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CHANGE 140  
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JANUARY 22, 2015

**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: COMPREHENSIVE AUTISM CARE UPDATE**

**CONREQ:** 17078

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

**SUMMARY OF CHANGE(S):** This change adds policy clarifications, including the deletion of minimum age eligibility of 18 months and the extension of the date for Behavior Technicians to receive certification to December 31, 2015.

**EFFECTIVE DATE:** July 25, 2014.

**IMPLEMENTATION DATE:** February 23, 2015.

This change is made in conjunction with Feb 2008 TPM, Change No. 129.

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**ATTACHMENT(S): 58 PAGES  
DISTRIBUTION: 6010.56-M**

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

**CHANGE 140**  
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**JANUARY 22, 2015**

**REMOVE PAGE(S)**

**CHAPTER 18**

Section 18, pages 1 - 26

**APPENDIX A**

pages 3 - 24, 27 - 34

**INSERT PAGE(S)**

Section 18, pages 1 - 28

pages 3 - 24, 27 - 34

## Department Of Defense (DoD) Comprehensive Autism Care Demonstration

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### 1.0 PURPOSE

The Comprehensive Autism Care Demonstration (“Autism Care Demonstration”) combines all TRICARE-covered Applied Behavior Analysis (ABA) services under one demonstration and provides TRICARE reimbursement for ABA and related services to TRICARE eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD). Beneficiary eligibility is outlined in [paragraph 7.0](#). This demonstration incorporates ABA services that were provided under the TRICARE Basic Program (i.e., the medical benefits authorized under [32 CFR 199.4](#)), the Enhanced Access to Autism Services Demonstration (i.e., the supplemental ABA benefits authorized for certain Active Duty Family Members (ADFMs) under [32 CFR 199.5](#)), and the ABA Pilot (i.e., the supplemental ABA benefits authorized for certain Non-Active Duty Family Members (NADFMs) including retiree dependents--under the National Defense Authorization Act for Fiscal Year 2013, Section 705 (NDAA FY 2013 §705)). The purpose of the Autism Care Demonstration is to further analyze and evaluate the appropriateness of the ABA tiered-delivery model under TRICARE in light of current and anticipated Behavior Analyst Certification Board (BACB) Guidelines. Currently, there are no established uniform ABA coverage standards in the United States. The Autism Care Demonstration seeks to establish appropriate provider qualifications for the proper diagnosis of ASD and the provisions of ABA, assess the feasibility and advisability of establishing a beneficiary cost-share for the treatment of ASD, and develop more efficient and appropriate means of increasing access and delivery of ABA services under TRICARE while creating a viable economic model and maintaining administrative simplicity. The overarching goal of this demonstration is to analyze, evaluate, and compare the quality, efficiency, convenience and cost effectiveness of those autism-related services that do not constitute proven medical care provided under the medical benefit coverage requirements that govern the TRICARE Basic Program.

### 2.0 BACKGROUND

**2.1** ASD affects essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. The TRICARE Basic Program offers a comprehensive health benefit offering a full array of medically necessary services to address the needs of all TRICARE beneficiaries with an ASD diagnosis. The TRICARE Basic Program provides **Occupational Therapy (OT)** to promote the development of self-care skills; **Physical Therapy (PT)** to promote coordination/motor skills; **Speech-Language Pathology (SLP) services** to promote communication skills; **child neurology and child psychiatry** to address psychopharmacological needs; **clinical psychology** for psychotherapy and psychological testing; and **neurodevelopmental and developmental behavioral pediatrics** for developmental assessments. The full range of medical specialties to address the additional medical conditions common to this population are covered.

**2.2** ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant modification in human behavior. ABA is based on the principle that an individual's behavior is determined by past and current environmental events in conjunction with organic variables such as the individual's genetic endowment and ongoing physiological variables. ABA, by a licensed and/or certified behavior analysts, focuses on treating behavior difficulties by changing an individual's environment (i.e., shaping behavior patterns through reinforcement and consequences). ABA is delivered optimally when family members/caregivers participate by consistently reinforcing the ABA interventions in the home setting in accordance with the prescribed Treatment Plan (TP) developed by the behavior analyst.

**2.3** Although the BACB has established national guidelines for behavior analysts, a recent publication (August 2014) was issued for national certification standards for the "Behavior Technicians" (BTs) (formerly ABA Tutors) who interact with ASD-diagnosed beneficiaries for multiple hours per day. Only a limited number of states currently license or certify the behavior analysts who evaluate, develop TPs, and supervise delivery of ABA interventions for ASD-diagnosed beneficiaries, and the national certification standards are in the process of evolving. The American Medical Association (AMA) recently implemented Category III Current Procedure Terminology (CPT) codes (i.e., a temporary set of codes for emerging technologies, services, and procedures) for ABA (effective July 1, 2014), for the purpose of allowing time for data collection to determine the case for widespread usage of the ABA codes as established "medical" treatment.

### **3.0 DEMONSTRATION GOALS**

Demonstration goals include:

**3.1** Analyzing and evaluating the appropriateness of the Autism Care Demonstration under TRICARE in light of current and future BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder";

**3.2** Determining the appropriate provider qualifications for the proper diagnosis of ASD and the provision of ABA, and assessing the added value of BTs beyond ABA provided by Board Certified Behavior Analysts (BCBAs);

**3.3** Assessing, across the three TRICARE regions and overseas locations (see paragraph 9.0), the ASD beneficiary characteristics associated with full utilization of the Autism Care Demonstration's tiered delivery model versus utilization of sole provider BCBA services only or non-utilization of any ABA services, and isolating factors contributing to significant variations across TRICARE regions and overseas locations in delivery of ABA;

**3.4** Determining what beneficiary age groups utilize and benefit most from ABA interventions;

**3.5** Assessing the relationships between receipt of ABA services and utilization of established medical interventions for children with ASD, such as SLP services, OT, PT, and pharmacotherapy; and

**3.6** Assessing the feasibility and advisability of establishing a beneficiary cost-share for the treatment of ASD.

## 4.0 DEFINITIONS

### 4.1 Applied Behavior Analysis (ABA)

According to the BACB Guidelines for “Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder” (2012), ABA is “the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. Direct observation, measurement, and recording of behavior are defining characteristics of ABA.”

### 4.2 ABA Assessment

A developmentally appropriate assessment process used for formulating an individualized ABA TP is conducted by a BCBA or Board Certified Behavior Analyst-Doctorate (BCBA-D) or other TRICARE authorized ABA providers practicing within the scope of their state licensure or state certification. For TRICARE purposes, an ABA assessment shall include data obtained from multiple methods to include direct observation, the measurement, and recording of behavior. A functional assessment that may include a functional behavior analysis, as defined in paragraph 4.10, may be required to address problematic behaviors. Data gathered from the parent/caregiver interview and the parent report rating scales are also required.

### 4.3 ABA Specialized Interventions

ABA methods designed to improve the functioning of a specific ASD target deficit in a core area affected by the ASD such as social interaction, communication, or behavior. The ABA provider delivers ABA to the beneficiary through direct administration of the ABA specialized interventions during one-on-one in-person (i.e., face to face) interactions with the beneficiary.

### 4.4 ABA Tiered Delivery Model

A service delivery model where the BCBA or BCBA-D designs and supervises a TP delivered by Board Certified Assistant Behavior Analysts (BCaBAs) and/or BTs. BCaBAs may assist the BCBA or BCBA-D in clinical support and case management duties to include the supervision of BTs and parent(s)/caregiver(s) treatment guidance.

### 4.5 ABA TP

A written document outlining the ABA plan of care for the individual, including the expected progression of ABA. For TRICARE purposes, the ABA TP shall consist of an “initial ABA Treatment Plan” based on the initial ABA assessment, and the “ABA Treatment Plan Update” that is the revised and updated ABA TP based on periodic reassessment of beneficiary progress toward the objectives and goals. Components of the ABA TP include: the identified behavior targets for improvement, the ABA specialized interventions to achieve improvement, the ABA TP short-term and long-term ABA TP objectives and goals that are defined below.

#### 4.5.1 ABA TP Objectives

The short, simple, measurable steps that must be accomplished in order to reach the short-term and long-term goals of ABA.

#### 4.5.2 ABA TP Goals

These are the broad spectrum, complex short-term and long-term desired outcomes of ABA.

**4.6 The Assessment of Basic Language and Learning Skills-Revised (ABLLS-R)** (Partington, J.W., 2006 revised **or current edition**). The ABLLS-R system is an assessment tool, curriculum guide, and skills-tracking system used to help guide the instruction of language and critical learner skills for children with **ASD**.

**4.7 Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)** (Lord, C., et.al. 2012 **or current edition**) is an instrument used for assessing the level of impairment and confirming the diagnosis of **ASD**. The protocol consists of a series of structured and semi-structured tasks that involve social interaction between the examiner and the subject. The examiner observes and identifies segments of the subject's behavior and assigns these to predetermined observational categories. Categorized observations are subsequently combined to produce quantitative scores for analysis.

#### 4.8 Autism Spectrum Disorder (ASD)

The covered ASD diagnoses include the five ASD diagnoses under the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR): **Autistic Disorder**, Rett's **Syndrome**, Childhood Disintegrative Disorder (**CDD**), Asperger's Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS) which were then converted into the single diagnosis of ASD (299.0) under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published in May 2013. Rett's **Syndrome** and **CDD** alone are no longer considered an ASD in the DSM-5 **and therefore beneficiaries diagnosed with Rett's Syndrome or CDD after October 20, 2014 are not eligible for ABA unless a secondary diagnosis of ASD is also present; previously diagnosed beneficiaries currently receiving ABA for these disorders will continue to be eligible for ABA under the Autism Care Demonstration**. The corresponding International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code is Autistic Disorder (299.0) and the corresponding International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code is Autistic Disorder (F84.0). The Military Health System currently uses the ICD-9-CM. DoD and the United States will transition to the ICD-10-CM on the mandated date for ICD-10-CM implementation, as directed by Health and Human Services (HHS).

#### 4.9 Behavior Analyst Certification Board (BACB)

The BACB is a nonprofit 501(c)(3) corporation established to **"protect consumers of behavior analysis services worldwide by systematically establishing, promoting, and disseminating professional standards."**

#### 4.10 Functional Behavior Analysis

The process of identifying the variables that reliably predict and maintain problem behaviors that typically involve: identifying the problem behavior(s); developing hypotheses about the antecedents and consequences likely to trigger or support the problem behavior; and, performing an analysis of the function of the behavior by testing the hypotheses.

#### 4.11 The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)

(Sundberg, M. L., 2008 or current edition). The VB-MAPP is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with ASD who demonstrate language delays.

**4.12 Vineland Adaptive Behavior Scale, 2nd Edition (Vineland-II)** (Sparrow, S.S. et.al, 2005 or current edition) is a valid and reliable measure of global assessment of functioning for developmental disabilities (to include ASD). The Vineland-II consists of a survey interview and a parental/caregiver rater form.

### 5.0 ASD DIAGNOSING AND REFERRING PROVIDERS

Prior to coverage of ABA, the beneficiary must be diagnosed with ASD and issued a referral for ABA by a TRICARE-authorized Physician-Primary Care Manager (P-PCM) or by a specialized ASD diagnosing provider. TRICARE authorized P-PCMs for the purposes of the diagnosis and referral include: TRICARE authorized family practice, internal medicine and pediatric physicians whether they work in the purchased care or direct care system. Authorized specialty ASD diagnosing providers include: TRICARE-authorized physicians board-certified or board-eligible in developmental-behavioral pediatrics, neurodevelopmental pediatrics, child neurology, adult or child psychiatry; or doctoral-level licensed clinical psychologists. Diagnoses and referrals from Nurse Practitioners (NPs) and Physician Assistants (PAs) or other providers not having the above qualifications will not be accepted.

#### 5.1 Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)

For new beneficiaries entering the Autism Care Demonstration: If the initial ASD diagnosis was made by a physician PCM (P-PCM), then either an ADOS-2 or a diagnostic evaluation from a specialized ASD diagnosing provider shall be required within one year of admission to the Autism Care Demonstration to confirm diagnosis. The diagnosing and referring P-PCM shall provide to the beneficiary parent(s)/caregiver(s) the referral for an ADOS-2 or a referral to a specialized ASD diagnosing provider for a diagnostic evaluation at the same time as making the initial referral to the Autism Care Demonstration. The referral for the ADOS-2 or the specialized ASD diagnosing provider for the diagnostic evaluation shall be good for one year so as to allow the parent/caregiver time to set up the appointment for the testing or diagnostic evaluation without this requirement interfering with timely access to the Autism Care Demonstration. The ADOS-2 may be administered by a doctoral level clinical psychologist, developmental behavioral pediatrician, neurodevelopmental pediatrician, a qualified speech-language pathologist, occupational therapist, adult or child psychiatrist, or a BCBA or BCBA-D trained in the administration of this measure. Involvement of BACB certificants, qualified speech-language pathologists, and occupational therapists are limited to administration of the ADOS-2 and excludes the rendering of a clinical diagnosis. Diagnostic testing requirements are outlined in the TRICARE Policy Manual (TPM), Chapter 7, Section 3.12, Psychological Testing. Families who risk non-compliance shall be

identified by the contractors and case managers shall assist in resolving the lack of testing (or get a diagnosis from a **specialized** ASD-diagnosing provider). The termination of ABA shall not be made without a **clinical review by the contractor. The contractor shall promptly notify** the TRICARE Regional Office (TRO) **of any proposed termination of ABA for further consultation and elevation to the TRICARE Management Activity (TMA) as appropriate.** Doctoral level licensed clinical psychologists and neurodevelopmental or developmental **behavioral** pediatricians are the professionals most commonly trained to administer the ADOS-2. ADOS-2 reports completed by Educational and Developmental Intervention Services (EDIS), by the school system, or by a provider trained in the administration of the ADOS-2 within the past year of the referral shall also be accepted.

## 5.2 Consultation And Second Opinion

Only one BCBA, BCBA-D, or state licensed or certified provider with a scope of practice for independent practice of ABA is authorized at a time for ABA services for each beneficiary. **Families/caregivers may seek consultation from another BCBA, BCBA-D, or other state licensed or certified provider with a scope of practice for independent practice of ABA where the treating BCBA lacks sub-specialty expertise to treat a specific target behavior that another BCBA is specifically trained and competent to address. When a Primary BCBA seeks consultation from another BCBA or BCBA-D the primary BCBA will remain responsible for the TP and is the sole provider authorized to bill for ABA services.** Families/caregivers may obtain a referral for a second opinion from another BCBA, BCBA-D, or other state licensed or certified provider with a scope of practice for independent practice of ABA per authorization period. A referral for an evaluation for a second opinion and a prior authorization is required. **Families/caregivers may request to switch to a BCBA, BCBA-D, or state licensed or certified provider with a scope of practice for independent practice of ABA, as appropriate. The concept of one treating provider overseeing a specific type of treatment per episode of care with the option to seek a second opinion is consistent with TRICARE Reimbursement Manual (TRM), Chapter 1, Section 16** which specifies requirements for TRICARE second opinion coverage under the TRICARE Basic Program for surgical and non-surgical benefits.

**Note:** A second opinion may be warranted in cases where the family/caregiver is not satisfied with the ABA provided by the currently authorized BCBA. The referral and authorization for a second opinion is for an "evaluation" only. It is not an "evaluate and treat" referral and authorization, which would authorize a second BCBA to both evaluate and provide simultaneous ongoing ABA during the same episode of care as the currently treating BCBA. However, a family/caregiver may request to switch to the second opinion BCBA, BCBA-D for ongoing treatment as appropriate (just so there are not two BCBA's or BCBA-Ds **authorized as responsible for the ABA TP**). **Only the one BCBA responsible for the ABA TP is authorized to bill for ABA services.**

**Note:** Autism Demonstration Corporate Services Providers (ACSPs) are institutional providers that administer ABA using a team approach that can involve multiple BCBA's, BCaBA's, and BTs treating one beneficiary. One supervisory BCBA must be named as responsible for the overall treatment of each beneficiary on the ABA TP. The ACSP shall bill for services under the ACSP as an institutional provider.

## 6.0 ABA PROVIDER REQUIREMENTS

**6.1** BCBA, BCBA-Ds, or other qualified TRICARE authorized independent providers must meet all of the following requirements:

**6.1.1** Have a master's degree or above in a qualifying field as defined by the state licensure or certification requirements, or in the absence of existing state licensure or certification, a degree in a field accepted by the BACB as meeting eligibility requirements for BCBA or BCBA-D certification.

**6.1.2** In addition, have one of the following credentials:

**6.1.2.1** A current, unrestricted state-issued license to provide ABA if residing in a state that offers licensure; or

**6.1.2.2** A current, unrestricted state-issued certificate as a provider of ABA if residing in a state that does not offer licensure but offers certification; or

**6.1.2.3** A current certification from BACB (<http://www.bacb.com>) as either a BCBA or a BCBA-D where such state-issued license or certification is not available.

**6.1.3** Enter into a Participation Agreement Chapter 18, Addendum B approved by the Director, TMA or designee.

**6.1.4** If applicable, employ directly or contract with BCaBAs and/or BTs.

**6.1.5** Report to the contractor within 30 days of notification of a state sanction or BACB sanction issued to the ABA Supervisor for violation of BACB disciplinary standards (<http://www.bacb.com/index.php?page=85>) or notification of loss of BACB certification. Loss of state licensure or certification, or loss of BACB certification shall result in termination of the Participation Agreement with the ABA Supervisor with an effective date of such notification. Termination of the Participation Agreement by the contractor may be appealed to the TMA in accordance with the requirements of Chapter 13.

**6.1.6** Maintain all applicable business licenses and employment or contractual documentation in accordance with Federal, State, and local requirements and the ABA Supervisor's business policies regarding BCaBAs and BTs.

**6.1.7** Meet all applicable requirements of the states in which they provide ABA, including those states in which they provide remote supervision of BCaBAs and BTs and oversee ABA provided where the beneficiary resides.

**6.1.8** Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the DoD for the geographic area in which the provider does business.

**6.1.9** BCBA, BCBA-Ds, or other qualified TRICARE authorized independent providers under the Autism Care Demonstration: Serve as direct supervisors of the BCaBAs and BTs working under the BCBA/BCBA-D and ensure the quality of the ABA provided by BCaBAs and BTs meets the minimum standards promulgated by the current BACB Task List, the BACB Professional Disciplinary Standards,

the BACB Guidelines for Responsible Conduct for Behavior Analysts, and all current BACB **recommendations**, rules, and regulations. Supervisory BCBA-Cs and BCBA-Ds must provide **BTs** ongoing supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month **per beneficiary**. **Supervision in excess of 20% of the ABA hours per month under the Tiered Model shall result in Managed Care Support Contractor (MCSC) consultation with the supervising BCBA/BCBA-D to determine whether the individual beneficiary's needs are of such high complexity that the ABA sole provider model is indicated. Cases requiring more than 20% of Tiered Model supervision shall be reviewed by the TRICARE Regional Contractors' Medical Director.** Supervision must include at least two face-to-face, synchronous contacts per month **per beneficiary** during which the supervisor observes the **BT providing** services in accordance with the BACB **recommendations, rules, and regulations**. Supervisory BCBA-Cs and BCBA-Ds must meet the supervision requirements defined for BCBA-Cs under [paragraph 6.2.3](#).

**6.1.10** Supervision must be provided in accordance with the state licensure and certification requirements in the state in which ABA is practiced where such state-issued license or certification is available.

**6.2** BCaBA must meet all of the following requirements:

**6.2.1** Have a bachelor's degree or above in a field as defined by the state licensure or certification requirements or **in a field accepted** by the BACB **as meeting eligibility requirements for BCaBA** for states that do not regulate ABA.

**6.2.2** **In addition**, have one of the following credentials:

**6.2.2.1** A current, unrestricted State-issued license to provide ABA if residing in a state that offers licensure; or

**6.2.2.2** A current, unrestricted State-issued certificate as a provider of ABA if residing in a state that does not offer licensure but offers certification; or

**6.2.2.3** A current certification from BACB (<http://www.bacb.com>) where such state-issued license or certification is not available.

**6.2.3** BCaBA-Cs must receive supervision by the BCBA or BCBA-D at least once each month for one hour in accordance with the BACB **"Policy on Supervision of Board Certified Assistant Behavior Analysts"**. Remote supervision through the use of real time methods is authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the BCBA or BCBA-D and the BCaBA by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the Internet. Annually, in accordance with the BACB **"Policy on Supervision of Board Certified Assistant Behavior Analysts"**, at least two of these monthly supervision sessions shall be conducted in-person, to include direct observation of actual service provision with individuals. Supervision must be provided in accordance with the state licensure and certification requirements in the state in which ABA is practiced where such state-issued license or certification is available.

**6.2.4** Under the Autism Care Demonstration, beneficiaries will receive ABA provided solely by master's level or above BCBA-Cs, BCBA-Ds, or **other qualified TRICARE authorized independent**

providers and/or under the ABA tiered-delivery model, where a BCBA or BCBA-D referred to as an "ABA Supervisor" will plan, deliver and/or supervise an ABA program. Both models are authorized and the model selected shall be based on the needs of the beneficiary as well as provider availability. The BCBA or BCBA-D is supported by BCaBAs and/or paraprofessional BTs (formerly called "tutors" under the Enhanced Access to Autism Services Demonstration) who work one-on-one with the beneficiary with ASD in the home, community, or if necessary in the school setting to implement the ABA intervention protocol designed, monitored, and supervised by the BCBA or the BCBA-D. A BCaBA working within the scope of their training, practice, and competence may assist the BCBA or BCBA-D in various roles and responsibilities as determined appropriate by the BCBA or BCBA-D and delegated to the BCaBA, consistent with the most current BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" (2012) and current BACB certification requirements. BCaBAs and BTs must work under the supervision of a BCBA, BCBA-D, or other qualified TRICARE authorized independent providers who meet the requirements specified in paragraph 6.1.

**6.2.5** The BCaBAs have the requisite bachelor's degrees to qualify for the BCaBA certification exam administered by the BACB. BCaBAs have a scope of practice that allows them to assist the BCBA, BCBA-D, or other qualified TRICARE authorized independent providers in clinical support and case management activities, development of the TP, assisting in the supervision of the BTs, and providing treatment guidance to family members/caregivers to implement ABA interventions in accordance with the ABA TP. However, under the most current BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" (2012), BCaBAs may not practice independently of the supervision of a BCBA or BCBA-D. Although BCaBAs may assist in the supervision of BTs, BCaBAs may not independently supervise BTs. BCaBAs are required to practice under all current BACB recommendations, rules, and regulations. The BCBA, BCBA-D, or other qualified TRICARE authorized independent providers are ultimately responsible for the delivery of care including the TP and the contractor shall deny claims for unsupervised services of a BCaBA.

### **6.3 Behavior Technicians (BTs)**

**6.3.1** Para-professionals who meet the educational requirements established herein by the DoD. A BT may not conduct the ABA assessment, or establish a child's ABA TP. Claims for BTs who are not properly supervised in accordance with Autism Care Demonstration requirements will be denied.

**6.3.2** Prior to BTs being allowed to provide supervised ABA one-on-one interventions, completion of training provided by a BCBA, BCBA-D, or supervised BCaBA trainer in accordance with the current BACB Guidelines for "Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder" and the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>) and all current BACB rules and regulations, must be documented and maintained by the ABA supervisor and the BT.

**6.3.2.1** The following training is required:

- **Basic Life Support (BLS), as demonstrated by BLS certification**
- Forty (40) hours of training which includes the following content
  - Crisis Behavior Management
  - Mandated reporting
  - **Health Insurance Portability and Accountability Act (HIPAA)**
  - Problem solving
  - Conflict Management
  - ASD
  - Principles of Behavior Analysis:
    - Developmental milestones
    - Data collection (measurement)
    - Basic ABA procedures such as reinforcement, shaping, prompting, etc.
  - Ethics and Confidentiality

**6.3.2.2** Documentation of **the 40 hours of required** training must include:

- Dates and times of training sessions; and
- A course description to include course objectives, a syllabus outlining course content, and an evaluation process to measure successful completion.

**6.3.2.3** The supervisory BCBA or BCBA-D and the **BT** shall each keep a copy of the training documentation on file. The supervisory BCBA or BCBA-D shall submit a copy of the certificate of completion to the contractor upon request.

**6.3.3** As of August 2014, the BACB will offer a Registered Behavior Technician (RBT) **credential** which will satisfy this 40 hour training requirement. After December 31, 2014, all new hire ABA **BTs** must have the RBT certification by the BACB **and will have until December 31, 2015, to complete this requirement.** All currently employed **BTs** have until December 31, 2015, to obtain and provide documentation of any missing elements of the training requirements listed above. Currently employed **BTs** will be encouraged, but not be required, to become BACB Registered **BTs**.

**6.3.4** Prior to providing supervised ABA under the Autism Care Demonstration, a **BT** must also have:

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, Behavior Sciences, human development or related fields, such as counseling, **OT**, SLP, and be currently enrolled in a course of study leading to an associates or bachelor's degree by an accredited college or university; or
- Completed a minimum of 48 semester hours of college courses in an accredited college or university; or
- Obtained a High School diploma or GED equivalent and have completed 500 hours of employment providing supervised ABA therapy as verified by the ACSP.

**6.3.5** **BTs** must obtain ongoing supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month **per beneficiary**. Supervision must include at least two face-to-face, synchronous contacts per month **per beneficiary** during which the supervisor observes the **BT** providing services in accordance with the BACB **practice requirements of the RBT credential** (at <http://www.bacb.com>). Remote supervision through the use of real time methods is also authorized. For the purpose of this paragraph, “real-time” is defined as the simultaneous “live” audio and video interaction between the ABA Supervisor and the **BT** by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the Internet.

**6.3.6** If a state-issued license or certification is available, supervision shall be provided in accordance with the state licensure and certification requirements in the state in which ABA is practiced.

#### **6.4 Autism Care Demonstration-Corporate Services Providers (ACSPs)**

ACSPs include autism centers, autism clinics (institutional providers), and individual BCBA and BCBA-Ds with contractual agreements with individual BCaBAs and **BTs** under their supervision.

**6.4.1** The ACSP shall:

**6.4.1.1** Submit evidence to the contractor that professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate, is maintained in the ACSP’s name, unless state requirements specify greater amounts;

**6.4.1.2** Submit to the contractor all documents necessary to support an application for designation as a TRICARE ACSP;

**6.4.1.3** Enter into a Participation Agreement, [Chapter 18, Addendum B](#), approved by the Director, TMA or designee (i.e., the contractor);

**6.4.1.4** Employ directly or contract with qualified ABA Supervisors, BCaBAs, and/or **BTs**;

**6.4.1.5** Certify that all ABA Supervisors, BCaBAs, and **BTs** employed by or contracted with the ACSP meet the education, training, experience, competency, supervision, and Autism Care Demonstration requirements specified herein;

**6.4.1.6** Comply with all applicable organizational and individual licensing or certification requirements that are extant in the State, county, municipality, or other political jurisdiction in which ABA services are provided under the Autism Care Demonstration;

**6.4.1.7** Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements, and corporate policies regarding ABA Supervisors, BCaBAs, and **BTs**;

**6.4.1.8** Comply with all applicable requirements of the Government designated utilization and clinical quality management organization for the geographic area in which the ACSP provides ABA services; and

**6.4.1.9** Comply with all other requirements applicable to TRICARE-authorized providers.

## **6.5 Provider Background Review**

**6.5.1** The contractor shall obtain a Criminal History Review, as specified in [Chapter 4, Section 1, paragraph 9.0](#), for ACSPs who are individual providers with whom the contractor enters into a Participation Agreement.

**6.5.2** ACSPs, other than those specified in [paragraph 6.5.1](#), shall:

**6.5.2.1** Obtain a Criminal History Review of ABA Supervisors whom the ACSP employs directly or with whom the ACSP enters into a contract.

**6.5.2.2** Obtain a Criminal History Background Check (CHBC) of BCaBAs and **BTs** whom the ACSP employs directly or with whom the ACSP enters into a contract.

**6.5.3** The ABA Supervisor shall obtain a CHBC of BCaBAs and **BTs** the Supervisor employs directly or with whom the Supervisor enters into a contract to supervise the BCaBA or **BT**. The CHBC of BCaBA and **BT** shall:

**6.5.3.1** Include current Federal, State, and County Criminal and Sex Offender reports for all locations the BCaBA or **BT** has resided or worked during the previous 10 years; and

**6.5.3.2** Be completed prior to the BCaBA or **BT** providing ABA services to TRICARE beneficiaries.

## **7.0 BENEFICIARY ELIGIBILITY**

**7.1** The contractor shall cover ABA under this demonstration for dependents of active duty, retirees, and TRICARE eligible Reserve Components, participants in member plus family coverage under TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR), individuals covered under the Transitional Assistance Management Program (TAMP) or TRICARE for Life (TFL), participants in TRICARE Young Adult (TYA), and those individuals no longer TRICARE eligible who are participating in the Continued Health Care Benefits Program (CHCBP).

**7.2** For continuity of care purposes and to minimize the risk of regression during times of change, the contractor shall identify and transition all beneficiaries currently receiving ABA services under the TRICARE Basic Program, Extended Care Health Option (ECHO), the Enhanced Access to Autism Services Demonstration, and the ABA Pilot directly into the Autism Care Demonstration no later than December 31, 2014. These beneficiaries will be deemed to have met all diagnosis, referral, and assessment requirements of this section. By December 31, 2014, the contractor shall **automatically** issue new one-year authorizations to **all** beneficiaries **currently** receiving ABA **services** to ensure a seamless transition with no disruption to ABA services. The TRO Director may approve extensions **to a beneficiary's previous authorization beyond December 31, 2014**, in exceptional circumstances on a case-by-case basis. The contractor shall report to TMA through their respective TROs the total number of beneficiaries requiring transition and the number and percentage of those beneficiaries who have been transitioned on at least a biweekly basis until the transition is completed. Also, the MCSCs shall report any transition issues that require the attention of TMA.

**7.3** Eligible beneficiaries for this demonstration must:

**7.3.1** Have been diagnosed with ASD specified in [paragraph 4.8](#) by a TRICARE-authorized ASD diagnosing provider specified in [paragraph 5.0](#).

**7.3.2** Dependents of ADFMs must be registered in ECHO [per paragraph 10.0](#) in order to continue to receive the other supplemental services offered under ECHO such as respite care, durable equipment, and additional OT, PT, and SLP services beyond those offered under the Basic Program.

**7.4** Eligibility for benefits under the Autism Care Demonstration ceases as of 12:01 a.m. of the day after the end of the Autism Care Demonstration, or when the beneficiary is no longer eligible for TRICARE benefits.

**7.5** Ineligibility for the Autism Care Demonstration does not preclude eligible beneficiaries from receiving otherwise allowable services under TRICARE.

## **8.0 POLICY**

### **8.1 Referral and Authorization**

**8.1.1** After a TRICARE eligible beneficiary is diagnosed with ASD by an appropriate diagnosing provider, a referral with the supporting [documentation](#) must be submitted to the contractor by the TRICARE-authorized P-PCM or specialized ASD [diagnosing](#) provider who rendered the diagnosis. The referral must contain information that the beneficiary is able to actively participate in ABA.

**8.1.2** Prior authorization is required. Upon receipt of the referral, the contractor shall issue an authorization for one year of ABA based on the referral request. To the extent practicable, each contractor authorization shall identify a specific TRICARE authorized BCBA, BCBA-D, or other TRICARE authorized provider practicing within the scope of practice of his/her state licensure or certification with an opening to accept the TRICARE beneficiary. This individualized approach is designed to provide families timely access to ABA services. However, beneficiary families are free to choose any TRICARE authorized ABA provider once the authorization is received.

**8.1.2.1** The provision of ABA under the Autism Care Demonstration shall include: The initial ABA assessment by the BCBA, BCBA-D, [or other qualified TRICARE authorized independent providers](#) to include functional behavior analysis if needed, initial TP development, direct one-on-one ABA interventions as specified in the TP, reassessment to evaluate progress, TP updates and [parent\(s\)/caregiver\(s\) treatment guidance](#).

**8.1.2.2** The provision of the ABA under this demonstration shall include [either development and implementation of the beneficiary's TP by BCBA/BCBA-Ds, or in the tiered service delivery model, delegated, supervised clinical support and case management activities by BCaBAs as defined in these policies, and implementation of the TP by ABA Supervisors, supervised BCaBAs and/or supervised BTs, including treatment guidance for family members and other caregivers to implement selected treatment protocols](#).

**8.1.2.3** Prior to the expiration of each one-year authorization period, the BCBA or BCBA-D or ACSP shall request re-authorization of ABA from the contractor.

**8.1.2.4** A new referral from the P-PCM or specialized ASD diagnosing provider is required for ABA services annually. The BCBA, BCBA-D, ACSP, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification providing the ABA services to the beneficiary shall provide the contractor with the initial ABA TP and the semi-annual ABA TP updates by the eleventh month of the current authorization.

**8.1.2.5** The contractor shall authorize ABA for one year at a time and for no more than two consecutive years without a periodic review in accordance with paragraph 8.1.2.6. ABA authorization requires that the contractor receives the required documentation: initial TP, TP updates every six months that include documentation of progress using either graphic representation or objective measurement (using the same tool at baseline) of data from direct, objective observation and measurement of treatment targets at baseline and throughout treatment using standard ABA methods. Those data may be supplemented by results of assessments using instruments with published and acceptable validity and reliability for evaluating adaptive functioning in individuals with ASD of the same age and functioning level as the beneficiary, conducted at baseline and semi-annually. Examples of such instruments are the Vineland Adaptive Behavior Scale - 2nd edition and the Pervasive Developmental Disabilities Behavior Inventory. The diagnosing evaluation must also be included. In addition, for services to be provided in the school an Individualized Education Plan (IEP), when available, must accompany the referral and authorization request and the ABA TP must demonstrate that the ABA services provided under TRICARE are not the same ABA services provided under the IEP.

**8.1.2.6** Every two years from the initial authorization (i.e., after the beneficiary has received ABA for two consecutive years), the contractor shall conduct a periodic ABA program review for clinical necessity prior to authorization of another year of ABA in accordance with paragraph 8.3. Clinical necessity refers to services and supplies that a licensed or otherwise authorized TRICARE provider of ABA for ASD determines are indicated and appropriate to address a beneficiary's diagnosed condition, beyond what is determined as medically necessary under TRICARE regulations. A comprehensive review for clinical necessity shall be conducted every two years until ABA is no longer necessary. This review should take into account current status, progress toward meeting ABA TP objectives and goals, and referring provider and parental input. The TRICARE Regional Contractors' Medical Director reviews and approves authorizations for clinically necessary care.

**8.2** ABA Assessments and TPs shall include:

**8.2.1** The beneficiary's name, date of birth, date the initial ABA assessment and initial ABA TP was completed, the beneficiary's DoD Benefit Number (DBN) or other patient identifiers, name of the referring provider, background and history (to include number of hours enrolled in school, and numbers of hours receiving other support services such as OT, PT and SLP), objectives and goals, and ABA recommendations. The ABA assessment shall include results of the assessments conducted to identify specific treatment targets and the ABA intervention procedures to address each target.

**8.2.2** Background and history shall include information that clearly demonstrates the beneficiary's condition, diagnoses, medical co-morbidities, family history, and how long the beneficiary has been receiving ABA.

**8.2.3** The initial ABA assessment must identify **objectively measured behavioral deficits that impede the beneficiary's safe, healthy, and independent functioning in all domains** (social, communication, and **adaptive skills**).

**8.2.4** The initial ABA assessment must state that the beneficiary is able to actively participate in ABA as observed by the BCBA, BCBA-D, ACSP, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification during the ABA assessment.

**8.2.5** The initial ABA TP shall include **clearly defined, measurable target behaviors in all domains as identified in the initial assessment, and objectives and goals individualized to the strengths, needs, and preferences of the beneficiary and his/her family members**.

**8.2.6** The initial ABA TP and all TP updates shall also include an objective and goal for parent/caregiver **treatment guidance on implementation of selected treatment protocols with the beneficiary at home and in other settings. The protocols shall be selected jointly by the BCBA/BCBA-D and the parent(s)/caregiver(s)**. If parent(s)/caregiver(s) **treatment guidance** is not possible, the TP shall document why not.

**8.2.7** Documentation on the initial ABA TP shall also include the BCBA or BCBA-D recommendation for the number of weekly hours of ABA under the Autism Care Demonstration to include the recommended number of weekly hours for ABA interventions by **BTs. TPs are individualized and treatment goals and hours of ABA services are determined by the individual needs of the beneficiary**. Recommendations for hours shall take into account whether the child is attending school, the time available in the beneficiary's schedule for ABA, and individual beneficiary needs. CPT Assistant, June 2014 states:

"The typical Early Intensive Behavior Intervention patient initially has 15 or more treatment targets per week and requires 25 hours of treatment per week during a defined treatment period. Older patients typically have fewer targets and require considerably fewer treatment units per week."

**8.2.8** Semi-annual ABA reassessments and TP updates shall document the evaluation of progress for each behavior target identified on the initial ABA TP and prior TP updates. Documentation of the annual ABA reassessment and TP update shall include all of the following:

- Date and time the annual reassessment and TP update was **completed**.
- ABA provider conducting the reassessment and TP update.
- **Evaluation of progress on each treatment target using graphic representations of data from direct, objective observation and measurement of treatment targets at baseline and throughout treatment using standard ABA methods. The evaluation of progress data may be supplemented, but shall not be replaced, by results of assessments using instruments with published and acceptable validity and reliability for evaluating adaptive functioning in individuals with ASD of the same age as the beneficiary (e.g., the Vineland Adaptive Behavior Scale - 2nd edition; the Pervasive Developmental Disabilities Behavior Inventory).**

- Revisions to the ABA TP to include identification of new behavior targets, objectives, and goals.
- Recommendation for continued ABA to include a recommendation for the number of weekly hours of one-on-one ABA, **including documentation of additional hours needed**, under the Autism Care Demonstration.
- A projected duration of ABA.
- A **periodic ABA program review** to include a step down level of care to which the beneficiary will be referred once the ABA TP target goals are attained.

### 8.3 Periodic ABA Program Review

The following criteria is established to determine if/when ABA is no longer appropriate:

**8.3.1** Loss of eligibility for TRICARE benefits as defined in [32 CFR 199.3](#).

**8.3.2** The BCBA, BCBA-D, **or other qualified TRICARE authorized independent providers** has determined one or more of the following:

- The patient has met ABA TP goals and is no longer in need of ABA.
- The patient has made no measurable progress toward meeting goals identified on the ABA TP after successive progress review periods and repeated modifications to the TP.
- ABA TP gains are not generalizable or durable over time and do not transfer to the larger community setting (to include school) after successive progress review periods and repeated modifications to the TP.
- The patient can no longer participate in ABA (due to medical problems, family problems, or other factors that prohibit participation).

### 8.4 ABA Benefits

The following ABA is authorized under the Autism Care Demonstration to TRICARE eligible beneficiaries with ASD diagnosed by an appropriate provider.

**8.4.1** An initial beneficiary ABA assessment performed one-on-one by a BCBA, BCBA-D, **or other qualified TRICARE authorized independent provider** to include administration of appropriate **assessment tools**, and a functional behavior assessment and analysis when appropriate.

**8.4.2** Development of the initial ABA TP with objectives and goals of specific-evidenced based interventions.

**8.4.3** Provision of ABA one-on-one specialized interventions delivered directly by the BCBA, BCBA-D, **other qualified TRICARE authorized independent providers** or delivered by the BCaBA and/

or **BT** under the direct supervision of the BCBA, BCBA-D, or other qualified TRICARE authorized independent providers.

**8.4.4** Monitoring of the beneficiary's progress toward ABA TP objectives and goals specified in the initial ABA TP through semi-annual ABA TP updates by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification.

**8.4.5** **Providing treatment guidance to** family member(s)/caregiver(s) by the BCBA or delegated to the BCaBA to provide ABA in accordance with the ABA TP.

**8.4.6** **Supervision of delivery of services to the beneficiary by BCBA, BCBA-D, or other qualified TRICARE authorized independent providers, in accordance with these policies.**

## **9.0 ABA PROVIDED UNDER THE TRICARE OVERSEAS PROGRAM (TOP)**

**9.1** ABA therapy shall only be authorized to be provided by either a BCBA or BCBA-D in countries that have BCBA and BCBA-Ds certified by the BACB. All requirements outlined in this Section apply to the TOP contractor with the following exceptions.

**9.2** The TOP contractor shall verify compliance with all requirements outlined in the Autism Care Demonstration.

**9.3** European and other international providers certified by the BACB as a BCBA or BCBA-D are eligible to become TRICARE authorized providers of ABA for the TOP.

**9.4** Where there are no BCBA or BCBA-Ds certified by the BACB within the TRICARE specialty care access standards in the host nation, there is no ABA benefit under the Autism Care Demonstration.

**9.5** The contractor shall work with the TOP Office to identify the most appropriate claim form to use depending on the host nation country and the overseas provider's willingness to use the CMS 1500 claim form.

**9.6** The contractor shall report allegations of abuse to the host nation authorities responsible for child protective services and to the BACB in accordance with applicable law (including Status of Forces Agreements), and to state license or certification boards as appropriate.

**9.7** Reimbursement of TOP claims for ABA obtained overseas shall be based upon the lesser of billed charges, the negotiated reimbursement rate, or the government-directed reimbursement rate foreign fee schedule. (See the [Chapter 24, Section 9](#) and the TRM, [Chapter 1, Section 35](#) for additional guidance).

## **10.0 ECHO PROGRAM**

The ECHO program as currently outlined in [32 CFR 199.5](#) remains unaffected, except all ABA care will be provided under the Autism Care Demonstration. ECHO-registered ADFMs will continue to receive all services and supplies determined by the Department to assist in reducing the disabling effects of an ECHO-eligible dependent's qualifying conditions, except for the ABA care. Participation in the Autism Care Demonstration by ADFMs requires registration in ECHO and shall constitute participation in ECHO for purposes of ECHO registered beneficiary eligibility for other

ECHO services. This will allow ADFMs to continue to receive the other supplemental services offered under ECHO such as respite care, **durable equipment**, and additional OT, PT, and SLP services beyond those offered under the TRICARE Basic Program without unnecessary delays. **The allowed costs of these supplemental ECHO services, except ABA and ECHO Home Health Care (EHHC), accrue to the government's maximum fiscal year cost-share of \$36,000. For those ADFMs transitioning to the Autism Care Demonstration who are not currently registered in ECHO, follow the ECHO registration procedures outlined in TPM, Chapter 9, Section 3.1. That section outlines ECHO registration requirements to include provisional status and waiver of the Exceptional Family Member Program (EFMP) requirement. To meet the ECHO registration requirement of the Autism Care Demonstration only, the TRO Director may approve an additional 90 day provisional status (up to 180 days total) in exceptional circumstances on a case-by-case basis. For those ADFMs who have not been granted a waiver from EFMP enrollment, the contractor shall pend claims for ADFMs who fail to register in ECHO after the expiration of provisional status until the ADFM is successfully registered in ECHO. The TRO shall promptly notify the sponsor's Service, as enforcing EFMP enrollment is a Service chain-of-command responsibility. ADFMs registered in ECHO shall be assigned an ECHO case manager and shall receive care coordination as needed from both the contractor and ECHO case management. Registration in ECHO for ADFMs and payment of the monthly ECHO cost-share satisfies the monthly Autism Care Demonstration cost-share for ABA provided by a supervised BCaBA and/or BT working under the supervision of a BCBA, BCBA-Ds, or other qualified TRICARE authorized independent providers as required by 32 CFR 199.5 and TPM, Chapter 9, Section 16.1. The monthly payment of the ECHO cost-share does not accrue toward the catastrophic cap.**

## 11.0 REIMBURSEMENT

**11.1** TRICARE will reimburse **ACSPs**, BCBA, BCBA-Ds, or state licensed or certified providers with a scope of practice for independent practice of ABA, for ABA planned by these TRICARE authorized providers, and delivered by supervised BCaBAs or paraprofessional **BTs**, or delivered by the ABA independent providers (BCBAs or BCBA-Ds) themselves. Only **ACSPs**, BCBA, BCBA-Ds, or a state licensed or certified provider with a scope of practice for independent practice of ABA may receive TRICARE reimbursement for ABA services. This is in accordance with the CPT guidance effective July 1, 2014, for the ABA CPT Category III codes which states: **"While the adaptive behavior assessment and treatment codes may be used by any physician and/or qualified health care professional (licensed and/or credentialed), the majority of these services will be delivered by a behavior analyst (advanced degree professionals) or licensed clinical psychologist (who is authorized to practice ABA within the scope of their license) who designs and directs treatment protocols delivered by assistant behavior analysts (BCaBAs) or (behavior) technicians. (CPT Assistant, June 2014/Volume 24 Issue 2)." BCaBAs and/or BTs receive compensation from their supervising BCBA, BCBA-D, or a state licensed or certified provider with a scope of practice for independent practice of ABA. BCBA or BCBA-Ds who are employed directly or contracted with a TRICARE authorized ACSP receive compensation from the ACSP. ABA must meet the minimum standards established by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations when rendered by BCaBAs or BTs who meet all applicable Autism Care Demonstration requirements and the minimum standards required under state regulation in the geographic location where the ABA services are delivered.**

**11.2** Claims under the Autism Care Demonstration shall be submitted electronically using the CPT Category III codes defined in **paragraph 12.0**.

**11.3** Claims for ABA services for beneficiaries transitioning from ABA services provided through the TRICARE Basic Program, the Enhanced Access to Autism Services Demonstration, and the ABA Pilot for NADFM's will continue to be processed and paid using the non-standard usage codes identified under each of those programs until the transition to the Autism Care Demonstration is complete on December 31, 2014. All ABA claims for new beneficiaries entering the Autism Care Demonstration shall be submitted electronically using the CPT Category III codes for ABA outlined in [paragraph 12.0](#).

**11.4** The CPT Category III codes are a set of temporary codes that allow data collection for emerging technology, services, and procedures. These codes are intended for data collection to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process. The ABA CPT Category III codes may not conform to the requirements of CPT Category I codes which are used for established medical care (AMA CPT Category III Codes, July 1, 2014).

**11.5** Claims will be reimbursed using the ABA CPT Category III codes. These codes apply to the provision of ABA in all authorized settings (office, home, or community setting).

## 12.0 CPT CATEGORY III CODES

### 12.1 CPT<sup>1</sup> 0359T- ABA Assessment and ABA TP

**12.1.1** The initial ABA assessment, ABA TP development, and the ABA reassessments and TP updates, conducted by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification during a one-on-one encounter with the beneficiary and parents/caregivers, shall be coded using CPT<sup>1</sup> 0359T, "Behavior Identification Assessment."

**12.1.2** Elements of ABA assessment include:

- One-on-one observation of the beneficiary
- Obtaining a current and past behavioral functioning history, to include functional behavior analysis if appropriate
- Reviewing previous assessments and health records
- Conducting interviews with parents/caregivers to further identify and define deficient adaptive behaviors
- Administering assessment tools (e.g., ABLLS-R, VP-MAPP, and others)
- Interpreting assessment results
- Development of the TP, to include design of instructions to the BCaBAs and BTs (under the Autism Care Demonstration)

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- Discussing findings and recommendations with parents/caregivers
- Preparing the initial ABA assessment, semi-annual ABA re-assessment (to include progress measurement reports), initial ABA TP and semi-annual ABA TP updates

**12.1.3** CPT<sup>2</sup> 0359T is an untimed code, meaning that this code is reimbursed as a single unit of service procedure, rather than for timed increments related to how long it takes to complete the assessment and ABA TP (CPT Assistant, June 2014). CPT<sup>2</sup> 0359T may only be reported once within a defined time period, which for this demonstration is once every six months for the initial ABA assessment and ABA TP and the semi-annual ABA reassessment, progress measurement report, and TP update.

## 12.2 CPT<sup>2</sup> 0364T and 0365T - Adaptive Behavior Treatment by Protocol

These codes are intended to code for the direct one-on-one ABA interventions delivered per ABA TP protocol to the beneficiary. The direct one-on-one ABA TP interventions are most often delivered by the BT or BCaBA under the tiered delivery model, but they can also be delivered by the BCBA, BCBA-D under the sole provider model. CPT<sup>2</sup> 0364T is coded for the initial 30 minutes of ABA TP protocol interventions provided during one-on-one with the beneficiary, and CPT<sup>2</sup> 0365T shall be coded for each additional 30 minutes.

**Note:** ABA supervisors (BCBAs, BCBA-Ds etc.) direct the overall treatment by designing the overall sequence of stimulus and response fading procedures, analyzing the BT recorded progress data, and judging whether adequate progress is being made.

## 12.3 CPT<sup>2</sup> 0360T and 0361T - Observational Behavioral Follow-Up Assessment- Supervised Fieldwork

Supervision of BTs by ABA supervisors (BCBAs, BCBA-Ds, or other qualified TRICARE authorized independent providers) shall be in accordance with paragraph 6.3.5. "BTs must obtain ongoing supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month per beneficiary. Supervision must include at least two face-to-face, synchronous contacts per month during which the supervisor observes the BT providing services in accordance with the BACB recommendations, rules, and regulations. Remote supervision through the use of real time methods is also authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the ABA Supervisor and the BT by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the Internet."

**12.3.1** Direct supervision (i.e., supervised fieldwork), is conducted to ensure the quality of BT services delivered during one-on-one ABA with the beneficiary. Supervised fieldwork also provides an opportunity for the ABA supervisor and the BT to use direct observation to identify and evaluate factors that may impede expression of the beneficiary's adaptive behavior. Beneficiary areas assessed during supervised fieldwork include cooperation, motivation, visual understanding, receptive and expressive language, imitation, requests, labeling, play, leisure, and social interactions (CPT Assistant, June 2014).

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**12.3.2** BCBA, BCBA-Ds, and other **qualified** TRICARE authorized providers shall use CPT<sup>3</sup> 0360T for the first 30 minutes and 0361T for each additional 30-minute increment of supervised field work of **BTs**. BCBA, BCBA-Ds, and other **qualified** TRICARE authorized providers are the only providers that shall bill and receive reimbursement for supervised field work.

- BCBA, BCBA-Ds, and other **qualified** TRICARE authorized providers shall also use CPT<sup>3</sup> 0360T for the first 30 minutes and 0361T for each additional 30-minute increment of supervised field work of BCaBAs as BCaBAs require monthly supervision, two of which must be face to face in person, with the beneficiary.

**12.4** CPT<sup>3</sup> 0368T and 0369T Adaptive Behavior Treatment by Protocol Modification- are codes used by BCBA, BCBA-D, or other TRICARE authorized providers for direct one-on-one time with one beneficiary to demonstrate a new or modified protocol to a **BT** and/or parents/caregivers. CPT<sup>3</sup> 0368T and 0369T are timed 30-minute increment codes. **These codes are also used for quarterly "treatment team meetings" where the ABA supervisor and the parents/caregivers and BCaBAs and/or BTs meet as a team to discuss the treatment modifications. "Treatment team meetings" will be authorized quarterly for protocol modification for milestone achievement. MCSC review shall be required for more frequent "treatment team meetings".**

**Note:** An example of when this may be required could be when a military family moves and a beneficiary demonstrates regression during this time of change. The BCBA or BCBA-D would modify the previous ABA TP protocol to incorporate changes in context and the environment. The modified protocol would then be provided to the **BT** and parents/caregivers to facilitate the desired behavioral target (such as reducing tantrums).

### **12.5 CPT<sup>3</sup> 0370T- Family Adaptive Behavior Treatment Guidance**

This code is used by the BCBA, BCBA-D, or other TRICARE authorized providers for teaching the parents/caregivers to utilize the ABA TP protocols to **reinforce adaptive** behaviors without the beneficiary present during a one-on-one encounter. BCBA and BCBA-Ds may delegate family/caregiver teaching to BCaBAs working under their supervision but only the BCBA or BCBA-D may bill for this service using this code.

### **13.0 REIMBURSEMENT RATES**

Reimbursement of claims in accordance with [paragraphs 12.1](#) through [12.5](#) will be the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- The negotiated rate; or
- The reimbursement rates for the covered ABA CPT codes:
  - CPT<sup>3</sup> 0359T. The Initial ABA Assessment and Initial ABA TP by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification - \$500.00. This is a single unit of

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

### Chapter 18, Section 18

#### Department Of Defense (DoD) Comprehensive Autism Care Demonstration

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service code. **CPT<sup>3</sup> 0359T is also the code used for the every six month ABA reassessment and ABA TP update.**

- CPT<sup>4</sup> 0364T and 0365T. Adaptive Behavior Treatment by Protocol these codes are generally used for **BT** one-on-one with the beneficiary, however BCaBAs, BCBA-Ds can also deliver this service. CPT<sup>4</sup> 0364T and 0365T are timed codes based on units of service in 30-minute increments. CPT<sup>4</sup> 0364T and 0365T are reimbursed at \$34.00 per 30-minute increments (\$68.00 an hour) for BCBA-Ds. CPT<sup>4</sup> 0364T and 0365T are reimbursed at \$25.00 per 30-minute increment (\$50.00 an hour) for BCaBAs and **BTs**).
- CPT<sup>4</sup> 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Field Work of the BCaBAs and **BTs** by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification is \$62.50 for each 30 minutes (\$125.00 an hour) of these timed 30-minute increment codes.
- CPT<sup>4</sup> 0368T and 0369T. Adaptive Behavior Treatment by Protocol Modification **or for quarterly "treatment team meetings"** by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification is \$62.50 for each 30 minutes (\$125.00 an hour) of these timed 30 minute increment codes.
- CPT<sup>4</sup> 0370T. Family Adaptive Behavior Treatment Guidance is for use by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification for **treatment guidance to** parents/caregivers is \$125.00. This is a single unit of service procedure code.

#### 14.0 COST-SHARING

**14.1** For ABA provided solely by a BCBA or BCBA-D, beneficiary cost-sharing and deductibles will be the same as the TRICARE Basic Program, as defined in [32 CFR 199.4](#); TRICARE Extra Program as defined in [32 CFR 199.17](#); and TRICARE Prime Program enrollment fees and copayments as defined under the Uniform Health Maintenance Organization (HMO) Benefit Schedule of Charges in [32 CFR 199.18](#). For information on fees for Prime enrollees choosing to receive care under the Point of Service (POS) option, refer to [32 CFR 199.17](#). Also, refer to TRM, [Chapter 2, Section 1](#).

**14.1.1** The following CPT codes delivered by the master's level or above BCBA are cost-shared under [paragraph 14.1](#) and count toward the catastrophic cap:

- CPT<sup>4</sup> 0359T. Initial ABA Assessment and Initial ABA TP **and every six month ABA reassessment and ABA TP update.**
- CPT<sup>4</sup> 0364T and 0365T. Adaptive Behavior Treatment by Protocol when delivered by the master's level or above BCBA, BCBA-D or other TRICARE authorized providers practicing within the scope of their state licensure or state certification.under the sole provider model.

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

### Chapter 18, Section 18

#### Department Of Defense (DoD) Comprehensive Autism Care Demonstration

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- CPT<sup>5</sup> 0368T and 0369T. Adaptive Behavior Treatment by Protocol Modification or “treatment team meetings”.
- CPT<sup>5</sup> 0370T. Family Adaptive Behavior Treatment Guidance.

**14.1.2** Established TRICARE deductibles or enrollment fees, copays or cost-shares, and the annual catastrophic cap protections apply. The copay for the BCBA or BCBA-D visit is \$12.00 under TRICARE Prime for NADFMs (ADFMs pay \$0.00 copay under TRICARE Prime), the same as a primary care outpatient visit. The customary catastrophic cap based on sponsor’s status is \$1,000 for ADFMs and TRS participants and \$3,000 for retiree dependents and TRR. There is no maximum government fiscal year cost-share or cap on these services.

**14.2** Registration in ECHO for ADFMs and payment of the monthly ECHO cost-share satisfies the monthly Autism Care Demonstration cost-share for one-on-one ABA TP interventions provided by a BCaBA and/or BT under the supervision of a BCBA, BCBA-Ds, as required by 32 CFR 199.5 and TPM, Chapter 9, Section 16.1. ECHO registration procedures are outlined in TPM, Chapter 9, Section 3.1. ADFMs only pay the ECHO monthly fee during months when they use ECHO services (i.e., BCaBA and BT services under the ACD or other ECHO services such as respite care or durable equipment). ECHO registration covers Tiered Delivery model services for the following CPT codes:

- CPT<sup>5</sup> 0364T and 0365T. Adaptive Behavior Treatment by Protocol (for direct one-on-one ABA TP interventions delivered per ABA TP protocol with the beneficiary) when delivered by a BCaBA or BT.
- CPT<sup>5</sup> 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Field Work of BTs or BCaBAs by the BCBA, BCBA-D, or other TRICARE authorized providers practicing within the scope of their state licensure or state certification.

**14.3** Dependents of other members or former members of a Uniformed Service otherwise eligible for the Tiered Delivery model services under the Autism Care Demonstration provided by a BCaBA and/or BTs shall pay a cost-share amount, regardless of whether they are using TRICARE Standard, Extra, or Prime.

**14.3.1** Ten percent (10%) of the lesser of:

- The CMAC; or
- \$50 per hour for services provided by the BCaBA or BT, or
- The negotiated rate; or
- The billed charge.

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**14.3.2** The 10% cost-share covers Tiered Delivery model services for the following CPT codes:

- CPT<sup>6</sup> 0364T and 0365T. Adaptive Behavior Treatment by Protocol (for direct one-on-one ABA TP interventions delivered per ABA TP protocol with the beneficiary) when delivered by a BCaBA or BT.
- CPT<sup>6</sup> 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Field Work of BTs or BCaBAs by the BCBA, BCBA-D or other TRICARE authorized providers practicing within the scope of their state licensure or state certification.

**14.4** Cost-shares for the Tiered Delivery model services of BCaBAs and BTs under the Autism Care Demonstration do not accrue toward the standard deductible or the catastrophic cap. However, there is no maximum government fiscal year cost-share or cap on these services.

**Note:** In order to assess the feasibility and advisability of establishing a beneficiary cost-share for the treatment of ASD, the Department considered a cost-share range of 10 to 25%. A flat 10% cost-share (\$5 per hour or \$125 to \$200 per week if the recommended BACB hours are used) keeps the total out-of-pocket costs in line with what is expected of non-active duty beneficiaries for annual out-of-pocket medical expenses. The Autism Care Demonstration, therefore, will allow the Department to assess appropriate cost-sharing requirements.

## 15.0 ADDITIONAL CONTRACTOR RESPONSIBILITIES

The contractor shall:

**15.1** Ensure all requirements outlined in this section are met when authorizing ABA under the Autism Care Demonstration.

**15.2** Maintain all documents related to the Autism Care Demonstration in accordance with [Chapter 2](#).

**15.3** Forward to the “gaining” contractor all Autism Care Demonstration related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another contractor.

**15.4** Conduct annual audits on at least 20% of each ABA Supervisor’s BCaBAs and BTs for compliance with the requirements governing ABA providers as specified in [paragraph 6.0](#). Auditors shall include assessment of compliance with the requirement for **supervision for a minimum of 5% of the hours spent providing one-on-one ABA per month per** beneficiary as per [paragraph 6.1.9](#). Upon determining non-compliance with one or more BCaBA and BT qualification requirements, the contractor shall immediately initiate a compliance audit of all BCaBAs and BTs employed by or contracted with that ABA Supervisor.

**15.5** Conduct semi-annual audits on 20% of beneficiaries receiving ABA for compliance with [paragraphs 8.1](#) and [8.2](#). Audits shall include evaluation of the six month progress measurement using the same tool throughout the episode of care and shall include a breakdown of measures

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used. The annual audit cycle shall also include compliance with the requirement to obtain either an ADOS-2 or a specialized ASD diagnosing provider ASD diagnostic evaluation if required **and shall include analysis of number of hours of BCBA/BCBA-D supervision expressed as a percentage per month.**

**15.6** Complete and timely submit the monthly, quarterly, and semi-annual reports as described in the Contract Data Requirements List (CDRL), DD Form 1423.

**15.7** Ensure all TRICARE Encounter Data (TED) requirements outlined in the TRICARE Systems Manual (TSM), [Chapter 2](#) are met including appropriate use of Special Processing Code "AS Autism Care Demonstration".

**15.8** The contractor shall ensure timely processing of referrals and authorization of ABA. Case management services shall be offered to those NADFM (retirees and other eligible beneficiaries of Reserve and National Guard sponsors) who meet contractor criteria for case management. ADFMs registered in ECHO are assigned an MCSC ECHO case manager and shall receive care coordination from that MCSC ECHO case manager. Additional case management services may be provided by the MCSC, if needed.

## **16.0 QUALITY ASSURANCE**

**16.1** ABA involves the provision of care to a vulnerable patient population. The contractor shall have a process in place for evaluating and resolving family member/caregiver concerns regarding ABA provided by the BCBA, the BCBA-Ds or other TRICARE authorized ABA providers (practicing within the scope of their state license or state certification), and the BCaBAs and/or **BTs** they supervise.

**16.2** The contractor shall designate an Autism Care Demonstration complaint officer to receive and address beneficiary family member/caregiver complaints. Contact information shall be provided to all family members/caregivers of beneficiaries receiving ABA under this demonstration.

**16.3** Allegations of risk to patient safety shall be immediately reported to the contractor's Program Integrity (PI) unit and TMA Program Integrity Division. The contractor's PI unit shall take action in accordance with [Chapter 13](#), developing for potential patient harm, fraud, and abuse issues.

**16.4** Potential complaints shall be ranked by severity categories. Allegations involving risk to patient safety shall be considered the most severe, shall be addressed immediately, and shall be reported to other agencies in accordance with applicable law. For example, allegations of physical, psychological, or sexual abuse require immediate reporting to state Child Protective Services, to the BACB, and to state license or certification boards as indicated in accordance with applicable laws, regulations, and policies concerning mandated reporting requirements.

**16.5** Claims shall be denied for services of a BCBA, BCBA-D, or other TRICARE authorized ABA providers (practicing within the scope of their state license or state certification) who have any restriction on their certification imposed by the BACB or any restriction on their state license or certification for those having a state license or certification.

**16.6** Risk Management policies and processes shall be established by the contractor for the BCBA's, BCBA-Ds, and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification.

## **17.0 QUALITY MONITORING AND OVERSIGHT**

**17.1** Potential categories requiring quality monitoring and oversight by the MCSC include, but are not limited to:

- Fraudulent billing practices.
- Lack of ASD diagnosis from a provider qualified to provide such per [paragraph 5.0](#).
- Lack of an ABA referral from a TRICARE authorized ASD referring provider as per [paragraph 5.0](#).
- Lack of maintenance of the required medical record documentation.
- Billing for office supplies to include therapeutic supplies.
- Billing for ABA using aversive techniques.
- **Group ABA that is billed as authorized one-on-one ABA.**

**17.2** Documentation requirements shall address the requirements for session progress notes and the ABA TP (to include the initial ABA TP and ABA TP updates) that identify the specific ABA intervention used for each Behavior target. Progress notes shall contain the following documentation elements in accordance with TPM, [Chapter 1, Section 5.1](#), "Requirements for Documentation of Treatment in Medical Records":

- The date and time of session;
- Length of therapy session;
- A notation of the patient's current clinical status evidenced by the patient's signs and symptoms;
- Content of the therapy session;
- A statement summarizing the therapeutic intervention attempted during the therapy session;
- Description of the response to treatment, the outcome of the treatment, and the response to significant others;
- A statement summarizing the patient's degree of progress towards the treatment goals; and
- Progress notes should intermittently include reference to progress regarding the **periodic**

ABA program review established early on in the patient's treatment.

### 17.3 ABA Initial TP and TP updates:

- Initial ABA TP documentation identifies short-term objectives, and short-term and long-term treatment goals to include specified treatment interventions for each identified target in each domain.
- ABA TP update assessment notes address progress toward short-term and long-term treatment goals for the identified targets in each domain utilizing graphic representation of ABA TP progress or an objective measurement tool consistent with the baseline assessment. Documentation should note interventions that were ineffective and required modification of the TP.
- Documentation on the initial ABA TP and the ABA TP updates shall reflect the level of support required for the beneficiary to demonstrate progress toward short-term and long-term goals (Note: The level of support required to demonstrate progress is important because it is directly associated with severity of the ASD and is an important factor in determining the number of hours of ABA per week to authorize).
- Documentation of family member/caregiver engagement and implementation of the ABA TP at home shall be included as a required TP goal that is reassessed every six months during the ABA TP update. Reasons for lack of/inability for parental involvement must be documented.

## 18.0 APPLICABILITY

The Autism Care Demonstration is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 7.0](#). The Autism Care Demonstration applies to the managed care support contractors, the TOP contractor, and the Uniformed Services Family Health Plan (USFHP) designated providers.

## 19.0 EXCLUSIONS

- Training of **BTs**.
- ABA for all other diagnoses that are not ASD.
- Billing for e-mails and phone calls.
- Billing for office supplies or therapeutic supplies (i.e., building blocks, stickers, crayons, etc.).
- Billing for ABA provided remotely through Internet technology or through telemedicine/telehealth to a parent working with their child.
- Billing for ABA involving aversive techniques or rewards that can be construed as abuse.
- Educational and vocational rehabilitation.

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

Chapter 18, Section 18

Department Of Defense (DoD) Comprehensive Autism Care Demonstration

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- Respite care (except as authorized under ECHO).
- Custodian, personal care, and/or child care.
- Group ABA.

**20.0 EFFECTIVE DATE AND DURATION**

Requirements for coverage under the Autism Care Demonstration are effective as of July 25, 2014, the statutory end date of the current ABA Pilot, with all beneficiaries transitioned from their current ABA coverage model to the new Autism Care Demonstration no later than December 31, 2014. The TRO Director may approve extensions in exceptional circumstances on a case-by-case basis. The Autism Care Demonstration will terminate December 31, 2018.

- END -

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

### Appendix A

#### Acronyms And Abbreviations

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ANSI	American National Standards Institute
AOA	American Osteopathic Association
APA	American Psychiatric Association American Podiatry Association
APC	Adenomatous Polyposis Coli Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ARB	Angiotensin Receptor Blocker
ARCIS	Archives and Records Centers Information System
ART	Assisted Reproductive Technology
ARU	Automated Response Unit
ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ASRM	American Society for Reproductive Medicine
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BAA	Business Associate Agreement
BACB	Behavioral Analyst Certification Board
BART	BRAC Analysis Large Rearrangement Test
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen

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

### Appendix A

#### Acronyms And Abbreviations

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BBRA	Balanced Budget Refinement Act
BC	Birthing Center
BCaBA	Board Certified Assistant Behavior Analyst
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst - Doctoral
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BE&SD	Beneficiary Education and Support Division
BH	Behavioral Health
BI	Background Investigation
BIA	Bureau of Indian Affairs
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BNAF	Budget Neutrality Adjustment Factor
BOS	Bronchiolitis Obliterans Syndrome
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
BPPV	Benign Paroxysmal Positional Vertigo
BRAC	Base Realignment and Closure
BRCA	BReast CAncer (genetic testing)
BRCA1/2	BReast CAncer Gene 1/2
BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
<b>BT</b>	<b>Behavior Technician</b>
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&P	Compensation and Pension
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
CACREP	Council for Accreditation of Counseling and Related Educational Programs
CAD	Coronary Artery Disease

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

### Appendix A

#### Acronyms And Abbreviations

---

CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care
CAP	Competitive Acquisition Program
CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAQH	Council for Affordable Quality Health
CARC	Claim Adjustment Reason Code
CAS	Carotid Artery Stenosis
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBE	Clinical Breast Examination
CBHCO	Community-Based Health Care Organizations
CBL	Commercial Bill of Lading
CBP	Competitive Bidding Program
CBSA	Core Based Statistical Area
CC	Common Criteria Convenience Clinic Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCCT	Clomiphene Citrate Challenge Test
CCD	Corporate Credit or Debit
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System

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

### Appendix A

#### Acronyms And Abbreviations

---

CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits
CES	Cranial Electrotherapy Stimulation
CF	Conversion Factor Cystic Fibrosis
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFRD	Cystic Fibrosis-Related Diabetes
CFS	Chronic Fatigue Syndrome
CGMS	Continuous Glucose Monitoring System
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs
CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CID	Central Institute for the Deaf
CIF	Central Issuing Facility Common Intermediate Format
CIO	Chief Information Officer
CIPA	Classified Information Procedures Act
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CL	Confidentiality Level (Classified, Public, Sensitive)
CLIA	Clinical Laboratory Improvement Amendment
CLIN	Contract Line Item Number
CLKT	Combined Liver-Kidney Transplant
CLL	Chronic Lymphocytic Leukemia
CMAC	CHAMPUS Maximum Allowable Charge
CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMR	Cardiovascular Magnetic Resonance
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program

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

### Appendix A

#### Acronyms And Abbreviations

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CNM	Certified Nurse Midwife
CNS	Central Nervous System Clinical Nurse Specialist
CO	Contracting Officer
COB	Close of Business Coordination of Benefits
COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease
COR	Contracting Officer's Representative
CORE	Committee on Operating Rules for Information Exchange
CORF	Comprehensive Outpatient Rehabilitation Facility
CORPA	Commission on Recognition of Postsecondary Accreditation
COTS	Commercial-off-the-shelf
CP	Cerebral Palsy
CPA	Certified Public Accountant
CPE	Contract Performance Evaluation
CPI	Consumer Price Index
CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists
CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQM	Clinical Quality Management
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRP	Canalith Repositioning Procedure
CRS	Cytoreductive Surgery
CRSC	Combat-Related Special Compensation
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
CSE	Communications Security Establishment (of the Government of Canada)

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

### Appendix A

#### Acronyms And Abbreviations

---

CSP	Corporate Service Provider Critical Security Parameter
CST	Central Standard Time
CSU	Channel Sending Unit
CSV	Comma-Separated Value
CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTA	Composite Tissue Allotransplantation Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
CTLN1	Citrullinemia Type 1
CTX	Corporate Trade Exchange
CUC	Chronic Ulcerative Colitis
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
DBA	Doing Business As
DBN	DoD Benefits Number
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index
DCIS	Defense Criminal Investigative Service Ductal Carcinoma In Situ
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DCWS	DEERS Claims Web Service
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDD	Degenerative Disc Disease
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment

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

### Appendix A

#### Acronyms And Abbreviations

---

DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System
DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard Disability Evaluation System
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHA-GL	Defense Health Agency-Great Lakes (formerly Military Medical Support Office (MMSO))
DHHS	Department of Health and Human Services
DHP	Defense Health Program
DHS	Department of Homeland Security
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DLI	Donor Lymphocyte Infusion
DM	Disease Management
DMDC	Defense Manpower Data Center
DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
DMR	Direct Member Reimbursement
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate

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

### Appendix A

#### Acronyms And Abbreviations

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DOB	Date of Birth
DOC	Dynamic Orthotic Cranioplasty (Band)
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoDM	Department of Defense Manual
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPCLC	Defense Privacy and Civil Liberties Office
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSA	Data Sharing Agreement
DSAA	Data Sharing Agreement Application Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit

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

### Appendix A

#### Acronyms And Abbreviations

---

DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Versatile Disc (formerly Digital Video Disc)
DVD-R	Digital Versatile Disc-Recordable
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EACH	Essential Access Community Hospital
EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
eFRC	Electronic Federal Records Center
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan

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

### Appendix A

#### Acronyms And Abbreviations

---

E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
EID	Early Identification Enrollment Information for Dental
EIDS	Executive Information and Decision Support
EIP	External Insulin Infusion Pump
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
eMSM	Enhanced Multi-Service Market
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
EOP	Explanation of Payment
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERA	Electronic Remittance Advice
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number

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

### Appendix A

#### Acronyms And Abbreviations

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EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV <sub>1</sub>	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FOUO	For Official Use Only
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSH	Follicle Stimulating Hormone
FSO	Facility Security Officer
FTC	Federal Trade Commission
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)

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

### Appendix A

#### Acronyms And Abbreviations

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FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GAF	Geographic Adjustment Factor
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment
GHP	Group Health Plan
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
GTMCPA	General Temporary Military Contingency Payment Adjustment
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly Healthcare Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDE	Humanitarian Device Exemption
HDGC	Hereditary Diffuse Gastric Cancer
HDL	Hardware Description Language
HDR	High Dose Radiation
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B

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

### Appendix A

#### Acronyms And Abbreviations

---

HH	Home Health
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HITECH	Health Information Technology for Economic and Clinical Health
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HSWL	Health, Safety and Work-Life
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test

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

### Appendix A

#### Acronyms And Abbreviations

---

IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFC	Interim Final Rule with comment
IFR	Interim Final Rule
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHC	Immunohistochemistry
IHI	Institute for Healthcare Improvement

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

### Appendix A

#### Acronyms And Abbreviations

---

IHS	Indian Health Service
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

---

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
LIS	Low Income Subsidy
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

---

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

---

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
MPC	Medical Payments Coverage
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

---

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

---

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

---

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

---

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

---

QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
<b>RBT</b>	<b>Registered Behavior Technician</b>
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RIA	Radioimmunoassay
RM	Records Management
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification

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

### Appendix A

#### Acronyms And Abbreviations

---

RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation Specified Authorization Staff (formerly Service Point of Contact (SPOC))
SAT	Service Assist Team
SAVR	Surgical Aortic Valve Replacement
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program

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

### Appendix A

#### Acronyms And Abbreviations

---

SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
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

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

### Appendix A

#### Acronyms And Abbreviations

---

STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
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
TDRL	Temporary Disability Retired List
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

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

### Appendix A

#### Acronyms And Abbreviations

---

TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
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
TN	Termination Notice
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
<b>TP</b>	<b>Treatment Plan</b>
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

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

### Appendix A

#### Acronyms And Abbreviations

---

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
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

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

### Appendix A

#### Acronyms And Abbreviations

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UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
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

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

Appendix A

Acronyms And Abbreviations

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VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
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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