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CHANGE 168  
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FOR  
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

**CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT FISCAL YEAR 2015 SECTION 703  
ELIMINATION OF DAY LIMITS FOR INPATIENT MENTAL HEALTH CARE**

**CONREQ: 17756**

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

**SUMMARY OF CHANGE(S): This change updates acronyms and cross references.**

**EFFECTIVE DATE: December 19, 2014.**

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This change is made in conjunction with Feb 2008 TPM, Change No. 155 and Feb 2008 TRM,  
Change No. 125.

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**ATTACHMENT(S): 43 PAGES  
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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

**CHANGE 168**  
**6010.56-M**  
**FEBRUARY 8, 2016**

**REMOVE PAGE(S)**

**CHAPTER 18**

Section 15, pages 1 through 10

Section 18, pages 5, 6, 25, and 26

**APPENDIX A**

pages 5 through 26 and 29 through 34

**INSERT PAGE(S)**

Section 15, pages 1 through 10

Section 18, pages 5, 6, 25, and 26

pages 5 through 26 and 29 through 35

## Department Of Defense (DoD) Applied Behavior Analysis (ABA) Pilot For Non-Active Duty Family Members (NADFM)s

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### 1.0 PURPOSE

Under authority of **10 United States Code (USC) 1092**, TRICARE will continue to offer the **benefits of** the “ABA Pilot” offers a supplemental benefit for NADFM)s with an Autism Spectrum Disorder (ASD) by allowing bachelors-level Board Certified Assistant Behavior Analysts (BCaBAs) and paraprofessional “ABA Tutors” working under the supervision of masters-level Board Certified Behavior Analysts (BCBAs) or Board Certified Behavior Analysts - Doctoral (BCBA-Ds) to conduct ABA reinforcement that is often provided by parents. ABA Pilot coverage of ABA reinforcement for NADFM)s will be implemented as a separate interim benefit from the coverage of ABA benefits currently provided under the TRICARE Basic Program to both Active Duty Family Members (ADFM)s and NADFM)s with ASD, and separate from the Extended Care Health Option (ECHO) Enhanced Access to Autism Services Demonstration available by law only to ADFM)s.

ABA for ASD has been covered when provided by masters-level (or above) behavior analysts (or licensed independent behavioral or medical health care providers authorized to provide ABA within the scope of their license and privileges) for ADFM)s, but not NADFM)s, under the Program for Persons with Disabilities (PFPWD) since 2001 and then under ECHO since 2008. In 2008 the Department implemented the Enhanced Access to Autism Services Demonstration (the “Autism Demonstration”) to give ADFM)s under ECHO access to supplemental ABA reinforcement under an alternative tiered service delivery model using minimally-trained paraprofessional “ABA Tutors” as parent/caregiver extenders working under the supervision of masters-level BCBAs, doctoral-level BCBA-Ds or bachelors-level BCaBAs who were authorized as ECHO-only ABA providers.

Under **10 USC 1092**, all TRICARE beneficiaries – ADFM)s and NADFM)s alike – are eligible under the TRICARE Basic Program to receive the ABA provided only from those providers who meet TRICARE Basic Program certification standards (i.e., Board Certified Behavior Analysts only masters-level or above BCBAs, BCBA-Ds, or other licensed independent behavioral or medical health care providers authorized to provide ABA within the scope of their license and privileges). ABA that is now covered as a benefit under the TRICARE Basic Program (when based on a proper ASD diagnosis from a qualified ABA-diagnosing provider, when rendered by an authorized ABA provider, and when appropriate for a particular beneficiary) includes: a baseline assessment of functioning; development and implementation of an ABA treatment plan; education/training of parents/ caregivers in ABA reinforcement techniques; and follow-up assessment of treatment progress.

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The provisions of 10 USC 1092, give the Department the authority to offer enhanced access to ABA (i.e., the tiered service delivery model) to designated TRICARE beneficiaries under a separate program other than ECHO.

## **2.0 BACKGROUND**

**2.1** The Military Health System (MHS) includes 59 military hospitals, over 350 military health clinics, and an extensive network of private sector health care partners, that provide medical care for more than nine million beneficiaries.

**2.2** ASDs affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. For a description of ASD and applicable diagnostic codes, see the TRICARE Policy Manual (TPM), [Chapter 7, Section 3.17](#).

**2.3** ABA has been introduced to ameliorate the negative impact of autism. Currently, ABA is accepted within the MHS as showing promise to reduce or eliminate specific problem behaviors and teach new skills to certain (but not all) individuals with ASD. ABA reinforcement requires family member involvement as the parent(s) or caregiver(s) must consistently implement the ABA reinforcement interventions in the home setting in accordance with the prescribed treatment plan.

NADFMs wanting to participate in the ABA Pilot must meet all requirements for the authorization and provision of ABA under the TRICARE Basic Program outlined in the TPM, [Chapter 7, Section 3.17](#).

**2.4** Only those individuals who meet the requirements specified in [paragraph 3.4](#) working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a BCBA (ABA Supervisors) are eligible to provide ABA reinforcement.

**2.5** The BCBA's clinical, supervisory, and case management activities are often supported by other staff such as Board Certified Assistant Behavior Analysts (BCaBA) working within the scope of their training, practice, and competence. The BCaBA assists BCBA's or BCBA-Ds in various roles and responsibilities as determined appropriate by BCBA's or BCBA-Ds and delegated to the BCaBA. Under the ABA Pilot, the BCaBA serves in a clinical support role and may supervise ABA Tutors, but not independently. BCaBA's also may provide ABA reinforcement for more complex cases. Only those individuals who meet the requirements specified in [paragraph 3.3](#) working under the supervisory oversight of an ABA provider licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a BCBA or BCBA-D (ABA Supervisors) are eligible to provide ABA reinforcement.

**2.6** The ABA Pilot allows TRICARE reimbursement for ABA reinforcement delivered by supervised bachelor's level BCaBA's and paraprofessional providers (ABA Tutors) under a modified Corporate Services Provider (CSP) model that: (a) meets the TRICARE definition of a CSP under 32 CFR 199.6(e)(2)(ii)(B); and (b) meets the requirements specified in [paragraph 3.1](#).

### **3.0 ABA PROVIDER REQUIREMENTS**

#### **3.1 Autism Pilot Corporate Services Provider (ACSP)**

ACSP shall:

**3.1.1** Submit evidence to the Managed Care Support Contractor (MCSC) that professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate, unless State requirements specify greater amounts, is maintained in the ACSP's name.

**3.1.2** Submit claims for ABA reinforcement to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in [paragraph 6.0](#).

**3.1.3** Submit to the MCSC all documents necessary to support an application for designation as a TRICARE ACSP; and

**3.1.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, [Defense Health Agency \(DHA\)](#) or designee (i.e., the MCSC); and

**3.1.5** Employ directly or contract with ABA Supervisors, BCaBAs and/or ABA Tutors; and

**3.1.6** Certify that all ABA Supervisors, BCaBAs and ABA Tutors employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and ABA Pilot requirements specified herein; and

**3.1.7** 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 reinforcement are provided under the ABA Pilot; and

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

**3.1.9** 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 reinforcement; and

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

**3.2** ABA Supervisor shall:

**3.2.1** Have a master's degree or above in a qualifying field as defined by the BACB; and

**3.2.2** Have a current, unrestricted State-issued license to provide ABA; or

**3.2.3** Have a current, unrestricted State-issued certificate as a provider of ABA; or

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

**3.2.5** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, DHA or designee; and

**3.2.6** Employ directly or contract with BCaBAs and ABA Tutors; and

**3.2.7** Report to the MCSC within 30 days of notification of a 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 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 MCSC may be appealed to the DHA in accordance with the requirements of [Chapter 13](#); and

**3.2.8** Ensure that the quality of the services provided by BCaBAs and ABA Tutors meet the minimum evidence-based standards as indicated 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; and

**3.2.9** 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 ABA Tutors; and

**3.2.10** Meet all applicable requirements of the states in which they provide ABA reinforcement, including those of states in which they provide remote supervision of BCaBAs and ABA Tutors and oversee ABA reinforcement provided where the beneficiary resides; and

**3.2.11** 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; and

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

**3.2.13** Comply with TRICARE documentation requirements as specified in TPM, [Chapter 1, Section 5.1](#).

**3.3** Board Certified Assistant Behavior Analyst (BCaBA) shall:

**Note:** A BCaBA (bachelor's level) is not authorized to be an ABA supervisor nor to practice ABA independent of supervision of a BCBA, BCBA-D or behavior analyst licensed or certified by a state, see [paragraph 2.5](#).

**3.3.1** Have a bachelor's degree or above in a qualifying field as defined by the BACB; and

**3.3.2** Have a current, unrestricted State-issued license to provide ABA; or

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**3.3.3** Have a current, unrestricted State-issued certificate as a provider of ABA; or

**3.3.4** Have a current certification from BACB (<http://www.bacb.com>) as a BCaBA where such state-issued license or certification is not available.

**3.4** ABA Tutor shall:

**3.4.1** Have documented evidence verifying completion of the 40 hours of classroom training provided by a BCBA or BCBA-D trainer, maintained by the ABA supervisor and the ABA Tutor, and shall include:

- Dates and times of training sessions; and
- Signature of the trainer and the ABA Tutor attendee on a sign-in sheet; and
- A course description to include course objectives, a syllabus outlining course content and an evaluation process to measure successful completion; and
- Course content, at minimum must include training on behavior analyst principles, crisis behavior management and HIPAA.

**3.4.2** Prior to providing supervised ABA reinforcement under the ABA Pilot, shall have completed 40 hours of classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>) to include documentation of training requirement, undergone a Criminal History Review as specified in [paragraph 3.5](#); and

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, behavioral sciences, human development or related fields and be currently enrolled in a course of study leading to an associate's 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
- A High School diploma or GED equivalent and have completed 500 hours of employment providing supervised ABA reinforcement as verified by the ACSP.

**3.4.3** Receive one hour of direct supervision per month per 10 hours of weekly ABA reinforcement per month from the ABA Supervisor with each beneficiary to whom the ABA Tutor provides ABA reinforcement to and in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. Requests for additional supervision in excess of one hour supervision per 10 hours of ABA reinforcement per week of supervision must be coordinated with the MCSC. 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 ABA Supervisor and the ABA Tutor 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.

### **3.5 Provider Background Review**

**3.5.1** The MCSC 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 MCSC enters into a Participation Agreement.

**3.5.2** ACSPs, other than those specified in [paragraph 3.5.1](#), shall:

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

**3.5.2.2** Obtain a Criminal Background Check of BCaBAs and ABA Tutors whom the ACSP employs directly or with whom the ACSP enters into a contract.

**3.5.3** The ABA Supervisor shall obtain a Criminal Background Check of BCaBAs and ABA Tutors the Supervisor employs directly or with whom the Supervisor enters into a contract to supervise the BCaBA or ABA Tutor. The Criminal Background Check of BCaBA and ABA Tutors assistants shall:

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

**3.5.3.2** Be completed prior to the BCaBA or ABA Tutor providing ABA reinforcement to TRICARE beneficiaries.

### **4.0 BENEFICIARY ELIGIBILITY REQUIREMENTS**

**4.1** NADFM's participating in the ABA Pilot shall:

**4.1.1** Be at least 18 months of age; and

**4.1.2** Have been diagnosed with an ASD specified in the TPM, [Chapter 7, Section 3.17](#) by a TRICARE-authorized Physician Primary Care Manager (P-PCM) (for the purposes of the diagnosis of ASD, TRICARE authorized P-PCMs include: TRICARE authorized family practice, internal medicine and pediatric physicians whether they work in the purchased care or direct care system. In cases where the beneficiary does not have a P-PCM (as is sometimes the case for beneficiaries with TRICARE Prime Remote (TPR)), the diagnosis may be rendered by a TRICARE authorized physician in any of the disciplines described above under P-PCM, or by a TRICARE authorized specialty ASD provider) or Specialized ASD Provider; and

**4.1.3** Meet all requirements outlined in the TPM, [Chapter 7, Section 3.17](#) including referral, authorization, initial assessment and treatment plan, and updated treatment plan.

**4.2** Eligibility for benefits under the ABA ceases as of 12:01 a.m. of the day after the ABA Pilot ends.

**4.3** Absence of eligibility for the ABA Pilot does not preclude eligible beneficiaries as defined in [32 CFR 199.3](#) otherwise allowable services under the TRICARE Basic program.

## **5.0 POLICY**

**5.1** Under the ABA Pilot, TRICARE will reimburse ACSP's only for ABA reinforcement that 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, the BACB Guidelines: Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder, and current BACB rules and regulations when rendered by BCaBAs and ABA Tutors who meet all applicable requirements specified herein.

**5.2** All ABA reinforcement under this ABA Pilot require prior written authorization by the Director, **DHA** or designee (i.e., the MCSC) in accordance with the requirements outlined in TPM, [Chapter 7, Section 3.17](#).

**5.3** The following are eligible for reimbursement, payable only to the ACSP or BCBA/BCBA-D under the ABA Pilot:

**5.3.1** ABA reinforcement rendered directly to a TRICARE beneficiary on a one-on-one basis by a BCaBA or ABA Tutor under the supervision of an ABA provider licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a BCBA or BCBA-D. Group ABA reinforcement is not a TRICARE benefit.

**5.3.2** ABA reinforcement rendered jointly, in-person, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor. Only the services provided by the ABA Supervisor will be reimbursed as specified in [paragraph 7.1.1](#).

## **6.0 BENEFICIARY COST SHARE LIABILITY**

**6.1** The sponsor/NADFM cost share, regardless of whether they are using Standard/Extra or Prime, shall be 10 percent of the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- \$125 per hour for services provided by the ABA Supervisor and \$75 for services provided by a BCaBA, and/or \$50 per hour for services provided by the ABA Tutor; or
- The negotiated rate; or
- The billed charge.

**6.2** The allowed cost of services provided accrues to the government's maximum fiscal year share of providing benefits, of \$36,000.

**6.3** The sponsor/beneficiary cost-shares under the ABA Pilot do not accrue the standard deductible or to meeting the catastrophic cap in the TRICARE Basic Program.

**6.4** The government's maximum fiscal year cost-share for ABA Pilot benefits applies to each beneficiary, regardless of the number of dependents with the same sponsor receiving ABA Pilot benefits in that fiscal year.

## **7.0 REIMBURSEMENT**

**7.1** Claims for ABA Pilot services will be submitted by the ACSP on a Centers for Medicare and Medicaid Services (CMS) 1500 Claim Form. Reimbursement is payable only to the ACSP or BCBA/BCBA-D, not to the BCaBAs or ABA Tutors. The following codes have been adopted for non-standardized usage for ABA reinforcement provided under the ABA Pilot. These codes apply for provision of ABA reinforcement in all authorized treatment settings (the office, home or community setting).

**7.1.1** ABA reinforcement rendered jointly by an ABA Supervisor and a BCaBA or ABA Tutor, during directly supervised fieldwork of the BCaBA or ABA Tutor by the ABA Supervisor, will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes." Supervision means direct one-on-one supervision of ABA Tutors implementing the treatment plan in person or through real time remote means. The supervised field work of the ABA supervisor and BCaBA or ABA Tutor are reimbursed as one unit of service. Under no circumstances with TRICARE reimburse more than \$125.

**7.1.2** ABA reinforcement provided directly by a BCaBA or an ABA Tutor will be invoiced using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes."

**7.2** Reimbursement of claims in accordance with [paragraph 7.1.1](#) and [7.1.2](#) will be the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- One hundred and twenty-five dollars (\$125) per hour for services provided by the ABA Supervisor, \$75 for services provided by a BCaBA, and \$50 per hour for services provided by the ABA Tutor; or
- The negotiated rate; or
- The billed charge.

## **8.0 ADDITIONAL MCSC RESPONSIBILITIES**

The MCSC shall:

**8.1** Ensure all requirements outlined in the TPM, [Chapter 7, Section 3.17](#) including referral, authorization, initial assessment and treatment plan, and updated treatment plan are met when authorizing supplemental ABA reinforcement under the ABA Pilot.

**8.2** Maintain all documents related to the ABA Pilot in accordance with [Chapter 2](#).

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**8.3** Forward to the “gaining” MCSC all ABA Pilot related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another MCSC.

**8.4** Conduct annual audits on at least 20% of each ACSP’s BCaBA and ABA Tutors for compliance with the requirements specified in [paragraphs 3.3](#) and [3.4](#). Upon determining non-compliance with one or more BCaBA or ABA Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all BCaBAs and ABA Tutors employed by or contracted with that ACSP.

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

**8.6** Follow the quality assurance procedures outlined in TPM, [Chapter 7, Section 3.17](#).

**8.7** 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 “**AP** Applied Behavior Analysis (ABA) Pilot”.

## **9.0 APPLICABILITY**

**9.1** This ABA Pilot is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 4.0](#).

**9.2** This ABA Pilot is limited to the 50 United States and the District of Columbia.

## **10.0 EXCLUSIONS**

TRICARE will not cost-share under the ABA Pilot:

**10.1** Training of ABA Tutors as specified in [paragraph 3.4.2](#).

**10.2** ABA provided exclusively under the TRICARE Basic benefit in accordance with TPM, [Chapter 7, Section 3.17](#).

**10.3** Any exclusions under TPM, [Chapter 7, Section 3.17](#).

**10.4** Group supervision of ABA Tutors.

**10.5** ABA reinforcement provided to more than one beneficiary at a time.

**10.6** Billing for e-mails and phone calls.

**10.7** Billing for office supplies or therapeutic supplies (i.e., building blocks, stickers, crayons, etc.).

**10.8** Billing for ABA reinforcement provided remotely through internet technology (Skype) to a parent working with their child.

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**10.9** Billing for ABA reinforcement involving aversive techniques.

**11.0 EFFECTIVE DATE**

Claims for benefits under this section shall continue under the authority of 10 USC 1092 from July 25, 2013 through December 31, 2014.

- END -

Disorder, Not Otherwise Specified (PDD-NOS) of which **Autistic Disorder, Asperger's Disorder, and PDD-NOS** were 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 (those diagnosed prior to October 20, 2014) receiving ABA for these disorders will continue to be eligible for ABA under the Autism Care Demonstration. The corresponding International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code is Autistic Disorder (F84.0). The ASD diagnosis must specify the symptom severity level according to the DSM-5 criteria (mild, moderate, or severe).**

#### **4.11 Behavior Technician (BT)**

The term "behavior technician" refers to high-school graduate level paraprofessionals who deliver one-on-one ABA interventions to beneficiaries under the supervision of the authorized ABA supervisor, and includes Registered Behavior Technicians (RBTs) and Applied Behavior Analysis Technicians (ABATs).

#### **4.12 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." **The BACB offers the BCBA for master's level and above behavior analysts, the BCaBA certification for bachelor's level assistant behavior analysts, and the RBT competency credential for behavior technicians with a minimum of a high school education.**

#### **4.13 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.

#### **4.14 Qualified Applied Behavior Analysis (QABA) Certification Board**

QABA "is an organization established in 2012 to meet paraprofessional credentialing needs identified by behavior analysts, ABA providers, insurance providers, government departments, and consumers of behavior analysis and behavior health services." QABA offers the QASP certification for bachelor's level assistant behavior analysts, and the ABAT certification for a minimum of a high school education or equivalent.

#### **4.15 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.

**4.16 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 using DSM-5 criteria and issued a referral for ABA by a TRICARE-authorized Physician-Primary Care Manager (P-PCM) or by a specialized ASD diagnosing provider whether they work in the purchased care or direct care system. The medical record and the referral must contain documentation of the ASD diagnosis, documentation of co-morbid psychiatric and medical disorders, and the level of symptom severity (mild, moderate, or severe). TRICARE authorized P-PCMs for the purposes of the diagnosis and referral include: TRICARE authorized family practice, internal medicine, and pediatric physicians. 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 the diagnosis. The diagnosing and referring P-PCM shall submit to the contractor and provide a copy 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 only the 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 3.10](#), Psychological Testing. Families who risk non-compliance with this requirement shall be identified by the contractors, and the case managers shall assist in either resolving the lack of testing or obtaining 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 Defense Health Agency (DHA) 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.

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### Chapter 18, Section 18

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

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- CPT<sup>4</sup> 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Fieldwork of Assistant Behavior Analysts and BTs by the ABA Supervisor. \$62.50 per 30 minutes (\$125.00/hour).

**14.2.2** Dependents of other members or former members of a Uniformed Service otherwise eligible for tiered delivery services of assistant behavior analysts and BTs, shall pay a cost-share amount, regardless of whether they use TRICARE Prime, Standard or Extra, of:

- 10% of the lesser of;
  - The CMAC rate; or
  - \$75.00 an hour for assistant behavior analysts and \$50.00 an hour for BTs; or
  - The negotiated rate;
  - The billed charge.

**14.2.3** The 10% cost-share does not accrue to the standard deductibles nor to the Basic catastrophic cap. However, there is no government fiscal year cost-share cap on these services. The 10% applies to the following CPT codes:

- CPT<sup>5</sup> 0364T and 0365T. Adaptive Behavior Treatment by Protocol for one-on-one interventions when delivered by the assistant behavior analyst or BT.
- CPT<sup>5</sup> 0360T and 0361T. Observational Behavioral Follow-Up Assessment for Supervised Fieldwork of assistant behavior analysts and BTs by the authorized ABA Supervisor. \$62.50 per 30 minutes (\$125.00/hour).

## 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 authorized ABA supervisor's assistant behavior analysts 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 BT supervision for a minimum of 5% and a maximum of 20% of the hours spent providing one-on-one

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<sup>5</sup> CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

ABA per 30 calendar day period per beneficiary as per [paragraph 6.1.9](#). Upon determining non-compliance with one or more assistant behavior analyst or BT qualification requirements, the contractor shall immediately initiate a compliance audit of all assistant behavior analysts and BTs employed by or contracted with that authorized 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 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 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 Comprehensive 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 authorized ABA supervisor, and the assistant behavior analysts 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 [DHA](#) 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, or appropriate officials, to the BACB and/or QABA, and to state license or certification boards as indicated in accordance with applicable laws, regulations, and policies concerning mandated reporting requirements.

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

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#### Acronyms And Abbreviations

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CAD	Coronary Artery Disease
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
<b>CCSW</b>	<b>Certified Clinical Social Worker</b>
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

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CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System
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

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#### Acronyms And Abbreviations

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CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
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

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CSE	Communications Security Establishment (of the Government of Canada)
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
CUI	Controlled Unclassified Information
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

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DDS	DEERS Dependent Suffix
DE	Durable Equipment
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	Defense Health Agency
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

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DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
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
DPCLO	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

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DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
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
EFD	Energy Flux Density
EFM	Electronic Fetal Monitoring

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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
E/HPC	Enrollment/Health Plan Code
EHC	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
EIIP	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

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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
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

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#### Acronyms And Abbreviations

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FSH	Follicle Stimulating Hormone
FSO	Facility Security Officer
FTC	Federal Trade Commission
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
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

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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
HE ESWT	High Energy Extracorporeal Shock Wave Therapy
HepB-Hib	Hepatitis B and Hemophilus influenza B
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
HIT	Health Information Technology
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

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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
I&OD	Infrastructure & Operations Division
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

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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
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

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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
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
LE ESWT	Low Energy Extracorporeal Shock Wave Therapy
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

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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]
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

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### Appendix A

#### Acronyms And Abbreviations

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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
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

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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
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

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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
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)

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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
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
OLT	Orthotopic Liver Transplantation
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

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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
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

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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
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PII	Personally Identifiable Information
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMPM	Per Member Per Month
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M

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POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
PPC-PCMH	Physician Practice Connections Patient-Centered Medical Home
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSF	Provider Specific File
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy

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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
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
SME	Subject Matter Expert
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
SP	Special Publication
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

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SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
<b>SUD</b>	<b>Substance Use Disorder</b>
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVP	State Vaccine Program State Vaccine Program entity
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

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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
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

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TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TP	Treatment Plan
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
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

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TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
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)
USCYBERCOM	United States Cyber Command
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

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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 Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WDR	Written Determination Report
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

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2D	Two Dimensional
3D	Three Dimensional

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