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

CHANGE TITLE: MILITARY MEDICAL SUPPORT OFFICE (MMSO) INTERFACE UPDATE

CONREQ: 15273

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change updates Service Points of Contact (SPOCs) referral data, addresses, telephone numbers, and the routing of Congressional inquiries.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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Director, Operations Division

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General

1.0 INTRODUCTION

The TRICARE Prime Remote (TPR) program provides health care to Active Duty Service Members (ADSMs) in the United States and the District of Columbia (DC) who meet the eligibility criteria listed below.

2.0 ELIGIBILITY

Contractors have no responsibility for determining eligibility or for deciding in which region an ADSM shall enroll. Regional Directors (RDs) will furnish contractors with enrollment information (refer to [paragraph 3.0](#)). If a contractor receives a claim for care provided to an ADSM who is not enrolled in TPR or who is not enrolled in TRICARE Prime at a Military Treatment Facility (MTF), the contractor shall process the claim according to the applicable guidelines of the Supplemental Health Care Program (SHCP) ([Chapter 17](#)).

Note: ADSM Astronauts assigned to the Johnson Space Center in Houston, Texas must and shall be enrolled in TPR.

3.0 TPR PROGRAM UNITS

The RD will supply the contractor with an electronic directory, updated as needed, that lists, by region, the designated TPR zip codes for the contractor's region(s). The RD will also provide unit listings to the contractor so that the contractor can mail educational materials to the units. In some instances, individual member listings (as opposed to units) may be provided.

4.0 BENEFITS

4.1 ADSMs enrolled in the TPR program are eligible for the Uniform Health Maintenance Organization (HMO) Benefit, even in areas without contractor networks. Some benefits (see [Section 2](#) and [Addendum B](#)) require review by the member's Service Point of Contact (SPOC) so that the services are aware of fitness-for-duty issues. In addition, if the contractor determines that services on a TPR enrollee's claim are not covered under the Uniform Benefit, or that the provider of services is not a TRICARE-authorized provider, or that the provider has not been certified as a TRICARE-authorized provider, the contractor shall supply the claim information ([Addendum C](#)) to the SPOC for a coverage determination. The contractor shall continue with provider certification procedures but shall follow SPOC direction for claim payment with no delay even if the provider certification process is not completed. The SPOC may authorize health care services not included in the Uniform Benefit and services furnished by providers who are not TRICARE-authorized/certified providers. The contractor shall not make claims payments to sanctioned or suspended providers (see [Chapter 13, Section 6](#)). The claim shall be denied if a sanctioned or suspended provider bills for services.

SPOCs do not have the authority to overturn TMA or Department of Health and Human Services (DHHS) provider exclusions. See [Section 2](#) for referral and authorization requirements.

4.2 SPOC-authorized services will be covered even if they are not ordinarily covered under the TRICARE Prime program and/or if they are supplied by a provider who is not TRICARE-authorized or certified. A SPOC authorization shall be deemed to constitute referral, authorization, and direction to bypass edits as appropriate to ensure payment of SPOC-approved claims. Contractors shall implement appropriate measures to recognize SPOC authorization in order to expedite claims processing.

5.0 SPOC

Special Uniformed Service controls and rules apply to ADSMs due to unique military requirements to maintain readiness. The Services will always retain health care oversight of their personnel through their SPOCs. The SPOC serves as liaison among the ADSM, the ADSM's Uniformed Service, and the contractor for managing the ADSM's health care services. The SPOC reviews referrals for proposed care as well as information about care already received in order to determine impact on an individual's fitness for duty (see [Section 2](#) and [Addendum C](#) for referral and review/authorization procedures). The SPOC, the PCM (if assigned) and the contractor shall work together in making arrangements for the ADSM's required examinations. The SPOC will provide the protocol, procedures, and required documentation through the contractor to the provider for these examinations. For required care that may not be obtainable in the civilian community, the SPOC will refer the ADSM to a military MTF or other military source of care. Refer to [Addendum A](#) for the addresses and telephone numbers of the SPOCs.

6.0 APPEAL PROCESS

6.1 If the contractor, at the direction of the SPOC, denies authorization of, or authorization for reimbursement, for a TPR enrollee's health care services, the contractor shall, on the Explanation of Benefits (EOB) or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from or filing an appeal with the SPOC (see [paragraph 6.2](#)). The SPOC will handle only those issues that involve SPOC denials of authorization or authorization for reimbursement. The contractor will handle allowable charge issues, grievances, etc.

6.2 A TPR enrollee must appeal SPOC denials of authorization or authorization for reimbursement through the SPOC rather than through the contractor. If the enrollee disagrees with a denial, the first level of appeal will be through the SPOC. The enrollee may initiate the appeal by contacting his/her SPOC. If the SPOC upholds the denial, the SPOC will notify the enrollee of further appeal rights with the appropriate Surgeon General's office.

6.3 If the denial is overturned at any level, the SPOC will notify the contractor and the ADSM.

6.4 The contractor shall forward all written inquiries and correspondence related to SPOC denials of authorization, or authorization for reimbursement to the appropriate SPOC. The contractor shall refer telephonic inquiries related to SPOC denials to **the appropriate SPOC**.

information in [Addendum C](#), required by the SPOC for a fitness-for-duty review. The SPOC will respond to the contractor within two working days. When a SPOC referral directs evaluation or treatment of a condition, as opposed to directing a specific service(s), the Managed Care Support Contractor (MCSC) shall use its best business practices in determining the services encompassed within the Episode Of Care (EOC), indicated by the referral. The services may include laboratory tests, radiology tests, echocardiograms, holter monitors, pulmonary function tests, and routine treadmills associated with the EOC. A separate SPOC authorization for these services is not required. If a civilian provider requests additional treatment outside the original EOC, the MCSC shall contact the SPOC for approval. The contractor shall not communicate to the provider or patient that the care has been authorized until the SPOC review process has been completed. The contractor shall use the same best business practices as used for other Prime enrollees in determining EOC when claims are received with lines of care that contain both referred and non-referred lines. Laboratory tests, radiology tests, echocardiogram, holter monitors, pulmonary function tests, and routine treadmills logically associated with the original EOC may be considered part of the originally requested services and do not need to come back to the PCM for approval. Claims received which contain services outside the originally referred EOC on an ADSM must come back to the PCM for approval.

5.3.1.2 If the SPOC determines that the ADSM may receive the care from a civilian source, the SPOC will enter the appropriate code into the authorization/referral system. The contractor shall notify the ADSM of approved referrals. The ADSM may receive the specialty care from an MTF, a network provider, or a non-network provider according to TRICARE access standards, where possible. In areas where providers are not available within TRICARE access standards, community norms shall apply. (An ADSM may always choose to receive care at an MTF even when the SPOC has authorized a civilian source of care and even if the care at the MTF cannot be arranged within the Prime access standards subject to the member's unit commander [or supervisor] approval.) If the appointment is with a non-network provider, the contractor shall instruct the provider on payment requirements for ADSMs (e.g., no deductible or cost-share) and on other issues affecting claim payment (e.g., the balance billing prohibition). **The contractor shall follow [Chapter 8, Section 5](#) when there are additional requests by a MTF for Civilian Health Care (CHC) needs. The contractor shall adjudicate claims for additional MTF requested civilian care in accordance with [Chapter 8, Sections 2 and 5](#).**

5.3.1.3 If the contractor does not receive the SPOC's response or request for an extension within two work days, the contractor shall, within one work day after the end of the two work day waiting period, enter the contractor's authorization code into the contractor's claims processing system. The contractor shall document in the contractor's system each step of the effort to obtain a review decision from the SPOC. The first choice for civilian care is with a network provider; if a network provider is not available within Prime access standards, the contractor may authorize the care with a TRICARE-authorized provider. The contractor shall help the ADSM locate an authorized provider.

5.3.1.4 If the SPOC directs the care to a military source, the SPOC will manage the EOC. If the ADSM disagrees with a SPOC determination that the care must be provided by a military source, the ADSM may appeal only through the SPOC who will coordinate the appeal with the Regional Director (RD); the contractor shall refer all appeals and inquiries concerning the SPOC's fitness-for-duty determination to the SPOC.

5.3.1.5 If the ADSM's PCM determines that a specialty referral or test is required on an emergency or urgent basis (less than 48 hours from the time of the PCM office visit) the PCM shall contact the

contractor for a referral and send required information to the SPOC for a fitness for duty review. The ADSM shall receive the care as needed without waiting for the SPOC determination, and the contractor shall adjudicate the claim according to TRICARE Prime provisions. If further specialty care is warranted, the PCM shall request a referral to specialty care. The contractor shall contact the SPOC with a request for an additional SPOC review for the specialty care.

5.3.2 Care Received With No Authorization or Referral

5.3.2.1 The contractor may receive claims for care that require referral, authorization, and SPOC review, that have not been authorized or reviewed. If the claim involves care covered under TPR, the contractor shall pend the claim and supply the required information ([Addendum C](#)) to the SPOC for review. If the SPOC does not notify the contractor of the review determination or ask for an extension for further review within two workdays after submitting the request for coverage determination, the contractor shall then authorize the care. The contractor shall then release the claim for payment, and apply any overrides necessary to ensure that the claim is paid with no fees assessed to the active duty member. However, the contractor shall not make claims payments to sanctioned or suspended providers (see [Chapter 13, Section 6](#)).

5.3.2.2 If the contractor determines that the services on the claim are not covered under TRICARE Prime and/or that the provider of care is not TRICARE-authorized, or is not certified, the contractor shall pend the claim and supply required information ([Addendum C](#)) to the SPOC for a coverage determination as well as for a fitness-for-duty screening (refer to [Addendum B](#) for information and examples of covered services). If the SPOC does not notify the contractor of the review determination or ask for an extension for further review within two workdays after submitting the request for a coverage determination, the contractor shall then authorize the care. The contractor shall then release the claim for payment and apply any overrides necessary to ensure that the claim is paid. However, the contractor shall not make claims payments to sanctioned or suspended providers (see [Chapter 13, Section 6](#)).

Note: If the SPOC retroactively determines that the payment should not have been made, the contractor shall initiate recoupment actions according to [Chapter 10, Section 4](#).

6.0 ADDITIONAL INSTRUCTIONS

6.1 Wellness Examinations

The contractor shall reimburse charges for wellness examinations covered under TRICARE Prime (see the TRICARE Policy Manual (TPM), [Chapter 7, Section 2.2](#)) without SPOC review. The contractor shall supply information related to requests for follow-up or additional GYN care that requires SPOC review ([paragraph 5.2](#)) to the SPOC (see [Addendum B](#)).

6.2 Optometry And Hearing Examinations

The ADSM may directly contact the contractor for assistance in arranging for optometry and hearing examinations. The contractor shall refer ADSMs to SPOCs for information on how to obtain eyeglasses, hearing aids, and contact lenses as well as examinations for them, from the Military Health System (MHS) (see [Addendum B](#)).

6.3 No PCM Assigned

ADSMs who work and reside in areas where a PCM is not available may directly access the contractor for assistance in arranging for routine primary care and for urgent specialty or inpatient care with a TRICARE-authorized provider. Since a non-network provider is not required to know the fitness-for-duty review process, it is important that the ADSM coordinate all requests for specialty and inpatient care through the contractor. The contractor shall contact the SPOC as required for reviews and other assistance as needed.

6.4 Emergency Care

For emergency care, refer to the TPM for guidelines.

6.5 Dental Care

Claims for active duty dental services will be processed and reimbursed by a single separate active duty dental program contractor. Claims for adjunctive dental care will be processed and reimbursed by the MCSC or the TRICARE Overseas Program (TOP) contractor for overseas care.

6.6 Immunizations

The contractor shall reimburse immunizations as primary care under the guidelines in the TRICARE Reimbursement Manual (TRM).

6.7 Ancillary Services

A SPOC authorization for health care includes authorization for any ancillary services related to the health care authorized.

7.0 ADSM MEDICAL RECORDS

7.1 For TPR-enrolled ADSMs with assigned PCMs, the contractor shall follow contract requirements for maintaining medical records.

7.2 ADSMs will be instructed by their commands to sign annual medical release forms with their PCMs to allow information to be forwarded as necessary to civilian and military providers. The contractor may use the current "signature on file" procedures to fulfill this requirement ([Chapter 8, Section 4, paragraph 6.0](#)). When an ADSM leaves an assignment as a result of a Permanent Change of Station (PCS) or other service-related change of duty status, the PCM shall provide a complete copy of medical records, to include copies of specialty and ancillary care documentation, to ADSMs within 30 calendar days of the ADSM's request for the records. The ADSM may also request copies of medical care documentation on an ongoing, EOC basis. The contractor shall be responsible for all administrative/copying costs. Network providers shall be reimbursed for medical records photocopying and postage costs incurred at the rates established in their network provider participation agreements. Participating and non-participating providers shall be reimbursed for medical records photocopying and postage costs on the basis of billed charges. ADSMs who have paid for copied records and applicable postage costs shall be reimbursed for the full amount paid to ensure they have no out of pocket expenses. All providers and/or patients must submit a claim

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form, with the charges clearly identified, to the contractor for reimbursement. ADSM's claim forms should be accompanied by a receipt showing the amount paid.

Note: The purpose of the copying of medical records is to assist the ADSM in maintaining accurate and current medical documentation. The contractor shall not make payment to the provider who photocopies medical records to support the adjudication of a claim.

7.3 ADSMs without assigned PCMs are responsible for maintaining their medical records when receiving care from civilian providers.

8.0 PROVIDER EDUCATION

The contractor shall familiarize network providers and, when appropriate, other providers with the TPR Program, special requirements for ADSM health care, and billing procedures (e.g., no cost-share or deductible amounts, balance billing prohibition, etc.). On an ongoing basis, the contractor shall include information on ADSM specialty care procedures and billing instructions in routine information and educational programs according to contractual requirements.

- END -

Points Of Contact (POCs)

1.0 SERVICE POINTS OF CONTACT (SPOCs)

1.1 Army, Air Force, Navy, Marine Corps, Coast Guard, And National Guard

For Congressional inquiries:
TRICARE Management Activity
Skyline Five, Suite 810
5111 Leesburg Pike
Falls Church, VA 22041-3206

For all other matters:
Director, TRICARE Management Activity
Military Medical Support Office
P.O. Box 886999
Great Lakes, IL 60088-6999

Telephone: 1-888-647-6676
Fax: (847) 688-3905

1.2 United States Public Health Service (USPHS) and National Oceanographic And Atmospheric Administration (NOAA):

Medical Affairs Branch
Beneficiary Medical Programs
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857

Telephone for Payment Issues & Care Authorizations: (800) 368-2777
FAX: (800) 733-1303

2.0 UNIFORMED SERVICES HEADQUARTERS POINTS OF CONTACT

2.1 Army

TRICARE Prime Remote Officer
HQ, USA MEDCOM
HP&S, TRICARE Division
2050 Worth Road
Fort Sam Houston, TX 78234-6010

Telephone: (210) 221-6518

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Points Of Contact (POCs)

2.2 Air Force

TRICARE Prime Remote Officer
HQ USAF/SGMA
110 Luke Avenue, Room 400
Bolling AFB, D.C. 20332-7050

Telephone: (202) 767-4699

2.3 Navy/Marine Corps:

TRICARE Prime Remote Officer
Department of the Navy
Bureau of Medicine and Surgery: (MED-31 FIN for Financial Issues and
Reports or MED-31 BAS for Patient Administration Issues)
2300 E Street, NW
Washington, D.C. 20372-5300

Telephone for Financial Issues: (202) 762-3120

Telephone for Patient Administration Issues: (202) 762-3143

2.4 U.S. Coast Guard

Commandant (G-WKH-3)
U.S. Coast Guard
Attn: TRICARE Officer
2100 2nd Street, SW
Washington, DC 20593-0001

Telephone: (202) 267-0846

2.5 Army National Guard

NGB-ARS
111 South George Mason Drive
Arlington, VA 22204-1382

Telephone: (703) 607-7140

- END -

Active Duty Care Guidelines

These guidelines are intended as a sampling of treatment situations. They are not all-inclusive and are provided to help providers and the contractor determine what types of health care services require a fitness-for-duty review by the Service Point Of Contact (SPOC) (Addendum A). Providers and Health Care Finders (HCFs) are encouraged to contact the SPOC in specific situations for information and clarification on health care for Active Duty Service Members (ADSMs). The contractor shall conduct the Prime medical necessity reviews as required by contract.

HEALTH CARE SERVICE	SPOC REVIEW REQUIRED	*WHERE IS CARE PROVIDED?
Primary care medical services	No	Primary Care Manager (PCM) (or TRICARE-authorized civilian provider) or Military Treatment Facility (MTF).
Emergency/Urgent consults and tests required within 48 hours	Yes, but care will not be delayed while waiting for SPOC response	TRICARE-authorized civilian provider. Note: Emergency claims (to include institutional costs) for treatment of "dental pain" or a similar diagnosis where no actual dental procedure is performed, shall be processed and paid by the MCS contractors.
	Follow-up specialty care requires SPOC review	TRICARE-authorized civilian provider if approved by SPOC, or MTF.
Periodic health assessments offered under Prime enhanced benefit	No	PCM (or TRICARE-authorized Civilian Provider), or MTF.
Periodic eye and hearing examinations	No	TRICARE-authorized civilian provider or MTF as designated by SPOC.
Eye glasses/contacts	Yes	MTF or Service Labs; SPOC will provide information to ADSM.
Annual GYN/Pap exam	No	PCM (or TRICARE-authorized civilian provider), or MTF.
	SPOC to review follow-on visits	PCM (or TRICARE-authorized civilian provider if approved by SPOC), or MTF.
Service specific physical exams (for DoD/Service forms)	Yes	TRICARE-authorized civilian provider or MTF as designated SPOC).
HIV testing incidental to an Episode Of Care (EOC)	No	PCM (or TRICARE-authorized civilian provider).
* An ADSM may always choose to receive care from a military source even when the SPOC authorizes civilian care.		

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Active Duty Care Guidelines

HEALTH CARE SERVICE	SPOC REVIEW REQUIRED	*WHERE IS CARE PROVIDED?
Maternity Care: Routine--	First OB visit requires SPOC review; Routine OB follow-up visits and clinically indicated evaluations not related to complications (such as ultrasounds done for dating determinations) do not require SPOC review.	TRICARE-authorized civilian provider.
Complicated pregnancies--	Care for complications of pregnancy, including care that requires invasive procedures or hospitalization(s) require SPOC review.	
Hearing appliances	Yes	MTF or VA following MTF evaluation; SPOC will provide information to ADSM.
Orthotics	Yes	TRICARE-authorized civilian provider.
Physical Therapy	Yes	TRICARE-authorized civilian provider
Service-required immunizations	No	PCM (or TRICARE-authorized civilian provider), or MTF.
Routine dental care and dental procedures	Dental Service Point of Contact (DSPOC)	Civilian dentist (active duty dental claims processor processes and pays claims).
Health Care Service	SPOC review required	*Where care is provided?
Counseling by a marriage & family therapist	Yes	TRICARE-authorized civilian provider.
Mental health counseling, psychiatric care and testing	Yes	TRICARE-authorized civilian provider or MTF.
Invasive surgical-medical procedures - inpatient/outpatient, non-emergency	Yes	TRICARE-authorized civilian provider or MTF as designated by SPOC.
Family planning (tubal ligation/vasectomy)	Yes	TRICARE-authorized civilian provider or MTF as designated by SPOC.
Infertility evaluation	No	PCM (or TRICARE-authorized civilian provider).
	Yes (for follow-up specialty care/surgery)	TRICARE-authorized civilian provider or MTF as designated by SPOC.
Drug, alcohol & follow-on care for substance abuse	Yes	TRICARE-authorized civilian provider or MTF if designated by SPOC.
Transplants	Yes	Specialized Treatment Service (STS) (or authorized Civilian Transplant Center if STS not available).
Experimental protocols, as allowed by the Uniform Benefit	Yes	TRICARE-authorized civilian provider or MTF as designated by SPOC.
Specialty dental care (crowns, bridges, endodontics, etc.)	DSPOC	Civilian dentist (active duty dental claims processor processes and pays claims).
Adjunctive dental care	Yes	TRICARE-authorized civilian provider.
Ambulatory surgery or inpatient care	Yes	TRICARE-authorized civilian provider or MTF as designated by SPOC.
(retrospective)	TRICARE-authorized civilian provider	

* An ADSM may always choose to receive care from a military source even when the SPOC authorizes civilian care.

Service Point Of Contact (SPOC) Review For Fitness For Duty: Protocols And Procedures

1.0 INTERCONNECTIVITY BETWEEN THE CONTRACTOR AND MILITARY MEDICAL SUPPORT OFFICE (MMSO) (THE SPOC FOR ARMY, AIR FORCE, NAVY, MARINE CORPS, COAST GUARD, AND NATIONAL GUARD TPR ENROLLEES)

1.1 ADP Protocols

1.1.1 The contractor shall provide access for entry and edit of referrals into existing systems supporting this contract. The contractor shall propose one of the following access options:

- Government staff physically located in Great Lakes, IL, accessing the contractor's system, or
- Contractor staff physically located in Great Lakes, IL, accessing the contractor's system, and Government personnel performing a backup role in the event contractor personnel are unavailable due to annual or sick leave or another reason.

1.1.2 For all referrals meeting the criteria for SPOC review, the contractor shall provide a status code indicating SPOC review is required.

1.1.3 The contractor shall create a standard management listing for all pending referrals requiring SPOC review. The listing will be made available on-line to the SPOC. The contractor shall propose the design for the listing to the SPOC for approval 30 days prior to health care delivery.

1.1.4 The contractor shall provide the capability to edit the status and entry of a 13 digit disposition code indicating if the referral was approved for Military Treatment Facility (MTF) or civilian network treatment (see [paragraph 1.2](#)). This disposition code may be used during the claims adjudication process.

1.1.5 The contractor shall provide the logic to automatically approve the referral if the SPOC determination is not received within two work days of referral entry.

1.1.6 The contractor shall provide the telecommunications, hardware, and software necessary for data entry and report printing from the MMSO location. The contractor shall provide initial and ongoing application training and support on an "as needed" basis.

1.1.7 The contractor shall provide a data dictionary of available data elements to be sent to the MMSO automated information system. The contractor shall send all care referral records to the MMSO in a tab delimited data flat file. The method of transfer can be File Transfer Protocol (FTP) or an e-mail attachment.

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Service Point Of Contact (SPOC) Review For Fitness For Duty: Protocols And Procedures

1.1.8 The contractors shall provide the MMSO read only access to their subcontractor's claims history database. The contractors shall provide the necessary training to the MMSO staff in order to access the claims history database.

1.2 SPOC Referral Data

1.2.1 The format of the referral number will be "DMISYYJJNNS" where:

1.2.1.1 "DMIS" = the DMIS ID Code of the issuing facility--(5203 = MMSO);

1.2.1.2 "YY" = the year in which the referral number was issued;

1.2.1.3 "JJJ" = the Julian date on which the referral number was issued;

1.2.1.4 "NNN" = the Facility Sequence Number;

1.2.1.5 "S" = Status (the type of provider)

- "C" = Civilian Care (refer to [Section 2, paragraph 5.3.1.2](#) for referral requirements)
- "M" = Military Care (military MTF or clinic)
- "V" = Veterans' Affairs (VA) Care (VA hospital or medical facility)
- "P" = Care rendered under the Department of Defense/Department of Veterans Affairs (DoD/DVA) Memorandum of Agreement (MOA) for "Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to Veterans Affairs Medical Facilities for Health Care and Rehabilitative Services" (refer to [Section 4, paragraph 2.2](#) for referral requirements).

1.2.2 The format of the effective date is "YYYYMMDD" where:

- "YYYY" = the year in which the SPOC referral is effective;
- "MM" = the month in which the SPOC referral is effective; and
- "DD" = the day on which the SPOC referral is effective. A retroactive authorization is indicated by an effective date prior to the issue date.

1.2.3 The format of the expiration date is "YYYYMMDD" where:

- "YYYY" = the year in which the SPOC referral expires;
- "MM" = the month in which the SPOC referral expires; and
- "DD" = the day on which the SPOC referral expires.

1.3 Data Elements

The following data elements are the minimum elements required by MMSO for determining fitness-for-duty and for determining if care not covered under TRICARE Prime will be covered under TPR. The MMSO will return the data elements furnished by the contractor when responding to a request for a fitness-for-duty or coverage/benefit determination. If the contractor is asking for a coverage/benefit determination, the contractor shall include the applicable elements marked with asterisks (*) below. If, for example, the contractor cannot authorize the care it is not a benefit under the Uniform HMO Benefit, the contractor will include "Not a benefit." If the contractor cannot

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Service Point Of Contact (SPOC) Review For Fitness For Duty: Protocols And Procedures

authorize the care because the care is not medically necessary, the contractor will include **Not medically necessary. If the contractor cannot authorize the care because the provider is not an authorized provider, the contractor shall include ***Provider not authorized.

DATA ELEMENT	CONTRACTOR TO MMSO	MMSO TO CONTRACTOR
Patient Name	X	X
Patient's DOB	X	X
Patient's Sex	X	X
Contact Date (for retroactive authorizations)	X	X
ADSM SSN	X	X
ADSM Branch of Service	X	X
Duty Status	X	X
PCM Location Code	X	X
DMIS-ID	X	X
Contractor's Authorization Number	X	X
Effective Date of Authorization	X	X
*Not a Benefit	*If applicable	
**Not Medically Necessary	**If applicable	
***Provider Not Authorized	***If applicable	
SPOC Fitness-for-Duty Referral Number or Benefit Determination Number		X
Effective Date of SPOC Referral		X
Expiration Date of SPOC Referral		X
Status of Authorization (may be imbedded number)		X
Number/Frequency of Services Requested for SPOC Referral	X	X
Diagnosis	X	X
Procedure Code Range	X	X
Type of Service	X	X
Place of Service	X	X
Free Text (for available clinical information)	X	

- END -

referral is made to ensure that the patient does not bear any out-of-pocket expense. Upon approval of a CMAC waiver by the RD, the MTF will notify the contractor who shall then conclude rate negotiations, and notify the MTF when an agreement with the provider has been reached. The contractor shall ensure that the approved payment is annotated in the authorization/claims processing system, and that payment is issued directly to the provider, unless there is information presented that the ADSM has personally paid the provider. In the case of non-MTF referred care, the contractor shall submit the waiver request to the RD.

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

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

5.5 In no case shall a uniformed service member be subjected to “balance billing” or ongoing collection action by a civilian provider for referred, emergency or authorized care. If the contractor becomes aware of such situations that they cannot resolve they shall pend the file and forward the issue to the referring MTF or SPOC, as appropriate, for determination. The referring MTF or SPOC will issue an authorization to the contractor for payments in excess of CMAC or other applicable TRICARE payment ceilings, provided the referring MTF or SPOC has requested and has been granted a waiver from the COO, TMA, or designee.

6.0 END OF PROCESSING

6.1 EOB

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

6.2 Appeal Rights

6.2.1 For supplemental health care claims, the appeals process in [Chapter 12](#), applies, as limited herein. If the care is still denied after completion of a review to verify that no miscoding or other clerical error took place and the MTF/SPOC will not authorize the care in question, then the notification of the denial shall include the following statement: “If you disagree with this decision,

please contact (**insert MTF name/SPOC here**).” TRICARE appeal rights shall pertain to outpatient claims for treatment of TRICARE eligible patients. The SPOC will handle only those issues that involve SPOC denials of authorization or authorization for reimbursement. The contractor shall handle allowable charge issues, grievances, etc.

6.2.2 An ADSM will appeal SPOC denials of authorization or authorization for reimbursement through the SPOC—not through the contractor. If the ADSM disagrees with a denial, the first level of appeal will be through the SPOC who will coordinate the appeal with the appropriate RD. The ADSM may initiate the appeal by contacting his/her SPOC. If the SPOC upholds the denial, the SPOC will notify the ADSM of further appeal rights with the appropriate Surgeon General’s office. If the denial is overturned at any level, the SPOC will notify the contractor and the ADSM.

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

7.0 TRICARE ENCOUNTER DATA (TED) SUBMITTAL

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

8.0 CONTRACTOR’S RESPONSIBILITY TO RESPOND TO INQUIRIES

8.1 Telephonic Inquiries

Inquiries relating to the SHCP need not be tracked nor reported separately from other inquiries received by the contractor. Most SHCP inquiries to the contractor should come from MTFs/claims offices, the Service Project Officers, TMA, or the SPOC. In some instances, inquiries may also come from Congressional offices, patients, or providers. To facilitate responsiveness to SHCP inquiries, the contractor shall provide MTFs/claims offices, the Service Project Officers, TMA, and the SPOC a specific telephone number, different from the public toll-free number, for inquiries related to the SHCP Claims Program. The line shall be operational and continuously staffed according to the hours and schedule specified in the contractor’s TRICARE contract for toll-free and other service phone lines. It may be the same line as required in support of TPR under [Chapter 16](#). The telephone response standards of [Chapter 1, Section 3](#), shall apply to SHCP telephonic inquiries.

8.1.1 Congressional Telephonic Inquiries

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

8.1.2 Provider And Other Telephonic Inquiries

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

Points Of Contact (POC)

1.0 SERVICE POINTS OF CONTACT (SPOC)

1.1 Army, Air Force, Navy, Marine Corps, Coast Guard, And National Guard

For Congressional inquiries:
TRICARE Management Activity
Skyline Five, Suite 810
5111 Leesburg Pike
Falls Church, VA 22041-3206

For all other matters:
Director, TRICARE Management Activity
Military Medical Support Office
P.O. Box 886999
Great Lakes, IL 60088-6999

Telephone: 1-888-647-6676
FAX: (847) 688-3905

1.2 United States Public Health Service (USPHS) And National Oceanographic And Atmospheric Administration (NOAA)

Medical Affairs Branch
Beneficiary Medical Programs
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857

Payment issues and Care Authorizations: (800) 368-2777
FAX: (800) 733-1303

2.0 UNIFORMED SERVICES HEADQUARTERS POINTS OF CONTACT/SERVICE PROJECT OFFICERS

2.1 Army

HQ, USA MEDCOM
HP&S, Patient Admin Division
2050 Worth Road
Fort Sam Houston, TX 78234-6010

Telephone: (210) 221-6113

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Points Of Contact (POC)

2.2 Air Force

HQ USAF/SGMC
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

Telephone: 202-767-5706(202) 767-5706

2.3 Navy/Marine Corps

Department of the Navy
Bureau of Medicine and Surgery: (MED-31 FIN) for Financial Issues and
Reports or MED-31 BAS for Patient Administration Issues)
2300 E Street, NW
Washington, DC 20372-5300

Telephone: (202) 762-3120/3143

2.4 Coast Guard

Commandant (G-WKH-3)
U.S. Coast Guard
Attn: TRICARE Officer
2100 2nd Street, SW
Washington, DC 20593-0001

Telephone: (202) 267-0846

- END -

Service Point Of Contact (SPOC) Review For Authorization: Protocols And Procedures

1.0 INTERCONNECTIVITY BETWEEN THE CONTRACTOR AND MILITARY MEDICAL SUPPORT OFFICE (MMSO) (THE SPOC FOR ARMY, AIR FORCE, NAVY, MARINE CORPS AND COAST GUARD)

1.1 ADP Protocols

1.1.1 The contractor shall provide access for entry and edit of referrals into existing systems supporting this contract. The contractor shall propose one of the following access options:

- Government staff remotely, physically located in Great Lakes, IL, accessing the contractor's system, or
- Contractor staff remotely, physically located in Great Lakes, IL, accessing the contractor's system, and Government personnel performing a backup role in the event contractor personnel are unavailable.

1.1.2 For all referrals meeting the criteria for SPOC review, the contractor shall provide a status code indicating SPOC review is required.

1.1.3 The contractor shall create a standard management report for all pending referrals requiring SPOC review. The contractor shall propose a report design to MMSO for approval 30 days prior to health care delivery.

1.1.4 The contractor shall provide the capability to edit the status and entry of a 16 digit disposition code indicating if the referral was approved for civilian network treatment (see [paragraph 1.2](#)). This disposition code may be used during the claims adjudication process.

1.1.5 The contractor shall provide the logic to automatically approve the referral if the SPOC determination is not received within two work days of referral entry.

1.1.6 The contractor shall provide the telecommunications, hardware, and software necessary for data entry and report printing from the MMSO location. The contractor shall provide application training and support.

1.1.7 The contractor shall provide a data dictionary of available data elements to be sent to the MMSO automated information system. The contractor shall send all care referral records to the MMSO in a tab delimited data flat file. The method of transfer can be File Transfer Protocol (FTP) or an e-mail attachment.

1.1.8 The contractors shall provide the MMSO read only access to their subcontractor's claims history database. The contractors shall provide the necessary training to the MMSO staff in order to access the claims history database.

1.2 SPOC Referral Data

1.2.1 The format of the referral number shall be "DMISYYJJNNNS" where:

1.2.1.1 "DMIS" = the DMIS ID Code of the issuing facility (5203 = MMSO);

1.2.1.2 "YY" = the last two digits of the year in which the referral number was issued;

1.2.1.3 "JJJ" = the Julian date on which the referral number was issued;

1.2.1.4 "NNN" = the Facility Sequence Number;

1.2.1.5 "S" = Status (the type of provider)

- "C" = Civilian Care (refer to [Chapter 16, Section 2, paragraph 5.3.1.2](#) for referral requirements)
- "M" = Military Care (medical Military Treatment Facility (MTF) or clinic)
- "V" = Veterans' Affairs (VA) Care (VA hospital or medical facility)
- "P" = Care rendered under the Department of Defense/Department of Veterans Affairs (DoD/DVA) Memorandum of Agreement (MOA) for "Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to Veterans Affairs Medical Facilities for Health Care and Rehabilitative Services" (refer to [Section 2, paragraph 3.1](#) for referral requirements).

1.2.2 The format of the effective date is "YYYYMMDD" where:

- "YYYY" = the year in which the SPOC referral is effective;
- "MM" = the month in which the SPOC referral is effective; and
- "DD" = the day on which the SPOC referral is effective. A retroactive authorization is indicated by an effective date prior to the issue date.

1.2.3 The format of the expiration date is "YYYYMMDD" where:

- "YYYY" = the year in which the SPOC referral expires;
- "MM" = the month in which the SPOC referral expires; and
- "DD" = the day on which the SPOC referral expires.

1.3 Data Elements

The following data elements are the minimum elements required by MMSO for determining whether to authorize civilian care. The MMSO will return the data elements furnished by the contractor when responding to a request for authorization determination.

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Service Point Of Contact (SPOC) Review For Authorization: Protocols And Procedures

DATA ELEMENT	CONTRACTOR TO MMSO	MMSO TO CONTRACTOR
Patient Name	X	X
Patient's DOB	X	X
Patient's Sex	X	X
Contact Date (for retroactive authorizations)	X	X
ADSM SSN	X	X
ADSM Branch of Service	X	X
Duty Status	X	X
PCM Location Code	X	X
DMIS-ID	X	X
Contractor's Authorization Number	X	X
Effective Date of Authorization	X	X
SPOC Fitness-for-Duty Referral Number		X
Effective Date of SPOC Referral		X
Expiration Date of SPOC Referral		
Status of Authorization (may be imbedded number)		X
Number/Frequency of Services Requested for SPOC Referral	X	X
Diagnosis	X	X
Procedure Code Range	X	X
Type of Service	X	X
Place of Service	X	X

- END -

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Acronyms And Abbreviations

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
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
DSAA	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
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
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 Video Disc
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
ECAS	European Cardiac Arrhythmia Society
EHRA	European Heart Rhythm Association
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing

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Acronyms And Abbreviations

E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
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
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EIA	Educational Interventions for Autism Spectrum Disorders
EIDS	Executive Information and Decision Support
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
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits

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EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
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 ₁	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

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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
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSO	Facility Security Officer
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GBL	Government Bill of Lading
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
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)

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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
HDL	Hardware Description Language
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
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)
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
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
HTML	HyperText Markup Language

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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
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
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
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
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement

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IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management 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
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
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
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance

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JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
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
LCF	Long-term Care Facility
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation
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
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
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

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MD	Doctor of Medicine
MDI	Mental Developmental Index
MDR	MHS Data Repository
MDS	Minimum Data Set
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
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
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
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
MS	Microsoft®
MSA	Metropolitan Statistical Area

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MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
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
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
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	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCF	National Conversion Factor
NCI	National Cancer Institute
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
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

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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
NLT	No Later Than
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
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
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
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form

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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
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&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PC	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
PCMRA	PCM Research Application

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PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procurer) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
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
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
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
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
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

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PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
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
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
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

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PSD	Personnel Security Division
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
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director
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

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RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
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
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI Outcomes and Assessment Information Set Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
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
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
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

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SelRes	Selected Reserve
SF	Standard Form
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
SIT	Standard Insurance Table
SMC	System Management Center
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
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services

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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
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
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 Plan
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

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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
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
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)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
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

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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
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
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
UCCI	United Concordia Companies, Inc.
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
URF	Unremarried Former Spouses
URL	Universal Resource Locator
US	Ultrasound United States
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
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

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USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WEDI	Workgroup for Electronic Data Interchange
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
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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