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TRICARE  
MANAGEMENT ACTIVITY

**MB&RS**

**CHANGE 2  
6010.57-M  
MAY 15, 2008**

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

The TRICARE Management Activity has authorized the following addition(s)/revision(s) to the 6010.57-M, issued February 2008.

**CHANGE TITLE:** CONSOLIDATED UPDATE

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

**SUMMARY OF CHANGE(S):** This change brings this Manual up-to-date with published changes in the Aug 2002 TRICARE Policy Manual (TPM), 6010.54-M. The changes included are: Percutaneous Vertebroplasty and Kyphoplasty (Evolving Practice) (Aug 2002 TPM, Change 73) and Foreign Fee Schedules (Aug 2002 TPM, Change 74). This change also includes a minor clarification and correction.

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

This change is made in conjunction with Feb 2008 TOM, Change No. 2, Feb 2008 TRM, Change No. 2, and Feb 2008 TSM, Change No. 2.

  
David E. Bennett  
Acting Chief, Office of Medical Benefits  
and Reimbursement Systems

**ATTACHMENT(S):** 30 PAGE(S)  
**DISTRIBUTION:** 6010.57-M

**CHANGE 2**  
**6010.57-M**  
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## Healthcare Common Procedure Coding System (HCPCS) "C" And "S" Codes

Issue Date: November 6, 2007

Authority:

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### 1.0 HCPCS "C" AND "S" CODES

C1000 - C9999; S0000 - S9999

### 2.0 DESCRIPTION

**2.1** HCPCS "C" codes include device categories, new technology procedures, and drugs, biologicals and radiopharmaceuticals that do not have other HCPCS assigned.

**2.2** HCPCS "S" codes are temporary codes used by the private sector to report drugs, services, and supplies for which there are no national codes.

### 3.0 POLICY

**3.1** Upon implementation of TRICARE's Outpatient Prospective Payment System (OPPS), HCPCS "C" codes shall be paid according to OPPS guidelines as outlined in the TRICARE Reimbursement Manual (TRM), [Chapter 13](#). For Hospital Outpatient Department (HOPD) services provided prior to the implementation of TRICARE's OPPS, and thereafter, for services by exempt OPPS hospitals, the contractor shall allow payment of HCPCS "C" codes consistent with current policy as stated in the TRM, [Chapter 1, Section 24, paragraph 3.2](#).

**3.2** Under TRICARE, "S" codes are not reimbursable except as follows:

**3.2.1** S9122, S9123, and S9124 for the Extended Care Health Option (ECHO) respite care benefit and the ECHO Home Health Care (EHHC) benefit; and

**3.2.2** S0812, S1030, S1031, S1040, S2066, S2067, S2068, S2075, S2076, S2077, S2083, S2202, **S2360, S2361**, S2400, S2401, S2402, S2403, S2405, S2411, S3818, S3819, S3820, S3822, S3823, S8185, S8265, S8270, and S9430 for all beneficiaries;

**3.2.3** S5108 for direct Educational Interventions for Autism Spectrum Disorders (EIA) services provided to TRICARE beneficiaries and S5110 for training services provided to family members of beneficiaries receiving EIA services under the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration. (See the TRICARE Operations Manual (TOM), [Chapter 18, Section 9](#)).

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Healthcare Common Procedure Coding System (HCPCS) "C" And "S" Codes

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**3.3** Under TRICARE, HCPCS code S9999 is a recognized code for purposes of reporting sales tax but is not payable.

**4.0 EXCLUSIONS**

HCPCS "C" codes are not allowed to be billed by independent professional providers.

- END -

## Chapter 2

## Section 3.1

# Skilled Nursing Facility (SNF) Visits

Issue Date: March 3, 1992

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

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

99304 - 99310, 99315, **99316**, and 99318

Effective 1 January 2006, The American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (visit codes) were revised. The old 90000 series were replaced by a new CPT 90000 series. The new codes are valid for claims processing for claims submitted on or after January 1, 2006.

### 2.0 DESCRIPTION

Nursing facilities (formerly called Skilled Nursing Facilities (SNFs), Intermediate Care Facilities (ICFs), or Long-term Care Facilities (LCFs)) are places of residence for people who require constant nursing care and have significant Activity of Daily Living (ADL) deficiencies. Residents include the elderly and younger adults with physical disabilities. Adults 18 or older can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness.

### 3.0 POLICY

SNF visits are covered when provided by an authorized provider for the diagnosis or treatment of a specific illness or condition or set of symptoms.

- END -

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## Musculoskeletal System

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

20000 - 22505, **22520 - 22525**, 22532 - 22534, 22548 - 28825, 28899 - 29863, 29866, 29867, 29870 - 29999

### 2.0 HCPCS CODES

**S2360, S2361**

### 3.0 DESCRIPTION

The musculoskeletal system pertains to or comprises the skeleton and the muscles.

### 4.0 POLICY

**4.1** Services and supplies required in the diagnosis and treatment of illness or injury involving the musculoskeletal system are covered. U.S. Food and Drug Administration (FDA) approved surgically implanted devices are also covered.

**4.2** Effective August 25, 1997, Autologous Chondrocyte Implantation (ACI) surgery for the repair of clinically significant, symptomatic, cartilaginous defects of the femoral condyle (medial, lateral or trochlear) caused by acute or repetitive trauma is a covered procedure. The autologous cultured chondrocytes must be approved by the FDA.

**4.3** Single or multilevel anterior cervical microdiscectomy with allogenic or autogenic iliac crest grafting and anterior plating is covered for the treatment of cervical spondylosis.

**4.4** Percutaneous vertebroplasty (CPT<sup>1</sup> procedure codes 22520-22522, **S2360, S2361**) and balloon kyphoplasty (CPT<sup>1</sup> procedure codes 22523-22525) are covered for the treatment of painful osteolytic lesions and osteoporotic compression fractures refractory to conservative medical treatment.

### 5.0 EXCLUSIONS

**5.1** Percutaneous vertebroplasty (CPT<sup>1</sup> procedure codes 22520 - 22525) is unproven.

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Musculoskeletal System

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- 5.2** Percutaneous kyphoplasty (CPT<sup>2</sup> procedure codes 22523 - 22525) for the treatment of vertebral fractures is unproven.
- 5.3** Meniscal transplant (CPT<sup>2</sup> procedure code 29868) for meniscal injury is unproven.
- 5.4** Ligament replacement with absorbable copolymer carbon fiber scaffold is unproven.
- 5.5** Prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents (HCPCS procedure code M0076) are unproven.
- 5.6** Trigger point injection (CPT<sup>2</sup> procedure codes 20552 and 20553) for migraine headaches.
- 5.7** IDET (Intradiscal Electrothermal Therapy) for Chronic Discogenic Pain (CPT<sup>2</sup> procedure codes 0062T and 0063T) is unproven.
- 5.8** Botox (chemodenervation), surgical denervation, and muscle resection for migraine headaches are unproven.
- 5.9** Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace, cervical; single interspace (CPT<sup>2</sup> procedure code 0090T) each additional interspace (CPT<sup>2</sup> procedure code 0092T) is unproven.
- 5.10** Removal of total disc arthroplasty (CPT<sup>2</sup> procedure code 0093T or 0095T). Also, see [Section 1.1](#).
- 5.11** Artificial intervertebral disc replacement for degenerative disc disease is unproven (CPT<sup>2</sup> procedure codes 0090T - 0098T).
- 5.12** Extracorporeal Shock Wave Therapy (ESWT) for the treatment of plant fasciitis or lateral epicondylitis is unproven.
- 5.13** XSTOP Interspinous Process Decompression System for the treatment of neurogenic intermittent claudication secondary to lumbar spinal stenosis is unproven.
- 5.14** Hip core decompression is unproven.

**6.0 EFFECTIVE DATE**

March 1, 2007, for percutaneous vertebroplasty and balloon kyphoplasty.

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**4.9** Diagnostic mammography (CPT<sup>3</sup> procedure codes 76090 - 76092/HCPCS codes G0204 - G0207) to further define breast abnormalities or other problems is covered.

**4.10** Portable X-ray services are covered. The suppliers must meet the conditions of coverage of the Medicare program, set forth in the Medicare regulations, or the Medicaid program in that state in which the covered service is provided. In addition to the specific radiology services, reasonable transportation and set-up charges are covered and separately reimbursable.

**4.11** Bone density studies (CPT<sup>3</sup> procedure codes 76070 - 76078) are covered for the following:

**4.11.1** The diagnosis and monitoring of osteoporosis.

**4.11.2** The diagnosis and monitoring of osteopenia.

**4.11.3** Patients must present with signs and symptoms of bone disease or be considered at high-risk for developing osteoporosis. High-risk factors which have been identified as the standard of care by the American College of Obstetricians and Gynecologists (ACOG) include:

- Women who are estrogen-deficient and at clinical risk for osteoporosis. Naturally or surgically post-menopausal women who have not been on **long-term** Hormone Replacement Therapy (HRT). However, **current** use of HRT does not preclude estrogen deficiency.
- Individuals who have vertebral abnormalities.
- Individuals receiving long-term glucocorticoid (steroid) therapy.
- Individuals with primary hyperparathyroidism.
- Individuals with positive family history of osteoporosis.
- Any other high-risk factor identified by ACOG as the standard of care.

**4.12** Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance (CPT<sup>3</sup> procedure code 72291) or under CT guidance (CPT<sup>3</sup> procedure code 72292) is covered.

## **5.0 EXCLUSIONS**

**5.1** Bone density studies for the routine screening of osteoporosis.

**5.2** Ultrafast CT (electron beam computed tomography (HCPCS code S8092)) to predict asymptomatic heart disease is preventive.

**5.3** MRIs (CPT<sup>3</sup> procedure codes 76058 and 77059) to screen for breast cancer in asymptomatic women considered to be at low or average risk of developing breast cancer; for diagnosis of

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suspicious lesions to avoid biopsy, to evaluate response to neoadjuvant chemotherapy, to differentiate cysts from solid lesions.

**5.4** MRIs (CPT<sup>4</sup> procedure codes 76058 and 77059) to assess implant integrity or confirm implant rupture, if implants were not originally covered or coverable.

**5.5** 3D rendering (CPT<sup>4</sup> procedure codes 76376 and 76377) for monitoring coronary artery stenosis activity in patients with angiographically confirmed Coronary Artery Disease (CAD) is unproven.

**5.6** 3D rendering (CPT<sup>4</sup> procedure codes 76376 and 76377) for evaluating graft patency in individuals who have undergone revascularization procedures is unproven.

**5.7** 3D rendering (CPT<sup>4</sup> procedure codes 76376 and 76377) for use as a screening test for CAD in healthy individuals or in asymptomatic patients who have one or more traditional risk factors for CAD is unproven.

**5.8** Computed tomography angiography (CPT<sup>4</sup> procedure codes 76376 and 76377) for acute ischemic stroke is unproven.

**5.9** Computed tomography angiography (CPT<sup>4</sup> procedure codes 76376 and 76377) for intracerebral aneurysm and subarachnoid hemorrhage is unproven.

**5.10** Computed tomography, heart, without contrast, including image post processing and quantitative evaluation of coronary calcium (CPT<sup>4</sup> procedure code 0144T) is unproven.

**5.11** Computed tomography, heart, without contrast material followed by contrast, material(s) and further sections, including cardiac gating and 3D image post processing; cardiac structure and morphology (CPT<sup>4</sup> procedure code 0145T) is unproven.

**5.12** Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) without quantitative evaluation of coronary calcium (CPT<sup>4</sup> procedure code 0146T). Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) with quantitative evaluation of coronary calcium (CPT<sup>4</sup> procedure code 0147T) is unproven.

**5.13** Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) without quantitative evaluation of coronary calcium (CPT<sup>4</sup> procedure code 0148T). Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) with quantitative evaluation of coronary calcium (CPT<sup>4</sup> procedure code 0149T) is unproven.

**5.14** Cardiac structure and morphology in congenital heart disease (CPT<sup>4</sup> procedure code 0150T). Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing, function evaluation (left

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Diagnostic Radiology (Diagnostic Imaging)

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and right ventricular function, ejection fraction and segmental wall motion (CPT<sup>5</sup> procedure code 0152T)) is unproven.

**6.0 EFFECTIVE DATES**

**6.1** The effective date for MRIs with contrast media is dependent on the U.S. Food and Drug Administration (FDA) approval of the contrast media and a determination by the contractor of whether the labeled or unlabeled use of the contrast media is medically necessary and a proven indication.

**6.2** March 31, 2006, for breast MRI.

**6.3** March 1, 2007, for CPT<sup>5</sup> procedure codes 72291 and 72292.

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## Chapter 12

### TRICARE Overseas Program (TOP)

Section/Addendum	Subject/Addendum Title
1.1	TRICARE Overseas Program (TOP)
1.2	TRICARE Overseas Program (TOP) Medical Benefit Variations
1.3	Outside The 50 United States And The District Of Columbia Locality-Based Reimbursement Rate Waiver



## TRICARE Overseas Program (TOP) Medical Benefit Variations

Issue Date:

Authority: [32 CFR 199.17\(u\)](#)

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### 1.0 GENERAL

**1.1** TRICARE Overseas Program (TOP) medical benefits are based upon the scope of services and items which may be considered for coverage by TRICARE within the intent of [32 CFR 199.4](#) and [32 CFR 199.5](#). Specifically, TRICARE may cost-share a procedure that is determined to be appropriate medical care, is medically or psychologically necessary, is not unproven as defined in [32 CFR 199.2](#), and the TRICARE Policy Manual (TPM) does not explicitly exclude or limit coverage of the service or supply.

**1.2** Unique health care issues and challenges may arise in locations outside of the 50 United States and the District of Columbia. In some situations, TRICARE may authorize coverage for a specific service or supply under the TOP, even though the service or supply would normally be excluded from coverage by TRICARE. Such situations are expected to be rare and must be approved by the government.

### 2.0 AUTHORIZED TOP MEDICAL BENEFIT VARIATIONS

#### 2.1 Tick Borne Encephalitis (TBE) Vaccine

Cost-sharing of the TBE vaccine is authorized in endemic areas of Europe and Asia when an at-risk Active Duty Family Member (ADFM), retiree, or retiree family member receives the vaccine from a TRICARE authorized provider. **When covered, the TBE vaccine shall be cost-shared as a clinical preventive service. See the TRICARE Policy Manual (TPM), Chapter 7, Sections 2.1 and 2.2.**

#### 2.2 Medicare Certification of Organ Transplant Facilities

Medicare certification for organ transplant centers is only required for transplants performed in the 50 United States, the District of Columbia, and U.S. territories where Medicare is available. Organ transplantation is within the range of TRICARE covered benefits and is covered in overseas locations when it is medically necessary, reasonable, and commonly accepted practice in the country where the transplant is performed.

#### 2.3 Non-U.S. Food and Drug Administration (FDA) Approved Drugs

Non-FDA approved prescription drugs may be cost-shared if the TOP contractor has substantiated that the drug is commonly used for the intended purpose in the host nation. The TOP contractor shall substantiate that the drug is commonly used in the host nation based on past

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claims/country experience or by a web search on the drug in question. If a claim for a non-FDA approved drug is submitted by a provider that is required to comply the National Drug Coding (NDC) requirements as outlined in TRICARE Operations Manual (TOM), [Chapter 24, Section 14](#), the TOP contractor shall contact TRICARE Management Activity (TMA) for assistance prior to processing the claim.

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## Outside The 50 United States And The District Of Columbia Locality-Based Reimbursement Rate Waiver

Issue Date: April 7, 2008

Authority: [32 CFR 199.14\(n\)](#) and [\(o\)](#)

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### 1.0 APPLICABILITY

**1.1** This policy is mandatory for waiver of TRICARE established reimbursement schedules for professional providers outside the 50 United States and the District of Columbia locations. Reimbursement rate waivers are available to all TRICARE eligible beneficiaries in specified locations outside the 50 United States and the District of Columbia where the government has established reimbursement rate schedules. Please reference the TRICARE Reimbursement Manual (TRM), [Chapter 1, Sections 34](#) and [35](#).

**1.2** As the commonwealth of Puerto Rico adheres to reimbursement rates used for the 50 United States and the District of Columbia (which align with Medicare's prospective payment systems) please refer the TRM, [Chapter 5, Section 2](#) for the applicable waiver process for Puerto Rico.

### 2.0 POLICY

**2.1** Under this reimbursement rate waiver process, a locality-based waivers may be submitted for consideration in the waiver of professional providers receiving TRICARE established reimbursement rates:

**2.1.1** If it is determined that access to specific health care services is impaired, higher payment rates may be authorized or established, by the Director, TRICARE Management Activity (TMA), for specific services that are covered under TRICARE. For specified areas outside the 50 United States and the District of Columbia, locality waivers are defined geographically as a city or country.

**2.1.2** When the Director, TMA, or designee, determines beneficiary access to health care services in a locality is impaired, the Director, TMA, or designee, may establish rates, as deemed appropriate and cost efficient by the following methodologies to assure adequate access to health care services.

**2.1.2.1** A percent factor may be applied or added to the allowed and established by TRICARE under the TRM, [Chapter 1, Sections 34](#) and [35](#).

**2.1.2.2** A prevailing charge for a specified location outside the 50 United States and the District of Columbia may be applied. TRICARE may use any appropriate methodology to substantiate and establish prevailing charges.

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Based Reimbursement Rate Waiver

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**2.1.2.3** Other appropriate payment schedules, if applicable.

**2.2** All waiver requests for specified locations outside the 50 United States and the District of Columbia shall be submitted to the Director, TRICARE Area Offices (TAOs), to ensure that the TAO agrees with such request and that all available evidence in support of the locality-based waiver request has been submitted for consideration.

**2.3** The procedure to be followed for specified locations outside the 50 United States and the District of Columbia is as follows:

**2.3.1** The Director, TAO shall validate that the access to care is impaired in localities where the government has established reimbursement schedules.

**2.3.2** Who can apply:

- Director, TAO.
- Providers in the affected specified localities outside the 50 United States and the District of Columbia.
- Overseas claims processing contractor.
- TRICARE beneficiaries in the locality.

**2.3.3** How to apply:

**2.3.3.1** Applicant must submit a written waiver request to the Director, TAO. The request must specify the type of waiver the application is for and justify that access to health care services is impaired due to low TRICARE reimbursement rates.

**2.3.3.2** Justification for the waiver must include at the minimum:

**2.3.3.2.1** Total number of providers (primary care, specialty, or other) in a designated locality.

**2.3.3.2.2** Mix of primary/specialty providers needed to meet patient access standards (refer to the Department of Defense (DoD) access standards. Example, DoD access standards require one Primary Care Physician (PCP) per 1,000 beneficiaries).

**2.3.3.2.3** Current number of providers who accept or work with TRICARE.

**2.3.3.2.4** Number of eligible beneficiaries in the locality.

**2.3.3.2.5** A description of any efforts that have been attempted to locate alternative providers of service, as well as the results of those efforts.

**2.3.3.2.6** Availability of Military Treatment Facilities (MTFs) and MTF providers, if applicable.

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- 2.3.3.2.7** Geographic characteristics or other unique characteristics.
- 2.3.3.2.8** Applicable defined cultural issues.
- 2.3.3.2.9** Cost effectiveness of granting a waiver.
- 2.3.3.2.10** Provider letters of intent.
- 2.3.3.2.11** Evidence of the existence and/or evidence of provider acceptance of country specific prevailing fees, usual and customary fees, or commercial fee schedules.
- 2.3.3.2.12** Other relevant factors, unique to the specified location outside the 50 United States and the District of Columbia.
- 2.3.3.2.13** Medical Readiness issues.
- 2.4** Exceptions.
- 2.4.1** A provider request for beneficiary payment “up front” for health care services or beneficiary payment for higher cost share amounts in specified locations outside the 50 United States and the District of Columbia, shall not be considered as a basis for requesting a locality-based waiver.
- 2.4.2** Any provider who has been placed on Program Integrity Watch by TMA’s Chief, Program Integrity Office, or designee, or the overseas claims processor is not eligible for a reimbursement fee waiver until removed from Program Integrity Watch status.
- 2.5** The Director, TAO or designated staff shall conduct a thorough analysis of the information submitted and supply any missing information to the waiver request. The Director, TAO shall review and forward their recommendations with a preliminary cost estimate to the Director, TRICARE Overseas Program (TOP). The Director, TOP will indicate agreement, document the receipt of the waiver and track the waiver request. The Director, TOP, will subsequently forward the waiver request to the TMA Contracting Officer (CO) and to TMA Medical Benefits and Reimbursement Systems (MB&RS). Should the Director, TOP, disagree with the TAO waiver request it shall be returned to the TAO and the request shall be cancelled. In processing waivers, the appropriate TRICARE Contracting staff (CO, Contracting Officer’s Representative (COR), etc.) along with TMA MB&RS will confer with other TRICARE analysts, other Subject Matter Experts, obtain an Independent Government Cost Estimate (IGCE), and/or perform additional analysis to ensure that the requested increase in reimbursement shall alleviate access problems.
- 2.6** Disapprovals by the Director, TAO, will be forwarded to the Director, TOP, for recording purposes, but will not be forwarded for additional action or waiver process completion.
- 2.7** Final Authority. The Director, TMA, or designee is the final approval authority. A decision by the Director, TMA, or designee to authorize, not authorize, terminate, or modify the authorization of higher payment amounts is not subject to appeal or hearing procedures. The Director, TMA, or

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designee has the discretion to review at unspecified intervals any previously enforced decision for fee schedule modifications, revisions, reversals, or other actions as he/she deems appropriate.

**2.8** Implementation of waivers in specified areas outside the 50 United States and the District of Columbia. If the Director, TMA, or designee approves a higher payment rate for certain services in a locality, reimbursement rates for those procedure codes in those locations would be adjusted by the overseas claims processor, in order to improve the access to services.

- END -

## Acronyms And Abbreviations

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3D	Three Dimensional
AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAHC	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 Behavioral Analysis
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
ACD	Augmentative Communication Devices
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACOR	Administrative Contracting Officer's Representative
ACS	American Cancer Society
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
ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADFM	Active Duty Family Member
ADL	Activities of Daily Living
ADP	Automated Data Processing

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## Appendix A

### Acronyms And Abbreviations

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ADSM	Active Duty Service Member
AFOSI	Air Force Office of Special Investigations
<b>AGR</b>	<b>Active Guard/Reserve</b>
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
AIIM	Association for Information and Image Management
AIS	Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
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
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association
APA	American Psychiatric Association American Podiatry Association
APC	Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ART	Assisted Reproductive Technology
ARU	Automated Response Unit
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

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## Appendix A

### Acronyms And Abbreviations

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PCS	Permanent Change of Station
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PL	Public Law
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction

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## Appendix A

### Acronyms And Abbreviations

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POA	Power of Attorney
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
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPS	Prospective Payment System Ports, Protocols and Services
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
<b>PRPP</b>	<b>Pharmacy Redesign Pilot Project</b>
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
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
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control

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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	Remittance Advice
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI Outcomes and Assessment Information Set Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
RUG	Resource Utilization Group
RV	Residual Volume
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder

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SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAO	Security Assistant Organizations
SAP	Special Access Program
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stell 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
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Status Indicator
SIDS	Sudden Infant Death Syndrome
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SP	Special Processing Code
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)

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SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCP/IP	Transmission Control Protocol/Internet Protocol
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
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

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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
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
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TNEX	TRICARE Next Generation (MHS Systems)
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
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office

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TRPB	TRICARE Retail Pharmacy Benefits
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
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
UAE	Uterine Artery Embolization
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
URF	Unremarried Former Spouses
URL	Universal Resource Locator
US	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

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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	Veteran Affairs (hospital) Veteran Administration
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
VPOC	Verification Point of Contact
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
WEDI	Workgroup for Electronic Data Interchange
WIC	Women, Infants, and Children (Program)
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

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