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MANAGEMENT ACTIVITY

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

**CHANGE TITLE:** PROCESSING AND PAYMENT DEPARTMENT OF VETERAN AFFAIRS (DVA)/DEPARTMENT OF DEFENSE (DoD) MEMORANDUM OF AGREEMENT (MOA) CLAIMS TRAUMATIC BRAIN INJURY (TBI), SPINAL CORD INJURY (SCI), BLINDNESS, AND POLYTRAUMA

**CONREQ:** 15023

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

**SUMMARY OF CHANGE(S):** This change requires the contractor to process and pay DVA claims for health care received under the revised MOA between the DVA and DoD regarding the referral of service members to DVA medical facilities for health care and rehabilitative services for SCI, TBI, blindness, or polytrauma.

**EFFECTIVE DATE:** August 4, 2009.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

  
**Reta M. Michak**  
**Director, Operations Division**

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**REMOVE PAGE(S)**

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## Chapter 17

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## Providers Of Care

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### 1.0 GENERAL

**1.1** The Supplemental Health Care Program (SHCP) payment structure applies to inpatient and outpatient medical claims submitted by civilian institutions, individual professional providers, suppliers, pharmacies, and other TRICARE authorized providers for Civilian Health Care (CHC) rendered to uniformed service members and other SHCP-eligible individuals. For Military Treatment Facility (MTF)-referred care, the Managed Care Support Contractor (MCSC) will make referrals to network providers as required by contract.

**1.2** For care that is not MTF referred (including care for MTF enrollees), most patients covered by this chapter will have undergone medical care prior to any contact with the Service Points of Contact (SPOC) ([Addendum A](#)) or the MCSC. However, when the patient initiates contact prior to treatment and the SPOC has authorized the care being sought, the MCSC will make referrals to network providers; if a network provider is not available, the referral will be made to a TRICARE authorized provider.

**1.3** For service determined eligible patients other than active duty (e.g., Reserve Officer Training Corps (ROTC), Reserve Component (RC), foreign military, etc.), the contractor, upon receiving an authorization from the SPOC, will record and enter the authorization to enable appropriate claims processing, and, if necessary, will assist the patient with referral to a network provider or TRICARE-authorized provider (if available).

**1.4** Claims for active duty dental services in the 50 United States, the District of Columbia, and U.S. territories and commonwealths will be processed and paid by a single, separate active duty dental program contractor. Claims for adjunctive dental care will be processed and paid by the MCSC (or the TOP contractor for overseas care).

### 2.0 UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP)

**2.1** In addition to receiving claims from civilian providers, the contractor may also receive SHCP claims from certain USFHP Designated Providers (DPs). The provisions of the SHCP will not apply to services furnished by a USFHP DP if the services are included as covered services under the current negotiated agreement between the USFHP DP and the TRICARE Management Activity (TMA) (this includes care for a USFHP enrollee). However, any services not included in the USFHP DP agreement shall be paid by the contractor in accordance with the requirements in this chapter.

**2.2** The USFHP, administered by the DPs listed below currently have negotiated agreements which provide the Prime benefit (inpatient and outpatient care). Since these facilities have the

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capability for inpatient services, they can submit claims which will be paid in accordance with applicable TRICARE reimbursement rules under the SHCP:

- CHRISTUS Health, Houston, TX (which also includes):
  - St. Mary's Hospital, Port Arthur, TX
  - St. John Hospital, Nassau Bay, TX
  - St. Joseph Hospital, Houston, TX
- Martin's Point Health Care, Portland, ME
- Johns Hopkins Health Care Corporation, Baltimore, MD
- Brighton Marine Health Center, Boston, MA
- St. Vincent's Catholic Medical Centers of New York, New York City, NY
- Pacific Medical Clinics, Seattle, WA

### 3.0 DEPARTMENT OF VETERANS AFFAIRS (DVA)

In addition to receiving claims from civilian providers, the contractor may also receive SHCP claims from the DVA. The provisions of the SHCP will not apply to services provided under any Memorandum of Agreement (MOA) for sharing between the Department of Defense (DoD) (including the Army, Air Force, Navy/Marine Corps, and Coast Guard facilities) and the DVA. Claims for these services will continue to be processed by the Services. However, any services not included in any MOA described below shall be paid by the contractor in accordance with the TRICARE Reimbursement Manual (TRM) to include claims referred for beneficiaries on the Temporary Disability Retirement List (TDRL).

#### 3.1 Claims for Care Provided Under the National DoD/DVA MOA for Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blind Rehabilitation, and Polytrauma

**3.1.1** Effective August 4, 2009, the contractor shall process DVA submitted claims for service members' treated under the MOA in accordance with this chapter and the following (SCI, TBI MOA; see Addendum D for a full text copy of the MOA for references purposes only).

**3.1.2** Claims received from a DVA health care facility for Active Duty Service Member (ADSM) care shall be processed as an MOA claim based upon the TMA/Military Medical Support Office (MMSO) authorization number. As determined by TMA/MMSO, all medical conditions shall be authorized and paid under this MOA if a condition of TBI, SCI, Blindness, or Polytrauma exists for the patient. The authorization shall clearly indicate that the care has been authorized under the SCI, TBI, Blindness, and Polytrauma MOA. The authorization shall specify type of care (inpatient, outpatient, etc.) to be given under the referenced MOA and limits of the authorization (inpatient days, outpatient visits, expiration date, etc.). Suggested authorization language to possibly include all care authorized under the SCI, TBI, Blindness, and Polytrauma MOA for inpatient, outpatient and rehabilitative care. TMA/MMSO shall send authorizations to the contractor either by fax or by other mutually agreed upon modality.

**3.1.3** The contractor shall verify whether the DVA-provided care has been authorized by the TMA/MMSO. If an authorization is on file, the contractor shall process the claim to payment. The contractor shall not deny claims for lack of authorization. If a required authorization is not on file, the contractor shall place the claim in a pending status and forward the appropriate documentation to the TMA/MMSO identifying the claim as a possible MOA claim for determination (following the procedures in Addendum B for the TMA/MMSO SPOC referral and review procedures). Additionally, any DVA submitted claim for a service member with a TBI, SCI, blindness, or polytrauma condition that does not have a matching authorization number shall be pending to the TMA/MMSO for payment determination.

**3.1.4** MOA claims shall be reimbursed as follows:

**3.1.4.1** Claims for inpatient care shall be paid using DVA interagency rates, published in the Federal Register. The interagency rate is a daily per diem to cover an inpatient stay and includes room and board, nursing, physician, and ancillary care. These rates will be provided to the contractor by the TMA (including periodic updates as needed). There are three different interagency rates to be paid for rehabilitation care under the MOA. The Rehabilitation Medicine rate will apply to TBI care. Blind rehabilitation and SCI care each have their own separate interagency rate. Additionally, it is possible that two or more separate rates may apply to one inpatient stay. All interagency rates except the outpatient interagency rate in the Office of Management and Budget (OMB) Federal Register Notice provided by TMA will be applicable. If the DVA-submitted claim identifies more than one rate (with the appropriate number of days identified for each separate rate), the contractor shall pay the claim using the separate rate. (For example, a stay for SCI may include days paid with the SCI rate and days billed at a surgery rate.) MCSCs shall verify the DVA billed rate on inpatient claims matches one of the interagency rates provided by TMA. DVA claims for inpatient care submitted with an applicable interagency rate shall not be developed any further (i.e., for revenue codes, diagnosis, etc.) if care has been approved by the TMA/MMSO. Claims without an applicable interagency rate shall be denied and an Explanation of Benefits (EOB) shall be issued to the DVA, but not the beneficiary. The claim will need to be resubmitted for payment.

**3.1.4.2** Claims for outpatient and ambulatory surgery professional services shall be paid at the appropriate TRICARE allowable rate (e.g., CHAMPUS Maximum Allowable Charge (CMAC)) with a 10% discount applied. For those services without a TRICARE allowable rate, DVA shall be reimbursed at billed charges.

**3.1.4.3** The following care services, irrespective of health care delivery setting require authorization from MMSO and are reimbursed at billed charges (actual DVA cost) separately from DVA inpatient interagency rates, if one exists:

- Transportation
- Prosthetics
- Non-medical rehabilitative items
- Durable Medical Equipment (DME)
- Orthotics (including cognitive devices)
- Routine and adjunctive dental services
- Optometry
- Lens prescriptions
- Inpatient/outpatient TBI evaluations

- Special diagnostic procedures
- Inpatient/outpatient polytrauma transitional rehabilitation program
- Home care
- Personal care attendants
- Conjoint family therapy
- Ambulatory surgeries
- Cognitive rehabilitation
- Extended care/nursing home care

**3.1.4.4** On August 4, 2009, the contractor shall process all claims received on or after this date using the guidelines established under the updated MOA regardless of the date of service. All TRICARE Encounter Data (TED) records for this care shall include Special Processing Code **17** - DVA medical provider claim.

**3.1.4.5** If paid at per diem rates, the provisions of Chapter 8, Section 2, paragraph 7.2, apply when enrollment changes in the middle of an inpatient stay. If enrollment changes retroactively, prior payments will not be recouped.

### **3.2 Claims for Care Provided Under the National DoD/DVA MOA for Payment for Processing Disability Compensation and Pension Examinations (DCPE) in the Integrated Disability Evaluation System (IDES)**

The contractor shall reimburse the DVA for services provided under the current national DoD/DVA MOA for "Processing Payment for Disability Compensation and Pension Examinations in the Integrated Disability Evaluation System" (IDES MOA; see [Addendum C](#) for a full text copy of the MOA for reference purposes only). The contractor shall begin processing these claims with dates of care January 1, 2011 and forward. Claims under the IDES MOA shall be processed in accordance with this chapter and the following:

**3.2.1** Claims submitted by the DVA on a Centers for Medicare and Medicaid Services (CMS) 1500 (08/05) for a service member's care with the Current Procedural Terminology (CPT<sup>1</sup>) code of 99456 (principal or secondary) shall be processed as a IDES MOA claim.

**3.2.2** The contractor shall verify whether services provided under the IDES MOA have been referred and authorized by the MTF. The MTF will generate a single referral request in the Armed Forces Health Longitudinal Technology Application (AHLTA) and submit the referral to the contractor. The referral will specify the total number of Compensation and Pension (C&P) examinations authorized for payment by the contractor. It is not necessary for the referral to identify the various specialists who will render the different C&P examinations. The reason for referral will be entered by the MTF as "**DVA only: Disability Evaluation System (DES) C&P exams for fitness for duty determination - total \_\_\_**." The MTF will complete the referral as described in [Chapter 8, Section 5, paragraph 6.1](#) including Note 4.

**3.2.3** The DVA will list one C&P examination (CPT<sup>1</sup> code 99456) per line in block 24 of the CMS 1500 (08/05) and indicate one unit such that there is a separate line item for each C&P examination. The DVA can list related ancillary services separately in block 24 of the CMS 1500 (08/05) using the appropriate CPT codes.

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**3.2.4** If an authorization is on file, the contractor shall process the claim to payment (see [Section 2, paragraph 2.2](#)). One C&P examination fee will be paid for each referred and authorized C&P examination up to the total number of C&P examinations authorized. If no authorization is on file, the contractor shall place the claim in a pending status and shall forward appropriate documentation to the MTF for determination (following the procedures in [Section 3, paragraph 1.2.1](#)).

**3.2.5** Claims for C&P exams shall be paid SHCP using the pricing provisions agreed upon in the IDES MOA. CPT<sup>2</sup> procedure code 99456 shall be used and will be considered to include all parts of each C&P examination, except ancillary services. Claims for related ancillary services shall be paid at the appropriate TRICARE allowable rate (e.g., CMAC) with a 10% discount applied.

**FIGURE 17.2-1 DISABILITY PAY SCHEDULE**

EFFECTIVE DATE	C& P DISABILITY EXAM (99456 <sup>2</sup> )	ANCILLARY SERVICES
01/01/2011	\$515.00	CMAC - 10%

**3.2.6** All TED records for this care shall include Special Processing Code **DC** - Compensation and Pension Examinations-DVA, Special Processing Code **17** - VA Medical Provider Claim, and Enrollment Health Plan Code **SR** - SHCP-Referred Care.

**3.2.7** Claims for care provided prior to January 1, 2011 will be paid by TMA. The contractor shall pay all claims with dates of care from that date forward. The contractor shall NOT be responsible for processing adjustments for any claims previously paid by TMA.

- END -

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**Memorandum Of Agreement (MOA) Between Department  
Of Veterans Affairs (DVA) And Department Of Defense (DoD)  
For Medical Treatment Provided To Active Duty Service  
Members (ADSMs) With Spinal Cord Injury (SCI), Traumatic  
Brain Injury (TBI), Blindness, Or Polytraumatic Injuries**

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Due to the size and nature of the table it can be found on page 2.

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**MEMORANDUM OF AGREEMENT BETWEEN  
DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE  
FOR MEDICAL TREATMENT PROVIDED TO ACTIVE DUTY SERVICE MEMBERS WITH  
SPINAL CORD INJURY, TRAUMATIC BRAIN INJURY, BLINDNESS, OR POLYTRAUMATIC INJURIES  
PURPOSE**

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**1. Purpose**

This Memorandum of Agreement (MOA) establishes policies for medical management within an appropriate care setting and reimbursement between Department of Veterans Affairs (DVA) and Department of Defense (DoD) regarding treatment provided to Active Duty Service Members (ADSMs) with Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), blindness, or polytraumatic injuries (more than one injury sustained at the same time that includes either an SCI, TBI, or blindness) at DVA medical facilities. **Appendix A** provides instructions to implement the provisions of the MOA and is not intended to alter the provisions of this MOA.

**2. Background**

There has been a long-standing MOA between DVA and DoD associated with specialized care for ADSMs sustaining SCI, TBI, and blindness. The Veterans Health Administration (VHA) is known for its integrated system of health care for these conditions. The DVA/DoD Health Executive Council identified the need for referral procedures governing the transfer of ADSM inpatients from military or civilian hospitals to DVA medical facilities, and the treatment of ADSM inpatients, outpatients, and other related comprehensive services at DVA facilities.

This MOA supersedes all previous DVA/DoD MOAs relating to ADSM referrals to DVA facilities for TBI, SCI, and blindness.

**3. Authorities**

- a. DVA and DoD Health Resources Sharing and Emergency Operations Act (38 USC § 8111).
- b. Section 3-105 of the DVA/DoD Health Care Resource Sharing Guidelines of October 31, 2008.
- c. TRICARE Operations Manual 6010.51-M, August 1, 2002.

**4. Applicability**

This MOA applies to DVA facilities with SCI, TBI, and Blindness specialty programs listed in **Appendix B**, but is not limited to these facilities as ADSMs covered under this MOA may receive care in any DVA Medical Center (DVAMC).

This MOA does not apply to non-DoD ADSMs in the Coast Guard, Public Health Service (PHS), and National Oceanic and Atmospheric Administration (NOAA). This MOA does not pertain to the transfer of ADSMs to DVA facilities for care or treatment related to alcohol or drug abuse in accordance with Title 38 USC § 620A(d)(1). This MOA is separate from existing agreements between the DVA and the Regional TRICARE Managed Care Support Contractors (MCSCs).

## 5. Service Member Eligibility and Enrollment Status

a. Since this MOA applies only to ADSMs, the provisions of this MOA will no longer apply to members the day after the member separates or retires from active duty. DoD shall keep the treating DVA facility informed of any pending changes in eligibility of the ADSM, including all relevant information such as separation date, type of separation, and the periods of active duty served.

b. It is the responsibility of the referring Military Treatment Facility (MTF) to ensure that ADSMs are enrolled in TRICARE Prime or TRICARE Prime Remote (TPR) in all cases prior to transfer of care to a DVA facility. At a minimum, it is preferred that the ADSM be enrolled to the referring MTF and assigned to a Primary Care Manager (PCM) at that MTF while the member is receiving inpatient or outpatient services under this MOA unless or until DoD assigns a responsible MTF other than the referring MTF. DoD shall keep the treating DVA facility informed of any pending changes in TRICARE Prime enrollment status of the ADSM.

c. These provisions are important for ensuring proper authorization for care as well as appropriate billing procedures under the MOA.

## 6. Responsibilities and Agreement

DVA and DoD agree to the following provisions:

### a. Medical Management of Patients

Care coordination support services will be provided by the TRICARE Management Activity (TMA) in collaboration with the responsible MTF and the treating DVA facility as a joint collaboration appropriate to each individual ADSM's case.

### (1) Responsible MTF

(a) If the ADSM being considered for treatment under this MOA is under inpatient or outpatient treatment outside an MTF, and no MTF is involved in the member's treatment, DoD will assign an MTF to fulfill all responsibilities assigned to responsible MTFs below.

(b) The responsible MTF shall obtain the preferences of the ADSM (guardian, conservator, or designee) for DVA facility location. The responsible MTF will identify the appropriate participating DVA facility (listed in **Appendix B**) and contact the designated facility Program Point of Contact (POC) as early as possible to present the case, gain admission acceptance, and begin the referral process. The responsible MTF will provide sufficient patient medical record documentation to allow the identified DVA health care facility to decide whether to accept the patient for the indicated inpatient or outpatient treatment within the scope of this MOA. The transfer of care from MTF inpatient or outpatient treatment to DVA inpatient or outpatient treatment will involve direct telephone contact between the responsible MTF physician and the accepting DVA physician.

(c) Once a DVA facility has agreed to accept the patient for the indicated inpatient or outpatient treatment within the scope of this MOA, the responsible MTF will complete and submit the appropriate request for preauthorization to TMA. If a request for outpatient, appropriate transitional rehabilitation setting, or other treatment is made immediately following the discharge from inpatient treatment at a DVA facility under this MOA, the treating DVA facility is responsible for submitting the request for authorization to TMA.

(d) Clinical case management of ADSMs under the MOA will remain the responsibility of the responsible MTF and the accepting DVA facility. Upon receipt of a preauthorization, the responsible DoD MTF case manager will provide the DVA case manager with current clinical information along with the case management plan of care and discharge plan. DoD MTF case managers will update the appropriate patient tracking application(s) and forward necessary information to the DVA case manager to update the appropriate tracking application(s).

(e) Upon receipt of a preauthorization, the responsible MTF and the accepting DVA facility will coordinate the transfer of care for the patient from a DoD treatment setting to DVA treatment along with an agreed upon date and time of transfer to the appropriate healthcare setting, **Appendix A** lists the criteria for the transfer of care for ADSMs and the instances in which patients are not to have care transferred. The responsible MTF must notify the DVA facility of any changes in medical status in detail prior to the transfer of care. At MTFs where DVADVA staff is assigned, the DVA Liaison for Health Care will assist with the transfer of care. The responsible MTF must inform TMA of the status of all transfers. Clinical responsibility for the patient enroute, during a transition of care setting, rests with DoD. If the ADSM being considered for treatment under this MOA is under inpatient or outpatient treatment outside an MTF, the assigned responsible MTF will coordinate with the civilian facility or provider as appropriate.

(f) As part of scheduling the transfer of care, the MTF will arrange for, and DoD will reimburse the transportation of ADSMs to and from the DVA facility for both inpatient and outpatient care in accordance with applicable DoD policy and procedure. The responsible MTF will arrange with any MTF within a reasonable distance to provide needed transportation. The MTF may involve the Global Patient Movement Requirements Center (GPMRC), particularly for inpatient transfers. (To ensure optimal care, active duty patients may go directly to a DVA medical facility without passing through a transit military hospital if medically indicated.) If the responsible MTF (in coordination with GPMRC) cannot arrange ground transportation from the airfield to the DVA facility, the receiving DVA facility shall obtain appropriate local transportation and will be reimbursed by DoD for costs incurred by DVA.

## **(2) TRICARE Management Activity (TMA)**

(a) TMA is the approval authority for all authorizations for DVA services, supplies, and equipment under this MOA. Care authorizations issued by TMA will also include treatment for any co-morbid conditions identified.

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(b) TMA will accept requests for preauthorization from responsible MTFs and requests for continued treatment authorization from the treating DVA facility. An inpatient admission is not required for coverage under this MOA. In instances where outpatient, transitional rehabilitation setting, or other treatment immediately follows discharge from inpatient treatment at a DVA facility under this MOA, it shall be considered to be a request for continued treatment and the treating DVA facility is responsible for submitting the request for authorization to TMA.

(c) TMA will consider all information submitted with the request in rendering a determination on the authorization request.

(d) All ongoing outpatient services, supplies, and equipment under the MOA upon discharge from inpatient treatment under this MOA, require prior continued treatment authorization including rehabilitation services. It also includes requests for Durable Medical Equipment (DME) that are not routinely covered under the TRICARE Uniform Benefit that are appropriate for issuance to ADSMs upon discharge from inpatient treatment at a DVA medical facility.

(e) In order to ensure continuity of care, ADSMs who are covered under this MOA and have transitioned to an outpatient status, will remain under the program and have their future care needs authorized by TMA regardless of the current diagnosis.

**(3) Treating DVA Facility**

(a) DVA facilities will assist MTFs in selecting the most appropriate participating DVA facility (listed in **Appendix B**) to provide treatment to prospective ADSMs under this MOA. Consideration shall be given to selecting a DVA facility closest to the ADSM's home of record or other location requested by the ADSM (guardian, conservator, or designee), subject to availability of beds at the facility and approval by TMA. If the preferred/approved DVA facility is unable to accept the patient, DoD, in coordination with DVA, will assist in locating an appropriate DVA facility for placement of the patient.

**Note:** The Chief Consultant, Rehabilitation Services, or Chief Consultant, SCI&D Services, DVA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, will assist when necessary.

(b) Upon being identified by a responsible MTF, the identified DVA facility will review patient medical record documentation submitted by the responsible MTF to decide whether to accept the patient for the indicated inpatient or outpatient treatment within the scope of this MOA. Typically, transfers from MTF inpatient treatment to DVA inpatient treatment will involve direct telephone contact between the responsible MTF physician and the accepting DVA physician. Upon receipt of medical records, the DVA facility will respond within three business days with either a request for more information or an acceptance or denial decision.

(c) Upon request, the selected DVA facility will provide patient status information to the assigned responsible MTF in order to assist that MTF with the preparation of the request for preauthorization for submission to TMA.

(d) Clinical case management of ADSMs under the MOA will remain the responsibility of the responsible MTF and the DVA facility. Upon receipt of a preauthorization, the DVA case manager will accept current clinical information along with the case management plan of care and discharge plan from the responsible DoD MTF case manager. DoD MTF case managers will update the appropriate patient tracking application(s) and forward necessary information to the DVA case manager.

(e) Upon receipt of a preauthorization, the responsible MTF and the accepting DVA facility will coordinate transfer of care for the patient from DoD treatment to DVA treatment along with an agreed upon date and time of transfer. **Appendix A** lists the criteria for the transfer of patients and the instances in which patients are not to be transferred. In the case of emergent transfers, DVA facilities will accept inpatient transfers without regard to hour of the day, day of the week, or holidays. All non-emergent or routine inpatient transfers must be transferred within the duty day and time frame coordinated with the treating DVA facility. At MTFs where DVA staff is assigned, the DVA Liaison for Health Care will assist with the transfer of care. If the ADSM is receiving treatment in a civilian facility, the DVA facility will participate in coordinating the transfer with the civilian provider along with the MTF as appropriate.

(f) The accepting DVA staff physician will review military transportation arrangements and make recommendations as appropriate. DVA will assist responsible MTFs and GPMRC in coordinating the medically indicated mode of transportation. If the responsible MTF (in coordination with GPMRC) cannot arrange ground transportation from the airfield to the DVA facility, the receiving DVA facility shall obtain appropriate local transportation and will be reimbursed by DoD for costs incurred by DVA.

(g) The treating DVA facility is responsible for completing and submitting requests for continued treatment authorization to TMA. Requirements for the authorization request are specified in **Appendix A**. If a request for outpatient, transitional rehabilitation setting, or other treatment immediately follows discharge from inpatient treatment under this MOA, it shall be considered to be a request for continued treatment and the treating DVA facility is responsible for submitting the request for authorization, if care is to be continued outside of DVA. DVA may assist in finding an acceptable provider if necessary to provide a smooth transition from DVA care setting.

(h) When ADSMs are a direct admission, the treating DVA facility will notify TMA Military Medical Support Office (MMSO) immediately upon admission of an ADSM to a DVA facility under this MOA. DVA will assign a case manager to coordinate the full continuum of services for the ADSM. The DVA case manager will provide the TMA MMSO case manager periodic updates, no less than once a month, depending on the acuity or complexity of the case, until the medical determination or the medical board process is complete or the ADSM patient is discharged and returned to an MTF or other military control. This continued coordination is necessary to aid in communication to the DoD PCM, command, other program managers, and medical board personnel.

(i) The treating DVA facility will coordinate the hospital discharge of an ADSM with the appropriate MTF and TMA and provide a discharge plan as outlined in **Appendix A**.

(j) DVA will provide sufficient medical information and documentation for the designated MTF to conduct a medical board for a disability determination.

(k) The treating DVA facility will notify the responsible MTF of any ADSMs' absences, while coordinating potential medical discharge, and/or change of location.

(l) Prior to discharge, the treating DVA facility will notify the responsible MTF of the patient's pending discharge so that the responsible MTF may assist the patient with TRICARE Prime portability enrollments in the region or his/her next or final destination, if desired.

**b. Pharmacy Services**

**(1) DoD Pharmacy**

Prescriptions are filled through the TRICARE pharmacy program except for DVA facility emergency room, inpatient and discharge prescriptions that include extended and transitional care settings.

**(2) DVA Pharmacy**

The DVA facilities under the VHA TRICARE Pharmacy Program are authorized to dispense and submit claims for reimbursement of medications. DVA pharmacies will fill prescriptions ordered by DVA providers. DVA facilities that have implemented the e-pharmacy solution may become part of the TRICARE pharmacy network when an MOA has been executed between DVA and TMA.

**c. Billing and Reimbursement**

**(1) Outpatient Treatment**

DoD will reimburse DVA facilities CHAMPUS Maximum Allowable Charge (CMAC) minus 10 percent. For those services without a CMAC, DVA will be reimbursed at actual DVA cost. DVA reserves the right to periodically review DVA costs against the CMAC minus 10 percent reimbursement levels for an approval determination of an alternate reimbursement methodology for outpatient care by the DVA/DoD Financial Management Workgroup. At a minimum, the billing will be itemized for each member on Centers for Medicare and Medicaid (CMS) Form 1500 for outpatient services and Universal Billing (UB) Form UB04 for outpatient facility charges.

**(2) Inpatient Treatment**

DoD will reimburse DVA using the DVA's interagency rates approved by the Office of Management and Budget (OMB) that is periodically updated via a Federal Register Notice. All rates in the OMB Federal Register Notice will be applicable. At a minimum, this will include a UB04 form billed for the appropriate DVA interagency rate(s) for the bed unit(s)/setting(s) of care, which shall be reimbursed at the billed charge by DoD. Multiple DVA interagency rates, as applicable to the bed units/care settings, shall be billed on the same UB04.

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

Chapter 17, Addendum D

Memorandum Of Agreement (MOA) Between Department Of Veterans Affairs (DVA) And Department Of Defense (DoD) For Medical Treatment Provided To Active Duty Service Members (ADSMs) With Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blindness, Or Polytraumatic Injuries

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**(3) Necessary Services Requiring Authorization in Any Setting**

The following services, irrespective of health care delivery setting require authorization from TMA. These services are reimbursed separately from DVA inpatient interagency rates, if one exists or actual DVA cost: transportation, prosthetics, non-medical rehabilitative items, durable medical equipment, orthotics (including cognitive devices), routine and adjunctive dental services, optometry, lens prescriptions, inpatient/outpatient TBI evaluations, special diagnostic procedures (see **Appendix A-6**), inpatient/outpatient Transitional Rehabilitation program, home care, personal care attendants, conjoint family therapy, cognitive rehabilitation, and extended care/nursing home care. Professional charges will be billed on CMS 1500 and Facility Charges will be billed on UB04, as applicable. The DVA facility will be reimbursed separately for ambulatory surgeries required while in a rehabilitation or transitional rehabilitation program setting. TMA will provide standardized claim processing instructions (i.e., application of revenue codes) to the MCSCs to enable DVA facilities to bill and receive reimbursement in a consistent manner, per this MOA.

**(4) Rehabilitation Items**

Non-medical rehabilitation items normally required to help achieve maximum medical rehabilitation benefit will be reimbursed by the DoD for ADSMs at DVA actual cost. Items needed for vocational rehabilitation will be furnished by the DVA and reimbursed at actual cost. The DVA will request preauthorizations for these items from TMA. Professional charges will be billed on CMS 1500 and Facility Charges will be billed on UB04, as applicable. If DVA purchased these items from an outside vendor, the actual bill from the vendor will be submitted for reimbursement of costs to DVA.

**7. Duration of MOA**

**a.** This MOA Will remain in force unless terminated at the request of either party after sixty (60) days written notice. In the event this MOA is terminated. DoD shall be liable only for payment in accordance with provisions of this agreement for care provided before the effective termination date. If the agreement is terminated. DoD must expedite coordination of care between DVA and the new provider or medical facility.

**b.** This agreement supersedes all local resource sharing agreements.

**8. Appendices**

The appendices to this agreement are used to provide more detailed implementing instructions regarding the MOA. They may be modified at any time, with the concurrence of the VHA and DoD POCs listed below without the requirement for re-signing the MOA.

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**9. Dispute Resolution**

DVA and TMA/MTF staff will first attempt to resolve authorizations of care and claim issues in collaboration with the TRICARE Contractor. If not resolved, issues will be forwarded to the TMA Director of Healthcare Operations and Director, VHA Medical Sharing Office, who will direct the issues to the stakeholders within DVA and DoD. If necessary, billing and reimbursement issues shall be referred to the DVA/DoD Financial Workgroup for resolution, with inclusion of DVA and DoD General Counsels as necessary. Final resolution of issues resides with the DVA Under Secretary of Health and the Assistant Secretary of Defense (Health Affairs) (ASD(HA)).

**10. Points of Contact (POCs)**

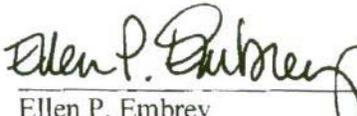
a. The VHA Medical Sharing Office is the DVA POC responsible for documentation of this MOA and its appendices. Through the VHA DVA-DoD Medical Sharing Office designee, the Rehabilitation Services Chief Consultant and the SCI&D Chief Consultant will maintain and update the lists of participating DVA facilities in **Appendix B** periodically as changes occur.

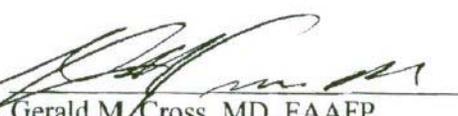
b. TMA Policy and Benefit Branch is the DoD POC responsible for documentation of this MOA and its appendices.

**11. Effective Date**

This MOA is effective upon the date of approval by the undersigned. Execution of this MOA supercedes and cancels the previous MOA.

**12. Signatures**

  
Ellen P. Embrey  
Performing the Duties of the  
Assistant Secretary for Health Affairs  
Department of Defense

  
Gerald M. Cross, MD, FAAFP  
Acting Under Secretary for Health  
Department of Veterans Affairs

August 4, 2009

July 7, 2009

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**Appendix A - Implementing Instructions**

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This appendix provides instructions to implement the provisions of the Memorandum of Agreement (MOA) between the Department of Veterans Affairs (DVA) and the Department of Defense (DoD) for medical treatment provided by Veterans Affairs Medical Facilities to Active Duty Service Members (ADSMs) with a polytrauma injury, Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), or blindness. This appendix is not intended to alter the provisions of the MOA.

**1. Program Descriptions and Definitions**

**a. Traumatic Brain Injury**

TBI is defined as traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by any period of loss of or decreased Level Of Consciousness (LOC), loss of memory for events immediately before or after the injury (Post-Traumatic Amnesia [PTA]), alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.) (Alteration Of Consciousness/mental state [AOC]), neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient or intracranial lesion.

This MOA includes individuals sustaining a TBI and damage to the central nervous system resulting from anoxic/hypoxic episodes, related to trauma or exposure to chemical or environmental toxins that result in brain damage.

This MOA does not include brain injuries/insult related to acute/chronic illnesses (i.e., cerebrovascular accident, aneurysm, hypertension, tumors, diabetes, etc.). Patients with other acquired brain injuries due to acute/chronic disease or infectious processes are not covered under this MOA but are eligible for care in these centers under TRICARE network agreements.

**b. Polytrauma**

Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, and/or psychosocial impairments and functional disabilities. TBI frequently occurs as part of the polytrauma spectrum in combination with other disabling conditions such as amputations, burns, pain, fractures, auditory and visual impairments, Post-Traumatic Stress Disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI. Due to the severity and complexity of these injuries, veterans and service members with polytrauma require an extraordinary level of coordination and integration of clinical and other support services.

**c. Polytrauma/TBI System of Care (PSC)**

Prior to the Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) conflicts, DVA provided specialized rehabilitation for ADSMs with TBI at DVA facilities designated as TBI Centers and TBI Network sites. Since 2005, DVA has implemented the PSC consisting of an integrated nationwide network of over 100 facilities with specialized rehabilitation programs for veterans and service members with polytrauma and TBI. Specialized polytrauma and TBI care is provided at the facility closest to the patient's home with the expertise necessary to manage his/her rehabilitation, medical, surgical, and mental health needs. The components of the PSC include:

**(1) Polytrauma/TBI Rehabilitation Center (PRC)**

Four regional PRCs provide medical care for all conditions associated with the injury event. Referral of ADSMs with moderate to severe TBI or polytrauma must be made to an appropriate regional PRC. Each PRC provides the same level services and programming including an emerging consciousness program, intensive interdisciplinary inpatient rehabilitation, short stay admissions for comprehensive evaluations, assistive technology evaluations, and access to all medical and surgical specialties. (Note: Additional PRC's may be constructed).

**(2) Polytrauma/TBI Transitional Rehabilitation Program (PTRP)**

The inpatient PTRP provide a transition in the continuum of care from acute TBI programs to a community living setting. PTRPs are offered at the DVA PRCs as a continuation of rehabilitation setting in a residential, group-based, interdisciplinary care setting. The goal of transitional rehabilitation is to return the person to the least restrictive environment including return to active duty, work and school, or independent living in the community with meaningful daily activities. The treatment program focuses on a progressive return to independent living through a structured program focused on restoring home, community, leisure, psychosocial, and vocational skills in a controlled, therapeutic setting.

**(a) Polytrauma/TBI Residential (Inpatient) Transitional Rehabilitation.** The residential program is a time-limited and goal-oriented program designed to improve the resident's physical, cognitive retraining and rehabilitation, communicative, behavioral, psychological and social functioning with the necessary support and supervision. A dedicated interdisciplinary team provides treatment and therapeutic activities seven days per week as well as 24/7 nursing care on the bed unit.

**(b) Polytrauma/TBI Day Transitional Rehabilitation Program.** ADSMs and veterans that do not require an inpatient setting and have living arrangements in the community may participate in the PTRP as a day patient. An individual treatment plan is developed for each patient and typically includes three to five hours of treatment each day based on clinical need.

### **(3) Polytrauma Network Sites (PNSs)**

PNSs provide post-acute rehabilitation for veterans and ADSMs with polytrauma and TBI who reside within their Veterans Integrated Service Network (VISN) catchment area. This includes inpatient rehabilitation for those transitioning closer to home, comprehensive outpatient Tim evaluations, a full range of outpatient therapy services, evaluations for DME and assistive technology, access to other consultative specialists, and follow up evaluations and case management for ongoing rehabilitation needs.

### **(4) Polytrauma Support Clinic Teams (PSCTs)**

PSCTs provide interdisciplinary outpatient rehabilitation services in their catchment areas for veterans and service members with mild and/or stable impairments from polytrauma and TBI. Services include comprehensive TBI evaluations, outpatient therapy services, management of stable rehabilitation plans referred from PRCs and PNSs, coordinating access to DVA and non-DVA services, and follow up evaluations and case management for ongoing rehabilitation needs.

### **(5) Polytrauma Point of Contact (PPOC)**

DVA Medical Centers (DVAMCs) designated as PPOC sites have the capability of providing some outpatient rehabilitation therapies and may have the expertise to complete a TBI evaluation. A designated PPOC ensures that patients with polytrauma and TBI are referred to a facility and program capable of providing the level of rehabilitation services required.

### **(6) Polytrauma/TBI Case Management and Care Coordination**

Clinical case management and coordination of care is provided to individuals with polytrauma and TBI across the PSC and in collaboration with other agencies and institutions, e.g., Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), DoD, state, and local agencies. DVA PSC case managers are knowledgeable of the resources available across the DVA for specialized care.

A list of DVA Polytrauma/TBI Rehabilitation Centers and Network Sites (PNSs) is in **Appendix B, Table 1**. This does not include all of the DVA facilities that serve ADSMs under this MOA. PRCs and PNSs are familiar with DVA services available in their VISN and assist with coordination of referrals.

#### **d. Spinal Cord Injury and Disorders (SCI&D)**

**(1)** The mission of the Program within DVA is to promote the health, independence, quality of life, and productivity of individuals with SCI&D. SCI Centers available throughout DVA to provide acute rehabilitative services to persons with new onset SCI are listed in **Appendix B, Table 2**. DVA offers a unique system of care through SCI Centers, which includes a full range of health care for eligible persons who have sustained injury to their spinal cord or who have other spinal cord lesions.

(2) Persons served in these centers include those with: stable neurological deficit due to SCI, intraspinal, non-malignant neoplasms, vascular insult, cauda equina syndrome, inflammatory disease, spinal cord or cauda equina resulting in non-progressive neurologic deficit, demyelinating disease limited to the spinal cord and of a stable nature, and degenerative spine disease.

**e. Blind Rehabilitation**

(1) Blind Rehabilitation Service offers a coordinated educational training and health care service delivery system that provides a continuum of care for veterans with blindness that extends from their home environment to the local DVA facility, to the appropriate rehabilitation setting. These services include adjustment to blindness counseling, patient and family education, benefits analysis, assistive technology, outpatient programs, and residential inpatient training. The residential inpatient DVA Blind Rehabilitation Centers (BRC) are listed in **Appendix B, Table 3**.

(2) The mission of each BRC program is to educate each veteran on all aspects of Blind Rehabilitation and address the expressed needs of each veteran with blindness so they may successfully reintegrate back into their community and family environment. To accomplish this mission, BRCs offer a comprehensive, individualized adjustment-training program along with those services deemed necessary for a person to achieve a realistic level of independence. BRCs offer a variety of skill courses including: orientation and mobility, communication skills, activities of daily living, manual skills, visual skills, leisure skills, and computer access training. The veteran is also assisted in making an emotional and behavioral adjustment to blindness through individual counseling sessions and group therapy meetings.

(3) Each DVAMC has a Visual Impairment Services Team Coordinator who has major responsibility for the coordination of all services for visually impaired veterans and their families. Duties include arranging for the provision of appropriate treatment modalities (e.g., referrals to Blind Rehabilitation Centers and/or Blind Rehabilitation Outpatient Specialists) and being a resource for all local service delivery systems in order to enhance the functioning level of veterans with blindness. Referrals can be directed to the Program Analyst in the Blind Rehabilitation Program Office in DVA Central Office at 202-461-7331.

**2. Medical Management**

**a. Transfer Criteria for Patients with SCI, TBI, Blindness, or Polytrauma**

Prerequisites for transfer include: identifying an accepting staff physician at the DVA facility, stabilization of the patient's injuries, and the acute management of the medical and physiological conditions associated with the SCI, TBI, blindness, or polytrauma.

(1) Patients must be stabilized prior to transfer to the DVA health care facility. Stabilization is an attempt to prevent additional impairments while focusing on prevention of complications. The criteria for the transfer of patients with SCI, TBI, blindness, or polytrauma are:

- Attention to airway and adequate oxygenation;

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- Treatment of hemorrhage, no evidence of active bleeding;
- Adequate fluid replacement;
- Maintenance of systolic blood pressures (>90 mm mercury hydrargyrum (Hg));
- Foley catheter placement, when appropriate, with adequate urine output;
- Use of a nasogastric tube, if paralytic ileus develops;
- Maintenance of spinal alignment by immobilization of the spine, or adequate stabilization to prevent further neurologic injury (traction, tongs and traction, halo-vest, hard cervical collar, body jacket, etc.); and
- Approval by the SCI Center Chief, TBI/Polytrauma Center Medical Director or Designee, or Blind Rehabilitation Chief in consultation with other appropriate DVA specialty care teams.

(2) The responsible Military Treatment Facility (MTF) must notify the DVA facility of any changes in medical status in detail prior to transfer and must provide appropriate medical documentation to ensure the accepting team has all necessary information to provide seamless care. Every effort should be made to allow both verbal and written communication between referring and accepting treatment teams.

A list of instances in which patients are not to be transferred is as follows:

- Deteriorating neurologic function;
- An inability to stabilize the spine, especially if the neurologic injury is incomplete;
- Bradyarrhythmias are present;
- An inability to maintain systolic blood pressure >90 mm Hg;
- Acute respiratory failure is present; or
- New onset of fever, infection and/or change in medical status (e.g., deteriorating physiological status).

#### b. MTF Requests for DVA Facility Treatment

MTF requests for DVA facility treatment under the MOA shall include the following information.

- Reason for referral, list of all current diagnoses including International Classification of Diseases, Clinical Modification 9 (ICD-9-CM), and any expectations for treatment;
- Responsible MTF, MTF physician, and DoD case manager;
- Relevant clinical documentation which shall include history and physical, narrative summary, diagnostic test results, laboratory findings, hospital course, progress notes, etc., as applicable.

Upon acceptance, the DVA facility accepting the ADSM for treatment will provide accepting physician, POC information for authorization purposes.

**c. Preauthorization Requirements for Initiation of Treatment by VAMC**

(1) Requests for preauthorization include information similar to that specified in paragraph 2.b., plus the following information:

- Responsible MTF POC for authorization coordination, for Medical Evaluation Board (MEB), and other relevant POCs.
- Brief statement of planned treatment and expected length of treatment.

(2) TRICARE Management Activity (TMA) will either request additional information or issue the determination to the responsible MTF and the identified DVA facility within two business days of receipt of request for authorization. If TMA approves the request, TMA will simultaneously provide the authorization to the Managed Care Support Contractor (MCSC) to file in its medical management information system.

(3) Preauthorizations for inpatient treatment will expire no later than 21 calendar days from admission date.

(4) Preauthorizations for outpatient treatment will expire no later than 30 calendar days from the first outpatient visit.

**d. Continued Treatment Authorization Requirements**

(1) Requests for continued treatment authorization include information similar to those specified in paragraph 2.b., plus the following information:

- A master treatment plan that includes all multidisciplinary, services
- Anticipated length of stay
- Prognosis for condition in which treatment is being provided

(2) The treating DVA facility shall submit requests for continued inpatient treatment to TMA (with copy to the MTF authorization POC) no later than five business days before expiration of the current authorization. TMA will issue determinations for continued inpatient treatment to the treating DVA facility, no later than two business days before expiration of the current authorization. Continued inpatient treatment authorizations shall not exceed 90 days. TMA will simultaneously provide the authorization to the treating DVA facility, the responsible MTF and to the MCSC, to file in its medical management information system.

(3) The treating DVA facility shall submit requests for continuing outpatient treatment (including outpatient treatment immediately following inpatient treatment authorized under this MOA) to TMA (with copy to the MTF authorization POC) no later than five business days before

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expiration of the current authorization. TMA will issue determinations for continued outpatient treatment no later than two business days before expiration of the current authorization. Continued outpatient treatment authorizations shall not exceed 90 days. TMA will simultaneously provide the authorization to the treating DVA facility, the responsible MTF and to the MCSC, to file in its medical management information system.

**e. Retroactive Treatment Authorization Requirements**

If an ADSM is admitted to DVA health care without an authorization, or if the patient was seen without knowledge of a TBI, SCI, or blindness condition or assessment need, DVA facilities will request retro-active authorizations from TMA Military Medical Support Office (MMSO). If the patient is still an inpatient at the DVA facility, MMSO will issue the authorization retro-active to the date the admission occurred. If the patient has been discharged from inpatient care, DVA facilities will bill the MCSC for the care, and the SPOCs at MMSO will review the request.

**f. Case Management**

Additionally, care coordination support services will be provided by TMA in collaboration with the responsible MTF, and the treating DVA facility as a joint collaboration appropriate to each individual ADSM's case. Evaluation for case management under this MOA may involve case management initiatives of the DoD and the DVA for wounded, ill, and injured service members.

If these patients meet the criteria, DVA Case Managers will notify the Federal Recovery Coordinators of their admission to a DVA facility.

**g. Inpatient Discharge Planning**

Patients identified for discharge will need an appropriate treatment plan for outpatient care.

**h. Home Supplies and Durable Medical Equipment (DME)**

Home supplies and DME reimbursable under this MOA require separate authorization from the TMA. It is recognized that DME requests are often for equipment not routinely covered under the TRICARE Uniform Benefit, but are appropriate for issuance to ADSMs covered by this MOA.

**i. Disability Evaluation System (DES)**

(1) The treating DVA facility will provide clinical information to the military provider for purposes of MTF completion of MEB forms and provide the clinical information to that MTF for the board.

(2) It is recognized that the DoD and the DVA are working collaboratively to update and improve the DES. Individuals shall not be excluded from any of these initiatives simply because they are receiving services under this MOA.

### **3. Additional Reimbursement and Billing Requirements to the MOA**

**a.** TMA will provide all required care authorizations for the inpatient Polytrauma/TBI Transitional Rehabilitation Program with one authorization number each for Inpatient and Outpatient programs as required. DoD will reimburse DVA using the DVA interagency rate for inpatient treatment and care, if applicable, CMAC minus 10% for outpatient care, or DVA's actual cost.

**b.** Inpatient and Outpatient TBI evaluations to determine a diagnosis of TBI will be covered under this MOA to include comprehensive medical and neuropsychological testing, assessment and evaluation TBI due to a brain injury caused by an external physical force resulting in open and closed injuries, and damage to the central nervous system resulting from anoxic/hypoxic episodes, related to trauma or exposure to chemical or environmental toxins that result in brain damage. TMA will provide all required care authorizations, using one authorization number, relating to care provided under **Appendix A** once the member is admitted to or assigned to a DVA facility. If the service member is not diagnosed with a TBI, he/she will be managed as any other ADSM TRICARE patient. Outpatient care may be authorized under the terms of this MOA for service members who have not received inpatient treatment for the covered condition.

**c.** A DVA facility providing care under this agreement that is also a TRICARE network provider will be paid in accordance with this agreement and not the network agreement. Claims shall be forwarded to the TRICARE contractor for the TRICARE Region to which the member is enrolled in TRICARE Prime. If the member is not enrolled, the claim will be paid by the regional TRICARE contractor where the member resides based on the address on the claim. Prior to paying a claim, if questions arise, MCSCs will verify that the care is payable through TMA. TMA can be reached at 888-647-6676 or by mail at P.O. Box 88699, Great Lakes, IL 60088-6999.

**d.** The DVA Facility, in collaboration with MMSO or the MCSC, will identify an appropriate network provider, and obtain authorization for all non-DVA care from TMA if the DVA facility is unable to provide, or retain medical management of care. If the DVA is transferring medical management to the MTF, the MTF will coordinate authorizations for care with the Non-DVA provider.

**e.** DVA facilities shall send claims for payment to:

- North Region: North Region Claims, PGBA, P.O. Box 870140, Surfside Beach, SC 29587-9740.
- South Region: TRICARE South Region, Claims Department, P.O. Box 7031, Camden, SC 29020-7031.
- West Region: WPS/West Region Claims, P.O. Box 77028, Madison, WI 53707-7028.

**f.** TRICARE MCSCs will file authorizations in their medical management information systems upon receipt from TMA. They will process claims received from treating DVA facilities in accordance with authorizations on tile and contract requirements including referenced TRICARE manuals.

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**Appendix B - Participating DVA Facilities**

**Table 1 - TBI Centers and Associated Network Sites Accepting DoD Referrals**

<b>Polytrauma Rehabilitation Centers (PRCs)</b>	<b>VISN</b>	<b>Polytrauma Network Sites (PNSs)</b>
HH McGuire DVAMC (117) 1201 Broad Rock Blvd Richmond, VA 23249  804-675-5332 POC: By Title/ Program AO for all below	1	DVA Boston HCS - West Roxbury Campus
	2	Syracuse DVAMC
	3	Bronx VAMC
	4	Philadelphia DVAMC
	5	Washington DC DVAMC
	6	Richmond DVAMC
James A. Haley VAMC (117) 13000 Bruce B. Downs Blvd Tampa, FL 33612-4798  813-972-7668 or 866-659-2156	7	Charlie Norwood DVAMC, Augusta
	8	Tampa DVAMC
	9	Lexington DVAMC
	16	Houston DVAMC
	17	DVA North Texas HCS - Dallas DVAMC
Minneapolis DVAMC (117) One Veterans Dr Minneapolis, MN 55417  612-467-3562	10	Cleveland DVAMC
	11	Indianapolis DVAMC
	12	Hines DVAMC
	15	St. Louis DVAMC
	23	Minneapolis DVAMC
DVA Palo Alto HCS (117) 3801 Miranda Ave Palo Alto, CA 94304  650-447-7114	18	DVA Southern Arizona HCS - Tucson DVAMC
	19	DVA Eastern Colorado HCS - Denver DVAMC
	20	DVA Puget Sound HCS - Seattle DVAMC
	21	DVA Palo Alto HCS - Palo Alto DVAMC
	22	DVA Greater Los Angeles HCS - West LA DVAMC

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**Table 2 - SCI Centers Accepting DoD Referrals**

<b>SCI Center</b>	<b>Address</b>	<b>Telephone</b>
DVA New Mexico HCS (128)	1501 San Pedro SE Albuquerque, NM 87108	505-256-2849
Augusta DVAMC (128)	One Freedom Way Augusta, GA 30904-6285	706-823-2216
DVA Boston HCS (128)	1400 VFW Parkway West Roxbury, MA 02132	857-203-5128
James J. Peters VAMC (128)	130 West Kingsbridge Rd Bronx, NY 10468	718-584-9000 x5423
Louis Stokes DVAMC (128W)	10701 East Blvd Cleveland, OH 44106	216-791-3800 x5219
DVA North Texas HCS (128)	4500 South Lancaster Rd Dallas, TX 75216	214-857-1757
Edward Hines, Jr. DVAMC (128)	Fifth Av and Roosevelt Rd Hines, IL 60141-5000	708-202-2241
Houston DVAMC (128)	2002 Holcombe Blvd Houston, TX 77030-4298	713-794-7128
DVA Long Beach HCS (128)	5901 East 7th St Long Beach, CA 90822	562-826-57001
DVAMC (128)	1030 Jefferson Ave Memphis, TN 38104	901-577-7373
DVAMC (128)	1201 Northwest 16th St Miami, FL 33125	305-575-3174
Clement J. Zablocki DVAMC (128)	5000 West National Ave Milwaukee, WI 53295	414-384-2000 x41288
Minneapolis DVAMC (128)	One Veterans Dr Minneapolis MN 55417	612-467-3337
DVA Palo Alto HCS (128)	3801 Miranda Ave Palo Alto, CA 94304	650-493-5000 x65870
HH McGuire DVAMC (128)	1201 Broad Rock Blvd Richmond, VA 23249	804-675-5282
South Texas Veterans HCS (128)	7400 Merton Minter Blvd San Antonio, TX 78284	210-617-5257
DVA San Diego HCS (128)	3350 La Jolla Village Dr San Diego, CA 92161	858-642-3128
DVAMC (128)	10 Casia St San Juan, PR 00921-3201	787-641-7582 x14130
DVA Puget Sound HCS (128)	1660 South Columbian Way Seattle, WA 98108-1597	206-764-2332
Saint Louis DVAMC (128JB)	One Jefferson Barracks Dr St. Louis, MO 63125	314-894-6677
James A. Haley DVAMC (128)	1300 Bruce B. Downs Blvd Tampa, FL 33612-4798	813-972-7517

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**Table 3 - BRCs Accepting DoD Referrals**

<b>Blind Rehabilitation Centers</b>	<b>Address</b>	<b>Telephone</b>
Charlie Norwood DVAMC (324)	One Freedom Way Augusta, GA 30904-6285	706-733-0188 x6660 POC: By Title/Program AO for all below
Birmingham DVAMC (124)	700 South 191h Street Birmingham, AL 35233	205-933-8101
Edward Hines, Jr. DVAMC (124)	Fifth Avenue and Roosevelt Rd Hines, IL 60141-5000	708-202-8387 x22112
Central Texas DVA HCS Blind Rehabilitation Center	1901 Veterans Memorial Dr Temple, TX 76504 4800 Memorial Dr Waco, TX 76711	254-297-3755 254-297-3755
San Juan DVAMC (124)	10 Casia St San Juan, PR 00921-3201	787-641-8325
Southern Arizona DVA HCS (3-124)	3601 South 6th Ave Tucson, AZ 85723	520-629-4643
DVA Connecticut HCS (124)	West Haven Campus 950 Campbell Ave West Haven, CT 06516	203-932-5711 x2247
DVA Palo Alto HCS (124)	3801 Miranda Ave Palo Alto, CA 94304	650-493-5000 x64218
DVA Puget Sound HCS (124)  American Lake Division	1660 South Columbian Way Seattle, WA 98108-1597 (A-i 12-BRC)  9600 Veterans Dr Tacoma, WA 98493	253-583-1203  253-583-1299
West Palm Beach DVAMC (124)	7305 North Military Tr West Palm Beach, FL 33410-6400	561-422-8425

- END -

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### Appendix A

#### Acronyms And Abbreviations

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CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists
CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQM	Clinical Quality Management
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRS	Cytoreductive Surgery
<b>CRSC</b>	<b>Combat-Related Special Compensation</b>
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
CTX	Corporate Trade Exchange
CUC	Chronic Ulcerative Colitis
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
DBA	Doing Business As
DBN	DoD Benefits Number
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index

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### Appendix A

#### Acronyms And Abbreviations

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DCIS	Defense Criminal Investigating Service Ductal Carcinoma In Situ
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DCWS	DEERS Claims Web Service
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
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
DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard Disability Evaluation System
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
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

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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)
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
HDGC	Hereditary Diffuse Gastric Cancer
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

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#### Acronyms And Abbreviations

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HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
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
<b>HSWL</b>	<b>Health, Safety and Work-Life</b>
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

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#### Acronyms And Abbreviations

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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	Naval Air Station Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
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
NG	National Guard
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHHD	National Institute of Child Health and Human Development

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

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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
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 <sub>2</sub>	Partial Pressure of Carbon Dioxide
PAO <sub>2</sub>	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	Peritoneal Carcinomatosis Personal Computer Professional Component

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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
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFPP	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

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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
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMPM	Per Member Per Month
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
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

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PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
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
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component

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RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
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 OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response

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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
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
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)

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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
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 Program/Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data

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TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability

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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
TRIAP	TRICARE Assistance Program
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation

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UCC	Uniform Commercial Code Urgent Care Center
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
URFS	Unremarried Former Spouse
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
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

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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
WebDOES	Web DEERS Online Enrollment System (application)
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
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer
2D	Two Dimensional
3D	Three Dimensional

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