



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 1900.2A
BUMED-N3
21 Sep 2022

BUMED INSTRUCTION 1900.2A

From: Chief, Bureau of Medicine and Surgery

Subj: ADMINISTRATIVE SEPARATIONS FOR CONDITIONS NOT AMOUNTING TO A
DISABILITY

Ref: (a) ASN (M&RA) Memo of 11 Sep 18 (NOTAL)
(b) DoD Instruction 1332.14 of 27 January 2014
(c) DoD Instruction 1332.30 of 11 May 2018
(d) BUMEDINST 6320.85A
(e) BUMEDINST 6000.19
(f) 38 CFR 4
(g) DoD Instruction 1332.18 of 5 August 2014
(h) DoD Instruction 6490.04 of 4 March 2013
(i) NAVPERS 15560D
(j) SECNAVINST 1920.6D
(k) MCO 1900.16
(l) NAVMED P-117

1. Purpose. To provide policy and guidance concerning administrative separation (ADSEP) for conditions not amounting to a disability (CnD). This instruction is a complete revision and should be reviewed in its entirety. The changes in subparagraphs 1a through 1c have been implemented.

a. Clarified requirements for designation as convening authority (CA).

b. Clarified and defined mental health provider.

c. Established the requirement for all providers, not just embedded providers, transferring patients, to document diagnostic assessments and therapeutic intervention in electronic health system of record; guidance on disclosure of protected information, documenting of information on conditions related to sexual trauma, sexual assault and other sensitive information in Medical Evaluation Board (MEB) Reports (MEBR).

d. Updated CA signature authority delegated to civilian pay (CIVPAY) privileged physicians or O-4 and above privileged physicians, board eligible or board certified, with previous assignment and experience comparable to department head, director or chief of clinical services.

2. Cancellation. BUMEDINST 1900.2.

3. Scope and Applicability. This instruction applies to all budget submitting office 18 commands, units, personnel, and operational activities having medical personnel under the authority, direction, and control of Chief, Bureau of Medicine and Surgery (BUMED).

4. Policy. This instruction enforces requirements to process all recommendations for ADSEP CnD through a MEB, and the mandatory use of the CnD application in the limited duty (LIMDU) Sailor and Marine Readiness Tracker (SMART) System.

a. Per references (a) through (l), the MEB may return a Service member to full duty, either as fully deployable or deployable with limitations, assign LIMDU, recommend ADSEP CnD, or refer to the Disability Evaluation System (DES). Criteria for additional medical flag officer endorsement is outlined in references (a) through (c).

b. Per reference (a), recommendations for ADSEP CnD by Navy healthcare providers (including operational medical providers) must be endorsed by a BUMED appointed MEB CA prior to submission to the Service member's command.

(1) Per reference (d), ADSEP CnD recommendations for Service members receiving care at sites where Navy healthcare providers (including CAs) are unavailable, will be processed by the Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) with geographic medical cognizance over the site where the Service member is receiving care.

(2) ADSEP CnD recommendations must be documented using the CnD application in LIMDU SMART as the default mode of entry.

(3) By exception and as part of continuity of operations, ADSEP CnD recommendations can be completed offline and submitted using portable document format ADSEP CnD templates found in the reference section of LIMDU SMART. Examples of exceptions include: system outage, disruption in network connectivity, or disruption in services as part of a continuity of operations plan. When connectivity resumes, the ASDEP CnD recommendation and supporting documentation must be entered or uploaded into the CnD application in LIMDU SMART.

(4) Criteria for medical flag officer endorsements are outlined in references (a) through (c). If required, the CnD application in LIMDU SMART incorporates this criterion and automates notification to a flag officer.

c. Per reference (e), the commander or commanding officer (CO) of NAVMEDREAD-TRNCMD is the CA. Commanders and COs are authorized to delegate CA signature authority to CIVPAY privileged physicians or O-4 and above privileged physicians, board eligible or board certified, with previous assignment and experience comparable to department head, director, or chief of clinical services.

d. Compensable disabilities are listed in reference (f) accessible at <https://www.benefits.va.gov/WARMS/bookc.asp>. Service members with multiple conditions interfering with performance of duty must be referred to the DES if any of the conditions are potentially ratable and unfitting.

e. A Service member with a potentially disabling condition(s) may not be denied referral into the DES based solely on the pre-existing nature of a condition(s). Service members with a medical waiver for pre-existing condition(s) that are potentially disabling must be referred to the Disability Evaluation System. Service members found unfit by the Physical Evaluation Board (PEB), for condition(s) related to the medical waiver, will not be entitled to disability separation or retired pay unless the PEB determines that military Service permanently aggravated the condition(s) or if they have served a total of eight years of active Service prior to the date of separation for the condition(s), per reference (g).

f. Service members with potentially disabling conditions that fall within the timeline established in reference (g), and are potentially aggravated by military Service, are subject to regular DES referral eligibility criteria.

g. Per reference (f), Service members with conditions that interfere with the performance of duty, but are not specifically listed as compensable may be eligible for involuntary administrative separation.

5. Additional ADSEP CnD Guidance

a. Per references (a) and (h), separation on the basis of a mental health condition not constituting a physical disability, including personality disorders and other mental health conditions, is only authorized if:

(1) An authorized mental health provider (MHP), as defined in reference (h), confirmed the diagnosis. Mental health evaluations can be performed in outpatient settings by a licensed clinical social worker with a master's degree in clinical social work. MEBs with a mental health diagnosis must include the signature of at least one psychiatrist or licensed clinical psychologist.

(2) Diagnosis meets applicable criteria outlined in the most current Diagnostic and Statistical Manual of Mental Disorders, as published by The American Psychiatric Association. This manual can be purchased online at <https://www.psychiatry.org/psychiatrists/practice/dsm>.

(3) MHP concludes the disorder does not constitute a disability, and is so severe that the Service member's ability to function effectively in the military environment is significantly impaired.

b. A civilian network MHP may make the confirmatory diagnosis for mental health conditions.

(1) The primary care provider can treat or make a confirmatory diagnosis within their scope of practice. When impractical, or outside their scope of practice, the primary care provider can use the confirmatory diagnosis from the network provider to initiate the ADSEP CnD case. Subsequently, the remaining two members of the MEB (with at least one psychiatrist or licensed clinical psychologist) are only required to provide review and signature when adjudicating on the same ADSEP CnD case.

(2) When care is transferred to another provider, diagnostic assessments and therapeutic interventions taken by the transferring provider (including embedded providers) must be incorporated into the clinical narrative summary (NARSUM) in the designated electronic medical record (EMR).

c. Some non-disabling medical conditions may preclude the Service member from overcoming the deficiency. Providers must advise COs if the condition warrants an opportunity to overcome the medical condition, and document this opinion in the ADSEP CnD module of LIMDU SMART.

d. For Department of Veterans Affairs (VA) ratable conditions, Service members' refusal to be screened, or inability to participate in, or pass, a physical readiness test are not appropriate reasons for ADSEP CnD recommendation.

e. Most NARSUMs or MEBRs fall under the military command exception provision detailed in DoD Manual 6025.18, Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in Department of Defense (DoD) Health Care Programs. See also 45 CFR 164.512, available at https://www.ecfr.gov/cgi-bin/textidx?SID=1f531e7bcf8ea7a8623e17f102348979&mc=true&node=se45.2.164_1512&rgn=div8. Per DoD Manual 6025.18, Implementation of the HIPAA Privacy Rule in DoD Health Care Programs, 13 March 2019 the minimum necessary rule permits the use and disclosure of protected health information for authorized activities to a commander, to include but not limited to: determining the Service member's fitness for duty, disability determination, fitness to perform a particular assignment, or ability to carry out any other activity essential for military mission. There are certain circumstances in which the military command exception provision does NOT apply and where the minimum necessary rule applies. One such circumstance is for restricted report of military sexual assault cases.

(1) Per 45 CFR 164.512, reference (h), and DoD Manual 6025.18, Implementation of the HIPAA Privacy Rule in DoD Health Care Programs, 13 March 2019 outline criteria for disclosure of protected information and highlight the sensitivity of any information that would specifically identify or reveal the circumstances of an individual's abuse, neglect, or domestic violence. As such, providers must limit the information in the ADSEP CnD application in LIMDU SMART strictly to the diagnostic criteria of the condition(s), brief treatment history, and duty limitations. For individuals with history of not unfitting trauma conditions flowing solely from pre-service trauma, explanation of why the trauma condition is not unfitting should be

provided in the EMR with the documentation as noted in this paragraph. Alternatively, the clinician may acknowledge the presence of a concurrent trauma condition in the ADSEP, but should limit discussion to the fact that it is not unfitting and related solely to pre-Service trauma.

(2) The treating provider must limit documenting detailed information on conditions related to sexual trauma, sexual assault and other sensitive information in MEBRs, Navy Medicine (NAVMED) forms, NARSUMs, and official documentation. For non-sexual assault or trauma, the provider is encouraged to detail (to the extent germane to the individual's condition addressed in the NARSUM) this information in EMR, MEBRs, NAVMED forms, NARSUMs, and official documentation as DoD Manual 6025.18, Implementation of the HIPAA Privacy Rule in DoD Health Care Programs, 13 March 2019.

(3) Additionally, treating or referring providers must use the electronic health record to document and create an encounter with comprehensive, yet relevant, details on the conditions related to sexual trauma, assault, or harassment; domestic or intimate partner violence; and the complex decision making rationale involving other protected health information considered clinically sensitive, or exceeding minimal disclosure requirements, and document the date of this encounter in MEBRs, official forms (i.e., NAVMED forms), NARSUMs, or LIMDU SMART.

f. Approved ADSEP CnD recommendations older than 90 days must be clinically re-evaluated for co-morbid and unfitting conditions by local MEB.

6. Background. The intent of references (a) through (l) is to allow for the timely separation of Service members who have been identified to have a condition not compatible with military service. However, this condition does not constitute a compensable disability.

7. Roles and Responsibilities

a. Director, Medical Operations (BUMED-N3) must:

(1) Review requests from Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific to authorize and delegate responsibilities of virtual or onsite Medical Evaluation Board Authorizing Authority (MEBAA) physician, or CA, to fulfill MEB functions across Naval Medical Forces Atlantic and Naval Medical Forces Pacific regional commands.

(2) Review requests from Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific to authorize and delegate responsibilities of virtual or onsite MEBAA physician or CA, at other Service medical treatment facilities (MTF).

b. Director, Force Medical Readiness (BUMED-N34) must:

(1) Monitor program compliance with this instruction.

(2) Ensure functionality and performance of the LIMDU SMART system.

c. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must:

(1) Provide recommendation or endorsement of ADSEP CnD within 5 business days of receipt within the CnD application of LIMDU SMART.

(2) Sign as the flag officer endorsement authority for all Service members of the U. S. Navy (USN), except for Service members of the USN assigned to U. S. Marine Corps (USMC) units. This authority includes those Service members assigned to non-naval MTFs within the regional geographic area of responsibility.

(3) Coordinate medical responsibility for Sailors and Marines assigned to sites where a NAVMED CA is unavailable. At these sites, MEB, DES, and LIMDU cases will be processed by the NAVMEDREADTRNCMD with geographic medical cognizance over the site base. In addition to the needs of the Department of the Navy (DON), factors that may be considered to determine assignment of medical cognizance include: Service member's TRICARE enrollment status; Service member's home of record or family support location(s); MTF medical capabilities, and whether the Service member is being permanently transferred to the overall geographic areas.

(4) Delegate CA signature authority to CIVPAY privileged physicians or O-4 and above privileged physician, board eligible or board certified, with previous assignment and experience comparable to department head, director or chief of clinical services.

(a) Recruit Training Command and Marine Corps Recruit Depots COs may delegate CA signature authority at recruit training commands to senior staff, CIVPAY privileged physicians or O-4 and above privileged physicians, board-eligible or board certified physicians, or licensed clinical psychologists with previous assignment and experience comparable to department head, director, or chief of clinical services.

(b) Due to the nature and complexity of mental health issues, delegated CAs at the recruit training commands should not sign for mental health cases unless they are a psychiatrist or licensed clinical psychologist.

(5) Must request delegation of Navy MEBAA Physician or CAs from BUMED-N3 when a Navy physician has been identified between a subordinate command and an external activity (other military departments) to serve in adjudicating mental health conditions within those facilities, or virtually.

d. The Medical Officer of the Marine Corps must:

(1) Serve as the flag officer endorsement authority for all Service members of the USMC, and Service members of the USN assigned to USMC units, per references (a) through (c).

(2) Provide recommendation or endorsement of ADSEP CnD within 5 business days of receipt within the CnD application of LIMDU SMART.

e. MEBAA Physician must:

(1) Ensure that conditions considered for ADSEP are not VA compensable. If a VA compensable condition rises to the level of a disability, the Service member's case should be placed on LIMDU or referred to the DES.

(2) Ensure when a MEB is convened for ADSEP CnD recommendations, that at least two of the three providers required are physicians. Clinical psychologists serving as convening authorities in cases involving mental health conditions will not be regarded as substitutes for the two physician minimum requirement.

(3) Ensure Service members who qualify for processing through DES are not recommended for ADSEP CnD.

(4) Ensure review of systems (i.e., Armed Forces Health Longitudinal Technology Application (AHLTA), Health Artifact and Image Management Solution (HAIMS), Military Health System (MHS) GENESIS, or current electronic health record for conditions related to ADSEP CnD recommendations are made within 5 business days of the first MEB provider signature within the CnD application in LIMDU SMART.

(5) Document review completion of the member's Service treatment record in AHLTA or current electronic health record.

f. Healthcare Providers must:

(1) Complete a record review to ensure all potentially disabling conditions are considered when making a final disposition. Per reference (g), when ratable conditions are identified, DES processing must be considered in lieu of ADSEP CnD.

(2) Request the necessary demographic and Service information from the Service member's command using the template provided in LIMDU SMART.

(3) Notify the Service member's CO of the MEB review and determination using the appropriate ADSEP CnD recommendation letter found in the LIMDU SMART application.

(a) Complete and print the medical recommendation from the CnD application of LIMDU SMART. The printed document is the official documentation, which must capture MEB provider signatures, and may be printed on command letterhead.

(b) Treating or initiating provider must submit the ADSEP CnD recommendation letter and supporting documentation (minimum necessary standard information, per DoD Manual

6025.18, Implementation of the HIPAA Privacy Rule in DoD Health Care Programs, 13 March 2019), to the Service member's CO within 5 business days of case final approval within the CnD application in LIMDU SMART.

1. Utilize electronic health record (AHLTA, HAIMS, MHS GENESIS, or current system of record) for documenting detailed medical or sensitive information outside the minimum necessary standard requirements.

2. Per reference (h), ensure supporting documentation contains the minimum amount of information necessary to support the diagnosis. This will consist of the diagnosis, treatment, impact on duty or mission, recommended duty restrictions, prognosis, and ways the commander can support or assist the Service member's treatment.

g. Head, Patient Administration or Office that Manages MEB Activities must:

(1) Ensure the NAVMEDREADTRNCMD user roles within the CnD application of LIMDU SMART are assigned and maintained for accuracy.

(2) Ensure all cases are screened to determine if flag-level review is required. Any cases requiring flag officer review are routed to the appropriate flag office using parameters in references (a) through (c).

(3) Ensure CnD application user training is facilitated. Provide feedback to BUMED-M34 on LIMDU SMART system performance or recommendations for improvement.

(4) Ensure the completed and signed ADSEP CnD recommendation letters are scanned into the HAIMS.

(5) Ensure no more than 5 working days elapse before the Service member's chain of command is notified of the final medical recommendation for ADSEP CnD.

8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions, concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

10. Information Management Control. The reports required in subparagraphs 4b(3) and 7f of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



B. L. GILLINGHAM

Releaseability and distribution:

This instruction is cleared for public release and is available electronically only via Navy Medicine Web site, <https://www.med.navy.mil/Directives>