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SUMMARY OF CHANGES

CHAPTER 1

1. Section 15.1. This change provides coverage for Transition Care Management.
EFFECTIVE DATE: 01/01/2013. (Contractors shall search for and reprocess any claims that have been denied for Transitional Management Services.)

CHAPTER 7

2. Section 3.15. This change updates coding standards related to psychotropic pharmacologic management services rendered with or without psychotherapy services.
EFFECTIVE DATE: 01/01/2013.

CHAPTER 8

3. Section 2.3. This change clarifies transdermal insulin delivery systems, e.g., the Valeritas V-Go™ Insulin Delivery Device (V-Go), as a subset of the broader category of External Insulin Infusion Pumps and will include criteria for coverage of the V-Go under the medical benefit.
EFFECTIVE DATE: 02/26/1986.
4. Section 5.4. This change creates a new policy that delineates coverage criteria for Automated External Defibrillators. EFFECTIVE DATE: 02/26/1986.

Chapter 1

Administration

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15.1	Transitional Care Management Services

Transitional Care Management Services

Issue Date: January 16, 2015

Authority: [32 CFR 199.4\(c\)\(2\)\(iv\)](#)

1.0 CPT¹ PROCEDURE CODES

99495, 99496

2.0 DESCRIPTION

2.1 Transitional care management services are for new or established patients whose medical or psychological problems require moderate or high complexity medical decision making during transitions in care from an inpatient setting, partial hospital, observation status or Skilled Nursing Facility (SNF) to the patient's community setting.

2.1.1 99495 - Transitional Care Management Services

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge.
- Medical decision making of at least moderate complexity during the service period.
- Face-to-face visit, within 14 calendar days of discharge.

2.1.2 99496 - Transitional Care Management Services

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge.
- Medical decision making of high complexity during the service period.
- Face-to-face visit, within seven calendar days of discharge.

2.2 Transitional care management is a bundle of services provided within a 30-day period following discharge. The required elements include communication with the patient (direct, telephonic or electronic), medical decision making, and a face-to-face visit.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 15.1

Transitional Care Management Services

3.0 POLICY

3.1 Transitional care management services are covered by TRICARE one time per beneficiary within 30 days of discharge.

3.2 Telephone services may be provided as part of these codes which represent a bundle of service; however, the telephone service is incidental or in support of the medically necessary and appropriate primary service. As a result, the TRICARE exclusion for services and advice provided by telephone does not apply.

3.3 All CPT coding guidelines apply. See [Section 1.1, paragraph 3.3.1.2](#).

4.0 EFFECTIVE DATE

January 1, 2013

- END -

Psychotropic Pharmacologic Management

Issue Date: December 5, 1984

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

1.0 DESCRIPTION

Pharmacologic management, including prescription and review of medication, **when performed** with **or without** psychotherapy **services**.

2.0 POLICY

2.1 In 2013, the American Medical Association (AMA) made significant revisions to the Current Procedural Terminology (CPT) codes regarding behavioral health services. Beginning January 1, 2013, psychotropic pharmacologic management services can be billed in one of two ways depending on the type of provider and the services being rendered:

2.1.1 Physicians and certified psychiatric nurse specialists permitted to utilize Evaluation and Management (E&M) codes providing psychotropic pharmacologic management with or without psychotherapy services should use the appropriate E&M code as described in the current CPT manual.

Note: Office visits for psychotropic pharmacologic management **provided without psychotherapy** are routine medical services and do not count against the two visits per week or the initial **eight** visits for psychotherapy.

2.1.2 Prescribing psychologists providing psychotropic pharmacologic management in conjunction with psychotherapy services (when the psychologist is authorized to prescribe in their state; for example, New Mexico and Louisiana) should use CPT¹ code 90863 as an add-on code to the primary psychotherapy service as described in the current CPT manual. Other providers (i.e., physicians or Certified Psychiatric Nurse Specialists [CPNSs]) should not utilize this CPT code. See also [Chapter 11, Section 3.7](#), regarding TRICARE's definition of CPNS.

2.2 The allowable charge for psychotropic pharmacologic management shall be based on the CHAMPUS Maximum Allowable Charge (CMAC) methodology.

3.0 EFFECTIVE DATE

January 1, 2013.

- END -

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Chapter 8

Other Services

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1.1	Ambulance Service
2.1	Durable Medical Equipment (DME): Basic Program
2.2	Infantile Apnea Cardiorespiratory Monitor
2.3	External And Implantable Infusion Pumps
2.4	Cold Therapy Devices For Home Use
2.5	Home Prothrombin Time (PT) International Normalized Ratio (INR) Monitor
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2.7	Pulsed Irrigation Evacuation (PIE)
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6.1	Medical Supplies And Dressings (Consumables)
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15.1	Custodial Care Transitional Policy (CCTP)

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Chapter 8, Other Services

Section/Addendum	Subject/Addendum Title
16.1	Mucus Clearance Devices
17.1	Lymphedema
18.1	Continuous Passive Motion (CPM) Devices
19.1	Smoking Cessation Counseling
20.1	Infusion Drug Therapy Delivered In The Home

External And Implantable Infusion Pumps

Issue Date: February 26, 1986

Authority: [32 CFR 199.4\(d\)\(1\)](#)

1.0 CPT¹ PROCEDURE CODES

36260 - 36262, 36530 - 36535, 62350 - 62368, 96530

2.0 HCPCS PROCEDURE CODES

Level II Codes [A9274](#), E0780, E0784, Q0081, Q0084-Q0085

3.0 DESCRIPTION

3.1 An External Infusion Pump (EIP) is a device designed to deliver measured amounts of a drug through injection over a period of time into a patient in a controlled manner.

3.2 A Transdermal Insulin Delivery System is considered a subset of the broader category of External Insulin Infusion Pumps (EIIPs). A patch filled with insulin is placed on the skin and penetration of the skin occurs by low-frequency ultrasound, use of an electrical charge (i.e. iontophoresis), or use of a microneedle. Some devices deliver a continuous low dose of basal insulin through the skin and/or deliver bolus insulin upon demand. Other than the device worn on the skin, there are no additional components or separate control devices that manage or monitor the insulin dosage. Additionally, these devices may be fully disposable.

3.3 An Implantable Infusion Pump (IIP) system delivers therapeutic plasma levels of active drug to a target organ or body compartment for prolonged periods of time. The bulk flow of drug is generated either by fluorocarbon propellant (nonprogrammable IIP) or direct electromechanical action powered by a battery (programmable IIP). The pump is surgically implanted in a subcutaneous pocket and connects to a dedicated catheter that has been placed in the appropriate compartment. Constant or variable-rate infusions are possible over long periods of time (several weeks to years) with minimal human intervention (refilling or reprogramming) while retaining the capability for external control of rate and volume of primary and supplemental drug delivery. In addition to the pump itself, dependent on the type of pump used, the components of the system may include any of the following: reservoir, optional access port, connectors, various size catheters, micropore filter, hand-held programmer, and a variety of accessories.

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4.0 POLICY

4.1 External Infusion Pump (EIP)

4.1.1 Claims may be reimbursed for medically necessary U.S. Food and Drug Administration (FDA)-approved EIPs when used according to label specifications in delivering continuous or intermittent drug therapy on an inpatient or outpatient basis.

4.1.2 Supplies for the effective use of the EIP must be FDA approved. Such supplies include those drugs and biologicals prescribed for usage directly into the EIP in order to achieve the therapeutic benefit of the EIP, or to assure the proper functioning of the equipment.

4.1.3 EIPs and otherwise covered medical supplies required in the administration of the drug therapy performed in the home are covered.

4.1.4 Other medical conditions requiring the use of an infusion of medicine from a FDA-approved EIP may be cost shared when medical review determines the treatment to be medically necessary and generally accepted medical practice. Examples of covered medical conditions requiring the use of FDA-approved EIPs.

4.1.4.1 Cancer chemotherapy agents.

4.1.4.2 Morphine when used in the treatment of intractable pain.

4.1.4.3 Desferoxamine.

4.1.4.4 Insulin: When the patient has one of the following indications (list is all-inclusive):

- When the diagnosis is insulin dependent Type 1 diabetes mellitus and there is documentation by the physician of poor diabetic control; OR
- For Cystic Fibrosis-Related Diabetes (CFRD) under the rare disease policy as described in [Chapter 1, Section 3.1](#); OR
- For Type 2 diabetes mellitus when there is documentation by the physician of poor diabetic control AND the patient has failed to achieve glycemic control after six months of Multiple Daily Injection (MDI) therapy.

4.1.4.5 Antibiotic therapy.

4.1.4.6 Heparin therapy in treatment of thromboembolic disease.

4.1.5 EIPs, **to include disposable EIPs that are medical supplies**, are cost shared as Durable Medical Equipment (DME). (See the TRICARE Reimbursement Manual (TRM), [Chapter 2, Addendum A, paragraph 3.0 for cost-sharing and copayment amounts](#); see [Chapter 1, Section 11](#) for more information on reimbursement of DME.)

4.2 Transdermal Insulin Delivery System

The Valeritas V-Go™ Insulin Delivery Device (V-Go) is FDA approved as a Class II, EIP for the continuous subcutaneous delivery of insulin in preset basal rates with on-demand bolus dosing for adult patients requiring insulin. The V-Go is a fully mechanical device using a compressed spring and does not require electronics, batteries, or software. It is a patient fillable, single-use, completely disposable insulin infusion device with an integrated stainless steel subcutaneous needle. The device is used for the subcutaneous delivery of 24 hours of U-100 fast-acting insulin (i.e., Humalog® [insulin lispro] and Novolog® [insulin aspart]). Documentation of the following must be provided in order for TRICARE to consider a claim for payment:

- 4.2.1 The patient has Type 2 diabetes mellitus; and
- 4.2.2 The patient does not need more than 40 units of basal insulin daily and the patient does not need more than 36 units of bolus insulin daily; and
- 4.2.3 The patient does not need less than two unit increments of bolus dosing; and
- 4.2.4 The patient has been maintained on stable basal insulin for at least three months (at dosages of 20U, 30U, or 40U); and
- 4.2.5 The patient has been using prandial insulin for at least three months.

4.3 Implantable Infusion Pump (IIP)

Claims may be reimbursed for services and supplies related to the use of medically necessary, U.S. Food and Drug Administration (FDA) approved IIPs when used according to pump label specifications. This may include but is not limited to implantation, refilling, servicing, maintenance, and removal of the pump and/or accessories. Uses may include but are not limited to the following (please note "EXCLUSIONS" and "EFFECTIVE DATES" listed below):

- 4.3.1 Treatment of primary liver cancer or metastatic colorectal liver cancer where the metastases are limited to the liver with continuous hepatic artery infusions of chemotherapeutic agents (e.g., floxuridine, doxorubicin hydrochloride, cisplatin, methotrexate, with bacteriostatic water or physiologic saline and/or heparin);
- 4.3.2 Treatment of osteomyelitis with administration of antibiotics (e.g., clindamycin);
- 4.3.3 Treatment of chronic intractable pain of malignant or nonmalignant origin by administration of opioid drugs (e.g., morphine) intrathecally or epidurally in patients who have a life expectancy of at least three months and who have not responded to less invasive medical therapy. Documentation of the following must be provided in order for TRICARE to consider a claim for payment:
 - 4.3.3.1 Inadequate response to noninvasive methods of pain management such as systemic opioids, including attempts to eliminate physical and behavioral abnormalities which may cause an exaggerated reaction to pain, and

4.3.3.2 A preliminary trial of intraspinal opioid with a temporary intrathecal/epidural catheter to evaluate pain relief, side effects, and patient acceptance.

4.3.4 Treatment of chronic intractable spasticity with administration of anti-spasmodic drugs (e.g., baclofen) in patients who have proven unresponsive to less invasive medical therapy. The following must be provided in order to consider a claim for payment:

4.3.4.1 Documentation of inadequate control of spasticity or intolerable side effects resulting from at least a six week trial of noninvasive methods of spasm control with drugs such as oral antispasmodics alone or combined with anticonvulsants (depending on the disease progression and the patient's symptoms), and

4.3.4.2 Documentation of a favorable response to a trial intrathecal dose of the antispasmodic drug prior to pump implantation;

4.3.5 Second level review is required for all other IIP uses. Reimbursement may be considered for other uses of IIPs (not specifically excluded in [paragraph 6.0](#)) with documentation of the following:

4.3.5.1 The medical necessity of the drug;

4.3.5.2 The medical necessity and appropriateness of an IIP to deliver the drug; and

4.3.5.3 The IIP use adheres to the FDA approved labeling for the pump and the drug.

4.4 Off-Label Uses for EIPs and IIPs

Effective July 27, 2012, when provided in accordance with [Section 5.1](#), EIPs and IIPs, including related services and supplies, provided for off-label uses may be cost-shared unless such use is specifically excluded by TRICARE statute, regulation, or policy.

5.0 POLICY CONSIDERATIONS

5.1 FDA-approved IIPs are labeled for specific drugs and routes of administration, e.g., intravenous fluorouracil (5-FU), intra-arterial floxuridine, epidural morphine sulfate, intrathecal morphine sulfate, and intrathecal baclofen. Payments of claims may be considered for IIPs used according to label specifications.

5.2 Reimbursement will follow the appropriate methodology for the place where the services are delivered, i.e., services provided in a hospital will be reimbursed according to the appropriate inpatient reimbursement methodology; reimbursement for physician's office services will follow appropriate outpatient reimbursement procedures. When the implantation is performed on an inpatient basis, charges for the pump and the related equipment, supplies, and drugs will be included in the hospital charges. If services performed in the physician's office are primarily for maintenance and refilling of the infusion system, reimbursement is limited to the charges for the maintenance and refilling services; no allowance may be made for an office visit.

5.3 In addition to IIPs, implanted access ports and pulsatile pumps forming a self-sealing patent access portal for the administration of intravenous medications (e.g., Port-a cath, Medi-port and

Infusiport systems) may be cost-shared. These systems are distinguished from IIPs by the method of controlling the drug delivery rate. Access ports deliver drugs by passive diffusion. Pulsatile pumps deliver drugs when the patient manually compresses the device. Drug delivery rates in IIPs are controlled by vapor pressure or by direct electromechanical action.

6.0 EXCLUSIONS

6.1 TRICARE currently classifies the use of implantable infusion pumps in the treatment of thromboembolic disease and diabetes as unproven. TRICARE may not, therefore, reimburse charges for the use of IIPs for these indications.

6.2 IIP labels include specific contraindications. Claims for IIPs and related services and supplies for pumps not used in accordance with FDA approved label specifications may not be reimbursed.

7.0 EFFECTIVE DATES

7.1 Chemotherapy for malignancies: March 14, 1988.

7.2 Antibiotics for osteomyelitis: February 2, 1989.

7.3 Opioids for chronic intractable pain of malignant origin: July 25, 1991.

7.4 Opioids for chronic intractable pain of nonmalignant origin: October 28, 1991.

7.5 Antispasmodics for chronic intractable spasticity: August 12, 1992.

7.6 Insulin for Type 2 diabetes mellitus: August 1, 2010.

- END -

Automated External Defibrillators (AEDs)

Issue Date: February 26, 1986

Authority: [32 CFR 199.4\(d\)\(3\)\(ii\)](#)

1.0 DESCRIPTION

An automated external defibrillator (AED) is a portable electronic device that is used to treat life threatening cardiac arrhythmias through the application of electrical therapy which stops the arrhythmia (defibrillation), allowing the heart to reestablish an effective rhythm. There are two major types of AEDs, wearable and non-wearable.

2.0 POLICY

2.1 A wearable AED (HCPCS code K0606) may be covered when at least one of the following are documented.

2.1.1 An episode of ventricular fibrillation or a sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia (NOT occurring during the first 48 hours after an acute Myocardial Infarction (MI));

2.1.2 A familial or inherited condition with a high risk of life-threatening ventricular tachyarrhythmia, such as long QT syndrome or hypertrophic cardiomyopathy;

2.1.3 Either a prior MI or dilated cardiomyopathy with a measured left ventricular ejection fraction less than or equal to 0.35; or

2.1.4 A previously implanted defibrillator requires explantation.

2.2 A non-wearable AED (HCPCS code E0617) may be covered when a previously implanted defibrillator requires explantation OR when an implanted AED is contraindicated AND one of the following is documented.

2.2.1 An episode of cardiac arrest due to ventricular fibrillation, not due to a transient or reversible cause;

2.2.2 An episode of ventricular fibrillation or a sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia not associated with acute MI and not due to a transient or reversible cause;

2.2.3 A familial or inherited condition with a high risk of life-threatening ventricular tachyarrhythmia, such as long QT syndrome or hypertrophic cardiomyopathy;

2.2.4 Coronary artery disease with a prior MI with a measured left ventricular ejection fraction less than or equal to 0.35 and inducible, sustained ventricular tachycardia or ventricular fibrillation during an electrophysiologic (EP) study. To meet this criterion:

- The MI must have occurred more than four weeks prior to prescribing the external defibrillator; and
- The EP test must have been performed more than four weeks after the qualifying MI.

2.2.5 A prior MI and measured left ventricular ejection fraction less than or equal to 0.30, but only when the beneficiary:

- Does not have cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm;
- Has not had a coronary artery bypass graft or percutaneous transluminal coronary angioplasty within the past three months;
- Has not had an enzyme-positive MI within the past month;
- Does not have clinical symptoms or findings that would make them a candidate for coronary revascularization;
- Does not have irreversible brain damage from preexisting cerebral disease; or
- Does not have any disease, other than cardiac disease (e.g., cancer, uremia, liver failure), associated with a likelihood of survival less than one year.

2.2.6 Has ischemic dilated cardiomyopathy, documented prior MI, New York Heart Association (NYHA) Class II and III heart failure, and measured left ventricular ejection fraction less than or equal to 35%;

2.2.7 Has non-ischemic dilated cardiomyopathy greater than three months, NYHA Class II and III heart failure, and measured left ventricular ejection fraction less than or equal to 35%; or

2.2.8 Meets one of the previous criteria ([paragraphs 2.1.1](#) through [2.2.7](#)) AND has NYHA Class IV heart failure.

3.0 POLICY CONSIDERATIONS

3.1 A prescription for an AED from a TRICARE-authorized provider is required.

3.2 The AED must be provided by a TRICARE-authorized supplier.

3.3 Coverage may be extended for **either** a wearable or non-wearable AED when a beneficiary meets the coverage criteria for both. However, because wearable and non-wearable AEDs serve the

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Chapter 8, Section 5.4

Automated External Defibrillators (AEDs)

same purpose only one type (wearable OR non-wearable) may be cost-shared. Please reference [Section 2.1, paragraph 2.9](#), concerning duplicate equipment.

- END -

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Appendix A

Acronyms And Abbreviations

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
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

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Appendix A

Acronyms And Abbreviations

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
EIIP	External Insulin Infusion Pump
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
eMSM	Enhanced Multi-Service Market
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

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Appendix A

Acronyms And Abbreviations

EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
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
FTC	Federal Trade Commission
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year

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Appendix A

Acronyms And Abbreviations

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
GTMCPA	General Temporary Military Contingency Payment Adjustment
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly 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
HH	Home Health

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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
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HITECH	Health Information Technology for Economic and Clinical Health
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

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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
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

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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
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
IRF	Inpatient Rehabilitation Facility
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	In Vitro Diagnostic Ischemic Vascular Disease
IVF	In Vitro Fertilization

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JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
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
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
LIS	Low Income Subsidy
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]

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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
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

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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
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
MPC	Medical Payments Coverage
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
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
MSS	Medical Social Services
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

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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
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
NICHD	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

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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
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 for Civil Rights Optical Character Recognition

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OCSF	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
OIT	Oral Immunotherapy
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
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&CL	Privacy & Civil Liberties [Office]
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
PAS	Privacy Act Statement
PAT	Performance Assessment Tracking
PATH Intl	Professional Association of Therapeutic Horsemanship International
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager

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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	Pelvic Congestion Syndrome Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PESA	Percutaneous Epididymal Sperm Aspiration
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PPPWD	Program for Persons with Disabilities
PGD	Preimplantation Genetic Diagnosis

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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
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

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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
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

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