
9. Printed name of the denying official.
10. Printed title of the denying official.
11. Signature of the denying official.
12. Date of signature.

### III. CONSIDERATIONS

PFPWD eligibility determination is a distinct action which is not associated with a request for PFPWD benefits.

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