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PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements new policy that identifies certification requirements for State Vaccine Programs as TRICARE-authorized providers, when certain requirements are met.

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Chapter 11

Section 1.1

Providers - General

Issue Date: January 28, 1994

Authority: [32 CFR 199.2\(b\)](#) and [32 CFR 199.6](#)

1.0 POLICY

TRICARE benefits may be allowed for the following authorized providers: (For information on authorized providers refer to [32 CFR 199.2](#) and [32 CFR 199.6](#).)

1.1 Institutional Providers

Categories of institutional providers include:

- Hospitals, acute care, general and special.
- Organ transplantation centers.
- Organ transplant consortia.
- Hospitals, psychiatric.
- Hospitals, long-term (tuberculosis, chronic care, or rehabilitation).
- Skilled Nursing Facilities (SNFs).
- Residential Treatment Centers (RTCs).
- Christian Science sanatoriums.
- Infirmaries.
- Other special institutional providers.
- Freestanding Ambulatory Surgical Centers (ASCs).
- Birthing centers.
- Psychiatric Partial Hospitalization Programs (PHPs).
- Hospice programs.
- Substance Use Disorder Rehabilitation Facilities (SUDRFs).

1.2 Individual Professional Providers

Types of professional providers include:

1.2.1 Physicians

- Doctors of Medicine (M.D.)
- Doctors of Osteopathy (D.O.)

1.2.2 Dentists

1.2.3 Other Allied Health Professionals

- Clinical psychologist.
- Doctors of Optometry.
- Doctors of Podiatry or Surgical Chiropody.
- Certified Nurse Midwives (CNMs).
- Certified Nurse Practitioners (NPs).
- Certified Clinical Social Worker (CSW).
- Certified Psychiatric Nurse Specialist (CPNS).
- Certified Physician Assistants (PAs).
- Anesthesiologist Assistant (AA).
- Certified Registered Nurse Anesthetist (CRNA).
- Other individual paramedical providers.
 - Licensed Registered Nurses (RNs).
 - Licensed registered Physical Therapists (PTs) and Occupational Therapists (OTs).
 - Audiologists.
 - Speech therapists (speech pathologists).
- Registered Dietitian (RD).
- Nutritionist.
- TRICARE Certified Mental Health Counselor (TCMHC).

1.2.4 Extramedical Individual Providers

- Certified marriage and family therapists.
- Pastoral counselors.
- Supervised Mental Health Counselor (SMHC).
- Christian Science practitioners and Christian Science nurses.

1.3 Other Providers

Categories include:

- Independent laboratory.
- Suppliers of portable x-ray services.
- Pharmacies.
- Ambulance companies.
- Medical equipment firms, medical supply firms.
- Mammography suppliers.
- **State Vaccine Programs or State Vaccine Program entities (SVPs) as suppliers of vaccines.**

1.4 Extended Care Health Option (ECHO) Providers

Categories include:

- ECHO inpatient care provider.
- ECHO outpatient care provider.
- ECHO durable equipment vendor.

Chapter 11

Section 9.1

Other Provider Certification

Issue Date: June 20, 1988
Authority: [32 CFR 199.6\(d\)](#)

1.0 ISSUE

How are other providers certified such as ambulance companies, laboratories, pharmacies, etc.?

2.0 POLICY

2.1 Certifying authority. Each contractor is the certifying authority for the following categories of ancillary service or supply providers located within their geographical jurisdiction:

- Ambulance company.
- Independent laboratory.
- Medical equipment firm.
- Medical supply firm.
- Pharmacy.
- Portable x-ray service.
- Mammography suppliers.
- **State Vaccine Programs or State Vaccine Program entities (SVPs) as suppliers of vaccines (see Chapter 11, Section 9.2).**

2.2 Vendors of medical supplies, **vaccines**, Durable Medical Equipment (DME), or Durable Equipment (DE) which are covered as a Basic Program or Extended Care Health Option (ECHO) benefit.

2.2.1 The types of vendors which may be approved for medical supplies, **vaccines**, DME, or DE includes, but **are** not limited to, the following:

2.2.1.1 Any firm, supplier, or provider that is authorized under Medicare.

2.2.1.2 Any commissary under the jurisdiction of the Defense Commissary Agency.

2.2.1.3 Any Post Exchange, Base Exchange, or Station Exchange under the jurisdiction of:

- The Army/Air Force Exchange Service (AAFES); or
- The Department of the Navy; or
- The United States Marine Corps; or
- The United States Coast Guard.

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Other Provider Certification

2.2.1.4 Any civilian retail store.

2.2.1.5 Any civilian retail pharmacy.

2.2.1.6 An SVP that meets the requirements of Chapter 11, Section 9.2.

2.2.2 A photocopy of a printed receipt which identifies the vendor as an allowable type of vendor is sufficient evidence of provider status for those listed that are not Medicare-authorized.

2.3 Ambulance company. An ambulance company may be approved as a provider when:

2.3.1 The company meets the requirements of state and local laws in the jurisdiction in which the ambulance firm is licensed.

2.3.2 The company provides:

2.3.2.1 A photocopy of the company's current license to provide ambulance services, or

2.3.2.2 A signed and dated statement on letterhead by an official of the organization operating the ambulance service stating that:

- There is no license requirement for the operation of an ambulance service within the geographic area served by the ambulance service; or
- That the organization is exempt from a license requirement for the operation of an ambulance service with an explanation of the legal basis for exemption.

- END -

State Vaccine Programs (SVPs) As TRICARE-Authorized Providers

Issue Date:

Authority: [32 CFR 199.6\(d\)\(5\)](#)

1.0 ISSUE

Can State Vaccine Programs or State Vaccine Program entities (SVPs) be certified under TRICARE and reimbursed for supplied vaccines used to immunize TRICARE beneficiaries?

2.0 BACKGROUND

2.1 SVPs are state entities that supply vaccines at no cost to immunization providers who use these vaccines to immunize children who reside in the state. SVPs do not administer individual immunizations. Rather, these entities simply supply the vaccines used in immunizations.

2.2 In order for an SVP to be reimbursed for supplied vaccines used to immunize TRICARE beneficiaries the SVP must be certified as a TRICARE-authorized provider. [32 CFR 199.6\(d\)](#) lists those providers considered as “other providers” under the TRICARE program. Furthermore, [32 CFR 199.6\(d\)\(5\)](#) allows TRICARE-authorized provider status for any firm, supplier, or provider that is an authorized provider under Medicare or is otherwise designated as authorized by the Director, TRICARE Management Activity (TMA).

2.3 On May 20, 2014, a Decision Paper was signed by the Director, Defense Health Agency to allow an SVP to be certified as a TRICARE-authorized supplier of vaccines under [32 CFR 199.6\(d\)\(5\)](#) when the SVP executes a TRICARE Participation Agreement and agrees to comply with TRICARE legal and program requirements.

3.0 POLICY

3.1 An SVP may be certified as a TRICARE-authorized provider under the “other” category of provider as a supplier of vaccines when all of the following specific requirements are met:

3.1.1 The SVP must hold a valid National Provider Identification (NPI) number.

3.1.2 The SVP must enter into a participation agreement as delineated in [Chapter 11, Section 12.3](#).

3.1.3 The SVP must agree to accept the lesser of the TRICARE allowed amount or the billed charge in accordance with [32 CFR 199.14](#) (i.e., the SVP-specific amount that is charged to other

payers) as payment in full for the vaccines supplied. The SVP must also agree to not balance bill the beneficiary.

3.2 Each contractor is the certifying authority for SVPs located within their geographical jurisdiction, to include obtaining the required participation agreement.

3.3 This policy applies to SVPs and SVP entities located within the continental U. S. to include Alaska and Hawaii, the Commonwealth of Puerto Rico, and all U. S. territories.

4.0 REIMBURSEMENT OF SVPS

4.1 As a supplier of vaccines, a TRICARE-authorized SVP may only be reimbursed for the supplied vaccines. Any other SVP charges (e.g., professional or administrative fees) shall be denied.

4.2 A TRICARE-authorized SVP may only be reimbursed for supplied vaccines that are used to immunize TRICARE beneficiaries, and only for those vaccines covered under TRICARE.

4.3 A request for reimbursement of SVP-supplied vaccines must be on an appropriate claim form as prescribed in [32 CFR 199.7](#). Submitted claims must be for a specific vaccine used to immunize a specific TRICARE beneficiary. In addition, all other TRICARE claims filing requirements must be adhered to.

4.4 Reimbursement of vaccines supplied by a specific TRICARE-authorized SVP may only be made for dates of service that fall on or after the date the required participation agreement is signed. Claims for reimbursement for dates of service prior to the date the participation agreement is signed shall be denied.

Note: Some SVPs may require individual providers who receive SVP-supplied vaccines to file claims on their behalf. For example, the Washington Vaccine Association (the SVP for the state of Washington) requires this. Thus, individual professional providers in the state of Washington file two claims – one on their own behalf for the administration of the immunization (using vaccines supplied by the SVP), and another on behalf of the SVP for the vaccine itself using the SVP's NPI number.

5.0 EFFECTIVE DATE

An SVP that meets the requirements of this policy may be certified as a TRICARE-authorized supplier of vaccines on or after May 20, 2014. The effective date for certification of a specific SVP, for the purposes of claims reimbursement, is the date the required participation agreement is signed.

- END -

Participation Agreement Requirements

Issue Date:

Authority: [32 CFR 199.6\(a\)\(13\)](#)

1.0 ISSUE

What minimum participation agreement requirements must be met by a provider in order to obtain authorization status under TRICARE?

2.0 POLICY

2.1 A participation agreement must include the following requirements for providers seeking authorization status under TRICARE:

2.1.1 Not charge a beneficiary for the following:

2.1.1.1 Services for which the provider is entitled to payment from TRICARE;

2.1.1.2 Services for which the beneficiary would be entitled to have TRICARE payment made had the provider complied with certain procedural requirements;

2.1.1.3 Services not medically necessary and appropriate for the clinical management of the presenting illness, injury, disorder or maternity;

2.1.1.4 Services for which a beneficiary would be entitled to payment but for a reduction or denial in payment as a result of quality review; and

2.1.1.5 Services rendered during a period in which the provider was not in compliance with one or more conditions of authorization.

2.1.2 Comply with the applicable provisions related to TRICARE administrative policy;

2.1.3 Accept the TRICARE determined allowable payment combined with the cost-share, deductible, and other health insurance amounts payable by, or on behalf of, the beneficiary, as full payment for TRICARE allowed services;

2.1.4 Collect from the TRICARE beneficiary those amounts that the beneficiary has a liability to pay for the TRICARE deductible and cost-share/copayment (**this requirement does not apply to a State Vaccine Program or State Vaccine Program entity (SVP) participation agreement**);

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Participation Agreement Requirements

2.1.5 Permit access by Deputy Director, TMA, or his designee to the clinical record of any TRICARE beneficiary (**this requirement may not apply to a SVP participation agreement**), to the financial and organizational records of the provider, and to reports of evaluations and inspections conducted by state, private agencies or organizations;

2.1.6 Provide prompt written notification of the provider's employment of an individual who, at any time during the twelve months preceding such employment, was employed in a managerial, accounting, auditing, or similar capacity by an agency or organization which is responsible, directly or indirectly for decisions regarding Department of Defense (DoD) payments to the provider;

2.1.7 Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the DoD for the geographic area in which the provider renders services;

2.1.8 Obtain written authorization before rendering designated services or items for which TRICARE cost-share/copayment may be expected (i.e., comply with applicable TRICARE authorization requirements before rendering designated services or items for which TRICARE cost-share/copayment may be expected);

2.1.9 Maintain clinical and other records related to individuals for whom payment was made for services rendered by the provider, or otherwise under arrangement, for a period of 60 months from the date of service (**this requirement may not apply to a SVP participation agreement**);

2.1.10 Maintain contemporaneous clinical records that substantiate the clinical rationale for each course of treatment, periodic evaluation of the efficacy of treatment, and the outcome at completion or discontinuation of treatment (**this requirement does not apply to a SVP participation agreement**);

2.1.11 Refer TRICARE beneficiaries only to providers with which the referring provider does not have an economic interest (**this requirement does not apply to a SVP participation agreement**); and

2.1.12 Limit services furnished under arrangement to those for which receipt of payment by the TRICARE authorized provider discharges the payment liability of the beneficiary.

2.2 The participation agreement will accompany the provider application form sent out by the Managed Care Support Contractor (MCSC) as part of the initial authorization process. Refer to [Figure 10.13-1](#) for an example of a participation agreement that meets the minimum requirements as set forth in this policy.

FIGURE 10.13-1 PARTICIPATION AGREEMENT

In order to receive payment under TRICARE, _____
dba _____, as the provider of services agrees:

1. Not to charge a beneficiary for the following:
 - a. Services for which the provider is entitled to payment from TRICARE;
 - b. Services for which the beneficiary would be entitled to have TRICARE payment made had the provider complied with certain procedural requirements;
 - c. Services not medically necessary and appropriate for the clinical management of the presenting illness, injury, disorder or maternity;
 - d. Services for which a beneficiary would be entitled to payment but for a reduction or denial in payment as a result of quality review; and
 - e. Services rendered during a period in which the provider was not in compliance with one or more conditions of authorization:
2. To comply with applicable provisions of 32 CFR 199 and related TRICARE policy;
3. To accept the TRICARE determined allowable payment combined with the cost-share, deductible, and other health insurance amounts payable by, or on behalf of, the beneficiary, as full payment for TRICARE allowed services;
4. To collect from the TRICARE beneficiary those amounts that the beneficiary has a liability to pay for the TRICARE deductible and cost-share/copayment (this requirement does not apply to a State Vaccine Program or State Vaccine Program entity (SVP) participation agreement);
5. To permit access by the Director, TMA, or designee, to the clinical record of any TRICARE beneficiary, to the financial and organizational records of the provider, and to reports of evaluations and inspections conducted by state or private agencies or organizations (this requirement may not apply to a SVP participation agreement);
6. To provide to the Director, TMA, or designee (e.g., Managed Care Support Contractor), prompt written notification of the provider's employment of an individual who, at any time during the twelve months preceding such employment, was employed in a managerial, accounting, auditing, or similar capacity by an agency or organization which is responsible, directly or indirectly, for decisions regarding Department of Defense payments to the provider;
7. To cooperate fully with a designated utilization and clinical quality management organization which has a contract with the Department of Defense for the geographic area in which the provider renders services;
8. Comply with all applicable TRICARE authorization requirements before rendering designated services or items for which TRICARE cost-share/copayment may be expected;
9. To maintain clinical and other records related to individuals for whom TRICARE payment was made for services rendered by the provider, or otherwise under arrangement, for a period of 60 months from the date of service (this requirement does not apply to a SVP participation agreement);
10. To maintain contemporaneous clinical records that substantiate the clinical rationale for each course of treatment, the methods, modalities or means of treatment, periodic evaluation of the efficacy of treatment, and the outcome at completion or discontinuation of treatment (this requirement does not apply to a SVP participation agreement);

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Participation Agreement Requirements

FIGURE 10.13-1 PARTICIPATION AGREEMENT (CONTINUED)

11. To refer TRICARE beneficiaries only to providers with which the referring provider does not have an economic interest, as defined in 32 CFR 199.2 (this requirement does not apply to a SVP participation agreement);

12. To limit services furnished under arrangement to those for which receipt of payment by the TRICARE authorized provider discharges the payment liability of the beneficiary; and

13. Meet such other requirements as the Secretary of Defense may find necessary in the interest of health and safety of the individuals who are provided care and services.

TRICARE Management Activity (TMA) agrees to:

Pay the above-named provider the full allowable amount less any applicable double-coverage, cost-share/copayment, and deductible amounts.

This agreement shall be binding on the provider and TMA upon acceptance by the Deputy Director, TMA, or designee.

This agreement shall be effective until terminated by either party. The effective date shall be the date the agreement is signed by TMA

This agreement may be terminated by either party by giving the other party written notice of termination. The provider shall also provide written notice to the public. Such notice of termination is to be received by the other party no later than 45 days prior to the date of termination. In the event of transfer of ownership, this agreement is assigned to the new owner, subject to the conditions specified in this agreement and pertinent regulations.

FOR PROVIDER OF SERVICES BY:

FOR TMA BY:

Name

Name

Title

Date

Title

Date

- END -

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Appendix A

Acronyms And Abbreviations

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
SLP	Speech-Language Pathology
SMC	System Management Center
SMHC	Supervised Mental Health Counselor
SN	Skilled Nursing
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 System of Records
SORN	System of Records Notice
SPA	Simple Power Analysis
SPC	Special Processing Code
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services

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Appendix A

Acronyms And Abbreviations

STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVP	State Vaccine Program State Vaccine Program entity
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
TAVR	Transcatheter Aortic Valve Replacement
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
TDR	Total Disc Replacement
TDRL	Temporary Disability Retired List
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan

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Appendix A

Acronyms And Abbreviations

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
TN	Termination Notice
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
TP	Treatment Plan
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member

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Appendix A

Acronyms And Abbreviations

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
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

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Appendix A

Acronyms And Abbreviations

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
US-CERT	United States-Computer Emergency Readiness Team
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network

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Appendix A

Acronyms And Abbreviations

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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