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**CHANGE 106
6010.57-M
FEBRUARY 3, 2014**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

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

**CHANGE TITLE: TREATMENT OF AUTISM SPECTRUM DISORDER, INCLUDING APPLIED
BEHAVIOR ANALYSIS**

CONREQ: 16537

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): The Applied Behavior Analysis (ABA) Pilot Program changes are only applicable to Non-Active Duty Family Members (NADFM) due to new leadership direction. Therefore, it is necessary to make the following changes:

- 1) Republish Chapter 7, Section 3.18 (pre-June 25, 2013 version interim ABA policy);
- 2) Add Chapter 7, Section 3.19; and
- 3) All changes made in Chapter 9 (ECHO program) need to be pulled and replaced with the pre-June 25, 2013 versions.

EFFECTIVE DATE: July 25, 2013.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TOM, Change No. 115 and Feb 2008 TSM, Change No. 56.

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**ATTACHMENT(S): 74 PAGE(S)
DISTRIBUTION: 6010.57-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

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Limit On Acute Inpatient Mental Health Care

Issue Date: March 13, 1992

Authority: [32 CFR 199.4\(b\)\(9\)](#) and 10 USC 1079(a)

1.0 BACKGROUND

In 1991, Congress firmly addressed the problem of spiraling costs for mental health services. Motivated by the desire to bring mental health care costs under control, Congress in both the Authorization and Appropriations Acts established certain benefit changes and management procedures. These statutes, codified now in Title 10 United States Code (USC) 1079(a), made two principal changes. First, they established new day limits for inpatient mental health services and secondly, they mandated prior authorization for all nonemergency inpatient mental health admissions, with required certification of emergency admissions within 72 hours.

2.0 POLICY

Effective October 1, 1991, no funds shall be used to pay institutional or professional claims for inpatient mental health services in excess of 30 days in any fiscal year (or in an admission), for patients 19 years of age and older, or 45 days in any fiscal year (or in an admission) for patients age 18 and under, (hereinafter referred to as the 30/45 day limit), subject to waiver in special cases after review by an outside expert that takes into account the level, intensity and availability of the care needs of the patient. It is the patient's age at the time of admission that determines the number of days available. Preadmission authorization is required before nonemergency inpatient mental health services may be provided. The admission criteria shall not be considered fulfilled unless the patient has been personally evaluated by a physician or other authorized health care professional with admitting privileges to the facility to which the patient is being admitted prior to the admission. Prompt continued stay authorization is required after emergency admissions.

3.0 POLICY CONSIDERATIONS

Congress established the specific day limits and a waiver authority. In order to give the day limits some meaningful effect, we must consider them presumptive limits, subject to waiver in special cases.

3.1 The day limit is generally based on a fiscal year, except that if the applicable number of days is reached during a single admission, the day limit waiver will also be required. The day limits trigger the waiver review process.

3.2 An inpatient admission for substance use disorder detoxification and rehabilitation counts toward the 30/45 day limit of inpatient mental health services regardless of whether the patient

suffering from substance use disorder is admitted to a general hospital or to a substance use disorder rehabilitation facility. Care in excess of the limit is subject to the waiver criteria.

3.3 If a case involves both substance use disorder and other **Diagnostic and Statistical Manual of Mental Disorders** (DSM) diagnosis, the 21-day limit would apply if the patient was admitted to a Diagnostic Related Group (DRG) exempt substance use disorder rehabilitation unit.

3.4 Payment Responsibility

3.4.1 Any inpatient mental health care obtained without requesting preadmission authorization or rendered in excess of the 30/45 day limit (or beyond the DRG long-stay outlier) without following concurrent review requirements, in which the services are determined excluded by reason of being not medically necessary, is not the responsibility of the patient or the patient's family until:

3.4.1.1 Receipt of written notification by TRICARE Management Activity (TMA) or a contractor that the services are not authorized; or

3.4.1.2 Signing of a written statement from the provider which specifically identifies the services which will not be reimbursed by TRICARE. The beneficiary must agree, in writing, to personally pay for the non-TRICARE reimbursable services. General statements, such as those signed at admission, do not qualify.

3.4.2 If a request for waiver is filed and the waiver is not granted by the Director, or a designee, benefits will only be allowed for the period of care authorized by the Mental Health Review Contractor or the Managed Care Support Contractor (MCSC).

3.5 For purposes of counting day limits, a move from one facility to another facility can be considered a transfer when documentation establishes that coordination for the move existed between two like facilities for the purpose of ensuring continued treatment of the condition requiring the original admission. Under these circumstances, the admission to a new facility would be considered a continuous uninterrupted Episode Of Care (EOC). If the documentation does not establish that coordination for the move existed between the two facilities, then the intent to transfer cannot be established and the move should be considered a discharge.

4.0 EXCEPTIONS

4.1 This limit does not apply to:

4.1.1 Any services provided in a residential treatment center.

4.1.2 Any services provided as partial hospitalization (less than 24-hour-a-day care), if such services are covered by TRICARE.

4.2 Waiver of Limits. The purpose of acute inpatient care is to stabilize a life-threatening or severely disabling condition within the context of a brief, intensive model of inpatient care in order to permit management of the patient's condition at a less intensive level of care. There is a statutory presumption against the appropriateness of inpatient acute services in excess of the 30/45 day limits. However, the **contractor**, may in special cases, after considering the opinion of the peer

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review designated by the Director (involving a health professional who is not a federal employee) confirming that applicable criteria have been met, waive the 30/45 day limits and authorize payment for care beyond those limits.

4.2.1 The criteria for waiver of the acute care limit are listed in [Section 3.3](#).

4.2.2 Waiver of the 30/45 day limit (or approval beyond the DRG long-stay outlier) may be granted if determined to be medically or psychologically necessary. In determining the medical or psychological necessity of acute inpatient mental health services, the evaluation conducted by the Director, TMA, or a designee, shall consider the appropriate level of care for the patient, the intensity of services required by the patient, and the availability of that care. Special emphasis shall be placed on determining whether additional days of acute inpatient mental health care are medically/psychologically necessary to complete necessary elements of the treatment plan prior to implementing appropriate discharge planning.

4.2.3 A waiver may also be granted in cases in which a patient exhibits well-documented new symptoms, maladaptive behavior, or medical complications which have appeared in the inpatient setting requiring a significant revision to the treatment plan.

4.2.4 The clinician responsible for the patient's care is responsible for documenting that a waiver criterion has been met and must establish an estimated length-of-stay (LOS) beyond the 30/45 day limit. There must be evidence of a coherent and specific plan for assessment, intervention and reassessment that reasonably can be accomplished within the time frame of the additional days of coverage requested under the waiver provision.

4.2.5 For patients in care at the time the 30/45 day limit is reached, a waiver must be requested prior to the limit. As a general rule, anticipated waiver issues concerning acute care should be identified during concurrent reviews adequately in advance of the day limit. When the day limit is near, the request can be made, either during a concurrent review or at a point in time agreed to during the most recent concurrent review. For patients being readmitted after having received 30 or 45 days in the fiscal year, the waiver review will be conducted at the time of the preadmission authorization.

4.3 Incidental psychotherapy for accident or cancer patients. If psychotherapy is an incidental part of a rehabilitation stay for accident victims or of a medical stay for cancer patients, and the therapy is not intensive or ongoing, and does not contribute to the need for an inpatient stay, it can be excluded from consideration under the 30/45 day limitation. For these cases, preauthorization is not required because it is not an inpatient mental health admission.

5.0 EFFECTIVE DATE

Inpatient services provided on and after October 1, 1991. Patients hospitalized prior to October 1, 1991, are subject to the limitation of 30 days; however, the count does not begin until October 1, 1991.

- END -

Psychological Testing

Issue Date: March 13, 1992

Authority: [32 CFR 199.4\(c\)\(3\)\(ix\)](#)

1.0 CPT¹ PROCEDURE CODES

96101-96103, 96118-96120

2.0 DESCRIPTION

Psychological testing, with written report, per hour (assessment)

3.0 POLICY

3.1 Psychological testing and assessment is a covered benefit when medically or psychologically necessary and is provided in conjunction with otherwise covered psychotherapy **or as a required part of the assessment and reassessment process for Applied Behavior Analysis (ABA) under the ABA Pilot for Non-Active Duty Family Members (NADFM)s**. Testing and assessment is generally limited to six hours in a fiscal year. Testing or assessment in excess of these limits requires review for medical necessity.

3.2 Psychological testing and assessment in the excess of six hours in a fiscal year may be considered for coverage upon review for medical necessity.

Note: Psychological tests are considered diagnostic services and are not counted against the two psychotherapy visits per week **or against the number of weekly hours for ABA and ABA reinforcement under the ABA Pilot for NADFM)s**.

4.0 EXCLUSIONS

4.1 Payment is specifically excluded for the Reitan-Indiana battery when administered to a patient under age five and for self-administered tests to patients under age 13.

4.2 Psychological testing and assessment as part of an assessment for academic placement. This exclusion encompasses all psychological testing related to educational programs, issues or deficiencies. Testing to determine whether a beneficiary has a learning disability if the primary or sole basis for the testing is to assess for a learning disability.

4.3 Psychological testing related to child custody disputes or job placement.

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Psychological Testing

4.4 Psychological testing done for general screening (in the absence of specific symptoms of a covered mental disorder) to determine if individuals being tested are suffering from a mental disorder.

4.5 Teacher and parental referrals for psychological testing.

4.6 Testing related to diagnosed specific learning disorders or learning disabilities is excluded (encompasses reading disorder (also called dyslexia), mathematics disorder, disorder of written expression and learning disorder not otherwise specified).

4.7 Testing for a patient in a residential treatment center or partial hospitalization program is included in the per diem rate and can not be separately reimbursed. Also, payment billed by an individual professional provider not employed by or under contract with the residential treatment center or partial hospitalization program is included in the per diem rate.

- END -

Applied Behavior Analysis (ABA)

Issue Date: August 10, 2012

Authority: 10 USC 1079(a), and 32 CFR 199.4(c)

1.0 CPT¹ PROCEDURE CODES

90887, 99080

2.0 HCPCS CODE

S5108

3.0 DESCRIPTION

Applied Behavior Analysis (ABA) is covered under the TRICARE Basic Program as an interim benefit.

4.0 POLICY

4.1 TRICARE covers ABA services for all eligible beneficiaries, including retirees and their dependent family members, with a diagnosis of Autism Spectrum Disorder (ASD). ABA reinforcement is covered separately for Active Duty Family Members (ADFM) under the Autism Demonstration and for Non-Active Duty Family Members (NADFM) under the ABA Pilot.

4.2 Autism Spectrum Disorder (ASD)

4.2.1 The covered ASD diagnoses are described under the Neurodevelopmental Disorders category of the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). The DSM-V was released in May 2013. The DSM-V diagnostic code for ASD (299.00) is equivalent to the corresponding codes for Autistic Disorder (299.0) in the currently used edition of the International Classification of Diseases, Clinical Modification manual (currently ICD-9-CM) used for claims processing under TRICARE for services provided on or before September 30, 2014.

4.2.2 For services provided on or before September 30, 2014, as the Military Health System (MHS) and mental health provider community transitions to use of the DSM-V, a covered diagnosis for ASD also includes those found under the Pervasive Developmental Disorders (PDD) section of the DSM, Fourth Edition, Text Revision, (DSM-IV-TR). The covered DSM-IV-TR ASD diagnoses are: Autistic Disorder (299.00), Rett's Disorder (299.80), Childhood Disintegrative Disorder (CDD) (299.10), Asperger's Disorder (299.80), and Pervasive Development Disorder Not Otherwise

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Specified (PDD-NOS) (including Atypical Autism) (299.80). The corresponding ICD-9-CM codes for the five DSM-IV-TR ASD diagnoses are: Autistic Disorder (299.0), Rett's Syndrome (330.8) (found under "Other Specific Cerebral Degenerations"), CDD (299.1), Asperger's Disorder (299.8), and PDD-NOS (to include Atypical Autism) (299.9).

Note: The DSM-IV-TR and the ICD-9-CM use the same numeric diagnosis codes for three of the five ASD Diagnoses found in the DSM-IV-TR (Autistic Disorder (299.00 & 299.0), CDD (299.10 & 299.1), and Asperger's (299.80 & 299.8)). The DSM-IV-TR uses one code 299.80 to refer to Rett's Disorder, PDD, and Asperger's Disorder whereas the ICD-9-CM designates a unique code for each diagnosis.

4.2.3 The DoD and the rest of the United States transition to the ICD-10 on October 1, 2014. For those diagnosed with one of the five ASD diagnoses under the DSM-IV-TR on or before September 30, 2014 and those diagnosed with ASD under the DSM-V; on or after October 1, 2014, the corresponding International Classification of Diseases, Clinical Modification, 10th Revision, (ICD-10-CM) codes become: Autistic Disorder (F84.0), Rett's Syndrome (F84.2) (found under "Other Specific Cerebral Degenerations"), CDD (F84.3), Asperger's Disorder (F84.5), and PDDNOS (to include Atypical Autism) (F84.9).

4.3 Payable services include:

4.3.1 An initial beneficiary assessment;

4.3.2 Development of a treatment plan;

4.3.3 One-on-one ABA interventions with an eligible beneficiary, training of immediate family members to provide services in accordance with the treatment plan; and

4.3.4 Monitoring of the beneficiary's progress toward treatment goals.

4.4 ABA services will be provided only for those beneficiaries with an ASD diagnosis rendered by a TRICARE-authorized Primary Care Provider (PCP) or by a specialized ASD provider defined as:

4.4.1 Physician board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or

4.4.2 Ph.D. or Psy.D. clinical psychologist working primarily with children.

5.0 REIMBURSEMENT

5.1 Claims for ABA services will be submitted by an authorized provider on Centers for Medicare and Medicaid Services (CMS) 1500 as follows:

5.1.1 Functional Behavioral Assessment and Analysis.

5.1.1.1 The Functional Behavioral Assessment and Analysis and initial treatment plan will be billed using Healthcare Common Procedure Coding System (HCPCS) code S5108, "Home care training to home care client, per 15 minutes".

5.1.1.2 Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial treatment plan.

5.1.2 ABA services rendered by an authorized provider, in-person, will be billed using HCPCS code S5108, "Home care training to home care client, per 15 minutes".

5.1.3 Development of an updated treatment plan will be billed using Current Procedural Terminology² (CPT) procedure code 99080, "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form".

5.1.4 Conducting progress meetings will be billed using CPT² procedure code 90887, "Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist patient".

5.2 Reimbursement of claims will be the lesser of:

5.2.1 The CHAMPUS Maximum Allowable Charge (CMAC);

5.2.2 One hundred and twenty-five dollars (\$125) per hour for services provided by the authorized provider;

5.2.3 The negotiated rate; or

5.2.4 The billed charge. For care provided outside the 50 United States, the District of Columbia, and the U.S. Territories, billed charges will be paid.

6.0 EXCLUSIONS

6.1 ABA services provided in a group format are not a covered service.

6.2 Services rendered by an unauthorized TRICARE provider.

7.0 PROVIDERS

7.1 For services provided in conjunction with ABA under the TRICARE Basic benefit, the following are TRICARE-authorized providers when referred by and working under the supervision of those identified in [paragraph 4.4](#):

7.1.1 Have a current state license to provide ABA services; or

7.1.2 Are currently state-certified as an Applied Behavioral Analyst; or

7.1.3 Where such state license or certification is not available, are certified by the Behavioral Analyst Certification Board (BACB) as a Board Certified Behavior Analyst (BCBA); and

7.1.4 Otherwise meet all applicable requirements of TRICARE-authorized providers.

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Applied Behavior Analysis (ABA)

Note: Individuals certified by the BACB as a Board Certified Assistant Behavior Analyst (BCaBA) **are not** TRICARE-authorized ABA providers under the TRICARE Basic Program.

8.0 EFFECTIVE DATE

February 16, 2010, except for services overseas which is February 16, 2008.

- END -

Applied Behavior Analysis (ABA) For Non- Active Duty Family Members (NADFM) Who Participate In The ABA Pilot

Issue Date: August 10, 2012

Authority: 10 USC 1079(a), Section 705 NDAA FY 2013 Public Law No: 112-239, [32 CFR 199.4\(c\)](#), and [32 CFR 199.6](#)

1.0 CPT¹ PROCEDURE CODES

1181F, 1450F

2.0 HCPCS CODE

S5110, S5115, G8539, G8542, G9165 - G9167

3.0 DESCRIPTION

3.1 ABA is covered under the TRICARE Basic Program as an interim benefit. TRICARE-eligible NADFM with Autism Spectrum Disorder (ASD) may continue to receive ABA services under the Basic Program guidelines without seeking additional ABA reinforcement services under the Department of Defense (DoD) Applied Behavior Analysis Pilot (ABA Pilot).

3.2 The requirements of this section apply ONLY to NADFM who seek ABA reinforcement in addition to ABA, and elect to participate in the ABA Pilot, referred to as the ABA Pilot, outlined in the TRICARE Operations Manual (TOM), [Chapter 18, Section 15](#).

3.3 The Behavioral Analyst Certification Board (BACB) explains that ABA has established standards for practice and distinct methods of service by providers with recognized experience and educational requirements for practice. Information regarding the content of ABA is contained in the BACB Behavior Analysis Task List, available at: <http://www.bacb.com/Downloadfiles/AutismTaskList/708AutismTaskListF.pdf>.

4.0 DEFINITIONS

4.1 Applied Behavior Analysis (ABA). According to the BACB Practice Guidelines (2012), ABA is “the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. Direct observation, measurement and recording of

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behavior are defining characteristics of ABA" (p. 4). For TRICARE program purposes, ABA has a component covered as an interim benefit under the TRICARE Basic Program and a reinforcement component covered under the authority of Section 705 of the National Defense Authorization Act (NDAA) Fiscal Year (FY) 2013 authorizing a one-year pilot program (ABA Pilot) for NADFM.

4.2 Autism Spectrum Disorder (ASD) Diagnosis. The diagnosis of a condition limited to those conditions listed in [paragraph 5.2](#) by an ASD diagnosing provider listed in [paragraph 5.6](#).

4.3 ABA Assessment by the Behavior Analyst. A developmentally appropriate assessment process that is used for formulating an individualized ABA Treatment Plan (TP) conducted by a Board Certified Behavior Analyst (BCBA), or Board Certified Behavior Analyst - Doctoral (BCBA-D) or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification. For TRICARE purposes, an ABA assessment includes data obtained from multiple methods to include direct observation and the measurement and recording of beneficiary behavior. A functional assessment that may include a functional analysis (see [paragraph 4.5](#)) shall be required to address problematic behaviors. Data gathered from the parent/caregiver interview and parent report rating scales is also required. The ABA assessment by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification is required prior to starting all ABA reinforcement under the ABA Pilot.

4.4 Standardized Psychometric Testing. Standardized psychometric tests are measures developed by the social sciences that have been researched to ensure validity and reliability. A reliable measure is one that measures a construct consistently across time, individuals, and situations. A valid measure is one that measures what it is intended to measure. Reliability is necessary, but not sufficient, for validity. For TRICARE purposes, per [paragraph 5.7.3](#), specific standardized psychometric tests are required to be administered by a qualified clinician in order to establish baseline measurement of the impairments of an ASD prior to the start of all ABA. This prerequisite requirement must be obtained prior to beginning ABA reinforcement under the ABA Pilot. Repeat testing is required at specified intervals per [paragraph 5.7.5](#) for all NADFM receiving ABA reinforcement under the ABA Pilot.

4.5 Functional Behavior Analysis. The process of identifying the variables that reliably predict and maintain problem behaviors which typically involves: identifying the problem behavior(s); developing hypotheses about the antecedents and consequences likely to trigger or support the problem behavior; and, performing an analysis of the function of the behavior by testing the hypotheses.

4.6 ABA Treatment Plan (TP). A written document outlining the ABA plan of care for the individual, including the expected progression of ABA. For TRICARE purposes, the ABA TP consists of: (a) an "initial ABA Treatment Plan" based on the initial ABA assessment; and, (b) the "ABA Treatment Plan Update" that is the revised and updated ABA TP based on periodic reassessment of beneficiary progress toward the objectives and goals. Components of the ABA TP include: the identified behavioral targets for improvement, the ABA specialized interventions to achieve improvement, ABA TP objectives, and the ABA TP short and long-term goals that are defined below.

4.7 ABA Specialized Interventions. ABA specialized interventions are ABA methods designed to improve the functioning of a specific ASD target deficit in a core area affected by the ASD such as

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social interaction, communication or behavior. The ABA provider delivers ABA to the beneficiary through direct administration of the ABA specialized interventions during one-on-one (i.e., face-to-face) interactions.

4.8 ABA Treatment Plan Objectives. ABA TP objectives are the short, simple, measurable steps that must be accomplished in order to reach the short-term and long-term goals of ABA.

4.9 ABA Treatment Plan Goals. These are the broad spectrum, complex short-term and long-term desired outcomes of ABA.

4.10 ABA includes: an initial ABA assessment, the initial ABA TP, the delivery of ABA specialized interventions delivered by the BCBA or BCBA-D, TRICARE eligible parent/caregiver ABA training, repeat ABA assessments, and ABA TP updates. "ABA reinforcement" refers to supplemental services provided by Board Certified Assistant Behavior Analysts (BCaBAs) and ABA Tutors to assist with the practice and execution of the ABA TP when under the supervision of a BCBA or BCBA-D.

4.11 Referral and Supervision. "Referral and supervision" means that the TRICARE authorized provider who refers the beneficiary for ABA must actually see the beneficiary to evaluate the qualifying ASD condition to be treated prior to referring the beneficiary for ABA; the referring provider also provides ongoing oversight of the course of referral-related ABA throughout the period during which the beneficiary is receiving ABA in response to the referral. Only those providers listed under [paragraph 5.6.1](#) may refer beneficiaries for ABA in accordance with [paragraph 5.7.1](#).

5.0 POLICY

5.1 TRICARE covers ABA as a TRICARE Basic Program benefit for eligible NADFM with a diagnosis of any of the five listed diagnoses of a Pervasive Developmental Disorder (PDD), also known as ASD, defined in [paragraph 5.2](#). ABA reinforcement is covered for eligible NADFM under this section as part of the ABA Pilot.

5.2 Autism Spectrum Disorder (ASD)

5.2.1 The covered ASD diagnoses are described under the Neurodevelopmental Disorders category of the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). The DSM-V was released in May 2013. The DSM-V diagnostic code for ASD (299.00) is equivalent to the corresponding codes for Autistic Disorder (299.0) in the currently used edition of the International Classification of Diseases, Clinical Modification manual (currently ICD-9-CM) used for claims processing under TRICARE for services provided on or before September 30, 2014.

5.2.2 For services provided on or before September 30, 2014, as the Military Health System (MHS) and mental health provider community transitions to use of the DSM-V, a covered diagnosis for ASD also includes those found under the PDD section of the DSM, Fourth Edition, Text Revision, (DSM-IV-TR). The covered DSM-IV-TR ASD diagnoses are: Autistic Disorder (299.00), Rett's Disorder (299.80), Childhood Disintegrative Disorder (CDD) (299.10), Asperger's Disorder (299.80), and Pervasive Development Disorder Not Otherwise Specified (PDD-NOS) (including Atypical Autism)

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(299.80). The corresponding ICD-9-CM codes for the five DSM-IV-TR ASD diagnoses are: Autistic Disorder (299.0), Rett's Syndrome (330.8) (found under "Other Specific Cerebral Degenerations"), CDD (299.1), Asperger's Disorder (299.8), and PDD-NOS (to include Atypical Autism) (299.9).

Note: The DSM-IV-TR and the ICD-9-CM use the same numeric diagnosis codes for three of the five ASD Diagnoses found in the DSM-IV-TR (Autistic Disorder (299.00 and 299.0), CDD (299.10 and 299.1), and Asperger's (299.80 and 299.8)). The DSM-IV-TR uses one code 299.80 to refer to Rett's Disorder, PDD, and Asperger's Disorder whereas the ICD-9-CM designates a unique code for each diagnosis.

5.2.3 The DoD and the rest of the United States transition to the ICD-10 on October 1, 2014. For those diagnosed with one of the five ASD diagnoses under the DSM-IV-TR on or before September 30, 2014 and those diagnosed with ASD under the DSM-V; on or after October 1, 2014, the corresponding International Classification of Diseases, Clinical Modification, 10th Revision, (ICD-10-CM) codes become: Autistic Disorder (F84.0), Rett's Syndrome (F84.2) (found under "Other Specific Cerebral Degenerations"), CDD (F84.3), Asperger's Disorder (F84.5), and PDD-NOS (to include Atypical Autism) (F84.9).

5.3 ABA under the TRICARE Basic Program refers to ABA provided one-to-one, in person to the NADFM beneficiary by TRICARE authorized ABA providers (described in [paragraphs 5.4](#) and [5.8](#)) to improve social interaction, communication and behavior as related to the core deficits and symptoms of an ASD. ABA reinforcement provided by BCaBAs and ABA tutors is covered separately under the ABA Pilot for NADFM.

5.4 ABA is a specialized intervention administered by an authorized provider described in [paragraph 5.8](#) who is a professional with advanced formal training in behavior analysis, to include at least a master's degree and several hundred hours of graduate level instruction, or mentored or supervised experience with another BCBA. The only providers qualified to deliver ABA under the TRICARE Basic Program are masters-level BCBAs or BCBA-Ds certified by the BACB or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification. In accordance with qualifications of other TRICARE-authorized individual providers of behavioral health care (see [32 CFR 199.6\(c\)\(2\)](#)), these providers possess the education, required experience and supervision, and scope of practice consistent with TRICARE Basic Program regulations. Qualifications for individuals providing ABA reinforcement under the ABA Pilot are set forth in the TOM, [Chapter 18, Section 15](#).

5.5 The requirements of this section apply ONLY to NADFM who elect to participate in the ABA reinforcement covered separately under the ABA Pilot.

5.6 ASD Diagnosing Providers

5.6.1 Diagnosis of ASD shall be rendered by a TRICARE-authorized Physician Primary Care Managers (P-PCM) or by a specialized ASD provider:

5.6.1.1 For the purposes of the diagnosis of ASD, TRICARE authorized P-PCMs include: TRICARE authorized family practice, internal medicine and pediatric physicians whether they work in the Purchased Care or Direct Care (DC) system. In cases where the beneficiary does not have a P-PCM

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(as is sometimes the case for beneficiaries with TRICARE Prime Remote (TPR)), the diagnosis may be rendered by a TRICARE authorized physician in any of the disciplines described above under P-PCM, or by a TRICARE authorized specialty ASD provider as described in [paragraph 5.6.1.2](#).

5.6.1.2 Authorized specialty ASD providers include: TRICARE authorized physicians board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or Ph.D. or Psy.D. licensed clinical psychologists.

5.6.2 Other PCMs, including a Nurse Practitioner (NP) and a Physician Assistant (PA) or other providers not having the qualifications described in [paragraph 5.6.1](#), are not ASD diagnosing providers for TRICARE coverage purposes.

5.7 Referring Providers, Referrals and Prior Authorization

5.7.1 For those NADFM with ASD who elect to participate in the ABA Pilot in order to receive ABA reinforcement in addition to ABA, the following requirements apply:

- A referral by a provider listed under [paragraph 5.6.1](#) who is authorized to diagnose an ASD and refer to specialty care, and
- Authorization by the appropriate Managed Care Support Contractor (MCSC) prior to either initiation of the ABA assessment or beginning ABA (see [Chapter 1, Section 7.1](#), and the TOM, [Chapter 7, Section 2](#), and TOM, [Chapter 8, Section 5](#) for details concerning referrals and authorization requirements). Referral for ABA assessment will precede referral for ABA which is contingent upon the results of the ABA assessment. Each authorization period for ABA shall be for one year. A new referral is required for each period of authorized care (see the TOM, [Chapter 8, Section 5](#)).

5.7.2 Other PCMs, including an NP and a PA or other providers not having the qualifications described in [paragraph 5.6.1](#), may not refer beneficiaries for ABA assessment or ABA for ABA Pilot participant coverage purposes.

5.7.3 Authorization of ABA for NADFM who elect to participate in the ABA Pilot first requires a referral for a comprehensive ABA assessment by a BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of their state license or state certification. In addition to the essential ABA assessment elements recommended in the Guidelines of the BACB, the ABA assessment will include baseline psychometric testing using standardized assessment measures. The required baseline psychometrics that must be included as part of the initial ABA assessment for NADFM who elect to participate in the ABA Pilot are:

- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) (Lord, C., et.al., 2012); and,
- Vineland Adaptive Behavioral Scale II (VABS-II) (Sparrows, 2005) to include the Maladaptive Behavior Scale.

If the ABA provider conducting the initial ABA assessment is not qualified to administer

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these standardized assessment measures, then the TRICARE authorized referring provider must refer the beneficiary to a TRICARE authorized provider who possesses the requisite training (e.g., a licensed clinical psychologist) to provide this psychometric testing to establish baseline impairment across the core domains impacted by the ASD. Alternatively, the TRICARE authorized referring provider may administer the standardized psychometric assessment measures listed above, but only if qualified. Regardless of which qualified provider conducts the required standardized testing, it is the responsibility of the ABA provider conducting the ABA assessment to ensure that the results of the required testing are incorporated into the initial ABA assessment. The ADOS-2 and Vineland II reports will be accepted from the school system if done within one year of the referral for ABA.

5.7.4 Based on the results of the initial ABA assessment, the referring provider will submit a referral to the MCSC for authorization for NADFM who elect to participate in the ABA Pilot for ABA for one year, if indicated, and a new referral for reauthorization annually. The referral must contain:

- The ASD diagnosis rendered by a TRICARE authorized ASD diagnosing provider and confirmed by the ABA assessment and standardized testing.
- A description of why ABA is appropriate (“appropriate care” is defined for the purposes of ABA coverage under TRICARE in [paragraph 5.9](#)). The description shall include:
 - The functional impairments and the degree of impairment in each domain (social interaction, communication, behavior);
 - A description of how ABA is expected to improve each domain affected by the ASD (social interaction, communication and behavior);
 - An assessment of each TRICARE eligible family member/caregiver’s ability to reinforce ABA interventions at home;
 - A brief summary of the baseline psychometric testing results. The repeat psychometric testing should show progress consistent with the progress reported on the ABA TP update by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification. A brief summary of this information shall be included in the referral for continued ABA; and
 - A recommendation for the number of weekly hours of ABA under the TRICARE Basic Program and the number of weekly hours of ABA reinforcement under either the Autism Demonstration or the ABA Pilot.

If the results of the ABA assessment indicate the beneficiary does not meet current criteria for diagnosis of an ASD, then a course of ABA is not authorized and the beneficiary should not be referred for ABA.

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5.7.5 Repeat standardized psychometric testing utilizing the Vineland II (to include the Maladaptive Behavior Scale) is required every 180 days for NADFM who elect to participate in the ABA Pilot to assess progress as noted in [paragraph 5.7.3](#). This follow-up testing will require a referral to a qualified TRICARE authorized provider to administer the test unless the referring provider or the ABA provider is qualified to administer the Vineland II. The results of all testing shall be included in each reauthorization referral for ABA for NADFM who elect to participate in the ABA Pilot. Objective progress on the required standardized psychometric test is one critical factor for continued authorization.

5.7.6 The TRICARE authorized provider qualified to conduct the standardized psychometric testing will submit the baseline and every 180 day psychometric testing report to the referring provider (unless the testing provider is also the referring provider) and the MCSC for NADFM who elect to participate in the ABA Pilot.

Note: BCBA, BCBA-Ds or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification may not necessarily be trained in administration of the ADOS-2 or VBS-II; therefore, formal psychometric testing at baseline and every 180 days may need to be administered by qualified professionals (i.e., clinical psychologists) who possess the requisite training to administer the required measures.

5.7.7 The MCSC reviewer shall review all ABA referral documentation for appropriateness of care for NADFM who elect to participate in the ABA Pilot. The BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification shall provide the MCSC with the ABA TP updates during the month prior to reauthorization being due for NADFM who elect to participate in the ABA Pilot.

5.7.8 The MCSC shall provide (via fax or other appropriate means) the referring provider a copy of the initial ABA TP and all ABA TP updates.

5.7.9 These requirements apply to all NADFM who elect to participate in the ABA Pilot for ABA provided under the TRICARE Basic Program (i.e., TRICARE Prime, TPR, TRICARE Standard, TRICARE Extra, TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE For Life (TFL)) and for the additional ABA reinforcement under the ABA Pilot. ABA shall appear on the "Requires Prior Authorization" list under TRICARE Standard.

5.7.10 Exception. For continuity of care purposes meant to minimize the risk of regression during times of change, ADFMs enrolled in the ECHO Autism Demonstration who transition to NADFM status through retirement of the AD sponsor will be allowed direct entry into the ABA Pilot for NADFM. A one year grace period will be granted to meet all diagnosis, referral and assessment requirements of this section. The requirement for the VABS-II every 180 days as per [paragraph 5.7.5](#) is not waived.

5.8 ABA Providers

5.8.1 For NADFM who elect to participate in the ABA Pilot concerning ABA provided under the TRICARE Basic Program, the following individuals who otherwise meet all applicable requirements of TRICARE-authorized providers under the TRICARE Basic Program are TRICARE-authorized ABA

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providers when referred by and working under the referral and supervision of the referring providers as set forth in [paragraph 9.0](#) of this policy:

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

5.8.1.2 Have a current state license as an Applied Behavior Analyst to provide ABA in those states providing state licensure;

5.8.1.3 Are currently state-certified as an Applied Behavior Analyst qualified to practice at the full clinical level; able to conduct an ABA assessment and develop the initial ABA TP and ABA TP updates independently for all complexity of cases; or

5.8.1.4 Where such state license or certification is not available, are certified by the BACB as a BCBA or BCBA-D.

5.8.1.5 The Applied Behavior Analyst (unless the Applied Behavior Analyst is also a licensed clinical psychologist) must work under the referral and supervision of the referring P-PCM or specialized ASD provider as defined in [paragraph 5.6.1](#).

Note: Individuals certified by the BACB as a BCaBA or ABA Tutors are not TRICARE-authorized ABA providers under the TRICARE Basic Program.

5.9 Appropriate Care Requirements For ABA Authorization

5.9.1 Before the MCSC can approve a referral for ABA for an ASD NADFM who elect to participate in the ABA Pilot, the referral and ABA TP must demonstrate that appropriate care standards are met. Appropriate care for ASDs implies the reasonable expectation that ABA shall result in measurable improvement in each of the ABA targeted areas of impairment identified in the ABA TP and monitored in ABA TP updates by baseline and every 180 day psychometric testing as described in [paragraph 5.12.1.5](#).

5.9.1.1 The degree of impairment(s) in social interaction, communication and behavior for NADFM who elect to participate in the ABA Pilot must present at a level that:

- Presents a health or safety risk to self or others (e.g., severely disruptive behaviors, repetitive/stereotyped behaviors, aggression toward others); or
- Significantly interferes with home or community activities as measured by the appropriate assessment tools and psychometrics. See [paragraphs 5.12.1.3, 5.12.1.4, and 5.7.5](#).

5.9.1.2 The NADFM who elect to participate in the ABA Pilot must be able to actively participate in ABA as observed by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification during the ABA assessment.

5.10 Payable ABA Provided By ABA Providers

5.10.1 Once the diagnosis of an ASD has been made by an ASD diagnosing provider in a child 18 months or older in accordance with [paragraph 5.6](#), the payable ABA provided by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification for NADFM who elect to participate in the ABA Pilot include:

- Initial ABA assessment performed one-on-one, in person;
- Development of the initial ABA TP;
- Delivery of ABA TPs specialized interventions delivered by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification;
- Follow up monitoring and repeat ABA assessment; and
- ABA TP updates.

The initial ABA assessment and initial ABA TP process consists of developing a written assessment of the objectives and goals of behavior modification of specific problematic behavioral targets and specific evidenced-based practices and techniques to be utilized by a BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification.

5.10.2 Providing ABA specialized interventions with the TRICARE eligible NADFM who elect to participate in the ABA Pilot as well as training of TRICARE eligible family member/caregivers to provide ABA reinforcement in accordance with the ABA TP; and

5.10.3 Monitoring of the NADFM who elect to participate in the ABA Pilot's progress toward ABA TP objectives and goals specified in the initial ABA TP through annual ABA TP updates by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification. The updated ABA TP must reflect new or modified objectives and goals, with strategies based on the individual needs of the patient.

Note: ABA reinforcement provided under the ABA Pilot to NADFM who elect to participate in the ABA Pilot is not a covered benefit under the TRICARE Basic Program and cannot be billed under the TRICARE Basic Program (see the TOM, [Chapter 18, Section 15](#)).

5.11 ABA Assessments and ABA TPs

The initial ABA assessment, the initial ABA TP, the repeat ABA assessment and ABA TP updates for NADFM who elect to participate in the ABA Pilot shall be completed by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification under the TRICARE Basic Program. NADFM who elect to participate in the ABA Pilot are eligible for additional ABA reinforcement under the ABA Pilot in accordance with the requirements of NDAA FY 2013, Section 705 for the duration of the one-year pilot period under

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Public Law No: 112-239.

5.12 ABA Documentation of ABA Assessment(s), Initial ABA TP and TP Updates

5.12.1 The initial TP for NADFM) who elect to participate in the ABA Pilot shall include:

5.12.1.1 The beneficiary's name, date of birth, date the initial ABA assessment and initial ABA TP was completed, the sponsor's DoD Benefit Number (DBN) or other patient identifiers, name of the referring provider, background and history, objectives and goals, TRICARE eligible family member/caregiver training and ABA recommendations. The ABA assessment shall include documentation of the specific problematic behavioral targets and the corresponding specific ABA intervention to treat each target.

5.12.1.2 Background and history shall include information that clearly demonstrates the beneficiary's condition, diagnoses, medical comorbidities, family history, and how long the beneficiary has been receiving ABA.

5.12.1.3 A summary of baseline ASD psychometric testing findings on the ADOS-2 and the Vineland II (in accordance with [paragraph 5.3](#)).

Note: The core deficits identified on psychometric testing should be consistent with the deficits identified by the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification on the initial ABA assessment. The TP objectives and goals should address each deficit.

5.12.1.4 ABA objectives and goals shall include a detailed description of the targeted skills and behaviors that shall be addressed through specific ABA interventions for each target and the objectives that shall be measured. Objectives and goals are individualized based on beneficiary need and address identified deficits in each of the following domains:

- Social interaction
- Communication
- Behavior

5.12.1.5 TRICARE eligible family member/caregiver training shall be included in the initial ABA TP. TRICARE eligible family member/caregiver training for NADFM) who elect to participate in the ABA Pilot shall be provided ABA service billable under [paragraph 6.3](#). The initial ABA TP shall include a detailed plan that specifies how TRICARE eligible family member/caregivers shall be trained to implement and reinforce skills and behaviors within a variety of settings.

5.12.1.6 The initial ABA TP shall include a summary of the expected extent that TRICARE eligible family member/caregivers shall be able to implement ABA interventions with the beneficiary in support of the ABA TP. The ABA TP update will include an annual reassessment of how well the TRICARE eligible family member/caregivers were consistently able to implement ABA interventions with the beneficiary.

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5.12.1.7 Annual repeat ABA assessment for NADFM who elect to participate in the ABA Pilot shall evaluate progress for each ABA intervention associated with each specific behavioral target identified on the initial ABA TP and the ABA TP updates. Documentation on the initial ABA TP shall also include the BCBA or BCBA-D recommendation for the number of weekly hours of ABA under the TRICARE Basic Program and the recommended number of weekly hours for ABA reinforcement by ABA Tutors or BCaBAs under the ABA Pilot for NADFM.

5.12.1.8 Annual repeat ABA reassessment and TP updates for NADFM who elect to participate in the ABA Pilot shall document the evaluation of progress for each behavioral target identified on the initial ABA TP and prior TP updates. Documentation of the annual ABA reassessment and TP update shall include:

- Date and time of the annual reassessment/TP update was done;
- Signature of the ABA provider conducting the reassessment/TP update;
- Evaluation of progress toward each behavioral target's objectives and goals;
- Revisions to the TP to include identification of new behavioral targets, objectives and goals;
- Report of the results of the most recent Vineland II psychometric testing; and
- Recommendation for continued ABA to include a recommendation for:
 - The number of weekly hours of ABA under the TRICARE Basic Program;
 - The number of weekly hours of ABA reinforcement under the ABA Pilot; and
 - A projected duration of ABA.

5.13 Authorization for Continued ABA

Authorization for NADFM who elect to participate in the ABA Pilot is based on continued appropriate care as measured by the required repeat ABA assessment documented on the ABA TP updates, the psychometric testing reports and on documentation on the referral in accordance with [paragraphs 5.6, 5.7, and 5.12.1.4](#) of this policy. The MCSC reviews the BCBA, BCBA-D's or other TRICARE authorized ABA provider's ABA TP updates, the psychometric testing reports and the referral documentation to determine whether the requirements for continued clinical appropriateness are met. Special attention shall be paid to evaluating whether the BCBA/BCBA-D, or other TRICARE authorized ABA provider's ABA TP updates and the psychometric testing reports concur regarding descriptions of beneficiary progress. If these conditions are met, the MCSC may reauthorize ABA for the specified time period as defined in [paragraph 5.7.5](#). If the psychometric testing report (using the Vineland II to include the maladaptive behavior scale) do not concur, the MCSC shall review the referral to consider all other factors (family member/caregiver input, BCBA input related to complexity of treatment needs) in determining whether to authorize continued ABA and ABA reinforcement under the Pilot.

5.14 ABA Discharge Criteria

5.14.1 The following discharge criteria are established to determine if/when ABA is no longer appropriate for NADFM who elect to participate in the ABA Pilot. Discharge decisions should take into consideration the family context and potential mitigating circumstances such as a parent's deployment, a family's move, or a change in school that might have an effect on the child's ability to progress:

5.14.1.1 No measurable progress has been made toward meeting goals identified on the ABA TP as indicated by BCBA/BCaBA/ABA Tutor observation, parent observation, and lack of improvement on the appropriate psychometric test(s) defined as in [paragraphs 5.7.3](#) and [5.7.4](#). The results of psychometric testing will not be used as the sole basis for determining if/when ABA is no longer appropriate.

5.14.1.2 ABA TP gains are determined not to be generalizable or durable over time and do not transfer to the larger community setting (to include school).

5.14.1.3 The patient or family member/caregiver can no longer participate in ABA.

5.14.1.4 The patient has met ABA TP goals and is no longer in need of ABA.

5.14.1.5 Loss of eligibility for TRICARE benefits as defined in [32 CFR 199.3](#).

5.15 ABA Benefit Hours

5.15.1 The appropriate number of ABA hours for NADFM who elect to participate in the ABA Pilot shall be authorized based on the individual beneficiary's appropriate care needs.

5.15.2 ABA shall be authorized for NADFM who elect to participate in the ABA Pilot for a period of one year at a time.

5.15.3 ABA hour and duration limits for NADFM who elect to participate in the ABA Pilot shall be set forth in the referral in accordance with the following:

5.15.3.1 An appropriate number of hours of ABA may be approved by the contractor under the TRICARE Basic Program. A second year of ABA may be authorized by the contractor based on sufficient documentation for those beneficiaries age 16 and younger. All other requests for additional ABA must be requested through the waiver process and approved by the MCSC medical director as outlined in [paragraph 5.15.4](#).

5.15.3.2 An appropriate number of hours of ABA reinforcement may be approved by the contractor. For NADFM receiving additional ABA reinforcement services under the ABA Pilot, the number of hours authorized under those programs shall be added to the number of weekly hours authorized under the TRICARE Basic Program to determine the total number of weekly hours authorized.

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5.15.4 Waiver of the duration of ABA limits for NADFM who elect to participate in the ABA Pilot. The specific benefit limitations set forth in this section may be waived by the contractor based on a determination that all of the following criteria are met. The criteria are:

5.15.4.1 ABA has been delivered for at least one year or when ABA duration limits have been reached for waiver requests for additional ABA duration. Supporting documentation includes:

- Documentation that progress has been insufficient due to the complexity of the ASD needs, and that more hours or a longer duration of ABA are justified to achieve ABA TP objectives and goals;
- A proposed ABA TP that identifies clear, realistic objectives and goals that the referring provider is optimistic can reasonably be achieved with the additional ABA;
- Justification specifying precisely how the additional hours or extended duration of ABA shall be used to achieve the ABA objectives and TP goals;
- Explicit documentation of TRICARE eligible family member/caregiver full engagement and ability to consistently implement the ABA TP specialized interventions in home/community settings; and
- The number of ABA hours and the number of ABA reinforcement hours per week, or the specific identified time frame for extended duration of ABA must be identified in the TP.

6.0 ABA COPAYMENTS AND REIMBURSEMENT

6.1 Claims for NADFM who elect to participate in the ABA Pilot for ABA under the TRICARE Basic Program shall be submitted by an authorized TRICARE provider on Centers for Medicare and Medicaid Services (CMS) 1500 (08/05). The following codes have been adopted for non-standardized usage for ABA provided by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification under the TRICARE Basic Program for NADFM who elect to participate in the ABA Pilot. These codes apply for provision of ABA in all authorized settings (the office, home, or community setting).

6.2 Initial ABA assessment with initial ABA TP for NADFM who elect to participate in the ABA Pilot. The initial ABA assessment with development of the initial ABA TP shall be coded using Current Procedural Terminology² (CPT) procedure code 1181F meaning "Initial ABA assessment to determine appropriate indication for ABA."

6.2.1 Appropriate indication to accompany initial ABA assessment with initial ABA TP. The following three **G** codes must be used in conjunction with CPT² procedure code 1181F for billing purposes when the initial ABA assessment concludes that ABA is appropriate and that an initial ABA TP with ABA TP goal(s) is developed:

- G8539 - code for the initial ABA assessment and initial ABA TP development per 15

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minute units of time

- G9165 - the current patient status code
- G9166 - the initial ABA TP goal code

Note: Use of three **G** codes (HCPCS codes G8539, G9165, and G9166) for one encounter follows CMS 2013 coding guidance for billing for services such as occupational therapy and physical therapy. Guidance is for these claims to be submitted on the CMS 1500; therefore, unlike electronic billing, standard use of codes is not required. TRICARE authorized behavioral health providers (psychologists, psychiatrists, etc) only providing psychometric testing should use CPT³ codes (96101 - 96103, and 96118 - 96120 per [Chapter 7, Section 3.12](#)) for standardized developmental, mental, emotional, and behavioral screening instruments for NADFM who elect to participate in the ABA Pilot. BCBA and BCBA-Ds who are not TRICARE authorized behavioral health providers must use the ABA assessment codes above for their standardized testing for NADFM who elect to participate in the ABA Pilot.

6.2.2 In the event that the initial ABA assessment concludes that ABA is not appropriate for the NADFM who elect to participate in the ABA Pilot, the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification will code CPT³ procedure code 1181F meaning "Initial assessment to determine appropriate indication for ABA" and HCPCS code G8542 meaning "No deficiencies identified for which ABA would provide medical benefit, care plan not required per 15 minutes" thus indicating that ABA is not appropriate.

6.3 ABA rendered by a TRICARE authorized ABA provider, in-person, for TRICARE eligible family member/caregiver ABA training for NADFM who elect to participate in the ABA Pilot shall be billed using HCPCS code S5110 meaning "TRICARE eligible family member/caregiver training." ABA training may only be provided to a TRICARE eligible family member/caregiver.

6.4 HCPCS code S5115 meaning "Beneficiary ABA by a TRICARE authorized provider" shall be used for ABA provided directly to the beneficiary receiving ABA by a TRICARE authorized ABA provider listed in [paragraph 5.8](#) regardless of the setting where the ABA is provided.

6.5 ABA repeat assessment and ABA TP updates for NADFM who elect to participate in the ABA Pilot: ABA repeat assessments to determine beneficiary's progress and development of the ABA TP update prior to each reauthorization period shall be coded using CPT³ code 1450F meaning "Reassessment of symptoms for possible ABA. The three **G** codes identified below must be used in conjunction with CPT³ procedure code 1450F for claims processing/billing purposes:

- G8539 - ABA repeat assessment and ABA TP update (same code used for initial ABA assessment and initial ABA TP) per 15 minute units of time
- G9165 - current patient status code (same code as required during the initial assessment and initial ABA TP development)
- G9166 - ABA TP goal update code (the same code is used for initial ABA TP goal)

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Note: Use of the three **G** codes (HCPCS codes G8539, G9165, and G9166) for one encounter follows CMS 2013 coding guidance for billing for services such as occupational therapy and physical therapy.

6.6 Discharge from ABA for NADFM) who elect to participate in the ABA Pilot. If upon BCBA, BCBA-D, or other TRICARE authorized ABA provider repeat assessment, it is determined that the beneficiary is to be discharged from ABA, CPT⁴ procedure code 1450F is to be used in conjunction with the following two **G** codes:

- G8542 - continued ABA is not indicated
- G9167 - discharge from ABA

6.7 Reimbursement of claims for NADFM) who elect to participate in the ABA Pilot shall be the lesser of:

6.7.1 The CHAMPUS Maximum Allowable Charge (CMAC); that is the CHAMPUS national pricing system built on established CPT/HCPCS codes and based on Medicare or TRICARE claims data (at this time there are no CPT/HCPCS codes or CMAC rates for ABA);

6.7.2 The prevailing local market rate;

6.7.3 One hundred and twenty-five dollars (\$125) per hour for ABA specified in [paragraph 5.10](#) provided by the TRICARE authorized ABA provider listed in [paragraph 5.8](#); or

6.7.4 The negotiated rate; or

6.7.5 The billed charge.

6.8 ABA for NADFM) who elect to participate in the ABA Pilot is a specialty service under the TRICARE Basic Program requiring a specialty referral; therefore, specialty care cost-shares apply.

- ABA for NADFM) who elect to participate in the ABA Pilot is an outpatient service. However, ABA is not "an outpatient behavioral health" service; therefore, outpatient behavioral health benefit rules do not apply. ABA is not subject to the two visits per week limit that applies to outpatient behavioral health visits. ABA is comprised of specialized interventions per [paragraph 4.3](#) provided up to several hours a day and up to five days (Monday - Friday) a week.

6.9 BCBA, BCBA-D, or other TRICARE authorized ABA provider supervision of BCaBAs and ABA Tutors to include discussions of the ABA TPs, progress, and follow-up ABA assessments shall be billed under the ABA Pilot for NADFM) who elect to participate in the ABA Pilot.

6.10 The MCSCs shall ensure all TRICARE Encounter Data (TED) requirements outlined in the TRICARE Systems Manual (TSM), [Chapter 2](#) are met including appropriate use of Special Processing

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Code "BA Applied Behavior Analysis (ABA) (Interim Benefit)" for NADFM who elect to participate in the ABA Pilot.

7.0 EXCLUSIONS

The following exclusions apply to provision of ABA under the TRICARE Basic Program for NADFM who elect to participate in the ABA Pilot:

- ABA provided in a group format.
- ABA rendered by a TRICARE authorized provider type other than those authorized to provide ABA under this Chapter.
- ABA rendered by an ABA provider not authorized and certified under TRICARE.
- ABA for all other diagnoses that are not an ASD/PDD.
- Educational and vocational rehabilitation services.
- Respite care.
- ABA not provided one-on-one, in person by the TRICARE authorized BCBA or BCBA-D.
- ABA provided through remote means, for example through telemedicine/telehealth.
- ABA provided when there is no ASD diagnosis rendered by a TRICARE authorized ASD diagnosing provider as specified in [paragraph 5.6](#).
- ABA provided when there is no ABA referral from a TRICARE authorized ASD referring provider as specified in [paragraph 5.7](#).
- ABA provided by a BCBA, BCBA-D, or other TRICARE authorized ABA provider (unless the ABA provider is a licensed clinical psychologist) when there is no supervision by the TRICARE authorized ASD referring provider as required in [paragraph 9.0](#) of this policy.
- ABA provided when there is no baseline and 180 day interval follow-up psychometric testing.
- ABA involving aversive techniques or rewards that can be construed as abuse.

8.0 CREDENTIALING OF APPLIED BEHAVIOR ANALYSTS

8.1 Master's degree or above BCBA or BCBA-Ds and other ABA providers practicing within the scope of their state license or state certification meeting the requirements for TRICARE Basic Program providers are encouraged to become a TRICARE network provider. Requirements for credentials review for network providers apply. Master's degree or above BCBA or BCBA-Ds and other ABA providers practicing within the scope of their state license or state certification who do

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not wish to become part of the TRICARE network may become TRICARE authorized non-network providers. These non-network BCBA or BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification shall undergo a modified credentials review process that shall include review of state licensure or state certification status (if applicable), a review BCBA board certification by the BACB, a check of BACB complaints section of the BACB web site or a review for complaints to state license or certification boards, and a criminal history review (see the TOM, [Chapter 4, Section 1](#)). The credentials of the non-network BCBA or BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification shall be reviewed every three years to ensure that credentials are still valid and that no adverse actions have been taken by the BACB or applicable practice jurisdiction against the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification.

8.2 All claims submitted by the BCBA, BCBA-D, or other TRICARE authorized ABA providers practicing within the scope of their state license or state certification for ABA for NADFM who elect to participate in the ABA Pilot shall use the HIPAA taxonomy (provider code) 103K00000X, Behavior Analyst.

9.0 REFERRAL AND SUPERVISION OF APPLIED BEHAVIOR ANALYSTS

9.1 The referring P-PCM or specialized ASD provider as defined in [paragraphs 5.6](#) and [5.7](#) is required to provide referral and supervision of the BCBA ABA (unless the BCBA-D is a licensed clinical psychologist) for NADFM who elect to participate in the ABA Pilot.

9.1.1 Referral and supervision (see [paragraph 4.6](#)) means that the referring provider shall actually see the beneficiary to evaluate the qualifying ASD condition prior to referring the beneficiary to the BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of his/her state license or state certification, and that the referring provider provides ongoing oversight of the course of referral-related ABA throughout the period that the beneficiary is receiving ABA in response to the referral.

9.1.2 The referring provider is not required to be physically located on the premises of the BCBA, BCBA-D, or other TRICARE authorized ABA provider.

9.2 The BCBA, BCBA-D, other TRICARE authorized ABA provider (practicing within the scope of his/her state license or state certification), or MCSC shall send the referring P-PCM or specialized ASD provider as defined in [paragraphs 5.6.1.1](#) and [5.6.1.2](#) the initial ABA assessment, the ABA TP, and all ABA TP updates and shall respond to referring provider questions regarding the ABA TP for NADFM who elect to participate in the ABA Pilot. All ABA providers and referring providers shall maintain clinical records in accordance with medical records requirements set forth under the TRICARE Basic Program.

9.3 The TRICARE authorized provider administering the baseline and every 180 day psychometric testing shall send the reports of psychometric findings to the referring P-PCM or specialized (non-psychologist) ASD provider (as defined in [paragraphs 5.6.1.1](#) and [5.6.1.2](#)) and the MCSC for NADFM who elect to participate in the ABA Pilot.

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9.4 The MCSC shall require the BCBA, BCBA-D, or other TRICARE authorized ABA provider (practicing within the scope of his/her state license or state certification) to send the initial ABA TP and the ABA TP annual updates to the MCSC no later than one month prior to current authorization expiration for NADFM who elect to participate in the ABA Pilot. The MCSC shall transmit the ABA TP to the referring provider.

9.5 The referring P-PCM or specialized ASD provider shall review and sign the initial ABA TP, all ABA TP updates and the baseline and every 180 day psychometric testing reports for NADFM who elect to participate in the ABA Pilot.

9.6 The referring P-PCM or specialized ASD provider shall review the initial ABA TP, all ABA TP updates and the psychometric testing reports with the TRICARE eligible family member/caregiver and the beneficiary directly receiving ABA during the annual clinic visits for NADFM who elect to participate in the ABA Pilot. The provider shall write a new referral for repeat psychometric testing to assess progress (every 180 days) and for continued ABA (annually) if the psychometric testing reports support continued appropriate ABA.

10.0 QUALITY ASSURANCE (QA)

10.1 Given that ABA involves provision of care to a vulnerable patient population, the MCSC/TOP/Uniformed Services Family Health Plan (USFHP) contractor shall have a process in place for evaluating and resolving TRICARE eligible family member/caregiver concerns regarding ABA provided by the BCBA, the BCBA-Ds or other TRICARE authorized ABA providers (practicing within the scope of their state license or state certification). This includes ABA reinforcement provided under the supervision of such ABA providers under the ABA Pilot.

10.2 The process shall include identification of a beneficiary family member/caregiver complaint officer for each regional MCSC/TOP/USFHP contractor. Contact information shall be provided to all TRICARE eligible family member/caregivers of beneficiaries receiving ABA under the TRICARE Basic Program.

10.3 Allegations of risk to patient safety must be reported to the MCSC Program Integrity (PI) unit and TMA PI must also be advised of alleged risk to patient safety by a provider of ABA. The MCSC PI unit must take action in accordance with the TOM, [Chapter 13](#), developing for potential patient harm, fraud, and abuse issues.

10.4 Potential complaints shall be ranked by severity categories. Allegations involving risk to patient safety are to be considered the most severe and shall be addressed immediately and reported to the required agencies. For example, allegations of physical, psychological or sexual abuse shall be addressed through immediate reporting to state Child Protective Services, to the BACB and to state license or certification boards as indicated, in accordance with other governing laws, regulations, policies and mandated reporting requirements.

10.5 TRICARE may not cost-share services of a BCBA, BCBA-D, or other TRICARE authorized ABA provider practicing within the scope of their state license or state certification who has any restriction on their certification imposed by the BACB or any restriction on their state license or certification for those having a state license or certification.

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10.6 Potential categories requiring quality monitoring and oversight are, but not limited to:

- Fraudulent billing practices;
- Lack of progress due to poor quality of ABA;
- Lack of an ASD diagnosis from a provider qualified to provide such per [paragraph 5.6](#);
- Lack of an ABA referral from a TRICARE authorized ASD referring provider as per [paragraph 5.7](#);
- Lack of the required psychometric testing reports for baseline and every 180 day monitoring of ABA progress as per [paragraphs 5.7.3](#) and [5.7.4](#); and/or
- Lack of maintenance of the required medical record documentation.
 - Billing for office supplies to include therapeutic supplies.
 - Billing for ABA using aversive techniques.

10.7 Risk management policies and processes shall be established by the MCSCs for the BCBA, BCBA-Ds and other TRICARE authorized ABA providers practicing within the scope of their state license or state certification.

11.0 QUALITY OVERSIGHT MONITORING

11.1 Clinical requirements for documentation on the initial ABA TP and ABA TP updates shall be defined by the TRICARE Regional Offices to establish enterprise-wide documentation standards. See http://www.bacb.com/Downloadfiles/ABA_Guidelines_for_ASD.pdf, Guidelines: Health Plan Coverage of ABA Treatment for ASD (2012). Documentation requirements shall address the requirements for:

- Session progress notes that identify the specific ABA intervention used for each behavioral target;
- At minimum, progress notes should contain the following documentation elements in compliance with [Chapter 1, Section 5.1](#), "Requirements For Documentation Of Treatment In Medical Records":
 - Date and time of session
 - Length of session
 - Current status of beneficiary
 - Content of the session
 - Therapeutic interventions delivered
 - Beneficiary response to interventions
 - Beneficiary progress toward meeting each objective and goal

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- TP update assessment notes addressing progress toward short-term and long-term treatment goals for the identified targets in each domain;
- Documentation on the initial ABA TP and the ABA TP updates of the level of support required for the beneficiary to demonstrate progress toward short and long-term goals (Note: The level of support required to demonstrate progress is important because it is directly associated with severity of the ASD and is an important factor in determining the number of hours of ABA per week to authorize);
- Documentation of baseline and thereafter every 180 days for ABA progress as measured by the age appropriate required standardized psychometric testing (VBS-II); and
- Documentation of TRICARE eligible family member/caregiver engagement and implementation of the ABA TP at home.

11.2 The TRICARE Quality Monitoring Contractor (TQMC) shall perform random record review for coding compliance and quality monitoring of the ABA TP every 180 days. TQMC findings of improper coding compliance shall be reported to the MCSC PI unit for potential development in accordance with the TOM, [Chapter 13](#).

12.0 EFFECTIVE DATE

Requirements of this revised policy are effective July 25, 2013. Claims for ABA prior to July 25, 2013, will continue to be paid in accordance with the guidance provided in TPM, Change 73, published on August 10, 2012.

- END -

Chapter 9

Extended Care Health Option (ECHO)

Section/Addendum	Subject/Addendum Title
1.1	General
2.1	Eligibility - General
2.2	Eligibility - Qualifying Condition: Mental Retardation
2.3	Eligibility - Qualifying Condition: Serious Physical Disability
2.4	Eligibility - Qualifying Condition: Other
3.1	Registration
4.1	Benefit Authorization
5.1	Public Facility Use Certification
6.1	Diagnostic Services
7.1	Treatment
8.1	Training
9.1	Special Education And Other Services
10.1	Institutional Care
11.1	Transportation
12.1	Extended Care Health Option (ECHO) Respite Care
13.1	Other Extended Care Health Option (ECHO) Benefits
13.2	Other Extended Care Health Option (ECHO) Benefits - Hippotherapy
14.1	Durable Equipment (DE)
15.1	ECHO Home Health Care (EHHC)
16.1	Cost-Share Liability
17.1	Providers
18.1	Claims

Special Education And Other Services

Issue Date: July 3, 1997

Authority: [32 CFR 199.5\(c\)\(3\)](#) and [\(c\)\(4\)](#)

1.0 CPT¹ PROCEDURE CODES

99199, 99600

2.0 POLICY

2.1 Special education, within the meaning of such term as used in the Individuals with Disabilities Education Act (IDEA) and its implementing regulations and policies, may be cost-shared subject to all applicable Extended Care Health Option (ECHO) requirements, and in particular, the requirement that other public programs and facilities be used to the extent available and adequate.

2.2 Identification of appropriate public facilities. The local educational agency with responsibility for the beneficiary is the sole public facility to provide public facility use certification for special education services.

2.3 Applied Behavior Analysis (ABA) services are included as a benefit under this issuance in accordance with the Director, TRICARE Management Activity (TMA) coverage decision memoranda of October 19, 2010 and June 28, 2013. ABA is no longer considered special education for TRICARE program purposes. ABA is considered a part of an integrated set of services and supplies designed to assist in the reduction of the disabling effects of Autism Spectrum Disorder (ASD) for an ECHO-registered beneficiary with a qualifying condition. Therefore, ABA may be covered under ECHO as an "other service" for those eligible Active Duty Family Members (ADFM) with an ASD diagnosis only when provided in accordance with the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration. Payable services include periodic evaluation of the beneficiary, development of a treatment plan, and training of immediate family members to provide services in accordance with the treatment plan. TRICARE can also pay for the "hands-on" ABA services when provided by a TRICARE authorized provider. However, TRICARE cannot pay for such services when provided by family members, trainers or other individuals who are not TRICARE-authorized providers (see [Section 17.1](#)) and for children 18 months to three years where ABA service is included in the Individualized Family Service Plan (IFSP).

2.4 Services cost-shared through the ECHO may be provided by an authorized institutional or individual professional provider on an inpatient or outpatient basis and rendered in the beneficiary's natural environment. This includes at home, at school, or other location that is suitable for the type of services being rendered.

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

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Special Education And Other Services

2.5 See the TRICARE Operations Manual (TOM), [Chapter 18, Section 8](#) for information about the DoD Enhanced Access to Autism Services Demonstration.

3.0 EXCLUSION

Special education services are generally unavailable under the TRICARE Basic Program except as authorized under Section 1079(a)(g) of Title 10 United States Code (USC), and when authorized are not eligible to be cost-shared under ECHO.

4.0 EFFECTIVE DATE

September 1, 2005.

- END -

Chapter 9

Section 17.1

Providers

Issue Date: August 4, 1988

Authority: [32 CFR 199.6\(e\)](#)

1.0 POLICY

1.1 Services and items cost-shared through the Extended Care Health Option (ECHO) must be rendered by TRICARE authorized providers.

1.2 ECHO inpatient care providers: A provider of residential institutional care authorized under the ECHO must:

1.2.1 Be a not-for-profit organization which primarily provides services to the disabled, OR

1.2.2 Be a facility operated by the state or under state contract, AND

1.2.3 Meet all applicable licensing or certification requirements that are extant in the state, county, municipality, or other political jurisdiction in which the provider is located.

1.3 ECHO outpatient care providers. A provider of ECHO outpatient, ambulatory, or in-home services shall be:

1.3.1 An authorized provider of services as defined in [32 CFR 199.6](#), or

1.3.2 An individual, corporation, foundation, or public entity that predominantly renders services of a type uniquely allowable as a ECHO benefit and not otherwise allowable as a benefit of [32 CFR 199.4](#), that meets all applicable licensing or other regulatory requirements that are extant in the state, county, municipality, or other political jurisdiction in which the ECHO service is rendered.

1.4 Individual professional providers authorized by [32 CFR 199.6](#) for the Basic Program are also authorized providers for the ECHO. Individual professional providers who can be authorized only under the ECHO must meet all applicable licensing and other regulatory requirements that are extant in that state, county, municipality, or other political jurisdiction in which the ECHO service is rendered, or, in the absence of such licensing or regulatory requirements, as determined by the Director, TRICARE Management Activity (TMA) or designee.

1.5 For the purpose of services rendered in conjunction with Applied Behavior Analysis (ABA) (see [Section 9.1](#)), TRICARE-authorized providers are those that:

1.5.1 Have a current State license to provide ABA services; or

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Providers

1.5.2 Are currently state-certified as an Applied Behavior Analyst; or

1.5.3 Where such state license or certification is not available, are certified by the Behavior Analyst Certification Board (BACB) as either a Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA) when providing services under the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration; and

1.5.4 Otherwise meet all applicable requirements of TRICARE-authorized providers.

1.6 ECHO vendor. A provider of an allowable ECHO item, supply, equipment, orthotic, or device shall be deemed to be an authorized vendor for the provision of the specific item, supply, equipment, orthotic, or device when the vendor supplies such information as the Managed Care Support Contractor (MCSC) or Director, TRICARE Area Office (TAO) determines necessary to adjudicate a specific claim.

1.7 Provider requirements for the DoD Enhanced Access to Autism Services Demonstration are indicated in the TRICARE Operations Manual (TOM), [Chapter 18, Section 8](#).

2.0 EFFECTIVE DATE

September 1, 2005.

- END -

Acronyms And Abbreviations

AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAH	Accreditation Association for Ambulatory Health Care, Inc.
AAFES	Army/Air Force Exchange Service
AAMFT	American Association for Marriage and Family Therapy
AAP	American Academy of Pediatrics
AAPC	American Association of Pastoral Counselors
AARF	Account Authorization Request Form
AATD	Access and Authentication Technology Division
ABA	American Banking Association Applied Behavior Analysis
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
AC	Active Component
ACD	Augmentative Communication Devices
ACE	Angiotensin-Converting Enzyme
ACH	Automated Clearing House
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACP	American College of Physicians
ACOR	Administrative Contracting Officer's Representative
ACS	American Cancer Society
ACSC	Ambulatory Care Sensitive Condition
ACSP	Autism Demonstration Corporate Services Provider
ACTUR	Automated Central Tumor Registry
AD	Active Duty
ADA	American Dental Association American Diabetes Association Americans with Disabilities Act
ADAMHA	Alcohol, Drug Abuse, And Mental Health Administration
ADAMHRA	Alcohol, Drug Abuse, And Mental Health Reorganization Act

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Acronyms And Abbreviations

ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADDP	Active Duty Dental Program
ADFM	Active Duty Family Member
ADH	Atypical Ductal Hyperplasia
ADL	Activities of Daily Living
ADP	Automated Data Processing
ADSM	Active Duty Service Member
AF	Atrial Fibrillation
AFAP	Attenuated Familial Adenomatous Polyposis
AFB	Air Force Base
AFOSI	Air Force Office of Special Investigations
AFS	Ambulance Fee Schedule
AGR	Active Guard/Reserve
AHA	American Hospital Association
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
AIF	Ambulance Inflation Factor
AIIM	Association for Information and Image Management
AIS	Ambulatory Infusion Suite Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
ALH	Atypical Lobular Hyperplasia
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMCB	American Midwifery Certification Board
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous [Myeloid] Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association

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APA	American Psychiatric Association American Podiatry Association
APC	Adenomatous Polyposis Coli Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ARB	Angiotensin Receptor Blocker
ARCIS	Archives and Records Centers Information System
ART	Assisted Reproductive Technology
ARU	Automated Response Unit
ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ASRM	American Society for Reproductive Medicine
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BACB	Behavioral Analyst Certification Board
BART	BRAC Analysis Large Rearrangement Test
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center
BCaBA	Board Certified Assistant Behavior Analyst

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BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst - Doctoral
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BE&SD	Beneficiary Education and Support Division
BH	Behavioral Health
BI	Background Investigation
BIA	Bureau of Indian Affairs
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BNAF	Budget Neutrality Adjustment Factor
BOS	Bronchiolitis Obliterans Syndrome
BP	Behavioral Plan
BPPV	Benign Paroxysmal Positional Vertigo
BPC	Beneficiary Publication Committee
BRAC	Base Realignment and Closure
BRCA	BReast CAncer (genetic testing)
BRCA1/2	BReast CAncer Gene 1/2
BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&P	Compensation and Pension
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
CACREP	Council for Accreditation of Counseling and Related Educational Programs
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care
CAP	Competitive Acquisition Program

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CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAQH	Council for Affordable Quality Health
CARC	Claim Adjustment Reason Code
CAS	Carotid Artery Stenosis
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBE	Clinical Breast Examination
CBHCO	Community-Based Health Care Organizations
CBL	Commercial Bill of Lading
CBP	Competitive Bidding Program
CBSA	Core Based Statistical Area
CC	Common Criteria Convenience Clinic Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCCT	Clomiphene Citrate Challenge Test
CCD	Corporate Credit or Debit
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc- Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System
CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits
CES	Cranial Electrotherapy Stimulation

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Acronyms And Abbreviations

CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFRD	Cystic Fibrosis-Related Diabetes
CFS	Chronic Fatigue Syndrome
CGMS	Continuous Glucose Monitoring System
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs
CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CID	Central Institute for the Deaf
CIF	Central Issuing Facility
	Common Intermediate Format
CIO	Chief Information Officer
CIPA	Classified Information Procedures Act
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CL	Confidentiality Level (Classified, Public, Sensitive)
CLIA	Clinical Laboratory Improvement Amendment
CLIN	Contract Line Item Number
CLKT	Combined Liver-Kidney Transplant
CLL	Chronic Lymphocytic Leukemia
CMAC	CHAMPUS Maximum Allowable Charge
CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMR	Cardiovascular Magnetic Resonance
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
CNM	Certified Nurse Midwife
CNS	Central Nervous System Clinical Nurse Specialist
CO	Contracting Officer
COB	Close of Business Coordination of Benefits

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COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
CoCC	Certificate of Creditable Coverage
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease
COR	Contracting Officer's Representative
CORE	Committee on Operating Rules for Information Exchange
CORF	Comprehensive Outpatient Rehabilitation Facility
CORPA	Commission on Recognition of Postsecondary Accreditation
COTS	Commercial-off-the-shelf
CP	Cerebral Palsy
CPA	Certified Public Accountant
CPE	Contract Performance Evaluation
CPI	Consumer Price Index
CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists
CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQM	Clinical Quality Management
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRP	Canalith Repositioning Procedure
CRS	Cytoreductive Surgery
CRSC	Combat-Related Special Compensation
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
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

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CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTA	Composite Tissue Allotransplantation Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
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
DCIS	Defense Criminal Investigative Service Ductal Carcinoma In Situ
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DCWS	DEERS Claims Web Service
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDD	Degenerative Disc Disease
DDP	Dependent Dental Plan
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

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Acronyms And Abbreviations

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
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
DMR	Direct Member Reimbursement
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
DOB	Date of Birth
DOC	Dynamic Orthotic Cranioplasty (Band)
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)

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DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Versatile Disc (formerly Digital Video Disc)
DVD-R	Digital Versatile Disc-Recordable
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry

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E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EACH	Essential Access Community Hospital
EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
eFRC	Electronic Federal Records Center
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
EID	Early Identification Enrollment Information for Dental
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram

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ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyograma
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
EOP	Explanation of Payment
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERA	Electronic Remittance Advice
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss

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Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FOUO	For Official Use Only
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSH	Follicle Stimulating Hormone
FSO	Facility Security Officer
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAF	Geographic Adjustment Factor
GAO	General Accounting Office
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

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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 HCFA Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDE	Humanitarian Device Exemption
HDGC	Hereditary Diffuse Gastric Cancer
HDL	Hardware Description Language
HDR	High Dose Radiation
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPEC	Hyperthermic Intraperitoneal Chemotherapy

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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
HSWL	Health, Safety and Work-Life
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program

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ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFC	Interim Final Rule with comment
IFR	Interim Final Rule
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHC	Immunohistochemistry
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IOP	Intraocular Pressure

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IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPP	In-Person Proofing
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVD	Ischemic Vascular Disease
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCIH	Joint Committee on Infant Hearing
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
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

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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
LH	Luteinizing Hormone
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
LVSD	Left Ventricular Systolic Dysfunction
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MAP	MYH-Associated Polyposis
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection

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MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MESA	Microsurgical Epididymal Sperm Aspiration
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
MHCC	Maryland Health Care Commission
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIAP	Multi-Host Internet Access Portal
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
mild®	Minimally Invasive Lumbar Decompression
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMEA	Medicare and Medicaid Extenders Act (of 2010)
MMP	Medical Management Program
MMPCMHP	Maryland Multi-Payer Patient-Centered Medical Home Program
MMPP	Maryland Multi-Payer Patient
MMR	Mismatch Repair
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
MPI	Master Patient Index

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MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MRS	Magnetic Resonance Spectroscopy
MS	Microsoft® Multiple Sclerosis
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSI	Microsatellite Instability
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
MYH	mutY homolog
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACHA	National Automated Clearing House Association
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Naval Air Station Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCCN	National Comprehensive Cancer Network
NCD	National Coverage Determination

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NCE	National Counselor Examination
NCF	National Conversion Factor
NCI	National Cancer Institute
NCMHCE	National Clinical Mental Health Counselor Examination
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NG	National Guard
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
NLDA	Nursery and Labor/Delivery Adjustment
NLT	No Later Than
NMA	Non-Medical Attendant
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy

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NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NSF	Non-Sufficient Funds
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OAE	Otoacoustic Emissions
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
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 Optical Character Recognition
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
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

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OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OTCD	Ornithine Transcarbamylase Deficiency
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&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
PATH Intl	Professional Association of Therapeutic Horsemanship International
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PBT	Proton Beam Therapy
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMH	Patient-Centered Medical Home
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	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

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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
PESA	Percutaneous Epididymal Sperm Aspiration
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
PGD	Preimplantation Genetic Diagnosis
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PII	Personally Identifiable Information
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group

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

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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
RARC	Remittance Advice Remark Code
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

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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
RIA	Radioimmunoassay
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
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
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
SAMHSA	Substance Abuse and Mental Health Services Administration
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

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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
SIRT	Selective Internal Radiation Therapy
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

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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
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAH	Total Artificial Heart
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
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]

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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)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
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

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UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
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

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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
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer
2D	Two Dimensional
3D	Three Dimensional

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