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MANAGEMENT ACTIVITY

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

CHANGE TITLE: TRICARE EVALUATION OF CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) APPROVED LABORATORY DEVELOPED TESTS (LDTs) DEMONSTRATION PROJECT

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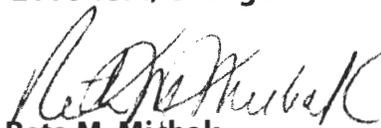
PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): LDTs which are identified by U.S. Food and Drug Administration (FDA) regulation as medical devices require FDA premarket clearance or premarket approval to be eligible for cost-sharing by TRICARE. Therefore, requests for these LDTs (ordered or prescribed by TRICARE authorized and contracted network providers) are factually denied by the TRICARE Managed Care Support Contractors (MCSCs), and other TRICARE health care contractors. During the demonstration period TRICARE Management Activity (TMA) may determine that some LDTs, which have not received FDA premarket clearance or premarket approval, will be eligible for cost-sharing by TRICARE. If an LDT is determined by the Director, TMA to be cost-shared, the LDT will be processed by TMA in the same method as any other approved benefit.

EFFECTIVE DATE: January 26, 2012.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TSM, Change No. 42.


Reta M. Michak
Director, Operations Division

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TRICARE Evaluation Of Centers For Medicare And Medicaid Services (CMS) Approved Laboratory Developed Tests (LDTs) Demonstration Project

1.0 PURPOSE

The purpose of the demonstration project is to improve the quality of health services for TRICARE beneficiaries. The demonstration is intended to determine whether it is feasible for the Department of Defense (DoD) to review CMS approved LDTs, which have not received U.S. Food and Drug Administration (FDA) medical device 510(k) clearance or premarket approval (therefore considered non-FDA approved), to determine if they meet TRICARE requirements for safety and effectiveness according to the hierarchy of reliable evidence ([32 CFR 199.2\(b\)](#)) and allow those that do to be covered as a benefit under the TRICARE Program. The demonstration project will operate throughout the continental United States, and in the TRICARE overseas regions.

2.0 BACKGROUND

2.1 On December 27, 2011 a notice was published in the **Federal Register** (76 FR 80905-80907) announcing the start of a demonstration project in which the DoD will determine whether it is feasible for the DoD to evaluate the potential improvement of the quality of health care services for TRICARE beneficiaries who could access Centers for Medicare and Medicaid Services (CMS) approved LDTs not yet examined by the FDA. An evaluation will be conducted during the third year of the demonstration period to determine how many TRICARE approved LDTs were provided to beneficiaries across all TRICARE regions. The evaluation will also include a review of the LDT review and recommendation process. These results of the evaluation will provide an evaluation of the potential improvement of the quality of healthcare services for beneficiaries who would not otherwise have access to these safe and effective tests. Based on the utilization results, a decision will be made to modify 32 CFR 199.4(g)(15)(i)(A) to remove the restriction for non-FDA approved devices and allow TRICARE cost-sharing of CMS approved LDTs determined to meet the TRICARE criteria for safety and effectiveness.

2.2 According to 32 CFR 199.4(g)(15)(i)(A) the TRICARE Management Activity (TMA) may not cost-share medical devices including LDTs if the tests are non-FDA approved, that is, they have not received FDA marketing 510(k) clearance or premarket approval. Non-FDA approved LDTs are not covered, except under the LDT demonstration project.

2.3 An LDT is a test developed by a single clinical laboratory that provides testing to the public but does not sell the lab kit to other labs. In the past, these were relatively simple tests used to diagnose or monitor diseases and other conditions within a single laboratory usually at a local large hospital or academic medical center. Today, these tests are highly complex.

2.4 Laboratories are assessed and accredited under quality standards set by CMS under the Clinical Laboratory Improvement Amendments (CLIA) of 1988. CMS regulates laboratories that use LDTs as well as FDA approved tests. Laboratories performing moderate or high complexity tests are subject to specific regulatory standards governing certification, personnel, proficiency testing, patient test management, quality assurance, quality control, and inspections. CLIA certification and periodic inspections ensure the analytical validity of laboratory tests, including LDTs. Analytical validity refers to how well a test performs in the laboratory; that is, how well the test measures the properties or characteristics it is intended to measure.

2.5 CMS regulations do not have a specific requirement that devices be FDA approved. As a result CMS policy provides a mechanism for the review and payment of non-FDA approved LDTs (Section 522 of the Benefits Improvement and Protection Act). Non-FDA approved LDTs which meet CMS's standards are approved through its National Coverage Determination (NCD) or Local Coverage Determination (LCD) process. Once a LDT receives a LCD, it is effectively considered a nationwide Medicare covered benefit.

3.0 POLICY

3.1 A demonstration project was initiated by the TMA to test whether CMS approved LDTs which have not received FDA medical device 510(k) clearance or premarket approval (therefore considered non-FDA approved) are safe and effective for cost-sharing for TRICARE beneficiaries. The demonstration project will establish a process for TRICARE to evaluate the subset of non-FDA approved LDTs currently covered by a CMS NCD or LCD for TRICARE-eligible patients prescribed LDTs for the diagnosis and treatment of cancer. Any LDT approved for cost-sharing under the demonstration project will be covered as of the date of approval by the Director/TMA as defined in [Figure 18.13-1](#).

3.2 LDTs approved by the Director, TMA shall be limited to only those that significantly inform clinical decision making for cancer surveillance, surgery for cancer, chemotherapy, or radiation therapy for cancer. The demonstration project shall provide an evaluation of the potential improvement of the quality of health care services for TRICARE beneficiaries with diagnoses of specific oncological diseases, procedures, and treatments, who would not otherwise have access to these tests.

3.3 LDTs approved by the Director, TMA for cost-sharing shall follow existing TMA processes for inclusion as a TRICARE benefit during the demonstration period. Those LDTs included in the demonstration project will have met the TRICARE requirements for safety and efficacy.

3.4 Notification to the contractors of LDT eligibility for cost-sharing shall be published, periodically, to this chapter of the TOM, as detailed in [Figure 18.13-1](#). The codes listed in [Figure 18.13-1](#) which are payable under this demonstration project may also remain on the No Government Pay List (NGPL) since the tests are not covered under the TRICARE Basic Program. LDTs listed in [Figure 18.13-1](#) are covered only as part of the demonstration project as denoted with the special processing code which shall be associated with each claim.

3.5 TMA shall cost-share all medical care and treatment associated with the LDT in the same manner it would any other care or treatment associated with the provision of medically needed

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care. TMA will reimburse, as directed in policy, and as covered under the TRICARE Basic Program and TRICARE policy, the costs associated with the purchase and administration of all approved chemotherapy agents, all inpatient and outpatient care, including diagnostic and laboratory services for eligible TRICARE beneficiaries if the following conditions are met:

3.5.1 The specific LDT has been approved by the Director, TMA for cost-sharing to eligible TRICARE beneficiaries; and

3.5.2 The contractor has preauthorized the LDT, and verified that the TRICARE authorized provider has determined the eligible patient's medical need for the LDT in accordance with all indications detailed in [Figure 18.13-1](#); and

3.5.3 The contractor has verified that the patient's clinical diagnoses support the medical need and are fully documented according to and consistent with all indications detailed in [Figure 18.13-1](#); and

3.5.4 The contractor has, as noted in TRICARE Policy Manual (TPM), [Chapter 1, Section 7.1, paragraph 2.0](#), for dual eligible beneficiaries, applied all requirements when TRICARE is primary payer. As secondary payer, TRICARE will rely on and not replicate Medicare's determination of medical necessity and appropriateness in all circumstances where Medicare is primary payer. In the event that TRICARE is primary payer for these services and preauthorization was not obtained, the contractor shall obtain the necessary information and perform a retrospective review.

3.6 Cost-shares and deductibles applicable to TRICARE also apply under this demonstration. For TRICARE Prime enrollees, including those enrolled in Uniformed Services Family Health Plan (USFHP), applicable copays apply.

3.7 The demonstration will expire on January 26, 2015. Requirements of this chapter as related to the laboratory tests demonstration cease at midnight on January 26, 2015. Only TRICARE beneficiaries with current eligibility, as defined in [paragraph 7.0](#), may participate in the LDT demonstration project. Claims shall not be processed for individuals not eligible for TRICARE benefits. All medical care, treatments, or testing, with the exception of the LDT which has approval during the demonstration period only, must be TRICARE eligible care provided to TRICARE eligible beneficiaries. This applies to all care rendered during or after the end date of the LDT demonstration project.

3.8 The records management requirements described in [Chapter 2](#) apply to the LDT demonstration project.

4.0 APPLICABILITY

4.1 The demonstration applies to all TRICARE-eligible beneficiaries. Active duty members continue to be eligible for Direct Care (DC) system services. All eligible TRICARE beneficiaries will be included in the demonstration project.

4.2 The benefit for non-FDA approved LDTs covered by the LDT demonstration project differs from the Basic TRICARE benefit. Coverage inquiries shall be submitted to, and resolved by the

appropriate contractor (referencing the TRICARE Evaluation of CMS Approved LDTs Demonstration Project). Regarding a beneficiary with other insurance that provides primary coverage, any medically necessary reviews the contractor believes are necessary, to act as a secondary payer, shall be performed on a retrospective basis. As noted in TPM, [Chapter 1, Section 7.1, paragraph 2.0](#), for dual eligible beneficiaries, these requirements apply when TRICARE is primary payer. As secondary payer, TRICARE will rely on and not replicate Medicare's determination of medical necessity and appropriateness in all circumstances where Medicare is primary payer. In the event that TRICARE is primary payer for these services and preauthorization was not obtained, the contractor shall perform a retrospective claims review, and apply the special processing code after obtaining all necessary supporting information identified in this chapter and specified in [Figure 18.13-1](#).

4.3 Since the DoD has no authority to cost-share non-FDA approved medical devices such as LDTs special appeals rights do not apply. Therefore, denials are not appealable.

5.0 GENERAL DESCRIPTION OF ADMINISTRATIVE PROCESS

5.1 The TRICARE authorized provider shall determine the eligible patient's needs and consult with the contractor to request preauthorization of the LDT.

5.2 The contractor shall preauthorize LDTs to verify that the TRICARE authorized provider has determined the eligible patient's medical need based on the patient's clinical diagnoses which support the medical need and, the contractor shall document these facts according to and consistent with the American Medical Association (AMA) Current Procedural Terminology (CPT), International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes, and according to all indications detailed in [Figure 18.13-1](#). Following the contractor's identification of an appropriate request for an approved LDT, as identified within the terms of the demonstration, the TRICARE authorized provider requesting/ordering the LDT shall be notified that they are authorized to utilize the LDT for the purpose of informed clinical decision making for cancer related surveillance, surgical interventions, chemotherapy, and radiation therapy. The contractor shall issue the notification of decision to authorize use of the LDT in writing to both the applicant provider and the beneficiary receiving the LDT. In the event that TRICARE is primary payer for approved LDTs, and preauthorization was not obtained, the contractor shall obtain the necessary information and perform a retrospective review to assure that all [Figure 18.13-1](#) criteria for coverage have been met. If met, the LDT is eligible for TRICARE cost-sharing. The contractor shall identify each claim with the special processing code.

5.3 LDTs with current FDA 510(k) clearance or premarket approval shall not be considered for this demonstration project; but shall continue to be considered for coverage under the current routine coverage determination process of the TRICARE program.

5.4 All claims for approved care under the demonstration shall be submitted to the contractor for adjudication. In the event of contractor transition to another contractor, the outgoing contractor shall provide a list of all patients under approved LDT care.

6.0 TMA RESPONSIBILITIES

6.1 The LDT Demonstration Project will be paid by TMA as non-financially underwritten transactions in accordance with each respective contractor's agreement and shall follow vouchering rules in [Chapter 3](#) or Section G of the contract.

6.2 LDTs approved by the Director, TMA for cost-sharing under the demonstration will include the assignment of the special processing code to identify each TRICARE Encounter Data (TED) record to allow LDT identification.

6.3 The special processing code shall be assigned to identify all claims paid under the demonstration. The intent of this policy is to process claims for the TMA identified LDTs with the special processing code and the associated technical and professional components associated with the LDT-related CPTs. All other medical care, treatments, and associated testing based on medical necessity as a result of the LDTs results are to be processed under the basic TRICARE benefit.

6.4 Perform periodic review and evaluation of the demonstration claims adjudication process.

6.5 Provide specific written guidance to the Managed Care Support Contractor or other contractor with jurisdiction for the claim regarding laboratory services and claims adjudication services to be provided by the claims processor under the terms of the demonstration.

6.6 The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) is the designated executive agent for the demonstration project. They shall designate a project officer in the Office of the Chief Medical Officer (OCMO) for the demonstration. The project officer shall provide clinical oversight and ongoing program management of the demonstration.

7.0 CONTRACTOR RESPONSIBILITIES

The contractor shall:

7.1 Verify the patient's eligibility on the Defense Enrollment Eligibility Reporting System (DEERS).

7.2 The patient shall be referred to the pass/ID card section of the military installation nearest their home for an eligibility determination. The patient shall be notified that participation in the LDT Demonstration is dependent on current eligibility.

7.3 If a patient is listed on DEERS as being eligible as of the date the LDT is performed, all services provided shall be covered. This also applies to patients whose treatment is in progress when the demonstration expires.

7.4 Issue an authorization or denial letter to the applicant provider and patient once a determination is made. It is the contractors' responsibility to correctly voucher the TED records for payment.

7.5 The contractor shall preauthorize LDTs and verify medical need based according to all indications detailed in [Figure 18.13-1](#). The contractor shall issue the notification of decision to

authorize use of the LDT in writing to both the applicant provider and the beneficiary receiving the LDT. In the event that TRICARE is primary payer for approved LDTs, and preauthorization was not obtained, the contractor shall obtain the necessary information and perform a retrospective review to assure that all [Figure 18.13-1](#) criteria for coverage have been met. In addition, for all retrospective claims, the contractor shall include the special processing code.

7.6 The contractor shall manage and resolve all inquiries related to the demonstration project, including claims inquiries related to LDTs approved for cost-sharing during the LDT demonstration project.

8.0 CLAIMS PROCESSING REQUIREMENTS

8.1 Verify TRICARE-eligibility in the DEERS prior to payment. It is the contractors' responsibility to correctly voucher the TED records for payment.

8.2 Both laboratory and professional charges shall be reimbursed based on existing TRICARE reimbursement rules. The contractor shall develop a prevailing charge following the procedures in TRICARE Reimbursement Manual (TRM), [Chapter 5, Section 1](#).

8.2.1 For purposes of the LDT demonstration project, Molecular Pathology Procedure test codes, when applicable, will be assigned to the list of approved LDTs in [Figure 18.13-1](#). Beginning January 1, 2012, 101 additional Molecular Pathology Procedure test codes were released by the AMA's CPT Editorial Panel and published in the CMS publication, MLN Matters at web site: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7654.pdf>. These new molecular pathology procedure test codes are in the following CPT Code range: 81200 through 81299, 81300 through 81383 and 81400 through 81408. Each of these new molecular pathology procedure test codes represents a test that is currently being used. TMA understands that, for LDT identification and billing purposes, existing, valid, genetic laboratory CPT test codes are "stacked" or "bundled" to represent a given test. For example, Laboratory A has a genetic test that is generally billed in the following manner - 83891 (one time) + 83898 (multiple times) + 83904 (multiple times) + 83909 (multiple times) - in order to represent the performance of the entire test. All TED records for this demonstration shall be coded with the special processing code and should follow all TED requirements stated in the TRICARE Systems Manual (TSM), [Chapter 2](#).

8.2.2 The contractor shall assure that the LDT manufacturers/laboratories submit all charges on the basis of fully itemized bills. Each service and supply shall be individually identified and submitted on the appropriate claim form. If a claim associated with the demonstration project has missing information, [Chapter 8, Section 6](#) guidelines shall be followed to either return or develop the claim requesting the missing information.

8.2.3 All claims for the approved LDT shall meet the requirements outlined in [Figure 18.13-1](#). All other covered care associated with treatment will be provided in accordance with the respective provisions of the TPM or TRM. Care associated with the LDT must be medically needed and appropriate medical care and not otherwise excluded as a TRICARE benefit.

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8.3 Cost-shares and deductibles applicable to TRICARE shall also apply under the demonstration. For TRICARE Prime enrollees, including those enrolled in USFHP, applicable copays shall apply.

8.3.1 Normal double coverage provisions apply to LDTs approved under the demonstration. Acceptable evidence of processing by the double coverage plan is outlined in [Chapter 4](#). In double coverage situations, the demonstration shall pay the balance after the Other Health Insurance (OHI) has paid.

8.3.2 Claims for this demonstration shall be paid from the applicable non-underwritten bank account (see [Chapter 3](#)), and submitted through normal TRICARE Encounter Data (TED) processing as required in the TSM and in accordance with each respective contractor's agreement if claims data is not submitted through the TED system.

8.3.3 Claims for this demonstration shall be submitted either by Electronic Media Claim, through the dedicated demonstration mailing address, or through the appropriate regional claims processing address(es).

9.0 EFFECTIVE DATE

This demonstration is effective for claims for services provided on or after the date the LDT was approved by the Director, TMA as defined in [Figure 18.13-1](#).

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FIGURE 18.13-1 APPROVED LABORATORY DEVELOPED TESTS (LDTs)

LDT #1 Name:	Oncotype DX® Breast Cancer Assay (Oncotype DX®)
LDT #1 Effective Date of Coverage:	22 May 2012
LDT #1 Manufacturer & Address:	Genomic Health, Inc. 301 Penobscot Road Redwood City, CA 94063 CLIA ID Number-05D1018272
LDT #1 Coverage Guidelines:	Oncotype DX® is covered for the following: <ul style="list-style-type: none"> • Estrogen Receptor (ER) positive (+), lymph node (N) negative (-) breast cancer who are considering whether to use adjuvant chemotherapy in addition to hormonal therapy. • ER+ (or progesterone receptor +), N-, human epidermal growth factor receptor 2 negative (HER2-) women with stage I or II breast cancer who are considering whether to have adjuvant chemotherapy.

LDT #2 Name:	BRACAnalysis®
LDT #2 Effective Date of Coverage:	22 May 2012
LDT #2 Manufacturer & Address:	Myriad Genetic Laboratories, Inc. 320 Wakara Way Salt Lake City, UT 84108 CLIA ID Number-46D0880690

¹ Given the complexity of risk assessment and test interpretation, as well as the importance of adequate medical management, **genetic counseling is very important** for all individuals with or at risk of carrying a deleterious BRAC1 or BRCA2 gene variant. Genetic counseling may only be provided by TRICARE-authorized providers, in accordance with TRICARE Policy Manual 6010.54-M, [Chapter 6, Section 3.1](#).

² Close blood relatives include first-, second-, and third-degree relatives as described in the NCCN Guidelines Version 1.2012 Breast and/or Ovarian Cancer Genetic Assessment Pedigree: First-, Second-, and Third-degree relatives of Proband.

FIGURE 18.13-1 APPROVED LABORATORY DEVELOPED TESTS (LDTs) (CONTINUED)

<p>LDT #2 Coverage Guidelines:</p>	<p>BRACAnalysis® testing assesses a person’s risk of developing hereditary breast and ovarian cancer based on detection of mutations in the breast cancer 1 (BRCA1) and breast cancer 2 (BRCA2) genes. For the purposes of this demonstration, BRACAnalysis® testing is covered for individuals with a personal and/or family history consistent with hereditary breast or ovarian cancer in accordance with current National Comprehensive Cancer Network (NCCN) Guidelines™. These include individuals with early-onset breast cancer, epithelial ovarian cancer, multiple primary tumors (i.e., bilateral breast cancer or breast or ovarian cancer in the same individual), male breast cancer, or an ethnic background associated with a high prevalence of BRCA1 or BRCA2 variants, as well as affected or unaffected individuals with a strong family history of BRCA1/2-related malignancies. BRACAnalysis® gene testing is covered for individuals at increased risk for hereditary breast and ovarian cancer. For purposes of this demonstration project, increased risk is defined according the NCCN Guidelines™ Version 1.2011 Breast Cancer Screening and Diagnosis (or current edition). The NCCN increased risk category consists of six groups: (1) women who have previously received therapeutic thoracic irradiation or mantle irradiation; (2) women 35 years or older with a five-year risk of invasive breast carcinoma $\geq 1.7\%$; (3) women with a lifetime risk of breast cancer $> 20\%$ based on models largely dependent on family history; (4) women with a strong family history or genetic predisposition; (5) women with lobular carcinoma in situ or atypical hyperplasia; and (6) women with a prior history of breast cancer.</p> <p>BRACAnalysis® is covered for the following¹:</p> <ul style="list-style-type: none"> • Individuals from families transmitting a known BRCA1/2 variant • Individuals with a history breast cancer and at least one of the following: <ul style="list-style-type: none"> • Breast cancer diagnosed ≤ 45 years of age • Breast cancer diagnosed ≤ 50 years of age and a close family member with breast cancer ≤ 45 years of age or ovarian cancer at any age • Two breast primaries with one diagnosed at or before age 50
<p>¹ Given the complexity of risk assessment and test interpretation, as well as the importance of adequate medical management, genetic counseling is very important for all individuals with or at risk of carrying a deleterious BRCA1 or BRCA2 gene variant. Genetic counseling may only be provided by TRICARE-authorized providers, in accordance with TRICARE Policy Manual 6010.54-M, Chapter 6, Section 3.1.</p> <p>² Close blood relatives include first-, second-, and third-degree relatives as described in the NCCN Guidelines Version 1.2012 Breast and/or Ovarian Cancer Genetic Assessment Pedigree: First-, Second-, and Third-degree relatives of Proband.</p>	

FIGURE 18.13-1 APPROVED LABORATORY DEVELOPED TESTS (LDTS) (CONTINUED)

	<ul style="list-style-type: none"> • A diagnosis of triple negative breast cancer at or before age 60 • Breast cancer diagnosed at any age and at least two close relatives with breast and/or ovarian cancer • Breast cancer diagnosed at any age and at least two close relatives diagnosed with pancreatic cancer • A close male relative² with breast cancer • An ethnic background associated with a higher frequency of BRCA1/2 variants (i.e., Ashkenazi Jewish) • Individuals with a personal history of epithelial ovarian cancer • Individuals with male breast cancer • Individuals with a personal history of pancreatic cancer and at least two close relatives with breast, ovarian, and/or pancreatic cancer • Unaffected individuals (with no personal history of cancer) who have one of the following: <ul style="list-style-type: none"> • A first- or second-degree relative satisfying the above criteria • A third-degree relative with breast and/or ovarian cancer and at least two more relatives with breast cancer (at least one diagnosed before age 50) and/or ovarian cancer
<p>¹ Given the complexity of risk assessment and test interpretation, as well as the importance of adequate medical management, genetic counseling is very important for all individuals with or at risk of carrying a deleterious BRCA1 or BRCA2 gene variant. Genetic counseling may only be provided by TRICARE-authorized providers, in accordance with TRICARE Policy Manual 6010.54-M, Chapter 6, Section 3.1.</p> <p>² Close blood relatives include first-, second-, and third-degree relatives as described in the NCCN Guidelines Version 1.2012 Breast and/or Ovarian Cancer Genetic Assessment Pedigree: First-, Second-, and Third-degree relatives of Proband.</p>	

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Appendix A

Acronyms And Abbreviations

JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCD	Local Coverage Determination
LCF	Long-term Care Facility
LCIS	Lobular Carcinoma In Situ
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LDT	Laboratory Developed Test
LGS	Lennox-Gastaut Syndrome
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation Line of Duty
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support

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Appendix A

Acronyms And Abbreviations

MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection
MDQC	Mail Delivery Quality Code
MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIAP	Multi-Host Internet Access Portal
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
mild®	Minimally Invasive Lumbar Decompression
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMEA	Medicare and Medicaid Extenders Act (of 2010)
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOH	Medal Of Honor
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding

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Appendix A

Acronyms And Abbreviations

MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MS	Microsoft®
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACI	National Agency Check Plus Written Inquiries
NACLCL	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
NCD	National Coverage Determination
NCE	National Counselor Examination
NCF	National Conversion Factor
NCI	National Cancer Institute
NCMHCE	National Clinical Mental Health Counselor Examination
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program

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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
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
NMA	Non-Medical Attendant
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NSF	Non-Sufficient Funds
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee

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NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OAE	Otoacoustic Emissions
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCMO	Office of the Chief Medical Officer
OCONUS	Outside of the Continental United States
OCR	Office 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

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P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
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

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PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
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

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PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
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

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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
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

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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
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

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SIP	System Identification Profile
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
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

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TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization

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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
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

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TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
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

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

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2D	Two Dimensional
3D	Three Dimensional

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