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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 9
6010.57-M
AUGUST 5, 2009**

**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: **EVOLVING PRACTICES - MARCH/JUNE 2009**

PAGE CHANGE(S): See pages 2 and 3.

SUMMARY OF CHANGE(S): This change provides numerous updates for evolving practices. This change brings this manual up-to-date with published Changes 98 (June 16, 2009) and 100 (June 24, 2009) to the Aug 2002 TRICARE Policy Manual 6010.54-M.

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

**Reta Michak
Acting Chief, Medical Benefits and
Reimbursement Branch**

ATTACHMENT(S): **86 PAGE(S)**
DISTRIBUTION: **6010.57-M**

CHANGE 9
6010.57-M
AUGUST 5, 2009

REMOVE PAGE(S)

CHAPTER 1

Section 2.1, pages 1 through 3
Section 12.1, page 1
Section 13.1, pages 1 and 2

CHAPTER 4

Section 5.1, pages 1 and 2
Section 9.1, pages 1 through 4
Section 13.1, page 1
Section 17.1, pages 1 and 2
Section 20.1, pages 1 through 3
Section 21.1, pages 1 and 2
Section 23.1, pages 1 through 9
Section 24.1, pages 5 and 6
Section 24.2, page 5
Section 24.3, page 5

CHAPTER 5

Section 3.1, pages, 1 and 2
Section 4.1, page 3

CHAPTER 6

Section 1.1, pages 1 and 2

CHAPTER 7

Section 6.1, pages 1 and 2
Section 18.1, page 3
Section 18.2, page 3
Section 19.1, pages 1 through 3

INSERT PAGE(S)

Section 2.1, pages 1 through 3
Section 12.1, pages 1 and 2
Section 13.1, pages 1 and 2

Section 5.1, pages 1 and 2
Section 9.1, pages 1 through 6
Section 13.1, pages 1 and 2
Section 17.1, pages 1 and 2
Section 20.1, pages 1 through 4
Section 21.1, pages 1 and 2
Section 23.1, pages 1 through 10
Section 24.1, pages 5 and 6
Section 24.2, page 5
Section 24.3, page 5

Section 3.1, pages 1 and 2
Section 4.1, page 3

Section 1.1, pages 1 through 3

Section 6.1, pages 1 and 2
Section 18.1, page 3
Section 18.2, page 3
Section 19.1, pages 1 through 4

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 8

Section 9.1, pages 3 through 5

Section 9.1, pages 3 through 5

APPENDIX A

pages 3 through 27

pages 3 through 27

INDEX

pages 1 through 5

pages 1 through 5

Unproven Drugs, Devices, Medical Treatments, And Procedures

Issue Date: November 1, 1983

Authority: [32 CFR 199.2](#) and [32 CFR 199.4\(g\)\(15\)](#)

1.0 POLICY

By law, TRICARE can only cost-share medically necessary supplies and services. TRICARE regulations and program policies restrict benefits to those drugs, devices, treatments, or procedures for which the safety and efficacy have been proven to be comparable or superior to conventional therapies. Any drug, device, medical treatment, or procedure whose safety and efficacy has not been established is unproven and is excluded from coverage.

2.0 A drug, device, medical treatment, or procedure is unproven:

2.1 If the drug or device cannot be lawfully marketed without the approval or clearance of the U.S. Food and Drug Administration (FDA) and approval or clearance for marketing has not been given at the time the drug or device is furnished to the patient.

2.2 If a medical device with an Investigational Device Exemption (IDE) approved by the FDA is categorized by the FDA as experimental/investigational (FDA Category A).

2.3 Unless reliable evidence shows that any medical treatment or procedure has been the subject of well-controlled studies of clinically meaningful endpoints, which have determined its maximum tolerated dose, its toxicity, its safety, and its efficacy as compared with standard means of treatment or diagnosis.

2.4 If the reliable evidence shows that the consensus among experts regarding the medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, or its effectiveness as compared with the standard means of treatment or diagnosis.

3.0 This exclusion includes all services directly related to the unproven drug, device, medical treatment or procedure.

4.0 Cost-sharing may be allowed for services or supplies when there is no logical or causal relationship between the unproven drug, device, treatment, or procedure and the treatment at

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 2.1

Unproven Drugs, Devices, Medical Treatments, And Procedures

issue or where such a logical or causal relationship cannot be established with a sufficient degree of certainty. This cost-sharing is authorized in the following circumstances:

4.1 Treatment that is not related to the unproven drug, device, treatment, or procedure; e.g., medically necessary treatment the beneficiary would have received in the absence of the unproven drug, device, treatment, or procedure.

4.2 Treatment which is a necessary follow-up to the unproven drug, device, treatment, or procedure but which might have been necessary in the absence of the unproven treatment.

5.0 In making a determination that a drug, device, medical treatment, or procedure has moved from the status of unproven to the position of nationally accepted medical practice, TRICARE uses the following hierarchy of reliable evidence (see [32 CFR 199.2](#)):

5.1 Well controlled studies of clinically meaningful endpoints, published in refereed medical literature.

5.2 Published formal technology assessments.

5.3 The published reports of national professional medical associations.

5.4 Published national medical policy organization positions.

5.5 The published reports of national expert opinion organizations.

6.0 The hierarchy of reliable evidence of proven medical effectiveness, established by [paragraphs 5.1](#) through [5.5](#), is the order of the relative weight to be given to any particular source. With respect to clinical studies, only those reports and articles containing scientifically valid data and published in the refereed medical and scientific literature shall be considered as meeting the requirements of reliable evidence. Specifically not included in the meaning of reliable evidence are reports, articles, or statements by providers or groups of providers containing only abstracts, anecdotal evidence or personal professional opinions. Also not included in the meaning of reliable evidence is the fact that a provider or a number of providers have elected to adopt a drug, device, medical treatment, or procedure as their personal treatment or procedure of choice or standard of practice.

7.0 TRICARE policy and benefit structure is never based solely that of other government medical programs, including Medicare, because each operates under its own statutes and regulations. Furthermore, while TRICARE may examine the policies of private third party payers. TRICARE coverage may only be based on governing statutes and regulations.

8.0 The contractor(s) shall routinely review the hierarchy of reliable evidence, as defined in [32 CFR 199.2](#), and bring to TRICARE Management Activity's (TMA) attention drugs, devices, medical treatments, or procedures that they believe have moved from unproven to proven. TMA will apply the standards and procedures in TRICARE regulation and policy and if determined by TMA to have moved to proven, will notify all contractors that the drug, device, medical treatment, or procedure is proven and a part of the TRICARE benefit.

Note: See [Section 3.1](#) for policy on Rare Diseases.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 2.1

Unproven Drugs, Devices, Medical Treatments, And Procedures

Note: See [Chapter 7, Section 24.1](#) for policy on cancer clinical trials.

Note: See [Chapter 8, Section 5.1](#) for policy on medical devices, including coverage of Humanitarian Use Devices and a FDA-approved IDE categorized by the FDA as non-experimental/investigational (FDA Category B).

Note: See [Chapter 8, Section 9.1](#) for policy on off-label use of drugs.

- END -

Category III Codes

Issue Date: March 6, 2002

Authority: [32 CFR 199.2\(b\)](#) and [32 CFR 199.4\(g\)\(15\)](#)

1.0 CPT¹ PROCEDURE CODES

0003T, 0008T, 0016T - 0019T, 0021T, 0024T, 0026T - 0032T, 0041T - 0161T

2.0 DESCRIPTION

Category III codes are a set of temporary codes for emerging technology, services, and procedures. These codes are used to track new and emerging technology to determine applicability to clinical practice. When a Category III code receives a Category I code from the American Medical Association (AMA) it does not automatically become a benefit under TRICARE. However, the codes that may have moved from unproven to proven must be forwarded to the Office of Medical Benefits and Reimbursement Branch (MB&RB) for coverage determination/policy clarification.

3.0 POLICY

3.1 Category III codes are to be used instead of unlisted codes to allow the collection of specific data. TRICARE has not opted to track Category III codes at this time.

3.2 Category III codes are excluded from coverage since clinical safety and efficacy or applicability to clinical practice has not been established.

4.0 EXCEPTIONS

4.1 Category III code 0024T may be covered under the Rare Disease Policy for children.

4.2 FDA IDE (Category B) clinical trial. See [Chapter 8, Section 5.1](#).

4.3 Category III codes 0145T - 0151T as outlined in [Chapter 5, Section 1.1](#).

4.4 Category III code 0073T is a covered service as listed in [Chapter 5, Section 3.1](#).

4.5 Category III codes 0075T and 0076T are covered codes as outlined in [Chapter 4, Section 9.1](#).

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 12.1

Category III Codes

5.0 EXCLUSION

5.1 Unlisted codes for Category III codes. Effective January 1, 2002.

5.2 Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT² procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

- END -

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

Issue Date: November 6, 2007

Authority:

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 on or before May 1, 2009 (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; S1040 for ECHO durable equipment;

3.2.2 S0812, S1030, S1031, S2066, S2067, S2068, S2075, S2076, S2077, S2083, S2202, **S2235**, S2360, S2361, S2400, S2401, S2402, S2403, S2405, S2411, S3818, S3819, S3820, S3822, S3823, **S8030**, S8185, S8265, S8270, and S9430 for all beneficiaries; and

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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 13.1

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

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 -

Integumentary System

Issue Date: August 26, 1985

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

1.0 CPT¹ PROCEDURE CODES

10021, 10022, 10040 - 11977, 11981 - 11983, 12001 - 15366, 15400 - 15431, 15570 - 15776, 15840 - 15845, 15851 - 19499, 97601, and 97602

2.0 DESCRIPTION

Integumentary system pertains to the skin, subcutaneous tissue and areolar tissue and other accessory structures of the skin such as the lips, nails, etc.

3.0 POLICY

3.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the integumentary system are covered.

3.2 Topical Treatment of Skin Ulcers Caused by Venous Insufficiency. Topical application of Alpigraf by a physician for the treatment of skin ulcers caused by venous insufficiency is a covered benefit. Effective May 26, 1998.

3.3 Topical Treatment of Diabetic Foot Ulcers. Application of tissue cultured skin grafts for diabetic foot ulcers is a covered benefit. Effective May 8, 2000. Application of Becaplermine Gel (Regranex) is a covered treatment of lower extremity diabetic neuropathic foot ulcers that extend into the subcutaneous tissue or beyond. Effective December 16, 1997.

4.0 EXCLUSIONS

4.1 Removal of corns or calluses or trimming of toenails and other routine podiatry services, except those required as a result of diagnosed systemic medical disease affecting the lower limbs, such as severe diabetes.

4.2 Services performed for cosmetic purposes.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 5.1

Integumentary System

4.3 Subcutaneous hormone (estradiol and/or testosterone) pellet implantation (CPT² procedure code 11980) is unproven. Estradiol pellets are not U.S. Food and Drug Administration (FDA) approved for general use in humans.

- END -

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Cardiovascular System

Issue Date: August 26, 1985

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

1.0 CPT¹ PROCEDURE CODES

33010 - 33130, 33140, 33141, 33200 - 37186, 37195 - 37785, 92950 - 93272, 93303 - 93581, 93600 - 93745, 93770, 93797 - 93799, 0075T, 0076T

2.0 DESCRIPTION

The cardiovascular system involves the heart and blood vessels, by which blood is pumped and circulated through the body.

3.0 POLICY

3.1 Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the cardiovascular system are covered.

3.2 Ventricular Assist Devices (VADs) (external and implantable) are covered if the device is U.S. Food and Drug Administration (FDA) approved and used in accordance with FDA approved indications. VADs as destination therapy (CPT¹ procedure code 33979) are covered if they have received approval from the FDA for that purpose and are used according to the FDA approved labeling instructions. Benefits are authorized when the procedure is performed at a TRICARE-certified heart transplantation center, a TRICARE-certified pediatric consortium heart transplantation center, or a Medicare facility which is approved for VAD implantation as destination therapy, for patients who meet all of the following conditions:

3.2.1 The patient has chronic end-stage heart failure (New York Heart Association Class IV end-stage left ventricular failure for at least 90 days with a life expectancy of less than two years).

3.2.2 The patient is not a candidate for heart transplantation.

3.2.3 The patient's Class IV heart failure symptoms have failed to respond to optimal medical management, including a dietary salt restriction, diuretics, digitalis, beta-blockers, and ACE inhibitors (if tolerated) for at least 60 of the last 90 days.

3.2.4 The patient has Left Ventricular Ejection Fraction (LVEF) less than 25%.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 9.1

Cardiovascular System

3.2.5 The patient has demonstrated functional limitation with a peak oxygen consumption of less than 12 ml/kg/min; or the patient has a continued need for intravenous inotropic therapy owing to symptomatic hypotension, decreasing renal function, or worsening pulmonary congestion.

3.2.6 The patient has the appropriate body size (by device per FDA labeling) to support the VAD implantation.

3.3 Gamma and beta intracoronary radiotherapy (brachytherapy) is covered for the treatment of in-stent restenosis in native coronary arteries.

3.4 Transmyocardial Revascularization (TMR) (CPT² procedures codes 33140 and 33141).

3.4.1 Coverage is available for patients with stable class III or IV angina which has been found refractory to standard medical therapy, including drug therapy at the maximum tolerated or maximum safe dosages. In addition, the angina symptoms must be caused by areas of the heart not amenable to surgical therapies such as percutaneous transluminal coronary angioplasty, stenting, coronary atherectomy or coronary bypass.

3.4.2 Coverage is limited to those uses of the laser used in performing the procedure which have been approved by the FDA for the purpose for which they are being used.

3.5 TMR as an adjunct to Coronary Artery Bypass Graft (CABG) is covered for patients with documented areas of the myocardium that are not amenable to surgical revascularization due to unsuitable anatomy.

3.6 FDA approved IDE clinical trials. See [Chapter 8, Section 5.1, paragraphs 2.4 and 2.5](#) for policy.

3.7 Endovenous radiofrequency ablation/obliteration (CPT² procedure codes 36475 and 36476) for the treatment of saphenous venous reflux with symptomatic varicose veins is covered when:

3.7.1 One of the following indications is present:

3.7.1.1 Persistent symptoms interfering with activities of daily living in spite of conservative/non-surgical management. Symptoms include aching, cramping, burning, itching and/or swelling during activity or after prolonged standing.

3.7.1.2 Significant recurrent attacks of superficial phlebitis.

3.7.1.3 Hemorrhage from a ruptured varix.

3.7.1.4 Ulceration from venous stasis where incompetent varices are a contributing factor.

3.7.1.5 Symptomatic incompetence of the great or small saphenous veins (symptoms as in [paragraph 3.7.1.1](#)).

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3.7.2 A trial of conservative, non-operative treatment has failed. This would include mild exercise, avoidance of prolonged immobility, periodic elevation of legs, and compressive stockings.

3.7.3 The patient's anatomy is amenable to endovenous ablation.

3.8 Ambulatory Blood Pressure Monitoring (ABPM) is only covered for beneficiaries with suspected white coat hypertension and is NOT covered for any other uses. The information obtained by ABPM is necessary in order to determine the appropriate medical management of the beneficiary. Suspected white coat hypertension is considered to exist when the following is documented:

3.8.1 There is no evidence of end-organ damage;

3.8.2 Office blood pressure greater than 140/90 mm Hg on at least three separate clinic/office visits with two separate measurements made at each visit; and

3.8.3 At least two blood pressure measurements taken outside the office which are less than 140/90 mm Hg.

3.9 Pulmonary vein isolation/ablation (CPT³ procedure code 93651) is covered for beneficiaries who meet the guidelines published in the Heart Rhythm Society (HRS)/European Heart Rhythm Association (EHRA)/European Cardiac Arrhythmia Society (ECAS) 2007 Consensus Statement as follows:

3.9.1 Symptomatic Atrial Fibrillation (AF) refractory or intolerant to at least one Class 1 or 3 antiarrhythmic medication.

3.9.2 In rare clinical situations, as first line therapy.

3.9.3 Selected symptomatic patients with heart failure and/or reduced ejection fraction.

3.9.4 The presence of a Left Atrial (LA) thrombus is a contraindication.

3.10 Primary percutaneous transluminal mechanical thrombectomy (CPT³ procedure codes 37184 and 37185) and secondary percutaneous transluminal mechanical thrombectomy (CPT³ procedure code 37186) are proven and are covered for the treatment of acute limb ischemia due to peripheral arterial occlusion.

3.11 Percutaneous Transluminal Angioplasty (PTA) of the carotid artery with stenting (CPT³ procedure codes 37215, 0075T, and 0076T) in beneficiaries at high risk for Carotid Endarterectomy (CEA) is proven and covered when all of the following criteria are met:

3.11.1 Beneficiaries who have symptomatic Carotid Artery Stenosis (CAS) greater than 70%.

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3.11.2 Beneficiaries are at high risk for CEA due to one or more of the following significant comorbidities and/or anatomic risk factors:

- Congestive heart failure (New York Heart Association Class I, II/IV).
- Left ventricular ejection fraction of less than 90%.
- Myocardial Infarction (MI) within past 30 days.
- Unstable Angina.
- Known severe Coronary Artery Disease (CAD).
- Severe Chronic Obstructive Pulmonary Disease (COPD).
- Contralateral carotid artery occlusion.
- Contralateral laryngeal nerve palsy.
- Previous radiation therapy to the neck.
- Previous radical neck dissection.
- Previous ipsilateral endarterectomy with restenosis.
- Surgically inaccessible lesion.
- Inability to move the neck to a suitable position for surgery.
- Tracheostomy.
- Coagulopathy or other coagulation issues leading to contraindication for endarterectomy.

3.11.3 Beneficiaries who have had a disabling stroke are excluded from coverage.

3.11.4 Coverage is limited to procedures performed using FDA approved carotid artery stents and embolic protection devices.

3.11.5 The use of a distal embolic protection device is required. If deployment of the distal embolic protection device is not technically possible, then the procedure should be aborted due to the risks of CAS without distal embolic protection.

3.11.6 The degree of CAS shall be measured by duplex Doppler ultrasound or carotid artery angiography and recorded in the beneficiary's medical records. If the stenosis is measured by ultrasound prior to the procedure, then the degree of stenosis must be confirmed by angiography at the start of the procedure. If the stenosis is determined to be less than 70% by angiography, then CAS should not proceed.

3.11.7 All procedures are performed in a Centers for Medicare and Medicaid Services (CMS) approved facility that has been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes.

4.0 EXCLUSIONS

4.1 Thermogram; cephalic (CPT⁴ procedure code 93760); peripheral (CPT⁴ procedure code 93762) are unproven.

4.2 Percutaneous Myocardial Laser Revascularization (PMR) is unproven.

4.3 Cardiomyoplasty (Cardiac Wrap) for treatment of heart failure is unproven.

4.4 Minimally Invasive CABG surgery to include Minimally Invasive Direct Coronary Artery Bypass (MIDCAB) and Port Access Coronary Artery Bypass (PACAB) are unproven.

4.5 Percutaneous Transluminal Angioplasty (PTA) in the treatment of obstructive lesions of the carotid, vertebral and cerebral arteries is unproven. PTA of the carotid artery without stenting is unproven. PTA of the carotid artery with stenting but without embolic protection (CPT⁴ procedure code 37216) is unproven.

4.6 Signal-Average Electrocardiography (CPT⁴ procedure code 93278) is unproven.

4.7 Percutaneous transluminal mechanical thrombectomy vein(s) including intraprocedural pharmacological thrombolytic injections and fluroscopic guidance (CPT⁴ procedure code 37187) is unproven.

4.8 Percutaneous transluminal mechanical thrombectomy, vein(s) including intraprocedural pharmacological thrombolytic injections and fluroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy (CPT⁴ procedure code 37188) is unproven.

5.0 EFFECTIVE DATES

5.1 March 1, 2001, for gamma and beta intracoronary radiotherapy (brachytherapy).

5.2 January 1, 2002, for TMR.

5.3 October 1, 2003, for ventricular assist devices as destination therapy.

5.4 December 1, 2003, for endovenous radiofrequency ablation/obliteration.

5.5 January 1, 2005, for ABPM.

5.6 March 17, 2005, for PTA of the carotid artery with stenting in beneficiaries at high risk for CEA.

5.7 March 21, 2006, for percutaneous transluminal mechanical thrombectomy for acute limb ischemia.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 9.1

Cardiovascular System

5.8 January 1, 2007, for pulmonary vein isolation/ablation.

- END -

Chapter 4

Section 13.1

Digestive System

Issue Date: August 26, 1985

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

1.0 CPT¹ PROCEDURE CODES

40490 - 40831, 40899 - 43644, 43647, 43648, 43651 - 43761, 43800, 43810, 43820, 43842, 43846, 43848, 43880 - 43882, 43999, 44005 - 47362, **47370**, 47371, 47379 - **47382**, 47399 - 49999, 91123, 96570, 96571

2.0 DESCRIPTION

The digestive system involves the organs associated with the ingestion, digestion, and absorption of nutrients, and the elimination of solid waste.

3.0 POLICY

3.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the digestive system are covered.

3.2 Gastric electrical stimulation (CPT¹ procedure codes 43647, 43648, 43881, and 43882) for treatment of symptoms of nausea and vomiting from chronic gastroparesis that is refractory to medical management may be considered for coverage as a Humanitarian Use Device (HUD).

3.3 Radiofrequency Ablation (RFA) (CPT¹ procedure codes **47370**, **47380**, and **47382**) for treatment of unresectable hepatocellular carcinoma or unresectable liver metastases from colorectal cancer is proven and may be covered when all of the following conditions are met:

3.3.1 Tumors are less than five centimeters in diameter;

3.3.2 There are five or fewer tumors; and

3.3.3 There is no evidence of extrahepatic metastasis.

All procedures must be performed using an U.S. Food and Drug Administration (FDA) approved electrosurgical cutting and coagulation device.

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4.0 EXCLUSIONS

4.1 The Stretta System (Curon Medical, Sunnyvale, CA) and Bard Endoscopic Suturing System for treatment of refractory Gastro-Esophageal Reflux Disease (GERD) is unproven (CPT² procedure codes 43201 and 43257).

4.2 For bariatric procedures, see [Section 13.2](#).

5.0 EFFECTIVE DATE

RFA (CPT² procedure codes 47370, 47380, and 47382) for treatment of unresectable hepatocellular carcinoma or unresectable liver metastases from colorectal cancer is proven and covered, effective April 28, 2004.

- END -

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Female Genital System

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#), [\(c\)\(3\)](#), [\(e\)\(3\)](#), and [\(g\)\(34\)](#)

1.0 CPT¹ PROCEDURE CODES

11975 - 11977, **37210**, 55980, 56405 - 58301, 58340, 58345, 58346, 58350, 58353, 58356, 58400 - 58671, 58679, 58700 - 58740, 58800 - 58960, 58999, 59001

2.0 DESCRIPTION

The female genital system includes the female organs of reproduction.

3.0 POLICY

3.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the female genital system are covered. Infertility testing and treatment, including correction of the physical cause of infertility, are covered under this provision. This does not include artificial insemination or Assisted Reproductive Technology (ART) procedures, which is excluded from coverage.

3.2 Uterine suspension; parametrial fixation as treatment for uterine prolapse may be cost-shared only to retain the uterus for biologic purposes.

3.3 Intersex surgery (CPT¹ procedure code 55980) is limited to surgery performed to treat ambiguous genitalia which is documented to have been present at birth.

Note: For policy on prophylactic mastectomy, prophylactic oophorectomy, and prophylactic hysterectomy, see [Section 5.3](#).

4.0 POLICY CONSIDERATION

Benefits are payable for Uterine Artery Embolization (UAE), as an alternative treatment (CPT¹ procedure code 37210) to hysterectomy or myomectomy, for those individuals with confirmed, symptomatic uterine fibroids who are premenopausal and who do not wish to preserve their childbearing potential.

5.0 EXCLUSIONS

5.1 Prophylactics (condoms).

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 17.1

Female Genital System

- 5.2** Over-the-counter (OTC) spermicidal products.
- 5.3** Reversal of a surgical sterilization procedure (CPT² procedure codes 58672, 58673, 58750 - 58770).
- 5.4** Artificial insemination, including any costs related to donors and semen banks (CPT² procedure codes 58321 - 58323).
- 5.5** In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT), Tubal Embryo Transfer (TET), and all other non-coital reproductive procedures, including all services and supplies related to, or provided in conjunction with, those technologies (CPT² procedure codes 58970 - 58976).
- 5.6** Hysterectomy (CPT² procedure codes 58150 - 58285, 58550, 59525) performed solely for purposes of sterilization in the absence of pathology.
- 5.7** Cervicography (CPT² category III procedure code 0003T) is unproven.
- 5.8** UAE for individuals with specific contraindications, including such conditions as pelvic malignancy and pelvic inflammatory disease, and premenopausal patients who wish to preserve their childbearing potential.
- 5.9** Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT² procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

- END -

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Chapter 4

Section 20.1

Nervous System

Issue Date: August 29, 1985

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

1.0 CPT¹ PROCEDURE CODES

61000 - 61626, 61680 - 61860, 61863 - 63048, 63055 - 64484, 64508 - 64554, 64556 - 64639, 64641 - 64999, 95961, 95962, 95970 - 95975, 95978, 95979

2.0 POLICY

2.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the nervous system are covered.

2.2 Therapeutic embolization (CPT¹ procedure code 61624) may be covered for the following indications. The list of indications is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective and comparable or superior to standard care (proven).

- Cerebral Arteriovenous Malformations (AVMs).
- Vein of Galen Aneurysm.
- Inoperable or High-Risk Intracranial Aneurysms.
- Dural Arteriovenous Fistulas.
- Meningioma.
- Pulmonary Arteriovenous Malformations (PAVMs).

2.3 Implantation of depth electrodes is covered. Implantation of a U.S. Food and Drug Administration (FDA) approved vagus nerve stimulator as adjunctive therapy in reducing the frequency of seizures in adults and adolescents over 12 years of age, which are refractory to anti-epileptic medication is covered. Battery replacement is also covered.

2.4 Spinal cord and deep brain stimulation are covered in the treatment of chronic intractable pain. Coverage includes:

2.4.1 The accessories necessary for the effective functioning of the covered device.

2.4.2 Repair, adjustment, replacement and removal of the covered device and associated surgical costs.

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2.5 The Guglielmi Detachable Coil (GDC) may be cost-shared for embolizing unruptured intracranial aneurysms that, because of their morphology, their location, or the patient's general medical condition, are considered by the treating neurosurgical team to be:

2.5.1 Very high risk for management by traditional operative techniques; or

2.5.2 Inoperable; or

2.5.3 For embolizing other vascular malformation such as AVMs and arteriovenous fistulae of the neurovasculature, to include arterial and venous embolizations in the peripheral vasculature.

3.0 EXCLUSIONS

3.1 N-butyl-2-cyanoacrylate (Histacryl Bleu®), iodinated poppy seed oils (e.g., Ethiodol®), and absorbable gelatin sponges are not FDA approved.

3.2 Transcutaneous, percutaneous, functional dorsal column electrical stimulation in the treatment of multiple sclerosis or other motor function disorders is unproven.

3.3 Deep brain neurostimulation in the treatment of insomnia, depression, anxiety, and substance abuse is unproven.

3.4 Psychosurgery is not in accordance with accepted professional medical standards and is not covered.

3.5 Endovascular GDC treatment of wide-necked aneurysms and rupture is unproven.

3.6 Cerebellar stimulators/pacemakers for the treatment of neurological disorders are unproven.

3.7 Dorsal Root Entry Zone (DREZ) thermocoagulation or microcoagulation neurosurgical procedure is unproven.

3.8 Epidural steroid injections for thoracic pain are unproven.

3.9 Extraoperative electrocortigraphy for stimulation and recording in order to determine electrical thresholds of neurons as an indicator of seizure focus is unproven.

3.10 Neuromuscular electrical stimulation for the treatment of denervated muscles is unproven.

3.11 Stereotactic cingulotomy is unproven.

3.12 Sacral nerve neurostimulator (CPT² procedure codes 64561, 64581, 64585, and 64590). See [Section 14.1](#) for coverage policy for the urinary system and the Sacral Nerve Root Stimulation (SNS).

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3.13 Laminoplasty, cervical with decompression of the spinal cord, two or more vertebral segments with reconstruction of the posterior bony elements (CPT³ procedure codes 63050 and 63051).

3.14 Balloon angioplasty, intracranial, percutaneous (CPT³ procedure code 61630) is unproven. Effective January 1, 2006.

3.15 Transcatheter placement of intravascular stent(s) intracranial, (e.g., atherosclerotic stenosis) including angioplasty, if performed (CPT³ procedure code 61635) is unproven. Effective January 1, 2006.

3.16 Balloon dilation of intracranial vasospasm, initial vessel (CPT³ procedure code 61640) each additional vessel in same family (CPT³ procedure code 61641) or different vascular family (CPT³ procedure code 61642) is unproven. Effective January 1, 2006.

3.17 Endoscopic thoracic sympathectomy.

3.18 Trigger point injection for migraine headaches.

3.19 Botox (chemodenervation), surgical denervation, and muscle resection for migraine headaches are unproven.

3.20 Sphenopalatine ganglion block (CPT³ procedure code 64505) for the treatment of chronic migraine headaches and neck pain is unproven.

3.21 Radiofrequency ablation (percutaneous radiofrequency facet denervation, percutaneous facet coagulation, percutaneous radiofrequency neurotomy, radiofrequency facet rhizotomy, radiofrequency articular rhizolysis) (CPT³ procedure codes 64622, 64623, 64626, 64627) for the treatment of chronic spinal pain is unproven. Pulsed radiofrequency ablation for spinal pain is unproven.

3.22 Implantation of Occipital Nerve Stimulator (CPT³ procedure code 64555) for the treatment of chronic intractable migraine headache is unproven.

3.23 Cryoablation of Occipital Nerve (CPT³ procedure code 64640) for the treatment of chronic intractable headache is unproven.

4.0 EFFECTIVE DATES

4.1 January 1, 1989, for PAVM.

4.2 April 1, 1994, for therapeutic embolization for treatment of meningioma.

4.3 July 14, 1997, for GDC.

4.4 The date of FDA approval of the embolization device for all other embolization procedures.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 20.1

Nervous System

4.5 June 1, 2004, for Magnetoencephalography.

- END -

Chapter 4

Section 21.1

Eye And Ocular Adnexa

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#), [\(c\)\(3\)](#) and [\(g\)\(46\)](#)

1.0 CPT¹ PROCEDURE CODES

65091 - 65755, 65772 - 68899, 77600 - 77615

2.0 DESCRIPTION

The eye is the organ of vision and the ocular adnexa are the appendages or adjunct parts; i.e., eyelids, lacrimal apparatus.

3.0 POLICY

3.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the eye or ocular adnexa are covered.

3.2 Phototherapeutic Keratectomy (PTK) is covered for corneal dystrophies.

3.3 Strabismus. Surgical procedures and eye examinations to correct, treat, or diagnose strabismus are covered.

3.4 Corneal transplants. A corneal transplant (keratoplasty) is a covered surgical procedure. Relaxing keratotomy to relieve astigmatism following a corneal transplant is covered.

3.5 Transpupillary thermotherapy (laser hyperthermia, CPT¹ procedure codes 77600 - 77615), with chemotherapy, is covered for the treatment of retinoblastoma. See also [Chapter 5, Section 5.1](#).

4.0 EXCLUSIONS

4.1 Refractive corneal surgery except as noted in [paragraph 3.4](#) (CPT¹ procedure codes 65760, 65765, 65767, 65770, 65771).

4.2 Eyeglasses, and contact lenses except as noted in [Chapter 7, Section 6.2](#).

4.3 Orthokeratology.

4.4 Orthoptics, also known as visual training, vision therapy, eye exercises, eye therapy, is excluded by [32 CFR 199.4\(g\)\(46\)](#) (CPT¹ procedure code 92065).

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 21.1

Eye And Ocular Adnexa

4.5 Epikeratophakia for treatment of aphakia and myopia is unproven.

4.6 Transpupillary thermotherapy (CPT² procedure code 0016T) for treatment of coroidal melanoma is unproven.

- END -

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High Dose Chemotherapy (HDC) And Stem Cell Transplantation

Issue Date: November 1, 1983

Authority: [32 CFR 199.4\(e\)\(5\)](#) and [\(g\)\(15\)](#)

1.0 CPT¹ PROCEDURE CODES

38230 - 38241, 88240, 88241

2.0 DESCRIPTION

2.1 High Dose Chemotherapy (HDC) is defined as the use of cytotoxic therapeutic agents (that are otherwise approved by the U.S. Food and Drug Administration (FDA) for general use in humans) in dosages and/or frequencies of dosage that exceed the FDA labelling for the agent. HDC is generally considered when conventional regimens of chemotherapeutic agents have failed to arrest disease progression. One of the major adverse effects of HDC is that of bone marrow suppression, itself a potentially lethal process.

2.2 Stem cell "transplantation" or "rescue" is defined as a technique for collecting stem cells from a donor (either from the bone marrow or from the bloodstream), preparing and storing the collected stem cells, then reinfusing the prepared stem cells into the bloodstream of a patient in the treatment of oncologic, hematologic or lymphoproliferative disease with curative potential. The goal of stem cell "transplantation" or "rescue" is to reverse the bone marrow suppression caused by either HDC or by a primary bone marrow disease process (e.g., aplastic anemia). There are five general types of stem cell "transplantation" or "rescue":

2.2.1 Autologous Bone Marrow Transplant (ABMT), where the patient is both donor and recipient of stem cells harvested from the bone marrow.

2.2.2 Autologous Peripheral Stem Cell Transplantation (PSCT), where the patient is both donor and recipient of stem cells harvested from the bloodstream using the apheresis process.

2.2.3 Allogeneic Bone Marrow Transplantation (BMT), where stem cells from a histocompatible donor (other than the patient) are harvested from the bone marrow, then later infused into the bloodstream of the patient. With BMT, the patient may have either a related or unrelated donor who has the same or closely matched Human Leukocyte Antigen (HLA) typing necessary for successful transplantation.

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2.2.4 Allogeneic **PSCT**, where stem cells are harvested from the bloodstream of a histocompatible donor (other than the patient) then later infused into the bloodstream of the patient.

2.2.5 Umbilical Cord Blood Stem Cell Transplantation (UCBT), where stem cells are harvested from the umbilical cord and placenta, then later infused into the bloodstream of the patient.

3.0 POLICY

3.1 Benefits are allowed for HDC with ABMT or **autologous PSCT**, **allogeneic BMT** or **allogeneic PSCT**, with or without HDC, and **allogeneic UCBT**, with or without HDC.

3.1.1 TRICARE Prime enrollee must have a referral from his/her Primary Care Manager (PCM) and an authorization from the contractor before obtaining transplant-related services. If network providers furnish transplant-related services without prior PCM referral and contractor authorization, penalties will be administered according TRICARE network provider agreements. If Prime enrollees receive transplant-related services from non-network civilian reporters without the required PCM referral and contractor authorization, Managed Care Support Contractors (MCSCs) shall reimburse charges for the services on a Point of Services (POS) basis. Special cost-sharing requirements apply to POS claims.

3.1.2 For Standard and Extra patients residing in a Managed Care Support (MCS) region, preauthorization authority is the responsibility of the MCS Medical Director or other designated utilization staff.

3.2 HDC with ABMT or **autologous PSCT** is covered in the treatment of the following malignancies. The list of indications is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective and comparable or superior to standard care (proven).

3.2.1 Non-Hodgkin's lymphoma, follicular, intermediate, or high-grade; when:

3.2.1.1 Conventional dose chemotherapy has failed; or

3.2.1.2 The patient has relapsed following a course of radiation therapy; or

3.2.1.3 The patient is in first complete remission with risk factors for relapse.

Note: For purposes of coverage, mantle cell lymphomas will be considered as intermediate grade, non-Hodgkin's lymphomas.

3.2.2 Hodgkin's disease when:

3.2.2.1 Conventional dose chemotherapy has failed; or

3.2.2.2 The patient has relapsed following a course of radiation therapy, and has also failed at least one course of conventional dose chemotherapy subsequent to the failed radiation therapy; and

TRICARE Policy Manual 6010.57-M, February 1, 2008
Chapter 4, Section 23.1
High Dose Chemotherapy (HDC) And Stem Cell Transplantation

3.2.2.3 The patient is in second or third complete remission.

3.2.3 Neuroblastoma.

3.2.3.1 Stage III or IV, when the patient is one for whom further treatment with a conventional dose therapy is not likely to achieve a durable remission.

3.2.3.2 Tandem autologous **PSCT** for high-risk neuroblastoma (INSS Stage III with either N-MYC gene amplification or unfavorable Shimada histology or INSS Stage IV).

3.2.4 Acute lymphocytic or nonlymphocytic leukemias (e.g., myelocytic, myelogenous, myeloblastic, or myelomonoblastic);

3.2.5 Primitive Neuroectodermal Tumors (PNET)/Ewing's Sarcoma.

3.2.6 Gliofibromas (also known as desmoplastic astrocytoma; desmoplastic glioblastoma).

3.2.7 Glioblastoma multiforme.

3.2.8 Posterior fossa teratoid brain tumors.

3.2.9 Rhabdomyosarcoma and undifferentiated sarcomas.

3.2.10 Multiple myeloma. Tandem autologous stem cell transplantation is covered for the treatment of multiple myeloma.

3.2.11 Chronic myelogenous leukemia.

3.2.12 Waldenstrom's macroglobulinemia.

3.2.13 AL (Amyloid Light-Chain) Amyloidosis.

3.2.14 Wilms' tumor.

3.2.15 Trilateral retinoblastoma/pineoblastoma.

3.2.16 Osteosarcoma (osteogenic sarcoma).

3.2.17 Germ cell tumors in a second or subsequent relapse.

3.2.18 HDC with ABMT or PSCT for the treatment of desmoplastic small round cell tumor may be considered on a case-by-case basis under the TRICARE provisions for treatment of rare diseases.

3.2.19 Immunoablative therapy with ABMT or autologous PSCT for the treatment of severe systemic lupus erythematosus refractory to conventional treatment.

3.3 Allogeneic **BMT** or allogeneic **PSCT**, with or without HDC, is covered in the treatment of the following disease processes when either a related or unrelated donor is used. The list of indications

is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective and comparable or superior to standard care (proven).

3.3.1 Aplastic anemia.

3.3.2 Acute lymphocytic or nonlymphocytic leukemias (e.g., myelocytic, myelogenous, myeloblastic, myelomonoblastic); Chronic Myelogenous Leukemia (CML); or preleukemic syndromes.

3.3.3 Severe combined immunodeficiency; e.g., adenosine deaminase deficiency and idiopathic deficiencies.

3.3.3.1 Partially matched-related donor stem cell transportation (without regard for the number of mismatched antigens in determining histocompatibility) in the treatment of Bare Lymphocyte Syndrome.

3.3.3.2 Unrelated donor and/or related donor (without regard for mismatched antigens) with or without T cell lymphocyte depletion in the treatment of Familial Erythrophagocytic Lymphohistiocytosis, (FEL; generalized lymphohistiocytic infiltration; familial lymphohistiocytosis; familial reticuloendotheliosis; Familial Hemophagocytic Lymphohistiocytosis; FHL) for patients whose medical records document failure of conventional therapy (etoposide; corticosteroids; intrathecal methotrexate; and cranial irradiation).

3.3.3.3 Partially matched-related donor stem cell transplantation (without regard for the number of mismatched antigens) in the treatment of X-linked Severe Combined Immunodeficiency Syndrome (X-Linked SCID).

3.3.4 Wiskott-Aldrich Syndrome.

3.3.5 Infantile malignant osteopetrosis (Albers-Schonberg syndrome or marble bone disease).

3.3.6 Thalassemia major.

3.3.7 Intermediate and high grade lymphoma.

3.3.8 Myeloproliferative/dysplastic syndromes.

3.3.9 Congenital mucopolysaccharidoses.

3.3.10 Congenital amegakaryocytic thrombocytopenia.

3.3.11 Metachromatic leukodystrophy.

3.3.12 Sickle cell disease.

3.3.13 Chronic Lymphocytic Leukemia (CLL) when previous therapy has failed or when the CLL is refractory to conventional therapy.

3.3.14 Hyperesinophilic Syndrome.

3.3.15 Multiple myeloma when HCD with ABMT or PSCT has failed.

3.3.16 X-linked hyper-IgM Syndrome.

3.3.17 Chediak-Higashi Syndrome.

3.3.18 Langerhans Cell Histiocytosis, refractory to conventional treatment.

3.3.19 Hodgkin's disease.

3.4 Unirradiated donor lymphocyte infusion (donor buffy coat infusion, donor leukocyte infusion or donor mononuclear cell infusion) is covered for patients with CML, who relapse following their first or subsequent course of HDC with allogeneic BMT. The medical record must document that the patient:

3.4.1 Is in relapse following an adequate trial of HDC with allogeneic BMT of CML; and

3.4.2 Qualified (or would have qualified) for authorization for HDC with allogeneic BMT according to the provisions set forth in this policy.

3.5 Allogeneic UCBT, with or without HDC, is covered in the treatment of the following disease processes when either a related or unrelated donor is used. The list of indications is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective and comparable or superior to standard care (proven).

3.5.1 Aplastic anemia.

3.5.2 Acute lymphocytic or non-lymphocytic leukemias.

3.5.3 Chronic myelogenous leukemia.

3.5.4 Severe combined immunodeficiency.

3.5.5 Wiskott-Aldrich syndrome.

3.5.6 Infantile malignant osteopetrosis.

3.5.7 Blackfan-Diamond anemia.

3.5.8 Fanconi anemia.

3.5.9 Neuroblastoma.

3.5.10 X-linked lymphoproliferative syndrome.

3.5.11 Hunter syndrome.

3.5.12 Hurler syndrome.

- 3.5.13** Congenital amegakaryocytic thrombocytopenia.
 - 3.5.14** Sickle cell anemia.
 - 3.5.15** Globoid cell leukodystrophy.
 - 3.5.16** Adrenoleukodystrophy.
 - 3.5.17** Kostmann's Syndrome.
 - 3.5.18** Lesch-Nyhan disease.
 - 3.5.19** Intermediate and high grade non-Hodgkin's lymphoma.
 - 3.5.20** Thalassemia major.
 - 3.5.21** Myelodysplastic Syndrome.
 - 3.5.22** X-linked hyper-IgM Syndrome.
 - 3.5.23** Langerhans Cell Histiocytosis, refractory to conventional treatment.
- 3.6** Syngeneic (identical twin donor) stem cell transplantation is covered for the treatment of Hodgkin's disease.
- 3.7** TRICARE will reimburse costs for donor searches.
- 3.7.1** Charges for donor searches must be fully itemized and billed by the transplant center.
 - 3.7.2** Costs for donor searches will be cost-shared in accordance with established reimbursement guidelines for outpatient diagnostic testing.
 - 3.7.3** Donor search costs may be billed at any time. There is no limit on how many searches a transplant center may request from the search printout.
- 3.8** For the purposes of TRICARE coverage, the greatest degree of incompatibility allowed between donor or recipient (for either related or unrelated donors) is a single antigen mismatch at the A, B, or Dr. locus except for:
- 3.8.1** Patients with undifferentiated leukemia, CML, aplastic anemia, Acute Lymphocytic Leukemia (ALL) or Acute Myelogenous Leukemia (AML), when histocompatible related or unrelated donors are not available, a three antigen mismatch is allowed for related donors.
 - 3.8.2** For patients under 18 years of age with a relapsed leukemia, when histocompatible related or unrelated donors are not available, parental CD34++ stem cell transplantation with two-three antigen mismatch is allowed.
- 3.9** **BMT, PSCT,** and **UCBT** is a process which includes mobilization, harvesting, and transplant of bone marrow, peripheral blood stem cell, or umbilical cord blood stem cells and the administration

of HDC or radiotherapy prior to the actual transplant. When BMT, PSCT, or UCBT is covered, all necessary steps are included in coverage. When BMT, PSCT, or UCBT is noncovered, none of the steps are covered. The prophylactic harvesting, cryopreservation and storage of bone marrow, peripheral blood stem cells, or umbilical cord blood stem cells when proposed for possible future use is not covered. In the event that the patient expires prior to the stem cell reinfusion being completed, benefits for the harvesting may be allowed.

3.10 Benefits are allowed for Hepatitis B and pneumococcal vaccines for patients undergoing transplantation.

3.11 Charges for stem cell and umbilical cord blood preparation and storage shall be billed through the transplantation facility in the name of the TRICARE patient.

3.12 Charges for the umbilical cord blood bank may be allowed only for patients who have undergone a covered transplant.

3.13 Claims for services and supplies related to the HDC and transplant for beneficiaries under the age of 18 will be reimbursed based on billed charges. Claims for HDC and transplant for adult patients, 18 years and older, will be reimbursed under the Diagnosis Related Group (DRG) payment system. Outpatient institutional facility charges will be paid as billed. Professional services are reimbursed under the CHAMPUS Maximum Allowable Charge (CMAC) Methodology.

3.14 Transportation of the patient by air ambulance may be cost-shared when determined to be medically necessary. Benefits for advanced life support air ambulance (to include attendant) may be preauthorized by the appropriate preauthorizing authority on an individual case basis in conjunction with the preauthorization for the services themselves.

3.15 In those cases where the beneficiary fails to obtain preauthorization, benefits may be extended if the services or supplies otherwise would qualify for benefits but for the failure to obtain preauthorization. If preauthorization is not received, the appropriate preauthorizing authority is responsible for determining if the patient meets the coverage criteria. Charges for transplant and transplant-related services provided to TRICARE Prime enrollees who failed to obtain PCM referral and contractor authorization for HDC with ABMT or PSCT will be reimbursed only under POS rules.

4.0 EXCLUSIONS

Benefits will not be paid for:

4.1 HDC with ABMT or autologous PSCT, allogeneic BMT or allogeneic PSCT, with or without HDC, or allogeneic UCBT, with or without HDC, if the patient has a concurrent condition (other existing illness) that would jeopardize the achievement of successful transplantation.

4.2 Expenses waived by the transplant center (i.e., beneficiary/sponsor not financially liable).

4.3 Services and supplies not provided in accordance with applicable program criteria (i.e., part of a grant, or research program; unproven procedure).

4.4 Administration of an unproven immunosuppressant drug that is not FDA approved.

- 4.5** Pre- or post-transplant nonmedical expenses (i.e., out-of-hospital living expenses, to include, hotel, meals, privately owned vehicle for the beneficiary or family members).
- 4.6** Transportation of a donor.
- 4.7** Allogeneic BMT for treatment of low grade non-Hodgkin's lymphoma is not a benefit.
- 4.8** Autologous UCBT therapy as this procedure is considered unproven.
- 4.9** Allogeneic BMT for neuroblastoma as this procedure is considered unproven.
- 4.10** Allogeneic donor BMT (infusion) performed with or after organ transplants for the purpose of increasing tolerance of the organ transplant is considered unproven.
- 4.11** HDC with ABMT or PSCT is not a benefit for treatment of desmoplastic small round-cell tumor.
- 4.12** HDC with ABMT or PSCT is not covered for treatment of breast cancer.
- 4.13** HDC with allogeneic BMT is not a benefit for treatment of Waldenstrom's macroglobulinemia.
- 4.14** HDC with Stem Cell Rescue (SCR) is not a benefit for the treatment of epithelial ovarian cancer.
- 4.15** HDC with allogeneic stem cell transplantation is not covered for the treatment of cold agglutinin disease.
- 4.16** Donor lymphocyte infusion if not specifically listed as covered in [paragraph 3.4](#).
- 4.17** Immunoblastic therapy with BMT or PSCT is not covered for the treatment of multiple sclerosis.

4.18 Immunoablative therapy with BMT or PSCT is unproven and not covered for the treatment of rheumatoid arthritis and juvenile idiopathic arthritis.

4.19 Immunoablative therapy with allogeneic BMT or allogeneic PSCT is not covered for the treatment of systemic lupus erythematosus not refractory to conventional treatment.

5.0 EFFECTIVE DATES

- 5.1** May 1, 1987, for HDC with ABMT or PSCT for Hodgkin's disease, non-Hodgkin's lymphoma and neuroblastoma.
- 5.2** November 1, 1987, for HDC with ABMT or PSCT for acute lymphocytic and nonlymphocytic leukemias.
- 5.3** November 1, 1983, for HDC with allogeneic BMTs using related donors.
- 5.4** July 1, 1989, for HDC with allogeneic BMTs using unrelated donors.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 23.1

High Dose Chemotherapy (HDC) And Stem Cell Transplantation

- 5.5** July 11, 1996, for HDC with ABMT or PSCT for multiple myeloma.
- 5.6** January 1, 1994, for HDC with ABMT and PSCT for Wilms' tumor.
- 5.7** January 1, 1995, for allogeneic UCBTs.
- 5.8** January 1, 1994, for HDC with ABMT or PSCT for chronic myelogenous leukemia.
- 5.9** January 1, 1996, for HDC with ABMT or PSCT for Waldenstrom's macroglobulinemia.
- 5.10** January 1, 1996, for allogeneic BMTs using related three antigen mismatch donors for patients with undifferentiated leukemia, CML, aplastic anemia, ALL or AML.
- 5.11** October 1, 1996, for HDC with ABMT or PSCT for AL Amyloidosis.
- 5.12** January 1, 1995, for allogeneic BMT for hypereosinophilic syndrome.
- 5.13** May 1, 1997, for HDC with ABMT or PSCT for trilateral retinoblastoma/pineoblastoma.
- 5.14** January 1, 1997, for HDC with ABMT or PSCT for follicular lymphoma.
- 5.15** January 1, 1997, for HDC with ABMT or PSCT for non-Hodgkin's lymphoma in first complete remission.
- 5.16** November 28, 1997, for HDC with ABMT or PSCT for Hodgkin's disease in second or third remission.
- 5.17** January 1, 1996, for HDC with allogeneic BMT for multiple myeloma.
- 5.18** July 1, 1999, for HDC with ABMT or PSCT for germ cell tumors in a second or subsequent relapse.
- 5.19** January 1, 1998, for HDC with ABMT or PSCT for osteosarcoma (osteogenic sarcoma).
- 5.20** June 1, 1995, for allogeneic BMT for Chediak-Higashi syndrome.
- 5.21** January 1, 1998, for allogeneic PSCT.
- 5.22** June 1, 2003, for Langerhans Cell Histiocytosis, refractory to conventional treatment.
- 5.23** January 24, 2002, for allogeneic stem cell transplant for Hodgkin's disease.
- 5.24** May 19, 2005, for tandem autologous PSCT for high-risk neuroblastoma.
- 5.25** January 1, 2006, for HDC with ABMT or PSCT for desmoplastic small round cell tumor.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 23.1

High Dose Chemotherapy (HDC) And Stem Cell Transplantation

5.26 April 2, 2009, for immunoablative therapy with ABMT or autologous PSCT for severe systemic lupus erythematosus, refractory to conventional treatment.

- END -

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 24.1

Heart-Lung And Lung Transplantation

performed at a pediatric facility that is TRICARE-certified as a heart, heart-lung, or lung transplantation center on the basis that the center belongs to a pediatric consortium program whose combined experience and survival data meet the TRICARE criteria for certification. The contractor is the certifying authority for transplant centers within its region. Refer to [Chapter 11, Section 7.1](#) for organ transplant center certification requirements.

4.3 Heart-lung, and lung transplantation will be paid under the DRG.

4.4 Claims for transportation of the donor organ and transplant team shall be adjudicated on the basis of billed charges, but not to exceed the transport service's published schedule of charges, and cost-shared on an inpatient basis. Scheduled or chartered transportation may be cost-shared.

4.5 Charges made by the donor hospital will be cost-shared on an inpatient basis and must be fully itemized and billed by the transplant center in the name of the TRICARE patient.

4.6 Acquisition and donor costs are not considered to be components of the services covered under the DRG. These costs must be billed separately on a standard Centers for Medicare and Medicaid Services (CMS) 1450 UB-04 claim form in the name of the TRICARE patient.

4.7 When a properly preauthorized transplant candidate is discharged less than 24-hours after admission because of extenuating circumstances, such as the available organ is found not suitable or other circumstances which prohibit the transplant from being timely performed, all otherwise authorized services associated with the admission shall be cost-shared on an inpatient basis, since the expectation at admission was that the patient would remain more than 24 hours.

4.8 Heart-lung and lung transplants performed on an emergency basis in an unauthorized heart-lung or lung transplant facility may be cost-shared only when the following conditions have been met:

4.8.1 The unauthorized center must consult with the nearest TRICARE or Medicare-certified heart-lung or lung transplantation center regarding the transplantation case; and

4.8.2 It must be determined and documented by the transplant team physician(s) at the certified heart-lung or lung transplantation center that transfer of the patient (to the certified heart-lung or lung transplantation center) is not medically reasonable, even though transplantation is feasible and appropriate.

5.0 EXCLUSIONS

5.1 Expenses waived by the transplant center, (e.g., beneficiary/sponsor not financially liable).

5.2 Services and supplies not provided in accordance with applicable program criteria (i.e., part of a grant or research program; unproven procedure).

5.3 Administration of an unproven immunosuppressant drug that is not FDA approved or has not received approval as an appropriate "off label" drug indication.

5.4 Pre- or post-transplant nonmedical expenses, (e.g., out-of-hospital living expenses, to include hotel, meal, privately owned vehicle for the beneficiary or family members).

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 24.1

Heart-Lung And Lung Transplantation

5.5 Transportation of an organ donor.

5.6 AlloMap® molecular expression testing for cardiac transplant rejection surveillance.

6.0 EFFECTIVE DATES

6.1 February 28, 1991, for heart-lung and lung transplantation.

6.2 May 1, 1996, for epoprostenol.

6.3 June 1, 1997, for living donor lobar lung transplantation.

- END -

4.0 EXCLUSIONS

4.1 Expenses waived by the transplant center (e.g., beneficiary/sponsor not financially liable).

4.2 Services and supplies not provided in accordance with applicable program criteria (i.e., part of a grant or research program; unproven procedure).

4.3 Administration of an unproven immunosuppressant drug that is not FDA approved or has not received approval as an appropriate "off-label" drug indication.

4.4 Pre- or post-transplant nonmedical expenses (e.g., out-of-hospital living expenses, to include hotel, meals, privately owned vehicle for the beneficiary or family members).

4.5 Transportation of an organ donor.

4.6 Prolonged extracorporeal circulation for cardiopulmonary insufficiency (CPT² procedure codes 33960 and 33961).

4.7 Artificial hearts.

4.8 AlloMap[®] molecular expression testing for cardiac transplant rejection surveillance.

5.0 EFFECTIVE DATES

5.1 November 7, 1986, for heart transplants.

5.2 The date of FDA approval for ventricular assist devices.

- END -

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 24.3

Combined Heart-Kidney Transplantation (CHKT)

4.2.4 Pre- or post-transplantation nonmedical expenses (e.g., out-of-hospital living expenses, to include hotel, meals, privately owned vehicle for the beneficiary or family members).

4.2.5 Transportation of an organ donor.

4.3 AlloMap® molecular expression testing for cardiac transplant rejection surveillance.

5.0 EFFECTIVE DATE

March 27, 1997.

- END -

Chapter 5

Section 3.1

Radiation Oncology

Issue Date: March 27, 1991

Authority: [32 CFR 199.4\(b\)\(2\)](#), [\(c\)\(2\)\(x\)](#), [\(c\)\(2\)\(viii\)](#), and [\(g\)\(15\)](#)

1.0 CPT¹ PROCEDURE CODES

61793, 61795, 77261 - 77421, 77427 - 77799, 0073T

2.0 DESCRIPTION

2.1 Radiation therapy is also known as radiotherapy, radiation treatment, x-ray therapy, cobalt therapy, and proton beam therapy. The primary purpose of radiation therapy is to eliminate or shrink localized cancers (as opposed to cancers that have spread to distant parts of the body).

2.2 Stereotactic radiosurgery/radiotherapy is a method of delivering ionizing radiation to small intracranial targets. Stereotactic radiosurgery entails delivering a high dose in a single session. Stereotactic radiotherapy entails fractionating the dose over a number of treatments.

2.2.1 There are three main variations of stereotactic radiosurgery/radiotherapy: gamma beam or gamma knife, linear accelerator (linac), and charged particle beam (proton or helium ion). The three radiation delivery devices differ technically in several ways: source of radiation, size and shape of the radiation field, and range of radiation dosages.

2.2.2 The radiosurgical/radiotherapy procedure is preceded by a process of localizing the target, which can be performed with one or more of the following techniques: skull x-ray, cerebral angiography, computerized tomography, or magnetic resonance imaging.

3.0 POLICY

3.1 Radiation therapy (brachytherapy, fast neutron, hyperfractionated, and radioactive chromic phosphate synoviorthesis) is covered for those indications documented by reliable evidence as safe, effective and comparable or superior to standard care (proven).

3.2 Gamma knife radiosurgery/radiotherapy is covered for the following indications. This list of indications is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).

- Arteriovenous Malformations (AVMs).
- Benign brain tumors.
- Acoustic neuromas (vestibular Schwannomas).

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- Pituitary adenomas.
- Craniopharyngiomas.
- Other tumors of the skull base.
- Pineal region tumors.
- Metastatic brain tumors.
- High grade gliomas (glioblastoma multiforme, anaplastic astrocytomas).

3.3 Linear accelerator radiosurgery/radiotherapy is covered for the following indications. This list of indications is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).

- AVMs.
- Acoustic neuromas (vestibular Schwannomas).
- Metastatic brain tumors.

3.4 Proton beam radiosurgery/radiotherapy is covered for the following indications. This list of indications is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).

- AVMs.
- Cushing's disease or acromegaly caused by pituitary microadenomas.
- As postoperative therapy in patients who have undergone biopsy or partial resection of the chordoma or low grade (I or II) chondrosarcoma of the basisphenoid region (skull-base chordoma or chondrosarcoma) or cervical spine.
- As primary therapy for patients with uveal melanoma, with no evidence of metastasis or extrascleral extension, and with tumors up to 22 mm in largest diameter and 14 mm in height.
- Prostate cancer.
- Meningioma.
- Low grade glioma (astrocytoma, grade I-II).
- Glioblastoma multiforme.
- Soft tissue sarcoma (liposarcoma).
- Hodgkin's disease when conventional radiotherapy is contraindicated.
- Acoustic neuromas.

3.5 Helium ion beam radiosurgery/radiotherapy is covered for the following indications. This list of indications is not all inclusive. Other indications are covered when documented by reliable evidence as safe, effective, and comparable or superior to standard care (proven).

3.5.1 As primary therapy for patients with melanoma of the uveal tract, with no evidence of metastasis or extrascleral extension, and with tumors up to 24 mm in largest diameter and 14 mm in height.

3.5.2 As postoperative therapy in patients who have undergone biopsy or partial resection of the chordoma or low grade (I or II) chondrosarcoma of the basisphenoid region (skull-base chordoma or chondrosarcoma) or cervical spine.

- 3.4.3.2 Individuals who have vertebral abnormalities.
- 3.4.3.3 Individuals receiving long-term glucocorticoid (steroid) therapy.
- 3.4.3.4 Individuals with primary hyperparathyroidism.
- 3.4.3.5 Individuals with positive family history of osteoporosis.
- 3.4.3.6 Any other high-risk factor identified by ACOG as the standard of care.

4.0 EXCLUSIONS

- 4.1 Bone density studies for the routine screening of osteoporosis.
- 4.2 PET for the diagnosis and monitoring of treatment of Alzheimer's disease, fronto-temporal dementia or other forms of dementia is unproven.
- 4.3 PET and PET/CT for the initial diagnosis of differentiated thyroid cancer and for medullary cell thyroid cancer.

4.4 Ultrasound ablation (destruction of uterin fibroids) with Magnetic Resonance Imaging (MRI) guidance (CPT³ procedure code 0071T) in the treatment of uterine leiomyomata is unproven.

5.0 EFFECTIVE DATES

- 5.1 January 1, 1995, for PET for ischemic heart disease.
- 5.2 December 1, 1996, for PET for lung cancer.
- 5.3 October 14, 1990, for SPECT for myocardial perfusion imaging.
- 5.4 January 1, 1991, for SPECT for brain imaging.
- 5.5 October 28, 1996, for ¹¹¹In-Capromab Pendetide, CyT 356 (ProstaScint™).
- 5.6 June 1, 1994, for Octreoscan Scintigraphy.
- 5.7 May 26, 1994, for bone density studies.
- 5.8 January 1, 2006, for PET and PET/CT for pancreatic cancer.
- 5.9 February 16, 2006, for PET and PET/CT for thyroid cancer.

- END -

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Chapter 6

Section 1.1

General

Issue Date:

Authority: 32 CFR 199.4(a)(1)(i), (b)(2)(ix), (b)(2)(xviii), (b)(3)(vi), (b)(3)(xv), (c)(2)(ix), (c)(2)(x), and (g)(60)

1.0 CPT¹ PROCEDURE CODES

80048 - 87622, 87640, 87641, 87650 - 87999, 88104 - 89264, 89330 - 89399

2.0 DESCRIPTION

2.1 Pathology is the medical science and specialty practice that deals with all aspects of disease, but with special reference to the essential nature, the causes, and development of abnormal conditions, as well as the structural and functional changes that result from disease processes.

2.2 The surgical pathology services include accession, examination, and reporting for a specimen which is defined as tissue that is submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. These codes require gross and microscopic examination.

3.0 POLICY

3.1 Pathology and laboratory services are covered except as indicated.

3.2 Surgical pathology procedures, billed by a pathologist, are covered services.

3.3 If the operating surgeon bills for surgical pathology procedures, they will be denied as incidental, since the definitive (microscopic) examination will be performed later, after fixation of the specimen, by the pathologist who will bill separately.

3.4 Dermatologists are qualified to perform surgical pathology services. Therefore, if a dermatologist bills for both the surgical procedure (e.g., CPT¹ procedure code 11100, skin biopsy) as well as the surgical pathology, both procedures are covered in full.

3.5 Human papillomavirus testing (CPT¹ procedure codes 87620 - 87622) is covered for the assessment of women with Atypical Squamous Cells of Undetermined Significance (ASCUS) cells detected upon initial pap smear.

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3.6 The Nuclear magnetic Resonance (NMR) LipoProfile-2 test, used with the NMR Profiler (CPT² procedure codes 83701 and 83704) is proven and covered for the management of lipoprotein disorders associated with cardiovascular disease.

3.7 For transfusion services, refer to [Section 2.1](#).

4.0 EXCLUSIONS

4.1 Autopsy and postmortem (CPT² procedure codes 88000 - 88099).

4.2 Sperm penetration assay (hamster oocyte penetration test or the zona-free hamster egg test) is excluded for In vitro Fertilization (IVF) (CPT² procedure code 89329).

4.3 In-vitro chemoresistance and chemosensitivity assays (stem cell assay, differential staining cytotoxicity assay and thymidine incorporation assay) are unproven.

4.4 Hair analysis to identify mineral deficiencies from the chemical composition of hair is unproven. Hair analysis testing (CPT² procedure code 96902) may be reimbursed when necessary to determine lead poisoning.

4.5 Insemination of oocytes (CPT² procedure code 89268).

4.6 Extended culture of oocyte(s) embryo(s) four to seven days (CPT² procedure code 89272).

4.7 Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes (CPT² procedure code 89280). Assisted oocyte fertilization, microtechnique; greater than 10 oocytes (CPT² procedure code 89281).

4.8 Biopsy oocyte polar body or embryo blastomere (CPT² procedure code 89290). Biopsy oocyte polar body or embryo blastomere; greater than four embryos (CPT² procedure code 89291).

4.9 Cryopreservation reproductive tissue, testicular (CPT² procedure code 89335).

4.10 Storage (per year) embryo(s) (CPT² procedure code 89342). Storage (per year) sperm/semens (CPT² procedure code 89343). Storage (per year) reproductive tissue, testicular/ovarian (CPT² procedure code 89344). Storage (per year) oocyte (CPT² procedure code 89346).

4.11 Thawing of cryopreserved, embryo(s) (CPT² procedure code 89352). Thawing of cryopreserved, sperm/semens, each aliquot (CPT² procedure code 89353). Thawing of cryopreserved, reproductive tissue, testicular/ovarian (CPT² procedure code 89354). Thawing of cryopreserved, oocytes, each aliquot (CPT² procedure code 89356).

4.12 AlloMap[®] for molecular testing is unproven for use in cardiac transplant rejection surveillance.

4.13 Oncotype Dx (S3854) is not covered due to the lack of U.S. Food and Drug Administration (FDA) status.

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5.0 EFFECTIVE DATE

July 23, 2008, for NMR LipoProfile-2 test, used with the NMR Profiler.

- END -

Ophthalmological Services

Issue Date: November 3, 1992

Authority: [32 CFR 199.4\(c\)\(2\)\(xvi\)](#), [\(e\)\(6\)](#), [\(g\)\(46\)](#), [\(g\)\(50\)](#), and 10 USC 1079(a)(3)

1.0 CPT¹ PROCEDURE CODE RANGES

92002 - 92060, 92070 - 92335, 92390 - 92499

2.0 DESCRIPTION

Ophthalmological services may include an examination and other specialized services. The purpose of an examination is to diagnose or treat a medical condition of the eye, eyelid, lacrimal system, or orbit. A "routine eye examination" is an evaluation of the eyes, including but not limited to refractive services, that is not related to a medical or surgical condition or to the medical or surgical treatment of a covered illness or injury.

3.0 POLICY

3.1 For all beneficiaries, ophthalmological services (including refractive services) provided in connection with the medical or surgical treatment of a covered illness or injury are covered.

3.2 For Active Duty Family Members (ADFM)s payment can be made for one routine eye examination per year.

3.2.1 Routine eye examinations as defined in [32 CFR 199.2](#) includes coverage of those services rendered in order to determine the refractive state of the eyes. The CPT¹ procedure codes for payment of routine eye examinations are as follows:

92002 - EYE EXAM, NEW PATIENT

92004 - EYE EXAM, NEW PATIENT

92012 - EYE EXAM, ESTABLISHED PATIENT

92014 - EYE EXAM & TREATMENT

92015 - REFRACTION

99172 - OCULAR FUNCTION SCREEN

99173 - VISUAL ACUITY SCREEN

3.2.2 TRICARE Prime and Standard ADFMs are entitled to one annual routine eye. Prime ADFMs may receive their annual routine eye examination from any network provider without referral, authorization, or preauthorization from the Primary Care Manager (PCM), or any other authority; i.e., a Prime ADFM will be allowed to set up his or her own appointment for a routine eye

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 7, Section 6.1

Ophthalmological Services

examination with any network optometrist or ophthalmologist. Standard ADFMs may self-refer to any TRICARE authorized provider regardless of whether or not they are a network provider; i.e., a Standard ADFM may set up his or her own appointment with either a network or non-network, TRICARE authorized, optometrist or ophthalmologist.

3.3 For Prime enrollees, see [Section 2.2](#) for additional information on routine eye examinations.

3.4 Heidelberg Retina Tomograph (HRT), Optical Coherence Tomograph (OCT), and Scanning laser polarimetry (GDx) (CPT² procedure code 92135) to diagnose and monitor progression of suspected glaucoma may be considered for cost-sharing. Effective October 28, 2008.

4.0 EXCLUSIONS

4.1 Routine eye examinations are NOT covered for Standard retirees or their dependents that are not enrolled in Prime except for eye exams allowed under the well-child benefit in [Section 2.5](#).

4.2 Orthoptics, also known as vision training, vision therapy, eye exercises, eye therapy, is excluded by [32 CFR 199.4\(g\)\(46\)](#) (CPT² procedure code 92065).

4.3 Canaloplasty in the treatment of glaucoma is unproven.

- END -

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 7, Section 18.1

Rehabilitation - General

3.5 Cognitive rehabilitation services designed to improve cognitive functioning after a brain injury are not supported by reliable scientific evidence of efficacy as defined by 32 CFR 199.4(g)(15). Cognitive rehabilitation may therefore not be covered when billed as distinct or separate services (CPT² procedure code 97532). Sensory integration therapy (CPT² procedure code 97533) which may be considered a component of cognitive rehabilitation is also excluded from coverage. This policy is not intended to deny multidisciplinary services provided by physicians, psychologists, physical therapists, occupational or speech therapists after acquired brain injury from TBI or stroke. Cognitive rehabilitation strategies may be incorporated into comprehensive brain injury rehabilitation programs and may be covered when cognitive rehabilitation is not billed as a separate service.

3.6 The use of a Monochromatic Infrared Energy (MIRE) device for treatment of diabetic peripheral neuropathy is unproven.

3.7 Services provided to address disorders or conditions (e.g., speech, language, or communication) resulting from occupational or educational deficits.

3.8 Low Level Laser Therapy (LLLT) (also known as low level light therapy or cold laser therapy) for treatment of soft tissue injuries, pain or inflammation is unproven.

- END -

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 7, Section 18.2

Physical Medicine/Therapy

4.1.14 For beneficiaries under the age of three, services and items provided in accordance with the beneficiary's Individualized Family Service Plan (IFSP) as required by Part C of the Individuals with Disabilities Education Act (IDEA), and which are otherwise allowable under the TRICARE Basic program or the Extended Care Health Option (ECHO) but determined not to be medically or psychologically necessary, are excluded.

4.1.15 For beneficiaries aged three to 21, who are receiving special education services from a public education agency, cost-sharing of outpatient physical therapy services that are required by the IDEA and which are indicated in the beneficiary's Individualized Education Program (IEP), may not be cost-shared except when the intensity or timeliness of physical therapy services as proposed by the educational agency are not sufficient to meet the medical needs of the beneficiary.

4.1.16 Low Level Laser Therapy (LLLT) (also known as low level light therapy or cold laser therapy) for treatment of soft tissue injuries, pain or inflammation is unproven.

- END -

Diagnostic Sleep Studies

Issue Date: October 12, 1984
Authority: [32 CFR 199.4\(a\)\(1\)](#)

1.0 CPT¹ PROCEDURE CODES

95805 - 95811, 95822, 95827

2.0 HCPCS PROCEDURE CODE

G0398

3.0 DESCRIPTION

Sleep studies and polysomnography refer to the continuous simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep for six or more hours with physician review, interpretation, and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as Nasal Continuous Positive Airway Pressure (NCPAP). Polysomnography is distinguished from sleep studies by the inclusion of sleep staging which is defined to include a 1-4 lead Electroencephalogram (EEG), Electro-oculogram (EOG), and a submental Electromyogram (EMG). Additional parameters of sleep include: Electrocardiogram (ECG); airflow; ventilation and respiratory effort; gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis; extremity muscle activity, motor activity-movement; extended EEG monitoring; penile tumescence; gastroesophageal reflux; continuous blood pressure monitoring; snoring; body positions; etc.

4.0 POLICY

Diagnostic testing can be covered only if the patient has the symptoms or complaints of one of the conditions listed below:

4.1 Narcolepsy. This term refers to a syndrome characterized by abnormal sleep tendencies, including excessive daytime sleepiness, disturbed nocturnal sleep and pathological manifestation of Rapid Eye Movement (REM) sleep. The most typical REM sleep manifestations are cataplexy and sleep-onset REM periods, but sleep paralysis and hypnagogic hallucinations may also be present. Related diagnostic testing (e.g., Multiple Sleep Latency Test - CPT¹ procedure code 95805) is covered if the patient has inappropriate sleep episodes (e.g., while driving, in the middle of a meal, in the midst of conversation), amnesiac episodes, or continuous agonizing drowsiness.

4.2 Obstructive Sleep Apnea Syndrome (OSAS).

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4.3 Impotence. Effective February 1, 1988.

4.4 Diagnostic testing for OSAS is a covered benefit. An U.S. Food and Drug Administration (FDA) approved dental orthosis may be covered for the treatment of OSAS. The device must be used for the treatment of OSAS and not for adjunctive dental.

4.5 Parasomnias or abnormal sleep behavior, such as bruxism, sleepwalking, enuresis, and seizure disorder evaluations when the distinction between seizure activity and other forms of sleep disturbances is uncertain. Effective February 3, 1991.

4.6 An unattended home/portable sleep study is proven and covered as an alternative to in-facility Polysomnography (PSG) for the diagnosis of Obstructive Sleep Apnea (OSA) in an adult when ALL of the following criteria are met:

4.6.1 When ordered by a physician board eligible/board certified in sleep medicine.

4.6.2 When the patient meets all of the following criteria:

- High pretest probability of OSA as evidenced by clinical features, signs and symptoms (e.g., age, sex, Body Mass Index (BMI), loud snoring, awakening with gasping or choking, excessive daytime sleepiness, observed cessation of breathing during sleep);
- The ordering physician determines a home portable sleep study is an appropriate alternative to in-laboratory PSG;
- No significant co-morbid conditions exist that could impact the accuracy of the study (e.g., moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure);
- No sleep disorders other than OSA are suspected (e.g., central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders, narcolepsy); or
- Diagnosis of OSA has been established, therapy has been initiated, and response to treatment is to be evaluated.

4.6.3 When the following type of portable monitor is used:

- Type II monitor with a minimum of seven channels (e.g., electroencephalogram (EEG) and electro-oculogram (EOG) for sleep staging, electrocardiogram (ECG), chin electromyogram (EMG), airflow, breathing/respiratory effort, and oxygen saturation.
- Type III or Type IV monitors will not be covered.

4.6.4 When the portable monitor has been validated in a typical home environment.

4.6.5 When test results are reviewed and interpreted by a physician board eligible/board certified in sleep medicine.

4.6.6 All testing must be performed using an FDA approved portable monitoring device.

5.0 POLICY CONSIDERATIONS

5.1 Referral by Attending Physician. The patient must be referred to the sleep disorder center by the attending physician, and the center must maintain a record of the attending physician's referral. If a copy of the referral is not submitted with the claim, the contractor must develop for a referral.

5.2 Diagnostic Testing. The need for diagnostic testing is confirmed by medical evidence, e.g., physical examinations and laboratory tests.

5.3 For narcolepsy there must be documentation that the condition is severe enough to interfere with the patient's health and well-being. Ordinarily, a maximum of two clinic sleep sessions is sufficient for diagnosis. Claims in excess of two clinic sleep sessions must be referred to the contractor's medical review.

5.4 Claims for diagnostic sleep studies shall be processed and paid as outpatient services. Patients who undergo the testing are not considered inpatients, although they may come to the facility in the evening for testing and then leave after their tests are over.

5.5 Institutional and professional charges related to sleep diagnostic testing performed in a TRICARE-approved hospital are covered only for narcolepsy, sleep apnea, impotency, parasomnia, and suspected epilepsy when the distinction between seizure activity and other forms of sleep disturbances is uncertain on an outpatient cost-sharing basis.

5.6 Authorized-Freestanding Clinics. Payment may be made for sleep diagnostic testing performed by a freestanding clinic under the "physician-directed clinic" category.

Note: A "physician-directed clinic" is one where (a) a physician (or a number of physicians) is present to perform medical (rather than administrative) services at all times the clinic is open; (b) each patient is under the care of a clinic physician; and (c) the non-physician services are under medical supervision.

6.0 EXCLUSIONS

6.1 Electrosleep Therapy. Electrosleep therapy is the application of short duration, low-amplitude pulses of direct current to the patient's brain by externally placed occipital electrodes. Passage of the weak electric current through the tissues of the head induces sleep. This modality is considered unproven, as its efficacy has not been established in the United States. Claims for electrosleep therapy must, therefore, be denied.

6.2 Study, Grant, or Research Programs. Payment may not be made for any services or supplies provided as a part of or under a grant or research program.

6.3 Sleep testing is not indicated for patients whose complaint is of short duration or for patients who do not experience functional disability during the day.

6.4 Diagnostic testing that is duplicative of previous testing done by the attending physician, to the extent the results are still pertinent, is not covered.

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 7, Section 19.1

Diagnostic Sleep Studies

6.5 Payment may not be made for diagnostic sleep testing of the conditions listed below. These conditions can be diagnosed through other, more appropriate means:

- Drug dependency
- Hypersomnia (pathologically excessive sleep)
- Insomnia
- Night terrors or dream anxiety attacks
- Nocturnal myoclonus (muscle jerks)
- Restless leg syndrome
- Shift work and schedule disturbances
- Migraine headaches

6.6 If the patient has had documented episodes of cataplexy, diagnostic testing for narcolepsy would not be necessary and is, therefore, not covered.

6.7 Somnoplasty system for obstructive sleep apnea is unproven.

7.0 EFFECTIVE DATE

Home/portable sleep studies for the diagnosis of OSA in adults who meet certain criteria are covered, effective May 29, 2008.

- END -

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 8, Section 9.1

Pharmacy Benefits Program

and also requires demonstrations from medical literature, national organizations, or technology assessment bodies that the unlabeled or off-label use of the drug is safe, effective, and in accordance with nationally accepted standards of practice in the medical community. As presented in order of relative weight in [32 CFR 199.2](#), reliable evidence means:

- Well controlled studies of clinical meaningful endpoints, published in refereed medical literature.
- Published formal technology assessments.
- Published reports of national professional medical associations.
- Published national medical policy organizations.
- Published reports of national expert opinion organizations.

2.2.6 Pharmaceutical agents grandfathered by the Federal Food, Drug and Cosmetic Act of 1938 may be cost-shared as if FDA approved.

2.2.7 Insulin and related supplies may be cost-shared for known diabetic patients, even though a prescription may not be required for purchase.

2.2.8 Pharmaceutical agents with FDA "orphan drug" designation and marketing approval may be cost-shared when used in the treatment of a rare disease or condition. For the purpose of the Pharmacy Benefits Program, TRICARE adopts the FDA definition of the term "rare disease or condition."

2.2.9 Legend vitamins may be cost-shared only when used as a specific treatment of a medical condition.

2.2.10 The DoD establishes quantity limits and prior authorizations for certain pharmaceutical agents. Prior authorization request forms, criteria, and list of pharmaceutical agents with established quantity limits are available at: http://www.tricare.mil/pharmacy/unif_form.cfm.

3.0 EXCLUSIONS

3.1 Pharmaceutical agents prescribed or furnished by a member of the patient's immediate family or a person living in the beneficiary's or sponsor's household.

3.2 Pharmaceutical agents, including compounded preparations, that are available over the counter.

3.3 Investigational pharmaceutical agents with FDA "Group C" designation have reproducible efficacy in one or more specific tumor types. Such a drug has altered or is likely to alter the pattern of treatment of the disease, and can be safely administered by properly trained physicians without specialized supportive care facilities. TRICARE may not cost-share use of Group C-designated pharmaceutical agents, because authorization for Group C distribution for a specific indication is not equivalent to formal FDA approval for that indication. Medical care related to the use of Group

C-designated pharmaceutical agents may be cost-shared only when the care would have been provided in the absence of the use of the Group C-designated drug.

3.4 Orphan pharmaceutical agents without marketing approval, but which are made available on a compassionate-use basis, may not be cost-shared.

3.5 Under the FDA treatment Investigational New Drug (IND) regulations enacted in 1987, pharmaceutical agents that are in controlled clinical trials can be provided outside those trials to treat patients with serious or immediately life-threatening diseases for which no comparable or satisfactory alternate therapy exists. TRICARE may not cost-share treatment INDs because they have not received FDA marketing approval. However, medical care related to the use of treatment INDs may be cost-shared when the patient's medical condition warrants their administration and the care is provided in accordance with generally accepted standards of medical practice.

3.6 Medical foods are not covered under the TPharm benefit. The term "medical food", as defined in section 5(b) of the Orphan Drug Act (21 USC § 360ee(b)(3)) is "a food which is formulated to be consumed or administered enterally under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation."

3.7 Irinotecan (Camptosar®) for treatment of metastatic esophageal cancer is unproven.

4.0 UTILIZATION MANAGEMENT

4.1 Utilization management is the responsibility of the contractor with responsibility for the venue distributing the pharmaceuticals. Should another contractor require data about pharmaceutical prescribing practices of clinicians or the pharmaceuticals prescribed to a patient, the contractor requiring the information may submit a request for data to the Contracting Officer (CO). The requesting contractor shall commit to paying all costs associated with retrieving and providing any data. No contractor will be required to develop or provide data that are not available in the contractor's data warehouse.

4.2 The contractors shall screen prescription claims for potential over-utilization and substance abuse. If a potential drug abuse situation is identified by the MCSC, the pharmacy contractor, a private physician, a physician-reviewer in the course of business for the contractor, or a physician in a hospital setting, the beneficiary shall be placed on 100% prepayment review. The Government cannot cost share benefits to support or maintain potential drug abuse situations. This is true, whether or not the pharmaceutical agents are obtained by legal means, and are otherwise eligible for benefit consideration under other circumstances. The pharmacy contractor, in conjunction with the managed care support contractor or responsible military treatment facility shall:

4.2.1 Pend all claims for the beneficiary;

4.2.2 Establish the necessity for the pharmaceutical agents and their appropriateness based on diagnosis or definitive symptoms;

4.2.3 Deny all related claims if a drug abuse situation does exist, including office visits or emergency room visits if the purpose of the visit was to obtain pharmaceutical agents; and

TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 8, Section 9.1

Pharmacy Benefits Program

4.2.4 Reopen prior claims (most recent 12 months) for the beneficiary and review those claims to determine whether or not drug abuse existed at the time the earlier claims were paid. If drug abuse is ascertained for prior claims, recoupment action shall be taken for the erroneous payments.

4.3 The contractor shall request the beneficiary to select a physician, who will act as the primary care physician coordinating all care and making referrals when appropriate. For Prime enrollees, the contractors shall take action to manage the beneficiary's treatment as appropriate. The contractor shall not submit these cases to the TMA Program Integrity (PI) Office unless potential fraud, such as altered prescriptions or drug receipts, or aberrant prescribing patterns by the physician is identified.

4.4 Additionally, beneficiaries will be required to designate a primary care provider responsible for managing all prescriptions. Beneficiaries will be informed that any prescription written by other than the designated provider shall be denied authorization for dispensing through network retail pharmacies and, additionally, that any TRICARE claim for prescriptions filled by a non-network retail pharmacy will be denied reimbursement. This process will be coordinated between the managed care support contractor, the pharmacy contractor, and the Pharmacy Operations Center (POC).

Note: Beneficiaries are entitled to benefits by law. Beneficiaries cannot be sanctioned to preclude them from seeking benefits for medical care which is appropriate and medically necessary.

5.0 EFFECTIVE DATES

5.1 Labeled uses: the date of FDA approval for the specific indication.

5.2 Off-labeled uses: the date that reliable evidence establishes the safety and efficacy of the drug for that specific use.

5.3 Orphan pharmaceutical agents: the date of FDA marketing approval.

- END -

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BACB	Behavioral Analyst Certification Board
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBS	Blue Cross Blue Shield
BC	Birth Center
BCC	Biostatistics Center
BI	Background Investigation
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
BPS	Beneficiary and Provider Services
BRAC	Base Realignment and Closure
BRCA	BRest CAncer
BS	Bachelor of Science
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

C&CS	Communications and Customer Service
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Craft
CAC	Common Access Card
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAS	Carotid Artery Stenosis
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBHCO	Community-Based Health Care Organizations
CBSA	Core Based Statistical Area
CC	Common Criteria Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCDD	Catastrophic Cap and Deductible Data
CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System
CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

COE	Common Operating Environment
CONUS	Continental United States
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease
COR	Contracting Officer's Representative
CORF	Comprehensive Outpatient Rehabilitation Facility
CORPA	Commission on Recognition of Postsecondary Accreditation
COTS	Commercial-off-the-shelf
CPA	Certified Public Accountant
CPE	Contract Performance Evaluation
CPI	Consumer Price Index
CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists
CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
CSE	Communications Security Establishment (of the Government of Canada)
CSP	Corporate Service Provider Critical Security Parameter
CST	Central Standard Time
CSU	Channel Sending Unit
CSV	Comma-Separated Value
CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

DBA	Doing Business As
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index
DCIS	Defense Criminal Investigating Service
DCN	Document Control Number
DCP	Data Collection Period
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment
DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System
DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services
DHP	Defense Health Program
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DM	Disease Management
DMDC	Defense Manpower Data Center

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
DOB	Date of Birth
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

DSO	DMDC Support Office
DSU	Data Sending Unit
DTF	Dental Treatment Facility
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 Video Disc
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
ECAS	European Cardiac Arrhythmia Society
EHRA	European Heart Rhythm Association
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
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
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

EHP	Employee Health Program
EIA	Educational Interventions for Autism Spectrum Disorders
EIDS	Executive Information and Decision Support
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
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOE	Evoked Otoacoustic Emission
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GBL	Government Bill of Lading
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly Healthcare 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
HDL	Hardware Description Language
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Nonpolypsis Colorectal Cancer
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRG	Health Resource Group

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
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
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IE	Interface Engine Internet Explorer
IEP	Individualized Educational Program
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

IIP	Implantable Infusion Pump
IM	Information Management 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
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPN	Intraperitoneal Nutrition
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVF	In Vitro Fertilization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
LCF	Long-term Care Facility
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LLLT	Low Level Laser Therapy
LOC	Letter of Consent
LOD	Letter of Denial/Revocation
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RB	Medical Benefits and Reimbursement Branch
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
MDR	MHS Data Repository
MDS	Minimum Data Set
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MFCC	Marriage and Family Counseling Center

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
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
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
MIRE	Monochromatic Infrared Energy
MMA	Medicare Modernization Act
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index
MR	Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MS	Microsoft®
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

NAC	National Agency Check
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	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCF	National Conversion Factor
NCI	National Cancer Institute
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
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLT	No Later Than
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
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
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OGC	Office of General Counsel
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PC	Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
PK	Public Key
PKE	Public Key Enabling
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
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
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

PPSM	Ports, Protocols, and Service Management
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
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
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
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Remittance Advice
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI 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
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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) Special Indicator (code) 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
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSL	Secure Socket Layer
SSM	Site Security Manager

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

SSN	Social Security Number
SSO	Short-Stay Outlier
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
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
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Policy Manual 6010.57-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
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)
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
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

- END -

Index

A	Chap	Sec/Add
Abortions	4	18.3
Accreditation	11	3.3
Acronyms And Abbreviations		Appendix A
Adjunctive Dental Care	8	13.1
Allergy Testing And Treatment	7	14.1
Ambulance Service	8	1.1
Ambulatory Surgery	11	6.1
Ancillary Inpatient Mental Health Services	7	3.11
Anesthesia	3	1.1
Dental	8	13.2
Anesthesiologist Assistant (AA)	11	3.5
Antepartum Services	4	18.2
Anticoagulant Management	2	5.2
Application Form For Corporate Services Providers	11	D
Assistant Surgeons	4	4.1
Attention-Deficit/Hyperactivity Disorder	7	3.9
Audiology Service	7	8.1
Auditory System	4	22.1
Augmentative Communication Devices (ACDs)	7	23.1

B	Chap	Sec/Add
Biofeedback	7	4.1
Birthing Centers	11	2.3
Accreditation	11	11.1
Certification Process	11	11.2
Bone Density Studies	5	1.1
	5	2.1
	5	4.1
Brachytherapy	5	3.1
Breast Prostheses	4	5.2
Breast Pumps	8	2.6
Breast Reconstruction As A Result Of A Congenital Anomaly	4	5.6

C	Chap	Sec/Add
Cancer Clinical Trials	7	24.1
Cardiac Rehabilitation	7	11.1
Cardiovascular System	4	9.1
Cardiovascular Therapeutic Services	7	6.3
Category II Codes - Performance Measurement	1	11.1
Category III Codes	1	12.1

C (CONTINUED)	Chap	Sec/Add
Central Nervous System (CNS) Assessments/Tests	7	16.1
Certification Of Organ Transplant Centers	11	7.1
Certified Clinical Social Worker (CSW)	11	3.6
Certified Marriage And Family Therapist	11	3.9
Certification Process	11	11.3
Certified Nurse Midwife (CNM)	11	3.12
Certified Physician Assistant	11	3.13
Certified Psychiatric Nurse Specialist (CPNS)	11	3.7
Cervical Cancer Screening	7	2.4
Cesarean Sections	4	18.4
Chelation Therapy	7	2.7
Chemotherapy Administration	7	16.3
Chest X-Rays	5	1.1
Chiropractic Manipulative Treatment (CMT)	7	18.5
Chronic Fatigue Syndrome (CFS)	7	21.1
Clinical Preventive Services		
TRICARE Prime	7	2.2
TRICARE Standard	7	2.1
Clinical Psychologist	11	3.8
Cochlear Implantation	4	22.2
Cold Therapy Devices For Home Use	8	2.4
Collateral Visits	7	3.16
Combined Heart-Kidney Transplant (CHKT)	4	24.3
Combined Liver-Kidney Transplant (CLKT)	4	24.6
Combined Small Intestine-Liver (SI/L) Transplant	4	24.4
Complications (unfortunate Sequelae) Resulting From Noncovered Surgery Or Treatment	4	1.1
Computerized Axial Tomography (CAT)	5	1.1
Computerized Tomography (CT)	5	1.1
Conscious Sedation	3	1.2
Consultations	2	5.1
Continued Health Care Benefit Program (CHCBP)	10	4.1
Corporate Services Provider Class	11	12.1
Cosmetic, Reconstructive And Plastic Surgery - General Guidelines	4	2.1
Cost-Share Liability	9	16.1
Court-Ordered Care	1	1.3
Custodial Care Transitional Policy (CCTP)	8	15.1

TRICARE Policy Manual 6010.57-M, February 1, 2008

Index

D	Chap	Sec/Add	E (CONTINUED)	Chap	Sec/Add
Delivery Of Health Care At Military Treatment Facilities (MTFs)	1	6.1	Extended Care Health Option (ECHO) (Continued)		
Dental Anesthesia And Institutional Benefit	8	13.2	Serious Physical Disability	9	2.3
Department Of Veterans Affairs (DVA) And DoD Health Care Resources Sharing	1	9.1	General	9	1.1
Dermatological Procedures - General	7	17.1	Providers	9	17.1
Dermoscopy	7	2.5	Registration	9	3.1
Diabetes Outpatient Self-Management Training Services	8	8.1	Respite Care	9	12.1
Diagnostic Genetic Testing And Counseling	6	3.1	Special Education	9	9.1
Diagnostic Mammography	5	1.1	Training	9	8.1
Diagnostic Radiology (Diagnostic Imaging)	5	1.1	Transportation	9	11.1
Diagnostic Sleep Studies	7	19.1	Treatment	9	7.1
Diagnostic Ultrasound	5	2.1	External Infusion Pump (EIP)	8	2.3
Dialysis	7	4.2	Eye And Ocular Adnexa	4	21.1
Digestive System	4	13.1			
Donor Costs	4	24.9	F	Chap	Sec/Add
Durable Medical Equipment (DME) - Basic Program	8	2.1	Family Planning	7	2.3
			Family Therapy	7	3.14
			Female Genital System	4	17.1
			Fetal Surgery	4	18.5
			Freestanding Ambulatory Surgery Center (ASC)	11	6.2
			G	Chap	Sec/Add
			Gastroenterology	7	5.1
			General Policy And Responsibilities	1	1.1
			General Surgery	4	2.2
			Genetic Testing	7	2.1
			Gynecomastia	4	5.7
			H	Chap	Sec/Add
			Health And Behavior Assessment/ Intervention	7	16.2
			Healthcare Common Procedure Coding System (HCPCS) "C" And "S" Codes	1	13.1
			Hearing Aids And Hearing Aid Services	7	8.2
			Heart Transplant	4	24.2
			Heart-Lung Transplant	4	24.1
			Hemic And Lymphatic Systems	4	11.1
			High Dose Chemotherapy (HDC) And Stem Cell Transplantation	4	23.1
			Home Prothrombin Time (PT)		
			International Normalized Ratio (INR) Monitor	8	2.5
			Home Sleep Studies	7	19.1
			Home Uterine Activity Monitor (HUAM)	4	18.1
			Hospital Care	2	2.1
			Hydration, Therapeutic, Prophylactic, And Diagnostic Injections And Infusions (Excludes Chemotherapy)	7	2.8
			Hyperbaric Oxygen (HBO) Therapy	7	20.1

TRICARE Policy Manual 6010.57-M, February 1, 2008

Index

H (CONTINUED)	Chap	Sec/Add	M (CONTINUED)	Chap	Sec/Add
Hyperthermia	5	3.2	Memorandum Of Understanding (MOU) Between the Department of Veterans Affairs (DVA) and the DoD	11	2.1
I			Mental Health Counselor	11	3.11
Implantable Infusion Pump (IIP)	8	2.3	Moderate (Conscious) Sedation	3	1.2
Individual Case Management Program For Persons With Extraordinary Conditions (ICMP-PEC)	1	10.1	Multivisceral Transplant	4	24.4
Infantile Apnea Cardiorespiratory Monitor	8	2.2	Musculoskeletal System	4	6.1
Injections And Infusions	7	2.8	N		
Inpatient Concurrent Care	2	2.2	Neonatal And Pediatric Critical Care Services	2	4.2
Institutional Care	9	10.1	Nervous System	4	20.1
Institutional Provider, Individual Provider, And Other Non-Institutional Provider Participation	11	1.2	Neurology And Neuromuscular Services	7	15.1
Integumentary System	4	5.1	Neuromuscular Electrical Stimulation (NMES) Devices	8	5.2
Intersex Surgery	4	16.1	Non-Availability Statement (NAS) (DD Form 1251) For Inpatient Care	1	6.1
Intracoronary Stents	4	9.3	Non-Invasive Vascular Diagnostic Studies	7	12.1
K			Nuclear Medicine	5	4.1
Kidney Transplant	4	24.8	Nurse Anesthetist	11	3.4
L			Nurse Midwife	11	3.12
Laser Surgery	4	3.1	Nursing Facility Visits	2	3.1
Learning Disorders	7	3.8	Nutritional Therapy	8	7.1
Lenses (Intraocular Or Contact) And Eye Glasses	7	6.2	O		
Limit On Acute Inpatient Mental Health Care	7	3.1	Occupational Therapy	7	18.3
Limit On Residential Treatment Center (RTC) Care	7	3.2	Office Visits	2	1.1
Liquid Protein Diets	8	7.2	With Surgery	2	1.2
Liver Transplant	4	24.5	Ophthalmological Services	7	6.1
Living Donor Liver Transplant (LDLT)	4	24.5	Oral Surgery	4	7.1
Lung Transplantation	4	24.1	Orthotics	8	3.1
Lung Volume Reduction Surgery (LVRS)	4	8.2	Osteopathic Manipulative Therapy	7	18.4
M			Outpatient Observation Stays	2	2.3
Magnetic Resonance Angiography (MRA)	5	1.1	Oxygen And Oxygen Supplies	8	10.1
Magnetic Resonance Imaging (MRI)	5	1.1	P		
Male Genital System	4	15.1	Pancreas-After-Kidney (PAK) Transplant	4	24.7
Maternity Care	4	18.1	Pancreas-Transplantation-Alone (PTA)	4	24.7
Mediastinum And Diaphragm	4	12.1	Papanicolaou (PAP) Tests	7	2.4
Medical Devices	8	5.1	Participation Agreements		
Medical Photography	1	5.2	Certified Marriage And Family Therapist	11	B
Medical Supplies And Dressings (Consumables)	8	6.1	Freestanding Or Institution-Affiliated Birthing Center Maternity Care Services	11	C
			Freestanding Psychiatric Partial Hospitalization Program (PHP) Services	11	J

TRICARE Policy Manual 6010.57-M, February 1, 2008

Index

P (CONTINUED)	Chap	Sec/Add	P (CONTINUED)	Chap	Sec/Add
Participation Agreements (Continued)			Psychiatric Partial Hospitalization Program (PHP)		
Hospital-Based Psychiatric Partial Hospitalization Program (PHP) Services	11	I	Certification Process	11	2.6
Requirements	11	12.3	Certification Standards	11	2.5
Residential Treatment Center (RTC)	11	G	Preauthorization And Day Limits	7	3.6
Substance Use Disorder Rehabilitation Facility (SUDRF) Services For TRICARE/CHAMPUS Beneficiaries	11	E	Psychological Testing	7	3.12
Pastoral Counselor	11	3.10	Psychotherapy	7	3.13
Pathology And Laboratory - General	6	1.1	Psychotropic Pharmacologic Management	7	3.15
Patient Self Management - Education And Training	7	16.4	Public Facility Use Certification	9	5.1
Patient Transport	2	6.1	Pulmonary Services	7	13.1
Pharmacy Benefits Program	8	9.1	Pulsed Irrigation Evacuation (PIE)	8	2.7
Phase II And Phase III Cancer Clinical Trials	7	24.1			
Photopheresis	4	9.2	Q	Chap	Sec/Add
Physical Medicine/Therapy	7	18.2	Qualified Accreditation Organization	11	12.2
Physician Referral And Supervision	11	3.1			
Physician Standby Charges	2	7.1	R	Chap	Sec/Add
Physician-Assisted Suicide	8	14.1	Radiation Oncology	5	3.1
Podiatry	8	11.1	Radiofrequency Ablation	4	13.1
Portable X-Ray Services	5	1.1	Radiologic Guidance	5	2.2
Positron Emission Tomography (PET)	5	4.1	Rare Diseases	1	3.1
Post-Mastectomy Reconstructive Breast Surgery	4	5.2	Reduction Mammoplasty For Macromastia	4	5.4
Preauthorization Requirements			Rehabilitation - General	7	18.1
Acute Hospital Psychiatric Care	7	3.3	Requirements For Documentation Of Treatment In Medical Records	1	5.1
Residential Treatment Center Care	7	3.4	Respiratory System	4	8.1
Substance Use Disorder Detoxification And Rehabilitation	7	3.5	Routine Physical Examinations	7	2.6
Primary Care Managers	1	8.1			
Prime And Status Changes	9	3.1	S	Chap	Sec/Add
Prime Enrollment	10	2.1	Sensory Evoked Potentials (SEP)	7	15.2
Program Information New Psychiatric Hospital Pending JC Accreditation, OCHAMPUS Form 759	11	2.7	Services Rendered By Employees Of Authorized Independent Professional Providers	11	10.1
Prophylactic Mastectomy, Prophylactic Oophorectomy, And Prophylactic Hysterectomy	4	5.3	Sexual Dysfunctions, Paraphilias, And Gender Identity Disorders	7	1.1
Prosthetic Devices And Supplies	8	4.1	Silicone Or Saline Breast Implant Removal	4	5.5
Provider Certification - Other	11	9.1	Simultaneous Pancreas-Kidney (SPK) Transplant	4	24.7
Provider Standards For Potentially Human Immunodeficiency Virus (HIV) Infectious Blood And Blood Products	11	5.1	Single Photon Emission Computed Tomography (SPECT)	5	4.1
Providers - General	11	1.1	Skilled Nursing Facility (SNF) Visits	2	3.1
Psychiatric Hospitals Accreditation	11	2.7	Small Intestine (SI) Transplant	4	24.4
			Small Intestine-Liver (SI/L) Transplant	4	24.4
			Special Authorization Requirements	1	7.1
			Special Education	9	9.1
			Special Otorhinolarygologic Services	7	8.1
			Speech Services	7	7.1

