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

CHANGE TITLE: EXTENSION OF THE DEPARTMENT OF DEFENSE (DoD) ENHANCED
ACCESS TO AUTISM SERVICES

CONREQ: 14977

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change extends the current Autism Demonstration as
indicated by Federal Register Notice, dated February 26, 2010 (75 FR Vol 38).

EFFECTIVE DATE: March 15, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.


Reta M. Michak
Director, Operations Division

ATTACHMENT(S): 26 PAGES
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REMOVE PAGE(S)

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Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

1.0 PURPOSE

The Enhanced Access to Autism Services Demonstration (“Demonstration”) provides TRICARE reimbursement for Educational Interventions for Autism Spectrum Disorders (EIA). This Demonstration will enable the Department of Defense (DoD) to determine whether:

- There is increased access to these services;
- The services are reaching those most likely to benefit from them;
- The quality of those services is meeting a standard of care currently accepted by the professional community of providers, including the Behavior Analyst Certification Board (BACB); and
- Requirements are met for State licensure and certification where such exists.

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 provides medical care for more than nine million beneficiaries, including Active Duty Service Members (ADSMs) and Active Duty Family Members (ADFM)s).

2.2 Autistic Spectrum Disorders (ASD) affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others.

2.3 A number of EIA services, such as Applied Behavior Analysis (ABA), have been introduced to ameliorate the negative impact of autism. Currently, ABA is the only EIA service accepted within the MHS as having been shown to reduce or eliminate specific problem behaviors and teach new skills to individuals with ASD. ABA therapy is rendered by TRICARE-authorized providers as a Special Education benefit under the Extended Care Health Option (ECHO). Only those individuals who are licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA) are eligible to be TRICARE-authorized providers of ABA.

2.4 The Demonstration allows TRICARE reimbursement for EIA services, referred to as Intensive Behavioral Interventions in the Federal Register Demonstration Notice (72 FR 68130, December 4,

2007), delivered by paraprofessional providers under a modified Corporate Services Provider (CSP) model.

3.0 DEFINITIONS

3.1 Applied Behavior Analysis (ABA)

A well-developed discipline with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, recognized experience and educational requirements for practice, and identified sources of requisite education. Information regarding the content of ABA is contained in the BACB Behavior Analysis Task List, available at <http://www.bacb.com/Downloadfiles/AutismTaskList/708AutismTaskListF.pdf>.

3.2 Autism Spectrum Disorders (ASD)

3.2.1 Collective term indicating Autistic Disorder (AD), Childhood Disintegrative Disorder (CDD), Asperger's Syndrome (AS), and Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS) as defined by the American Psychiatric Association's (APA's) Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR).

3.2.2 Significant symptoms associated with ASD include communication and social behavior deficits, and behaviors concerning objects and routine.

3.2.2.1 Communication deficits include a lack of speech, especially when associated with the lack of desire to communicate and lack of nonverbal compensatory efforts such as gestures.

3.2.2.2 Social Skills Deficits. Children with ASD demonstrate a decreased drive to interact with others and share complementary feeling states. Children with ASD often appear to be content being alone, ignore their parents' and others' bids for attention with gestures or vocalizations and seldom make eye contact.

3.2.2.3 Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities. Children with ASD can demonstrate atypical behaviors in a variety of areas including peculiar mannerisms, unusual attachments to objects, obsessions, compulsions, self-injurious behaviors, and stereotypes. Stereotypes are repetitive, nonfunctional, atypical behaviors such as hand flapping, finger movements, rocking, or twirling.

3.3 Behavior Plan (BP)

A written assessment of the objectives and goals of behavior modification and the specific evidence-based practices and techniques to be utilized. Requirements for the BP are specified in [paragraph 7.0](#).

3.4 Educational Interventions For Autism Spectrum Disorders (EIA)

Individualized interventions, as specified in the BP, to systematically increase adaptive behaviors and modify maladaptive or inappropriate behaviors. Under the Demonstration, only ABA, as defined by the BACB, is authorized and reimbursable.

3.5 EIA Progress Report (EPR) And Updated BP

A report of the individual's progress towards achieving the behavioral goals and objectives specified in the BP. The report also revises the BP to reflect new or modified goals, objectives and strategies. Requirements for the EPR and the updated BP are specified in paragraphs 7.2 and 7.3, respectively.

3.6 Functional Behavioral Assessment And Analysis

The process of identifying the variables that reliably predict and maintain problem behaviors. The functional behavioral assessment and analysis process typically involves:

- Identifying the problem behavior(s); and
- 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.

3.7 Individuals With Disabilities Education Act (IDEA)

Public Law 108-446, December 3, 2004 (20 U.S.C. 1400 et seq.): The United States law that entitles all children, including those with a disability, to a Free Appropriate Public Education (FAPE).

3.8 Individualized Family Service Plan (IFSP)

A multidisciplinary assessment and plan that specifies the unique strengths, services and resources needed by an infant or toddler (age zero to three years) with a developmental disability or who is at risk for such, and his/her family.

3.9 Individualized Education Program (IEP)

A multidisciplinary assessment and plan that specifies the objectives, goals and related services associated with providing a FAPE to a child with a disability.

3.10 Special Education

Specially designed instruction to meet the unique FAPE needs, as specified in the IEP, of a child with a disability.

4.0 PROVIDERS

4.1 Primary Care Provider (PCP)

A collective reference within the Demonstration to:

4.1.1 A Primary Care Manager (PCM) under the TRICARE Prime or TRICARE Prime Remote for Active Duty Family Member (TPRADFM) programs; and

4.1.2 TRICARE-authorized family practice, general medicine, internal medicine, and pediatric physicians under the TRICARE Standard program; and

4.1.3 A Military Treatment Facility (MTF) provider or team of providers or a network provider to whom a beneficiary is assigned for primary care services at the time of enrollment in TRICARE Prime.

4.2 Autism Demonstration Corporate Services Provider (ACSP)

An individual, corporation, foundation, or public entity that meets the TRICARE definition of a CSP under [32 CFR 199.6\(e\)\(2\)\(ii\)\(B\)](#) that predominantly renders services of a type uniquely allowable under the ECHO and which meets the requirements specified in [paragraph 5.1](#).

4.3 EIA Supervisor

An individual TRICARE authorized provider meeting the requirements specified in [paragraph 5.2](#) who provides supervisory oversight of EIA Tutors.

4.4 EIA Tutor

An individual who meets the requirements specified in [paragraph 5.3](#) and delivers EIA services to TRICARE beneficiaries under the supervision of an EIA Supervisor. EIA Tutors work one-on-one with children in accordance with the BP and gather behavioral data necessary for the EIA Supervisor to evaluate the effectiveness of the BP. An EIA Tutor may not conduct behavioral evaluations, establish a child's BP, or submit claims for services provided to TRICARE beneficiaries.

4.5 Specialized ASD Provider

A TRICARE authorized provider who is a:

- Physician board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or
- Ph.D. clinical psychologist working primarily with children.

5.0 EIA PROVIDER REQUIREMENTS

5.1 ACSPs shall:

5.1.1 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.

5.1.2 Submit claims to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in [paragraph 9.0](#).

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

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- 5.1.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TRICARE Management Activity (TMA) or designee; and
- 5.1.5** Employ directly or contract with EIA Supervisors and/or EIA Tutors; and
- 5.1.6** Certify that all EIA Supervisors and EIA Tutors employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and Demonstration requirements specified herein; and
- 5.1.7** 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 EIA services are provided under the Demonstration; and
- 5.1.8** Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements and corporate policies regarding EIA Supervisors and EIA Tutors; and
- 5.1.9** Comply with all applicable requirements of the Government designated utilization and clinical quality management organization for the geographic area in which the ACSP provides EIA services; and
- 5.1.10** Comply with all other requirements applicable to TRICARE-authorized providers.
- 5.2** EIA Supervisor shall:
- 5.2.1** Have a current, unrestricted State-issued license to provide ABA services; or
- 5.2.2** Have a current, unrestricted State-issued certificate as a provider of ABA services; or
- 5.2.3** **Have a current certification from** BACB (<http://www.bacb.com>) as either a BCBA or a BCaBA where such state-issued license or certification is not available; and
- 5.2.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TMA or designee; and
- 5.2.5** Employ directly or contract with EIA Tutors; and
- 5.2.6** Report to the MCSC within 30 days of notification of a BACB sanction issued to the EIA Supervisor for violation of BACB disciplinary standards (http://www.bacb.com/pages/prof_standards.html) or notification of loss of BACB certification. Loss of BACB certification shall result in termination of the Participation Agreement with the EIA Supervisor with an effective date of such notification. Termination of the Participation Agreement by the MCSC may be appealed to the TMA in accordance with the requirements of [Chapter 13](#); and
- 5.2.7** Ensure that the quality of the services provided by EIA 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

5.2.8 Maintain all applicable business licenses and employment or contractual documentation in accordance with Federal, State, and local requirements and the EIA Supervisor's business policies regarding EIA Tutors; and

5.2.9 Meet all applicable requirements of the states in which they provide EIA services, including those of states in which they provide remote supervision of EIA Tutors and oversee EIA services provided where the beneficiary resides; and

5.2.10 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

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

5.3 EIA Tutor:

5.3.1 Prior to providing EIA services under the Demonstration, 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>), undergone a criminal background check as specified in [paragraph 5.4.3](#); 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 ABA services as verified by the ACSP.

5.3.2 Receive no less than two hours **direct** supervision per month from the EIA Supervisor **with each beneficiary the Tutor provides services to and** in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. **Remote supervision through the use of real time methods is authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the Supervisor and the 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.**

5.4 Provider Background Review

5.4.1 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.

5.4.2 ACSPs, other than those specified in [paragraph 5.4.1](#), shall:

5.4.2.1 Obtain a Criminal History Review of EIA Supervisors whom the ACSP employs directly or with whom the ACSP enters into a contract.

5.4.2.2 Obtain a Criminal Background Check of EIA Tutors whom the ACSP employs directly or with whom the ACSP enters into a contract.

5.4.3 The EIA Supervisor shall obtain a Criminal Background Check of EIA Tutors the Supervisor employs directly or with whom the Supervisor enters into a contract to supervise the EIA Tutor. The Criminal Background Check of EIA Tutors shall:

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

5.4.3.2 Be completed prior to the EIA Tutor providing services to TRICARE beneficiaries.

6.0 BENEFICIARY ELIGIBILITY REQUIREMENTS

6.1 TRICARE beneficiaries who request participation in the Demonstration shall:

6.1.1 Be at least 18 months of age; and

6.1.2 Be registered in the ECHO; and

6.1.3 Have been diagnosed with an ASD specified in [paragraph 3.2](#) by a TRICARE-authorized PCP or Specialized ASD Provider; and

6.1.4 Provide the MCSC with the beneficiary's IFSP or the IEP documenting that the beneficiary is receiving Early Intervention Services or Special Education **and that adequate EIA services are not available through the IDEA.**

Note: If the child is home schooled or enrolled in a private school and not required by State law to have an IEP, the child's PCP or Specialized ASD Provider must certify to the MCSC that the child requires participation in the Demonstration.

6.2 Eligibility for benefits under the Demonstration ceases as of 12:01 a.m. of the day after:

- The Demonstration ends; or
- Eligibility for the ECHO program ends.

6.3 Absence of eligibility for the Demonstration does not preclude beneficiaries from receiving otherwise allowable services under ECHO or the TRICARE Basic program.

7.0 BP REQUIREMENTS

The initial BP, the EPR, and updated BP shall be developed by the ACSP directing the delivery of EIA services and shall include the name/title/address of the preparer and the elements specified in [paragraphs 7.1](#) through [7.3](#) to the extent applicable.

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7.1 The initial BP shall include:

7.1.1 The beneficiary's name, date of birth, date the Functional Behavioral Assessment and Analysis was completed, sponsor's Social Security Number (SSN), name of the referring provider, background and history, goals and objectives, parental training, summary and recommendations.

7.1.2 Background and history shall include:

7.1.2.1 Information that clearly demonstrates the beneficiary's condition, diagnosis, and family history; and

7.1.2.2 How long the beneficiary has been receiving EIA services; and

7.1.2.3 Identification of any services or therapies being received through community resources (e.g., state waiver programs, Medicaid, services available through a Regional or Community Center); and

7.1.2.4 How the ACSP will coordinate EIA services with available community services; and

7.1.3 Goals and objectives of the EIA services shall include:

7.1.3.1 A detailed description of the targeted skills and behaviors that will be addressed through the EIA sessions and the objectives that will be measured, which may include:

- Communication skills
- Mental health issues
- Vocational skills
- Adaptive skills
- Motor skills
- Academic skills
- Cognitive skills
- Developmental skills
- Behavior skills
- Social skills
- Medical and quasi-medical issues

7.1.3.2 Administration of any diagnostic tests that will assess skill acquisition or behavior modification; and

7.1.3.3 The frequency and method of assessing the beneficiary's progress towards achieving the goals and objectives.

7.1.4 Parental training shall be included in the BP. Parental training shall be provided while billable EIA services are being provided to the beneficiary. The BP shall include a detailed plan that specifies how parents will be trained to:

7.1.4.1 Implement and reinforce skills and behaviors; and

7.1.4.2 Receive support to implement strategies within a specified setting.

7.1.5 Summary and recommendations of the BP shall include the extent of parent/caregiver involvement that will be expected to support the plan.

7.1.6 The initial BP shall be reviewed and updated by the ACSP at six-month intervals and submitted to the MCSC for review and authorization of EIA services.

7.2 The EPR shall include:

7.2.1 Beneficiary's name, date of birth, inclusive dates of the evaluation period, sponsor's SSN, name of the referring provider; and

7.2.2 A summary of the child's progress; and

7.2.3 A summary of the child's challenges to meet the goals and objectives; and

7.2.4 A summary of parent/caregiver participation in implementing the BP during the evaluation period.

7.2.5 Recommendations for continued EIA services.

7.3 The updated BP shall include:

7.3.1 The data elements specified in [paragraph 7.1](#); and

7.3.2 The dates of the plan being updated; and

7.3.3 The number of EIA hours of services to be provided each month by the EIA Supervisor and the EIA Tutor.

7.4 The ACSP shall provide an information copy of the BP, the EPR, and the updated BP to the beneficiary's PCP or ASD Specialized provider, within 10 calendar days of completion.

8.0 POLICY

8.1 Under the Demonstration, TRICARE will reimburse **ACSP's only for** EIA services 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, and current BACB rules and regulations when rendered by providers who meet all applicable requirements specified herein.

8.2 All EIA services under this Demonstration require prior written authorization by the Director, TMA or designee.

8.3 The following are eligible for reimbursement under the Demonstration:

8.3.1 Evaluation of a beneficiary using the Functional Behavioral Assessment and Analysis.

8.3.2 Development of the initial BP, the EPR, and the updated BP.

8.3.3 EIA services rendered directly to a TRICARE beneficiary on a one-on-one basis. Group EIA sessions are not a TRICARE benefit.

8.3.4 EIA services rendered jointly, in-person, during directly supervised fieldwork of the EIA Tutor by the EIA Supervisor. Only the services provided by the Supervisor will be reimbursed as specified in [paragraph 9.1](#).

8.3.5 Quarterly, in-person meetings between the EIA Supervisor and the beneficiary's primary caregivers.

8.4 The allowed cost of services provided by this demonstration on or after October 14, 2008 accrue to the government's maximum fiscal year share of providing benefits in accordance with the TRICARE Policy Manual (TPM) [Chapter 9](#), (except ECHO Home Health Care (EHHC)), of \$36,000.

9.0 REIMBURSEMENT

9.1 Claims for Demonstration services will be submitted by the ACSP on a Centers for Medicare and Medicaid (CMS) 1500 (08/05) as follows:

9.1.1 Functional Behavioral Assessment and Analysis.

9.1.1.1 During the first month the beneficiary is enrolled in the Demonstration, the ACSP will be authorized and reimbursed by the MCSC for not more than four hours for conducting the initial Functional Behavioral Assessment and Analysis and establishing the initial BP.

9.1.1.2 The Functional Behavioral Assessment and Analysis and initial BP will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

9.1.1.3 Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial BP.

9.1.1.4 Reassessment of established Demonstration participants will be conducted as part of the ACSP's routine supervision services and is not separately reimbursable.

9.1.2 EIA Services rendered jointly by an EIA Supervisor and an EIA Tutor, in-person, during directly supervised fieldwork of the Tutor by the Supervisor, will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

9.1.3 EIA services provided directly by an EIA Tutor will be invoiced using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes."

9.1.4 Development of the required EPR and updated BP will be invoiced using CPT¹ code 99080, "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

9.1.5 Conducting the required quarterly progress meetings with the TRICARE beneficiary's caregivers will be invoiced using CPT¹ code 90887, "Interpretation or explanation of results of

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psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist patient.”

9.2 Reimbursement of claims in accordance with [paragraphs 9.1.1](#) through [9.1.5](#) will be the lesser of:

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

10.0 ADDITIONAL MCSC RESPONSIBILITIES

The MCSC shall:

10.1 Consider and advise beneficiaries of the availability of community based or funded programs and services, when authorizing Demonstration benefits.

10.2 Maintain all documents related to the Demonstration in accordance with [Chapter 2](#).

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

10.4 Review the beneficiary’s BP prior to authorizing Demonstration services.

Note: The Functional Behavioral Assessment and Analysis specified in [paragraph 9.1.1](#) will be authorized by the MCSC prior to development of the BP.

10.5 Conduct annual audits on at least 20% of each ACSP’s EIA Tutors for compliance with the requirements specified in [paragraph 5.3](#). Upon determining non-compliance with one or more EIA Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all EIA Tutors employed by or contracted with that ACSP.

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

11.0 APPLICABILITY

11.1 This Demonstration is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 6.0](#).

11.2 This Demonstration is limited to the 50 United States and the District of Columbia.

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11.3 All provisions of the ECHO program apply to the Demonstration unless specifically modified by the Federal Register Demonstration Notice (72 FR 68130, December 4, 2007) or by this Section.

12.0 EXCLUSIONS

TRICARE will not cost-share:

12.1 Training of EIA Tutors as specified in [paragraph 5.3.1](#).

12.2 Charges for program development, administrative services, and the assessment required for developing the EPR and updating the BP.

12.3 More than one Enhanced Access to Autism Services Demonstration service provided to the same beneficiary during the same time period, such as is the case of the supervision of the Tutor specified in [paragraph 5.3.2](#).

12.4 Training of parents specified in [paragraph 7.1.4](#).

13.0 EFFECTIVE DATE

This Demonstration is effective for claims for services provided in accordance with this Section **during the period** March 15, 2008 **through March 14, 2012**.

- END -

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Appendix A

Acronyms And Abbreviations

ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BACB	Behavioral Analyst Certification Board
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birthing Center
BCaBA	Board Certified Assistant Behavior Analyst
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BH	Behavioral Health
BI	Background Investigation
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BNAF	Budget Neutrality Adjustment Factor
BP	Behavioral Plan
BPC	Beneficiary Publication Committee

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BPS	Beneficiary and Provider Services
BRAC	Base Realignment and Closure
BRCA	BReast CAncer (genetic testing)
BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&CS	Communications and Customer Service
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
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
CAS	Carotid Artery Stenosis
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBHCO	Community-Based Health Care Organizations
CBP	Competitive Bidding Program
CBSA	Core Based Statistical Area
CC	Common Criteria Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention

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CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System
CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits
CES	Cranial Electrotherapy Stimulation
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

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CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMR	Cardiovascular Magnetic Resonance
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
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
CoCC	Certificate of Creditable Coverage
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
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)

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CRNA	Certified Registered Nurse Anesthetist
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
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	Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
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
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 Investigating Service
DCN	Document Control Number
DCP	Data Collection Period
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment
DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System

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DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services
DHP	Defense Health Program
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
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
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

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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
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
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 Video Disc
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification

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E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
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
EHRA	European Heart Rhythm Association
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

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EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyograma
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
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

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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
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

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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
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

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HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
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
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

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IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
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
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

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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
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