



LINE OF DUTY DETERMINATION

Frequently Asked Questions

March 2022



Line of Duty Determination: Frequently Asked Questions

The Line of Duty (LOD) determination process confirms if an Air Reserve Component (ARC) service member incurred or aggravated a medical condition during a qualified duty status to verify eligibility for healthcare benefits. Wing Commanders finalize an LOD determination or route for Formal LOD processing within 60 workdays (Monday-Friday) of an ARC service member's request. The Air Force provides answers to questions for ARC service members, Commanders, and Military Medical Providers to support timely and accurate LOD determinations.

ARC Service Members

1. How much time do ARC service members have to request an LOD determination for a medical condition?

ARC service members are encouraged to request an LOD within 24 hours when in a qualified duty status and within 72 hours when not in a qualified duty status. ARC service members are permitted to request an LOD up to 180 days after completing the qualified duty status when they experienced the condition. If a condition has delayed symptoms, such as post-traumatic stress disorder, ARC service members may still request an LOD more than 180 days after the qualified duty status and the AF will review the request for substantiation.

2. What documentation do ARC service members submit to start the LOD process?

ARC service members submit 1) A copy of their orders from the qualified duty status during which they incurred or aggravated their medical condition; and 2) The Member LOD Initiation Form to certify the accuracy of their claimed condition within five days of requesting an LOD. Once the ARC unit obtains the signed Member Certification, the sixty-day informal LOD process begins. If a provider outside of the military made the diagnosis, ARC service members submit a Medical Provider Form with diagnosis information within 15 days of requesting an LOD.

3. What qualified duty status documentation should ARC service members submit to their military medical provider or immediate commander when they request an LOD?

ARC service members submit documentation based on the type of qualified duty status they were when the medical condition occurred or was aggravated:

1. Determine the qualified duty status: Inactive Duty for Training (IDT), Annual Tour (AT), Military Personnel Appropriation (MPA), Reserve Personnel Appropriation (RPA), or DD 1610 (TDY)
2. Submit the appropriate qualified duty status documentation:
 - a. If on orders: Pre-certification; All modifications; Close-out if available
 - b. If on IDT:
 - i. Certified/approved AF 40A (AFRC) or ANG 105S (ANG)
 - c. If on IDT, and AF 40A or ANG 105S not available, ARC service member can visit FSS/MPF/CSS to obtain one of the following:
 - i. Memorandum for Record, Participation Report, Unit Training Assembly Process System (UTAPS)/AROWS export, or Participation History from UTAPS

4. Should ARC service members expect to receive a briefing on the LOD determination?

Yes. Within five calendar days of the LOD determination, a commander conducts an in-person or telephone briefing to the ARC service member on the decision, rationale, and eligibility for benefits if In Line of Duty and options to appeal the decision if Not in Line of Duty. AFRC and ANG units can utilize the electronic LOD system to generate an automatic memorandum notifying the member of the LOD decision.



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5. What benefits can ARC service members access after receiving an In Line of Duty determination?

Once the immediate commander makes their LOD recommendation, it serves as an interim LOD determination. If the interim LOD determination is In Line of Duty, the ARC service member may access healthcare for the In Line of Duty condition through TRICARE services, and may apply for Medical Continuation (MEDCON) or Incapacitation (INCAP) Pay. The interim LOD determination is valid for up to 60 days or until the date of the final LOD determination, whichever is earlier. See AFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*, paragraph 5.2 for MEDCON eligibility and paragraph 6.2 for INCAP Pay Eligibility and Qualification Determination.

6. Can ARC service members appeal a Not in Line of Duty determination?

Yes. ARC service members can appeal a Not in Line of Duty determination. ARC service members must notify their LOD Program Manager and provide the reason for the appeal in writing within 30 days of being notified of the LOD determination. Follow the appeal process in AFI 36-2910.

7. If an LOD appeal is denied, is there any other avenue for service members to address a potential error with an LOD determination?

Yes. Any further claims must be addressed to the Air Force Board for Correction of Military Records (AFBCMR) in accordance with AFI 36-2603, *Air Force Board for Correction of Military Records*.

8. What resources and support can ARC service members use to make an LOD request?

The Line of Duty Process: Airman's/Guardian's Rights, Responsibilities, and Eligibility explains how to initiate an LOD request, and defines the rights ARC service members are afforded by the LOD determination program, and the responsibilities ARC service members must fulfill to access healthcare and secondary benefits.

Commanders

9. What options do immediate commanders have in the informal LOD determination process?

Immediate commanders make the LOD recommendation to the wing commander, and the wing commander makes the final LOD determination. Immediate and wing commanders make one of the three following decisions on the evidence and information obtained during their review in the process.

1. In Line of Duty
2. Not in Line of Duty-Existed Prior to Service-Not Service Aggravated (Other than Misconduct)
3. Route the case for formal LOD processing

10. What is considered as acceptable documentation for diagnosis of a condition?

Per DAFI 36-2910, requested medical documentation in the LOD process should be limited to relevant information to reasonably identify the initial condition for which the LOD determination is being requested; this can include an initial diagnosis, treatment plan, or note from a medical provider describing the condition. The USAF does not need to gather documentation to prove the diagnosis or determine if USAF agrees with a diagnosis. The Medical Provider Form should contain the notes and relevant information of the medical provider whom the service member visited regarding their condition.



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11. What is the “Presumption of In Line of Duty?”

The Air Force presumes all injuries, illnesses, diseases and deaths during a qualified duty status are In Line of Duty. To make a Not in Line of Duty determination, six evaluation criteria questions

determine if there is evidence in the submitted forms to overcome the presumption of In Line of Duty. Below are the six evaluation criteria questions and guidance to inform the LOD determination.

Question 1: Did member sign the Member LOD Initiation Form certifying the information to be true?

- **YES:** Proceed to question #2. The member certified by signing the form
- **NO:** Consider engaging with the member to determine why the form is not certified. If the member indicated in writing they are not willing to certify the form, route the case for formal LOD processing

Question 2: Is there a written diagnosis from a medical provider that supports the claimed condition?

- **YES:** Proceed to question #3. Medical provider diagnosed the member with the claimed condition
- **NO:** Consider engaging with the medical provider. If the medical provider confirms there is no diagnosis for the claimed condition, make a Not in Line of Duty determination

Question 3: Did the member request the LOD within 180 days of completing the qualified duty status, or is the diagnosis a latent onset condition, e.g., post-traumatic stress disorder and other mental, behavioral, neurodevelopmental conditions?

- **YES:** Proceed to question #4 if injury; #5 if illness/disease. The member requested within 180 days, or member’s diagnosis is ICD 10 F series: Mental/Behavioral/Neurodevelopmental Disorder (e.g., PTSD)
- **NO:** Deny LOD request. Member did not submit LOD request within required timeframe

Question 4: Was the injury incurred or aggravated during a time period covered by the qualified duty status?

- **YES:** Make an In Line of Duty determination. The date of the injury reported in the Member LOD Initiation Form or Medical Provider Form is within the qualified duty status time period
- **NO:** Make a Not in Line of Duty determination. The date of the injury reported in the Member LOD Initiation Form or Medical Provider Form is not within the qualified duty status time period

Question 5: Is there medical evidence the illness or disease existed prior to the qualified duty status time period?

- **YES:** Proceed to #6. This is a pre-service condition. The military medical provider obtains diagnostic testing showing condition was incurred or diagnosed before the qualified duty status time period. Refer to Table 12: Diagnostic Tests that Inform Disease/Illness Timeline¹ for diagnostic tests and information that can inform when the disease or illness came into being
- **NO:** Make an In Line of Duty determination. The military medical provider does not obtain diagnostic testing showing condition was incurred or diagnosed before the qualified duty status time period, or the military medical provider confirms the diagnosis is a condition within ICD 10 F series: Mental/Behavioral/Neurodevelopmental Disorder (e.g., PTSD)²

¹ See Commander’s Guide, 3.2.2.1 Diagnostic Tests that Inform Disease/Illness Timeline

² If the member certifies the Member LOD Initiation Form, the unit obtains an ICD 10 F series diagnosis, there is no suspected misconduct, then the commander has no evidence the condition was Not in Line of Duty.



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Question 6: Is there medical evidence that activities during the qualified duty status worsened the pre-service condition beyond its natural progression?

- **YES:** Make an In Line of Duty determination. Medical provider in the Medical Provider Form or AF Form 348 indicate the condition is worsened beyond its natural progression
- **NO:** Make a Not in Line of Duty determination. Medical provider in the Medical Provider Form or AF Form 348 does not indicate the condition is worsened beyond natural progression

12. When do commanders conduct an LOD determination?

After an ARC service member submits a certified Member LOD Initiation Form and a copy of the orders from the qualified duty status, the GMU/RMU coordinator initiates the LOD process. A qualified duty status includes any of the following:

- Any active service or authorized training in the military service;
- Traveling directly to or from the place where the ARC service member performs active duty;
- While remaining overnight, immediately before the commencement of inactive-duty training; or
- While remaining overnight between successive periods of inactive-duty training, at or in the vicinity of the site of the inactive-duty training. For example, commanders should initiate an LOD request for an ARC service member who experiences an ankle injury in off-duty hours during Unit Training Assembly

13. Does the Air Force provide target completion timelines for the informal LOD process?

Yes. After an ARC service member signs the Member LOD Initiation Form to initiate the process, ARC units complete tasks within the targeted completion time in Table 1 below:

Table 1: LOD Process Target Completion Timeline

Role	Task	Completed Within
RMU/GMU Coordinator	Upload Documentation	5 Workdays
Military Medical Provider	Provide Medical Input	30 Workdays or next UTA
Immediate Commander	Recommend LOD	10 Workdays
(OPTIONAL) Staff Judge Advocate	Review/Recommend LOD	5 Workdays
Wing Commander	Finalize Informal LOD	10 Workdays
		Total: 60 Workdays

14. How does the Air Force evaluate LOD process performance?

Wing Commanders appoint an LOD Program Manager who reports LOD determination performance across the wing to the Wing Commander. LOD Program Managers submit a monthly program status report on timeliness of completed LODs and in-progress LODs and submit a written audit report based on a 10 percent evaluation of LOD determination accuracy and timeliness.

15. How much time do commanders have to make an informal LOD determination?

Commanders are required to finalize an LOD determination or forward the LOD for Formal LOD processing within 60 workdays (Monday-Friday) of receiving an LOD request from an ARC service member.



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16. How can commanders verify the duty status of the ARC service member during which the medical condition occurred or was aggravated?

Commanders refer to the copy of the orders the member submits with their completed Member LOD Initiation Form to confirm receipt of the appropriate qualified duty status documentation.

- Member Status: Inactive Duty for Training (IDT), Annual Tour (AT), Military Personnel Appropriation (MPA), Reserve Personnel Appropriation (RPA), DD 1610 (TDY)
- If on orders: Pre-certification; All modifications; Close-out if available
- If IDT: Certified/approved AF 40A (AFRC) or ANG 105S (ANG)
- If AF 40A or ANG 105S not available: Participation Report, Memorandum for Record (MFR), Unit Training Assembly Process System (UTAPS)/AROWS export, or Participation History from UTAPS

17. What is the “Eight Year Rule,” and what action should commanders take if an LOD case meets “Eight Year Rule” criteria?

An illness, injury or disease finalized by the wing commander as Not in line of Duty may be deemed to have incurred the condition in a duty status for the purpose of determining disability separation or retirement by a Physical Evaluation Board, if the member meets the “Eight Year Rule” criteria below (Note: Wing commanders should route any Not in Line of Duty determination

that meets the “Eight Year Rule” criteria to the ARC LOD Board):

1. Was on Title 10, U.S.C. active-duty orders specifying a period of greater than 30 days at the time the condition became unfitting
2. Was not released from active duty within 30 days of commencing such period of active duty under 10 U.S.C. § 1206a, *Reserve Component Members Unable to Perform Duties When Ordered to Active Duty: Disability System Processing*, due to an existed prior to service condition not aggravated during the period of active duty
3. Has at least eight years of Total Active Federal Military Service (TAFMS)
4. To determine the TAFMS:
 - Refer to the Point Credit Accounting and Reporting System (PCARS) Report from the Military Personnel Data System (MilPDS) attached for the member
 - Confirm PCARS reflects the date of injury, illness or disease to accurately calculate Total Active Federal Military Service (TAFMS)
 - Determine if TAFMS reads more than 080000 (YYMMDD)

18. What is a “Prior Service Condition,” and what actions should commanders take if they suspect an LOD case may meet “Prior Service Condition” criteria?

A “Prior Service Condition” is defined as a condition that: 1) occurs or originates from previous service in another Service Branch or Component; and 2) has no evidence of service aggravation while performing duty in the current Service Component (Note: If there is any medical evidence presented by the civilian or military medical provider that the condition was aggravated while the ARC service member performed duty with the current Service Component, the wing commander should finalize the LOD determination).

To qualify as a “Prior Service Condition,” a diagnosis, or symptoms correlating to the official diagnosis received after leaving the prior service, must be documented in the service treatment record. If “Prior Service Condition” criteria applies, the wing commander should return the LOD determination to the military medical provider, who will route the case to the ARC LOD Board (AFRC) or to NGB/SGPS (ANG) for a “Prior Service Condition” determination. Following the “Prior Service Condition” determination, should the condition be severe enough to warrant entrance into the Integrated Disability Evaluation System (i.e., unfitting), a positive determination would qualify the ARC service member for entrance into the compensable pathway, the Medical Evaluation Board and Integrated Disability Evaluation System.



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19. When are Administrative LODs appropriate?

Administrative LODs are appropriate for simple conditions such as sprains, contusions, or other conditions not likely to result in permanent disability. Administrative LODs may also be used when there is no hospitalization or requirement for continuing medical treatment. See DAFI 36-2910, Paragraph 3.2.1. for full applicability of Administrative LODs.

20. When are Formal LODs appropriate?

Immediate commanders may recommend, and wing commanders may route, an informal LOD to become a formal LOD for 1) suspected misconduct cases; 2) absent without authority cases; 3) when the member's illness, injury, disease, or death occurred under strange or doubtful circumstances; 4) injuries, illnesses, or diseases caused by alcohol or drug abuse; or 5) when the member's condition occurred under circumstances the commander believes should be fully investigated.

21. When are Informal LODs appropriate?

Informal LODs are appropriate to use for illnesses, injuries, or diseases sustained in the line of duty requiring continuing medical care or treatment beyond the period of duty, when the member requires hospitalizing, if the member dies or incurs an injury traveling to or from the place where duty is performed or while remaining overnight immediately before to between successive period of IDT and other situations.

22. What are the approval steps needed for the Informal LOD determination?

Once the member certifies that their LOD request is truthful, the Military Medical Provider reviews the member's LOD case including member and civilian inputs. Then the Unit Commander review the member's case including inputs from the Military Medical Provider, verifies duty status, and makes a recommendation for LOD determination. Lastly, the Wing Commanders reviews the case and makes a final LOD determination. The Wing commanders are encouraged to leverage input from subject matter experts, including Wing Judge Advocate, HQ, SG, or A1 to aid an LOD determination.

23. Who should Commander's reach out to if they have specific medical or legal questions during the LOD process?

Commanders are encouraged to utilize medical, legal, and personnel subject matter experts both at their wing and at HQ AFRC/NGB via the ECT "Request ARC SME Consult" function within the Wing Commander's "Next Step" actions if they have questions on case specifics or the LOD determination process.



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Military Providers

24. What medical evidence must a Military Medical Provider present to recommend a disease or illness existed prior to service and was not aggravated? All illnesses and diseases in qualified duty status are presumed In Line of Duty. Criteria for conditions that existed prior to service and were not service aggravated may include:

1. The ARC unit obtains previous medical history records, a diagnostic test or written medical input from a credentialed provider that concludes the condition existed before the qualified duty status; and
2. The military provider, or civilian provider who made the diagnosis, indicates there is no medical evidence the pre-service condition worsened beyond its natural progression

25. What evidence informs the Military Medical Provider's inputs?

Military Medical Providers provide input based on the medical evidence obtained at the time of their review. If the ARC service member receives a diagnosis, treatment plan, or a note describing the condition from a credentialed civilian provider, the military medical provider reviews and documents findings from relevant medical documentation and the diagnosis; confirms whether the condition claimed by the member matches the same condition diagnosed by the medical provider; and determines if the condition existed prior to service or was service aggravated.