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**CHANGE 136  
6010.56-M  
DECEMBER 3, 2014**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE: SUPPLEMENTAL HEALTH CARE PROGRAM FUNDS FOR FEMOROACETABULAR  
IMPINGEMENT SURGERY**

**CONREQ: 16802**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): This change allows Active Duty Service Members to get a non-TRICARE covered surgery (femoroacetabular impingement surgery) that meet certain inclusion criteria.**

**EFFECTIVE DATE: November 7, 2013.**

**IMPLEMENTATION DATE: January 5, 2015.**

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**ATTACHMENT(S): 31 PAGES  
DISTRIBUTION: 6010.56-M**

**WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.**

**CHANGE 136**  
**6010.56-M**  
**DECEMBER 3, 2014**

**REMOVE PAGE(S)**

**CHAPTER 17**

Section 3, pages 7 through 22

**APPENDIX A**

pages 17 through 24 and 29 through 34

**INSERT PAGE(S)**

Section 3, pages 7 through 23

pages 17 through 24 and 29 through 34

enrolled Service member), the contractor shall notify the civilian provider and the remote Service member/non-enrolled Service member of the declined authorization with explanation of the reason. The notification to a civilian provider and the remote Service member/non-enrolled Service member shall explain the waiver process and provide contact information for the applicable Uniformed Services Headquarters Point of Contact (POC)/Service Project Officers as listed in [Chapter 17, Addendum A, paragraph 2.0](#). No notification to the SAS is required.

**2.2.4** TRICARE benefits may not be extended for complications resulting from non-covered surgeries and treatments performed outside the MTF for a Service member without an approved waiver. If the treatment is a non-covered TRICARE benefit, any follow-on care, including care for complications, will not be covered by TRICARE once the Service member separates from active duty or retires ([32 CFR 199.4\(e\)\(9\)](#); TPM, [Chapter 4, Sections 1.1 and 1.2](#)). The Services will provide appropriate counseling that such follow-on care is the member's personal financial responsibility upon separation or retirement.

**2.2.5** Certain services, supplies, and equipment are covered for Service members under the SHCP as specified below and no waiver is required:

**2.2.5.1** Custom-fitted orthoses are covered for Service members on active duty (specified for more than 30 days). The custom-fitted orthotic must be ordered by the appropriate provider and obtained from a TRICARE authorized vendor that specializes in this service. Prefabricated or other types of orthoses available in commercial retail entities are excluded.

**2.2.5.2** Femoroacetabular Impingement (FAI) surgery is covered for service members under the SHCP when the following criteria are met:

**2.2.5.2.1** Moderate to severe and persistent activity-limiting hip pain that is worsened by flexion activities.

**2.2.5.2.2** Physical examination consistent with the diagnosis of FAI (at least one positive test required):

**2.2.5.2.2.1** Positive impingement sign (pain when bringing the knee up towards the chest and then rotating it inward towards your opposite shoulder);

**2.2.5.2.2.2** Flexion Abduction External Rotation (FABER) provocation test (the test is positive if it elicits similar pain as complained by the patient or if the distance between the lateral knee and the exam table differs between the symptomatic and contra lateral hip); or

**2.2.5.2.2.3** Posterior inferior impingement test (the test is positive if it elicits similar pain as complained by the patient).

**2.2.5.2.3** Failure to improve with greater than three months of conservative treatment (e.g., physical therapy, activity modification, non-steroidal anti-inflammatory medications, intra-articular injection, etc.). Request shall include what conservative treatments were used and how long; and

**2.2.5.2.4 Radiographic evidence of FAI:**

**2.2.5.2.4.1 Cam**

**2.2.5.2.4.1.1** Pistol-grip deformity (characterized on radiographs by flattening of the usually concave surface of the lateral aspect of the femoral head due to an abnormal extension of the more horizontally oriented femoral epiphysis); or

**2.2.5.2.4.1.2** Alpha angle greater than 50 degrees (measurement of an abnormal alpha angle from an oblique axial image along the femoral neck);

**2.2.5.2.4.2 Pincer**

**2.2.5.2.4.2.1** Coxa profunda (floor of the fossa acetabuli touching or overlapping the ilioischial line medially);

**2.2.5.2.4.2.2** Acetabular retroversion (the alignment of the mouth of the acetabulum does not face the normal anterolateral direction, but inclines more posterolaterally);

**2.2.5.2.4.2.3** Os acetabuli (an ossicle located at the acetabular rim); or

**2.2.5.2.4.2.4** Protrusio acetabuli (an anteroposterior radiograph of the pelvis that demonstrates a center-edge angle greater than 40 degrees and medicalization of the medial wall of the acetabulum past the ilioischial line); and

**2.2.5.2.5** Absence of advanced arthritis (i.e., Tönnis Grade 2 [small cysts, moderate joint space narrowing, moderate loss of head sphericity] or Tönnis Grade 3 [large cysts, severe joint space narrowing, severe deformity of the head]).

**2.2.5.3** Inclusion criteria must be documented.

**2.3 Ancillary Services**

The Regulation governing the SHCP requires that each service under the SHCP be authorized, with very limited exceptions. For purposes of SHCP claims processing, an MTF referral/SAS authorization for care will be deemed to include authorization of any TRICARE-covered ancillary services directly and clearly related to the specific episode of health care authorized (e.g., evaluation or treatment of a specific medical condition). Any questions of whether a particular service is related to the care already authorized should be resolved by means of seeking MTF referral/SAS authorization for the service in question.

**2.4 Provision Of Respite Care For The Benefit Of Seriously Ill/Injured Active Duty Members**

**2.4.1** The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 established respite care and other extended care benefits for members of the Uniformed Services (including RC members) who incur a serious illness or injury while on active duty. The eligibility rules and exclusions contained in [32 CFR 199.5\(e\)\(3\)](#) and [\(5\)](#) do not apply to the provision of respite benefits for a Service member. See [Appendix B](#) for definitions, terms, and limitations applicable to the respite care benefit.

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Chapter 17, Section 3 Contractor Responsibilities

---

**2.4.2** Service members may qualify for respite care benefits regardless of their enrollment status. Service members in the 50 United States and the District of Columbia may qualify if they are enrolled in TRICARE Prime, TPR, or not enrolled and receiving services in accordance with the non-enrolled/non-referred provisions for the use of SHCP funds. Service members outside the 50 United States and the District of Columbia may qualify if they are enrolled to TRICARE Overseas Program (TOP) Prime (with enrollment to an MTF), TOP Prime Remote, or not enrolled and receiving services in accordance with the non-enrolled/non-referred provisions for Service member care overseas (see the TPM, [Chapter 12, Section 1.1](#)).

**Note:** Respite care benefits must be performed by a TRICARE-authorized Home Health Agency (HHA), regardless of the Service member's location (see [32 CFR 199.6\(b\)\(4\)\(xv\)](#) for HHA definition).

**2.4.3** There are no cost-shares or copays for Service member respite benefits when those services are approved by the member's Direct Care System (DCS) case manager or other appropriate DCS authority (i.e., DHA-GL SAS, the enrolled or referring MTF, TRICARE Area Office (TAO), or Community-Based Health Care Organization (CBHCO)).

**2.4.4** All SHCP requirements and provisions of [Chapters 16](#) and [17](#) apply to this benefit unless changed or modified by this paragraph. The appropriate chapter for the status of the Service member shall apply. Contractors shall follow the requirements and provisions of these chapters, to include MTF or DHA-GL referrals and authorizations, receipt and control of claims, authorization verification, reimbursement and payment mechanisms to providers, reimbursement specifying no cost-share, copay, or deductible to be paid by the Service member or their lawful spouse, and use of CHAMPUS Maximum Allowable Charges (CMACs)/Diagnosis Related Groups (DRGs) when applicable.

**2.4.5** Contractors shall follow the provisions of the TRICARE Systems Manual (TSM), [Chapter 2, Sections 2.8](#) and [6.4](#) regarding the TED special processing code for the Service member respite benefit. Claims should indicate an appropriate procedure code for respite care (CPT<sup>1</sup> 99600 or HCPCS S9122-S9124) and shall be reimbursed based upon the allowable charge or the negotiated rate.

**2.4.6** Respite care services and requirements are as follows:

**2.4.6.1** Respite care is authorized for a member of the Uniformed Services on active duty and has a qualifying condition as defined in [Appendix B](#).

**2.4.6.2** Respite care is available if a Service member's plan of care includes frequent interventions by the primary caregiver(s).

**2.4.6.3** Service members receiving respite care are eligible to receive a maximum of 40 respite hours in a calendar week, no more than five days per calendar week and no more than eight hours per calendar day. No additional benefit caps apply.

**2.4.6.4** Respite benefits shall be provided by a TRICARE-authorized HHA and are intended to mirror the benefits under the TRICARE ECHO Home Health Care (EHHC) program described in the TPM, [Chapter 9, Section 15.1](#).

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**Note:** Contractors are not required to enroll Service members in the ECHO program (or a comparable program) for this respite benefit.

**2.4.6.5** Authorized respite care does not cover care for other dependents or others who may reside in or be visiting the Service member's residence.

**2.4.6.6** In addition, consistent with the requirement that respite care services shall be provided by a TRICARE-authorized HHA, services or items provided or prescribed by a member of the patient's family or a person living in the same household are excluded from respite care benefit coverage.

**2.4.6.7** The contractor shall follow the reimbursement methodology for the similar respite care benefit found in the TPM, [Chapter 9](#), as modified by Service member SHCP reimbursement methodology contained in [Chapters 16](#) and [17](#) (for Service members located in the 50 United States and the District of Columbia) or TOP reimbursement methodology contained in the TPM, [Chapter 12](#) (for Service members located outside the 50 United States and the District of Columbia).

**2.4.7** Should other services or supplies not outlined above, or otherwise available under the TRICARE program, be considered necessary for the care or treatment of a Service member, a request may be submitted to the DHA-GL, MTF, or TAO for authorization of payment.

## **2.5 Transitional Care For Service-Related Conditions (TCSRC)**

### **2.5.1 Introduction**

The NDAA for FY 2008, Section 1637 provides extended TCSRC for former Service members during the Transitional Assistance Management Program (TAMP) coverage period. This change does not create a new class of beneficiaries, but expands/extends the period of TRICARE eligibility for certain former Service members, with certain service-related conditions, beyond the TAMP coverage period.

### **2.5.2 Prerequisites For TCSRC**

In accordance with the NDAA for FY 2008, a member, who is eligible for care under the TAMP, and who has a medical (as defined in [32 CFR 199.2](#)) or adjunctive dental condition believed to be related to their service on active duty may receive extended transitional care for that condition. The diagnosis determination must include the following criteria:

**2.5.2.1** To be service-related; and

**2.5.2.2** To have been first discovered/diagnosed by the member's civilian or TRICARE health care practitioner during the TAMP period and validated by a DoD physician; and

**2.5.2.3** The medical condition requires treatment and can be resolved within 180 days, as determined by a DoD physician, from the date the condition is validated by the DoD physician.

- The period of coverage for the TCSRC shall be no more than 180 days from the date the diagnosed condition is validated by a DoD physician. If a medical condition is identified during the TAMP coverage period, but not validated by a DoD physician

until a date after the TAMP coverage period, the start date will be the date that the condition was validated by a DoD physician.

- Service members who are discovered to have a service-related condition, which can not be resolved within the 180 day transitional care period, should be referred by DHA-GL to the former member's service or to the Veterans Administration (VA) for a determination of eligibility for government provided care.
- Care is authorized for the service-related condition for 180 days from the date the DoD physician validates the service-related condition. For example a service-related condition validated on day 90 of TAMP will result in the following time lines: Care under TAMP for other than the service-related condition terminates on day 180 after the beginning of TAMP coverage. Care for the service-related condition terminates on day 270 in this example (180 days from the day the service-related condition is validated by a DoD physician).

### **2.5.3 Eligibility**

**2.5.3.1** The eligible pool of beneficiaries are former Service members who are within their 180 day TAMP coverage period, regardless of where they currently reside.

**2.5.3.2** A DoD physician must determine that the condition meets the criteria in [paragraph 2.5.2](#). Final validation of the condition must be made by the DoD Physician associated with DHA-GL. If the determination is made that the member is eligible for this program, the former member shall be entitled to receive medical and adjunctive dental care for that condition, and that condition only, as if they were still on active duty. Enrollment into this program does not affect the eligibility requirements for any other TRICARE program for the former Service member or their family members.

**2.5.3.3** Enrollment in the TCSRC includes limited eligibility for MTF Pharmacy, Retail Pharmacy, and TRICARE Pharmacy (TPharm) contract, TRICARE Pharmacy Home Delivery Program benefits.

### **2.5.4 Implementation Steps, Processing For DHA-GL, And Contractor Requirements And Responsibilities**

The processes and requirements for a member with a possible Section 1637 condition are spelled out in [paragraphs 2.5.4.1](#) through [2.5.4.7](#). These steps, requirements, and responsibilities are applicable to DHA-GL, the Managed Care Support Contractor (MCSC), TRICARE civilian providers, and the Armed Forces, and are provided to make each aware of the steps, processes, and responsibilities/requirements of each organization.

**2.5.4.1** TMA Beneficiary Education and Support Division (BE&SD) will create materials to support beneficiary education on the Section 1637 benefit. Contractors will collaborate with BE&SD in the development of materials that support both beneficiary and provider education.

**2.5.4.2** A former Service member on TAMP that believes he/she has a service-related condition which may qualify them for the TCSRC program is to be referred to DHA-GL for instructions on how to apply for the benefit.

**2.5.4.3** DHA-GL will determine if further clinical evaluation/testing of the former Service member is needed to validate that the member has a qualifying condition for enrollment into the Section 1637 program. If further clinical evaluation/testing is needed, DHA-GL will follow existing "defer to network" referral processes and the contractor will execute a referral and authorization to support health care delivery for the area in which the member resides. Based on the member's residential address, the contractor will locate the proper health care delivery site. If a DoD MTF is within the one hour drive time Access To Care (ATC) standards and the MTF has the capabilities, the MTF is to receive the referral request for consideration. If there is no MTF or the MTF does not have the capabilities, then the contractor should ascertain if a DVA medical facility (as a network provider) is within ATC standards and the facility has the capabilities. If neither of the above are available, then the contractor shall locate a civilian provider that has both the capability and capacity to accept this referral request within the prescribed ATC standards. The contractor will execute an active provider locator process (Health Care Finder (HCF)) to support the member's need for this referral request. DHA-GL's "defer to network" request will be acted on by the contractor under the normal "urgent/72 hour" requirement. The contractor will inform the member of the appropriate delivery site and provider contact information for the member to make the appointment. If this care is obtained in the civilian sector or a VA medical facility, the contractor shall pay these claims in the same manner as other active duty claims. The contractor will instruct the accepting provider to return the results of the encounter to DHA-GL within 48 hours of the encounter. Once any additional information is received, the DoD physician associated with DHA-GL will make the determination of eligibility for the Section 1637 program. The eligibility determination for coverage under the Section 1637 benefit will be made within 30 calendar days of receiving the member's request, inclusive of the time required to obtain additional information. If the condition does not meet the criteria for enrollment into the Section 1637 program, but the former Service member is otherwise eligible for TRICARE benefits, they may continue to receive care for the condition, following existing TRICARE guidelines. The former Service member may appeal the decision of the DoD Physician in writing to DHA-GL within 30 calendar days of receipt of the denial by the DoD physician. DHA-GL will issue a final determination within 30 calendar days of receipt of the appeal. If DHA-GL determines the condition should be covered under the Section 1637 benefit, coverage will begin on the date DHA-GL renders the final determination.

**2.5.4.4** If the DoD physician determines the individual is eligible for the Section 1637 program, DHA-GL will provide the enrollment information (Enrollment Start date and condition authorized for treatment) to the member and the contractor responsible for enrollments in the region where the former Service member resides. This notice will clearly identify it is for the Section 1637 program. The contractor shall enroll the former Service member into the Section 1637 program on DEERS using DEERS Online Enrollment System (DOES) within four business days of receiving the notification from DHA-GL. This entry will include the Start Date (date condition validated by the DoD physician), an EOC Code, and an EOC Description. The contractor will enter the validated condition covered by the Section 1637 program (received from DHA-GL) into the contractor's referral and authorization system within eight business days of receipt of the notification from DHA-GL. The contractor shall actively assist the member using the HCF program in determining the location of final restorative health care for the identified Section 1637 condition. The location of service shall be determined as defined in [paragraph 2.5.4.3](#). The contractor shall instruct the accepting provider on the terms of this final "eval and treat" referral from DHA-GL and when and where to send clinical results/findings to close out DHA-GL's files on the Section 1637 eligible member. DEERS shall store the secondary Health Care Delivery Plan (HCDP) code, the date the condition was validated by the DoD physician, the EOC Code, and the EOC Description. DEERS shall

return the HCDP code, the start and end dates for the coverage plan, the EOC Code, and the EOC Description with every eligibility query. This program is portable across all contractors.

**2.5.4.5** The member in the TCSRC program will obtain the appropriate care for the service-related condition close to their residence, as defined in paragraphs 2.5.4.3 and 2.5.4.4. Civilian and VA claims for the specific condition will be processed as if the member were still on active duty, with no copayments required. If the “eval” or “eval and treat” referrals sent to the contractor from DHA-GL are presented to an MTF for execution, and the MTF accepts, any subsequent MTF generated “defer to network” requests will be accepted, recorded, and claim adjudicated; and this process may be outside the contractor’s EOC coding/criteria. The contractor may request clarifications from the MTF on a subsequent “defer to network” request if the referral is for healthcare delivery that is not apparently related to the Section 1637 determined condition.

**2.5.4.6** The Section 1637 benefit shall be terminated 180 days after the validated diagnosis is made by the DoD physician, no matter the status of the service-related condition. Following the termination of the Transitional Care period, further care for this service-related condition may be provided by the DVA.

**2.5.4.7** Personnel on active duty for longer than 30 calendar days will have their Section 1637 coverage terminated by DEERS. Personnel scheduled to report for active duty (Early Alert Status), may have both the Section 1637 HCDP and HCDP 001 (for Active Duty). Once the active duty period actually begins, Section 1637 coverage will be terminated. If active duty orders are cancelled prior to entry on active duty, Section 1637 coverage will continue until the original end date. There is no reinstatement of the terminated Section 1637 coverage.

## **2.5.5 Claims Processing And Payment**

**2.5.5.1** The Section 1637 HCDP code can be present with any other HCDP code. During claims processing, if the TCSRC HCDP is received from DEERS, the contractor must first determine if the claim being processed is for the Section 1637 condition. If the claim is for the specific service-related condition, the claim shall be processed and paid as if the member were a Service member. The contractor shall determine if the claim is for an MTF directed “defer to network” request for the Section 1637 condition. The contractor shall determine if the MTF “defer to network” request is related to the Section 1637 condition; which may not relate to the EOC codes determined by the contractor. If the claim is not for the covered condition, the claim shall be processed following the standard TRICARE procedures. If the claim includes services for the Section 1637 covered condition, and additional services, the contractor must assess the claim's status and take one of the following actions:

- **Contractor Splits Claim.** If a contractor receives a claim for a member eligible for Section 1637 coverage and the claim includes services not covered by the Section 1637 diagnosis, and the contractor can determine which services are covered under the Section 1637 condition, then the contractor will split the claim into separate claims.
- **Contractor Returns Claim to Provider.** If the claim does not meet the conditions described above, then the contractor will return the claim to the submitter with an explanation that indicates the claim must be split in order to be paid.

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Chapter 17, Section 3

#### Contractor Responsibilities

---

**2.5.5.2** Where a beneficiary has had clinical evaluation(s)/tests performed to determine eligibility for Section 1637 coverage and has paid for those clinical evaluation(s)/tests out-of-pocket, the contractor shall process any claim received for such clinical evaluation(s)/tests and shall pay any such claim as if the member were a Service member.

**2.5.5.3** Members with multiple service-related conditions will have multiple Section 1637 enrollments. Each condition may have the same or different begin and end dates.

**2.5.5.4** Jurisdiction rules for Section 1637 coverage shall be in accordance with [Chapter 8, Section 2](#).

**2.5.5.5** The contractors shall pay all claims submitted for the specific service-related condition in the same manner as other active duty claims. There shall be no application of catastrophic cap, deductibles, cost-shares, copayments or coordination of benefits for these claims. Claims paid for the specific service-related condition under this change should be paid from non-financially underwritten funds.

**2.5.5.6** Claims paid for medical care under the 180 day TAMP program, for other than the service-related condition, shall continue to be paid as an ADFM beneficiary under TRICARE with application of appropriate cost-shares and deductibles for these claims. The Section 1637 benefit does not extend the duration of the TAMP period beyond 180 days.

**2.5.5.7** If the contractor is unable to determine the care received is covered by the Section 1637 diagnosis, the claim is to be pended while the contractor obtains further clarification from DHA-GL.

**2.5.5.8** Pharmacy transactions at retail network pharmacies are processed on-line using the HIPAA data transaction standard of the National Council for Prescription Drug Programs (NCPDP). Under this standard, claims are adjudicated real time for eligibility along with clinical and administrative edits at the Point Of Service (POS) which includes cost-share determinations based on the member's primary HCDP code.

**2.5.5.8.1** Enrolled members determined to be eligible for pharmacy services based on their primary HCDP code will pay appropriate cost-shares as determined by their primary HCDP code and will submit a paper claim to the pharmacy contractor to seek reimbursement of these costs shares. Enrollment documentation that includes the specific condition for Section 1637 enrollment shall be submitted with their claim. The pharmacy contractor will verify eligibility in DEERS and determine coverage of the prescription based on the specific condition detailed in the supporting documentation.

**2.5.5.8.2** Enrolled members determined to not be eligible for pharmacy services based on their primary HCDP code will pay out-of-pocket for the total cost of the prescription and then submit a paper claim to the pharmacy contractor for reimbursement. The pharmacy contractor shall verify eligibility in DEERS and determine coverage of the prescription based on the specific condition detailed in the supporting documentation.

**2.5.5.8.3** In situations where the supporting document submitted by the member to the pharmacy contractor does not provide sufficient detail of their covered condition, the pharmacy contractor will contact DHA-GL to obtain appropriate documentation of their covered condition needed to make a coverage determination and process the claim.

## **2.5.6 Definitions**

### **2.5.6.1 Validated Date and Diagnosis**

The date a DoD physician (Military or Civil Service) validates the diagnosis of a service-related condition and validates that the condition can be resolved within 180 days.

### **2.5.6.2 DHA-GL**

The centralized government office which will be the overall government organization to provide government services to TAMP members that have a service-related condition.

## **2.6 Provisions Of Reproductive Services For The Benefit Of Seriously or Severely Ill Or Injured Service Members Under The SHCPs**

Assisted reproductive services, including sperm retrieval, oocyte retrieval, In-Vitro Fertilization (IVF), artificial insemination, and blastocyst implantation, are available for seriously or severely ill/injured female and male Service members (Category II and III). This is a benefit offered based on the condition of the seriously or severely ill/injured Service member not the spouse; therefore, the use of the SHCP is authorized.

### **2.6.1 Policy Guidelines**

**2.6.1.1** The policy applies to Service members, regardless of gender, who have sustained a serious or severe illness/injury while on active duty that led to the loss of their natural procreative ability. It is the intent of this policy to provide IVF services only to consenting male members whose illness or injury prevents the successful delivery of their sperm to their spouse's egg and to consenting female members whose illness or injury prevents their egg from being successfully fertilized by their spouse's sperm, but who maintain ovarian function and have a patent uterine cavity. This includes, but is not limited to, those suffering neurological, physiological, and/or anatomical injuries.

**2.6.1.2** The policy provides for the provision of assisted reproductive technologies to assist in the reduction of the disabling effects of the member's qualifying condition. The authority for this policy for care outside of the basic medical benefit is derived from Section 1633 of the 2008 NDAA. This section allows the Service member to receive services that are outside the definition of "medical care." This benefit is provided through the authorization of the expenditure of SHCP funds and delivery of the needed services in either MTFs that offer assisted reproductive technologies or in the purchased care sector that are outside the medical benefit. Although purchased care is available for this benefit depending on the Service member's circumstances not allowing him or her to travel, the use of MTFs shall be encouraged, with members eligible for this benefit given priority for care at MTFs if there is a waiting list. If the member receives care or medications in the civilian sector, participating network providers must be used if available. Preauthorization for every IVF cycle is required.

**2.6.1.3** The benefit is limited to permitting a qualified member to procreate with their lawful spouse, as defined in federal statute and regulation.

**2.6.1.4** The benefit would apply equally to male and female seriously or severely ill/injured Service members (Category II or III). Male members must be able to produce sperm, but need alternative sperm collection technologies as they can no longer ejaculate in a way that allows for egg fertilization. Ill/injured female members require ovarian function and a patent uterine cavity that would allow them to successfully carry a fetus even if unable to conceive naturally (e.g., through damage to their fallopian tubes).

**2.6.1.5** Third party donations and surrogacy are not covered benefits. The benefit is designed to allow the member and their dependent spouse to become biological parents through reproductive technologies where the Service member's illness or injury has made it impossible to conceive naturally.

**2.6.1.6** Consent must be able to be given by the Service member and his or her lawful spouse. Third party consent is not authorized under this policy.

**2.6.1.7** The DoD will cost-share the costs of cryopreservation and storage of embryos for up to three years. At the end of three years or when the member separates/retires (whichever comes first), couples are free to continue embryo storage at their own expense if desired. Issues regarding ownership, future embryo use, donation, and/or destruction etc. shall be governed by the applicable state law and shall be the responsibility of the Service member and his/her lawful spouse and the facility storing the cryopreserved embryos. DoD's role is limited to paying for this benefit when requested by the consenting member. DoD will not have ownership or custody of cryopreserved embryos and will not be involved in the ultimate disposition of excess embryos. Ultimate disposition or destruction of excess embryos will not be cost-shared.

## **2.6.2 Procedures**

**2.6.2.1** Prediction of fertility potential (Ovarian Reserve) will be conducted in accordance with the provider clinic's practice guidelines. (This may include a Clomiphene Citrate Challenge Test (CCCT) and evaluation of the uterine cavity.) Beneficiaries with a likelihood of success, based on the specific clinic's guidelines, will be provided IVF cycles under this benefit. Infertility testing and treatment, including correction of the physical cause of infertility, are covered in accordance with the TPM, [Chapter 4, Section 17.1](#).

**2.6.2.2** Three completed IVF cycles will be provided for the seriously or severely ill/injured female Service member or lawful spouse of the seriously or severely ill/injured male Service member. No more than six IVF cycles will be initiated for the seriously or severely ill/injured female Service member or legal spouse of the seriously or severely ill/injured male Service member. In other words, there may be a total of six attempts to accomplish three completed IVF cycles. If the ill/injured Service member has used initiated IVF cycles, subsequently remarries and desires this benefit with the new spouse, the number of cycles available is dependent on prior cycles used.

**2.6.2.3** Assisted reproductive service centers with capability to provide full services including alternative methods of sperm aspiration will be invited to participate in the TRICARE network by the contractors. (Membership in the American Society for Reproductive Medicine (ASRM), with associated certification(s), is highly recommended for network providers. Reporting outcomes to the Centers for Disease Control and Prevention (CDC) is mandatory.) When a network provider is not available, the benefits provided under this policy may be provided by any TRICARE-authorized provider, including those authorized pursuant to [32 CFR 199.6\(e\)](#).

**2.6.2.4** IVF cycles shall be accomplished in accordance with the practice guideline for the provider clinic using gonadotropins which are concentrated mixtures of Follicle Stimulating Hormone (FSH) or FSH and Luteinizing Hormone (LH) given as an injection to stimulate the ovary to produce multiple oocytes in preparation for egg retrieval. These medications will be purchased through the TPharm contract, TRICARE Pharmacy Home Delivery Program, or non-network pharmacy, or MTF.

**2.6.2.5** Anesthesia or conscious sedation will be provided for the oocyte retrieval and sperm aspiration in accordance with the TPM, [Chapter 3, Section 1.1](#) and [1.2](#). For males, sperm aspiration through Microsurgical Epididymal Sperm Aspiration (MESA), Percutaneous Epididymal Sperm Aspiration (PESA), or non-surgical fine needle aspiration will be accomplished in conjunction with egg retrieval. Vibratory stimulation or electro-ejaculation may be used if appropriate for the seriously or severely ill/injured Service member.

**2.6.2.6** Intracytoplasmic sperm injection will be accomplished for all viable oocytes.

**2.6.2.7** Embryo transfer in accordance with guidelines provided by the ASRM shall be accomplished in accordance with specific clinic practices at either cleavage stage or blastocyst stage of the embryo.

**2.6.2.8** Healthy embryos that progress to an appropriate stage, as assessed by the embryologist, in excess of those used for the fresh embryo transfer may be cryopreserved. Storage of cryopreserved embryos for up to three years will be a covered benefit so long as the member remains eligible for this benefit. Ownership of cryopreserved embryos will be the responsibility of the Service member and their spouse and documented in accordance with clinic policies.

**2.6.2.9** In the event that frozen embryos are available for transfer, TRICARE will authorize frozen embryo transfer cycles to facilitate the utilization of these embryos. Frozen embryo transfers may be accomplished in fresh ovulatory cycles or in medicated transfer cycles in order to provide the optimal uterine environment for embryo implantation.

### **2.6.3 Process for Participating in Assisted Reproductive Services Program**

**2.6.3.1** For a Service member to be eligible, there must be documentation of Category II or III illness or injury designation as defined in Department of Defense Instruction (DoDI) 1300.24.

**2.6.3.2** A memorandum must come from the Service member's PCM or other provider significantly involved in the care of the qualifying condition(s). Certification of the illness or injury category shall be made by the provider and endorsed by the member's service. The memorandum shall include the following:

- Service member's qualifying diagnosis(es).
- Category (II or III).
- Summary of relevant medical information supporting category designation.
- Name of provider of reproductive services requested to be used.
- Number of initiated IVF cycles.
- Number of cancelled IVF cycles.

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Chapter 17, Section 3 Contractor Responsibilities

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**2.6.3.3** The memorandum is sent to the member's service for endorsement, and then sent electronically to TMA, Office of the Chief Medical Officer (OCMO) where verification of the member's eligibility for this benefit will be completed. Please send e-mails to: TMASHCPWaiverRequests@tma.osd.mil.

**2.6.3.4** This authorization (verification of benefits) shall be forwarded to the appropriate MTF or DHA-GL as well as the TRICARE Regional Office (TRO), TAO, and TOP Office (TOPO). Preauthorization for care by the MTF or DHA-GL will be requested from the appropriate contractor. This preauthorization will allow the use of SHCP funds for this treatment. All bills for the Service member and spouse should be coded as SHCP bills.

**2.6.3.5** In order to verify eligibility, number of attempts (and completed attempts), and all other requirements, all IVF cycles must be preauthorized. OCMO will verify the eligibility of each member for each cycle with a memo. This memo will go through the relevant service back to the MTF or DHA-GL will request a preauthorization for each cycle.

**2.6.3.6** All TED records for this benefit shall include Enrollment/Health Plan Code "SR SHCP - Referred Care" regardless of the enrollment status returned by DEERS. The contractor shall follow all applicable TED coding requirements in accordance with TRICARE System Manual (TSM), [Chapter 2](#).

**2.6.3.7** All SHCP requirements and provisions of [Chapter 16](#) and [17](#) apply to this benefit unless changed or modified by this paragraph. The appropriate chapter for the status of the Service member shall apply. Contractors shall follow the requirements and provisions of these chapters, to include MTF or DHA-GL referrals and authorizations, receipt and control of claims, authorization verification, reimbursement and payment mechanisms to providers, reimbursement specifying no cost-share, copay, or deductible to be paid by the Service member or their lawful spouse, and use of CMACs/DRGs when applicable.

#### **2.6.4 Exclusions**

**2.6.4.1** Third party donations or surrogacy cannot be cost-shared.

**2.6.4.2** Cryopreservation of gametes in anticipation of deployment.

**2.6.4.3** Services related to gender selection will NOT be cost-shared.

### **3.0 ENROLLMENT STATUS EFFECT ON CLAIMS PROCESSING**

**3.1** Active duty claims shall be processed without application of a cost-share, copayment, or deductible. These are SHCP claims.

**3.2** Claims for TRICARE Prime enrollees who are in MTF inpatient status shall be processed without application of a cost-share, copayment, or deductible. These are SHCP claims.

**3.3** Claims for services provided under the current MOU between the DoD (including Army, Air Force, and Navy/Marine Corps facilities) and the DHHS (including the Indian Health Service, Public Health Service, etc.) are not SHCP claims. They should be adjudicated under the claims processing provisions applicable to those specific agreements.

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Chapter 17, Section 3 Contractor Responsibilities

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**3.4** Claims for services provided under any local MOU between the DoD (including the Army, Air Force, and Navy/Marine Corps facilities) and the DVA are not SHCP claims. They should be adjudicated under the claims processing provisions applicable to those specific agreements. (Claims for services provided under the current national MOA for Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), and Blind Rehabilitation are covered, see [Section 2, paragraph 3.1.](#))

**3.5** Claims for participants in the Comprehensive Clinical Evaluation Program (CCEP) shall be processed for payment solely on the basis of MTF authorization. There will not be a cost-share, copayment, or deductible applied to these claims. These are SHCP claims.

**3.6** Claims for non-TRICARE eligibles shall be processed for payment solely on the basis of MTF or SAS authorization. There will not be a cost-share, copayment, or deductible applied to these claims. These are SHCP claims.

**3.7** Outpatient claims for non-TRICARE Medicare eligibles will be returned to the submitting party for filing with the Medicare claims processor. These are not SHCP or TRICARE claims.

**3.8** Claims for TDRL participants shall be processed for payment in accordance with DoD/HA Policy Letter dated March 30, 2009, Subject: Policy Guidance for Use of Supplemental Health Care Program Funds to Pay for Required Physical Examinations for Members on the Temporary Disability Retirement List. There will not be a cost-share, copayment, or deductible applied to these claims. These are SHCP claims. SHCP funds will only be applied to the exam. SHCP funds shall not be used to treat the condition which caused member to be placed on the TDRL or for conditions discovered during the exam.

**3.9** Claims from members enrolled in the FRCP shall be processed without application of a cost-share, copayment, or deductible. These are SHCP claims.

#### **4.0 MEDICAL RECORDS**

The current contract requirements for medical records shall also apply to Service members in this program, with the additional requirement that Service members must also be given copies directly. Narrative summaries and other documentation of care rendered (including laboratory reports and X-rays) shall be given to the Service member for delivery to his/her Primary Care Manager (PCM) and inclusion in his/her military health record. The contractor shall be responsible for all administrative/copying costs. Under no circumstances will the Service member be charged for this documentation. Network providers shall be reimbursed for medical records photocopying and postage costs incurred at the rates established in their network provider participation agreements. Participating and non-participating providers shall be reimbursed for medical records photocopying and postage costs on the basis of billed charges. Service members who have paid for copied records and applicable postage costs shall be reimbursed for the full amount paid to ensure they have no out-of-pocket expenses. All providers and/or patients must submit a claim form, with the charges clearly identified, to the contractor for reimbursement. Service member's claim forms should be accompanied by a receipt showing the amount paid.

#### **5.0 REIMBURSEMENT**

**5.1** Allowable amounts are to be determined based upon the TRICARE payment reimbursement methodology applicable to the services reflected on the claim, (e.g., DRGs, mental health per diem,

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Chapter 17, Section 3

#### Contractor Responsibilities

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CMAC, Outpatient Prospective Payment System (OPPS), or TRICARE network provider discount). Reimbursement for services not ordinarily covered by TRICARE and/or rendered by a provider who cannot be a TRICARE authorized provider shall be at billed amounts. Cost-sharing and deductibles shall not be applied to supplemental health care claims.

**5.2** Claims with codes on the TRICARE inpatient only list performed in an outpatient setting will be denied, except in those situations where the beneficiary dies in an emergency room prior to admission. Reference the TRM, [Chapter 13, Section 2, paragraph 3.4](#). Professional providers may submit with modifier CA. No bypass authority is authorized for inpatient only procedure editing.

**5.3** Pending development and implementation of recently enacted legislative authority to waive CMACs under TRICARE, the following interim procedures shall be followed when necessary to assure adequate availability of health care to Service members under SHCP. If required services are not available from a network or participating provider within the medically appropriate time frame, the contractor shall arrange for care with a non-participating provider subject to the normal reimbursement rules. The contractor initially shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate within the 100% of CMAC limitation. If this is not feasible, the contractor shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate between 100% and 115% of CMAC. If the latter is not feasible, the contractor shall determine the lowest acceptable rate that the provider will accept and communicate the same to the referring MTF. A waiver of CMAC limitation must be obtained by the MTF from the Regional Director (RD), as the designee of the Chief Operating Officer (COO), TMA, before patient referral is made to ensure that the patient does not bear any out-of-pocket expense. Upon approval of a CMAC waiver by the RD, the MTF will notify the contractor who shall then conclude rate negotiations, and notify the MTF when an agreement with the provider has been reached. The contractor shall ensure that the approved payment is annotated in the authorization/claims processing system, and that payment is issued directly to the provider, unless there is information presented that the Service member has personally paid the provider. In the case of non-MTF referred care, the contractor shall submit the waiver request to the RD.

**5.4** Eligible Uniformed Service members and/or referred patients who have been required by the provider to make "up front" payment at the time services are rendered will be required to submit a claim to the contractor with an explanation and proof of such payment. For eligible Uniformed Service members, if the claim is payable without SAS review the contractor shall allow the billed amount and reimburse the Service member for charges on the claim. If the claim requires SAS review the contractor shall pend the claim to the SAS for determination. If the SAS authorizes the care the contractor shall allow the billed amount and reimburse the Service member for charges on the claim.

- Supplemental health care claims for Uniformed Service members and all MTF inpatients receiving referred civilian care while remaining in an MTF inpatient status shall be promptly reimbursed and the patient shall not be required to bear any out-of-pocket expense. If such payment exceeds normally allowable amounts, the contractor shall allow the billed amount and reimburse the patient for charges on the claim. As a goal, no such claim should remain unpaid after 30 calendar days.

**5.5** In no case shall a Uniformed Service member be subjected to "balance billing" or ongoing collection action by a civilian provider for referred, emergency or authorized care. If the contractor becomes aware of such situations that they cannot resolve they shall pend the file and forward the

issue to the referring MTF or SAS, as appropriate, for determination. The referring MTF or SAS will issue an authorization to the contractor for payments in excess of CMAC or other applicable TRICARE payment ceilings, provided the referring MTF or SAS has requested and has been granted a waiver from the COO, TMA, or designee.

## **6.0 END OF PROCESSING**

### **6.1 EOB**

An EOB shall be prepared for each supplemental health care claim processed, and copies sent to the provider and the patient in accordance with normal claims processing procedures. For all SHCP claims, the EOB will include the statement that this is a supplemental health care claim, not a TRICARE claim. The EOB will also indicate that questions concerning the processing of the claim must be addressed to the MCSC or SAS, as appropriate. Any standard TRICARE EOB messages which are applicable to the claim are also to be utilized, e.g., "No authorization on file."

### **6.2 Appeal Rights**

**6.2.1** For supplemental health care claims, the appeals process in [Chapter 12](#), applies, as limited herein. If the care is still denied after completion of a review to verify that no miscoding or other clerical error took place and the MTF/SAS will not authorize the care in question, then the notification of the denial shall include the following statement: "If you disagree with this decision, please contact (**insert MTF name/SAS here**)." TRICARE appeal rights shall pertain to outpatient claims for treatment of TRICARE eligible patients. The SAS will handle only those issues that involve SAS denials of authorization or authorization for reimbursement. The contractor shall handle allowable charge issues, grievances, etc.

**6.2.2** If the Service member disagrees with a denial of authorization, rendered by SAS, the first level of appeal will be through the SAS who will coordinate the appeal as appropriate. The Service member may initiate the appeal by contacting his/her SAS. If the SAS upholds the denial, the SAS will notify the Service member of further appeal rights with the appropriate Surgeon General's office. If the denial is overturned at any level, the SAS will notify the contractor and the Service member.

**6.2.3** The contractor shall forward all written inquiries and correspondence related to SAS or MTF denials of authorization or authorization for reimbursement to the appropriate SAS or MTF. The contractor shall refer telephonic inquiries related to SAS denials to the appropriate SAS or MTF.

## **7.0 TRICARE ENCOUNTER DATA (TED) SUBMITTAL**

The TED for each claim must reflect the appropriate data element values. The appropriate codes published in the TSM are to be used for supplemental health care claims.

## **8.0 CONTRACTOR'S RESPONSIBILITY TO RESPOND TO INQUIRIES**

### **8.1 Telephonic Inquiries**

Inquiries relating to the SHCP need not be tracked nor reported separately from other inquiries received by the contractor. Most SHCP inquiries to the contractor should come from MTFs/

claims offices, the Service Project Officers, TMA, or the SAS. In some instances, inquiries may also come from Congressional offices, patients, or providers. To facilitate responsiveness to SHCP inquiries, the contractor shall provide MTFs/claims offices, the Service Project Officers, TMA, and the SAS a specific telephone number, different from the public toll-free number, for inquiries related to the SHCP Claims Program. The line shall be operational and continuously staffed according to the hours and schedule specified in the contractor's TRICARE contract for toll-free and other service phone lines. It may be the same line as required in support of TPR under [Chapter 16](#). The telephone response standards of [Chapter 1, Section 3](#), shall apply to SHCP telephonic inquiries.

### **8.1.1 Congressional Telephonic Inquiries**

The contractor shall refer any congressional telephonic inquiries to the referring MTF or the SAS, as appropriate, if the inquiry is related to the authorization or non-authorization of a specific claim or episode of treatment. If it is a general congressional inquiry regarding the SHCP claims program, the contractor shall respond or refer the caller as appropriate.

### **8.1.2 Provider And Other Telephonic Inquiries**

The contractor shall refer any other telephonic inquiries it receives, including calls from the provider, Service member or the MTF patient, to the referring MTF or the SAS, as appropriate, if the inquiry pertains to the authorization or non-authorization of a specific claim. The contractor shall respond as appropriate to general inquiries regarding the SHCP.

## **8.2 Written Inquiries**

### **8.2.1 Congressional Written Inquiries**

For MTF-referred care, the contractor shall refer written congressional inquiries to the Service Project Officer of the referring MTF's branch of service if the inquiry is related to the authorization or non-authorization of a specific claim. For non-MTF referred care, the inquiry shall be referred to the SAS. When referring the inquiry, the contractor shall attach a copy of all supporting documentation related to the inquiry. If it is a general congressional inquiry regarding the SHCP, the contractor shall refer the inquiry to the TMA. The contractor shall refer all congressional written inquiries within 72 hours of identifying the inquiry as relating to the SHCP. When referring the inquiry, the contractor shall also send a letter to the congressional office informing them of the action taken and providing them with the name, address and telephone number of the individual or entity to which the congressional correspondence was transferred.

### **8.2.2 Provider And Service Member (Or MTF Patient) Written Inquiries**

The contractor shall refer provider and Service member or MTF patient written inquiries to the referring MTF or the SAS, as appropriate, if the inquiry pertains to the authorization or non-authorization of a specific claim. The contractor shall respond as appropriate to general written inquiries regarding the SHCP.

### **8.2.3 MTF Written Inquiries**

The contractor shall provide a final written response to all written inquiries from the MTF within 10 work days of the receipt of the inquiry, or if appropriate, refer the inquiry to the SAS upon

receipt of the inquiry.

#### **9.0 SHCP AGING CLAIMS REPORT**

The Government intends to take action on all referrals to the SAS as quickly as possible. To support this objective, the SAS must be kept apprised of those claims on which the contractor cannot take further action until the SAS has completed its reviews and approvals.

- END -



## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IOP	Intraocular Pressure
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPP	In-Person Proofing
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRF	Inpatient Rehabilitation Facility
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVD	In Vitro Diagnostic Ischemic Vascular Disease
IVF	In Vitro Fertilization

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCIH	Joint Committee on Infant Hearing
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee <sup>7</sup>
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCD	Local Coverage Determination
LCF	Long-term Care Facility
LCIS	Lobular Carcinoma In Situ
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LDT	Laboratory Developed Test
LGS	Lennox-Gastaut Syndrome
LH	Luteinizing Hormone
<b>LIS</b>	<b>Low Income Subsidy</b>
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation Line of Duty
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
LVSD	Left Ventricular Systolic Dysfunction
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MAP	MYH-Associated Polyposis
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection
MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MESA	Microsurgical Epididymal Sperm Aspiration
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
MHCC	Maryland Health Care Commission
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIAP	Multi-Host Internet Access Portal
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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mild®	Minimally Invasive Lumbar Decompression
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMEA	Medicare and Medicaid Extenders Act (of 2010)
MMP	Medical Management Program
MMPCMHP	Maryland Multi-Payer Patient-Centered Medical Home Program
MMPP	Maryland Multi-Payer Patient
MMR	Mismatch Repair
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOH	Medal Of Honor
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
<b>MPC</b>	<b>Medical Payments Coverage</b>
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MRS	Magnetic Resonance Spectroscopy
MS	Microsoft® Multiple Sclerosis
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSI	Microsatellite Instability
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MSS	Medical Social Services
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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MWR	Morale, Welfare, and Recreation
MYH	mutY homolog
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACHA	National Automated Clearing House Association
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Naval Air Station
	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCCN	National Comprehensive Cancer Network
NCD	National Coverage Determination
NCE	National Counselor Examination
NCF	National Conversion Factor
NCI	National Cancer Institute
NCMHCE	National Clinical Mental Health Counselor Examination
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NG	National Guard
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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NIST	National Institute of Standards and Technology
NLDA	Nursery and Labor/Delivery Adjustment
NLT	No Later Than
NMA	Non-Medical Attendant
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NSF	Non-Sufficient Funds
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OAE	Otoacoustic Emissions
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCMO	Office of the Chief Medical Officer
OCONUS	Outside of the Continental United States
OCR	Office for Civil Rights Optical Character Recognition

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OTCD	Ornithine Transcarbamylase Deficiency
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&CL	Privacy & Civil Liberties [Office]
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO <sub>2</sub>	Partial Pressure of Carbon Dioxide
PAO <sub>2</sub>	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAS	Privacy Act Statement
PAT	Performance Assessment Tracking
PATH Intl	Professional Association of Therapeutic Horsemanship International
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PBT	Proton Beam Therapy

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMH	Patient-Centered Medical Home
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Pelvic Congestion Syndrome Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PESA	Percutaneous Epididymal Sperm Aspiration
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
PGD	Preimplantation Genetic Diagnosis
Phen-Fen	Pondimin and Redux

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIRT	Selective Internal Radiation Therapy
SIT	Standard Insurance Table
SLP	Speech-Language Pathology
SMC	System Management Center
SMHC	Supervised Mental Health Counselor
SN	Skilled Nursing
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons System of Records
SORN	System of Records Notice
SPA	Simple Power Analysis
SPC	Special Processing Code
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAH	Total Artificial Heart
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TAVR	Transcatheter Aortic Valve Replacement
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDR	Total Disc Replacement
<b>TDRL</b>	<b>Temporary Disability Retired List</b>
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty

## TRICARE Operations Manual 6010.56-M, February 1, 2008

### Appendix A

#### Acronyms And Abbreviations

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URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
US-CERT	United States-Computer Emergency Readiness Team
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office(r)
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost

**TRICARE Operations Manual 6010.56-M, February 1, 2008**

Appendix A

Acronyms And Abbreviations

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WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	Web DEERS Online Enrollment System (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer
2D	Two Dimensional
3D	Three Dimensional

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