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

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

CHANGE 106
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REMOVE PAGE(S)

CHAPTER 1

Section 15, pages 1 and 2

CHAPTER 3

Section 6, pages 1 and 2

Section 7, pages 1 and 2

APPENDIX A

pages 23 - 34

INSERT PAGE(S)

Section 15, pages 1 and 2

Section 6, pages 1 and 2

Section 7, pages 1 and 2

pages 23 - 34

SUMMARY OF CHANGES

CHAPTER 1

1. Section 15. Revises the wording in the TRICARE policy to align with the correct Medicare Average Sale Price (ASP) pricing file name. Effective Date: 12/04/14.

CHAPTER 3

2. Section 6. Revises the wording in the TRICARE policy to align with the correct Medicare Average Sale Price (ASP) pricing file name. Effective Date: 12/04/14.
3. Section 7. Revises the wording in the TRICARE policy to align with the correct Medicare Average Sale Price (ASP) pricing file name. Effective Date: 12/04/14.

APPENDIX A

4. New acronym added.

Legend Drugs And Insulin

Issue Date: August 26, 1985

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

1.0 APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by the TRICARE Management Activity (TMA) and specifically included in the network provider agreement.

2.0 ISSUE

How are legend drugs and insulin to be reimbursed?

3.0 POLICY

3.1 General

In addition to the military branches' pharmacies, the TRICARE Pharmacy (TPharm) benefit includes retail and mail order prescription services, medications provided by physicians and other appropriate clinicians, and medications provided in support of Home Health Care (HHC). TRICARE uses a number of contractors to administer the benefit.

3.2 Pharmacy Claims

3.2.1 TRICARE reimburses the allowable cost for covered pharmaceuticals and supplies less the applicable beneficiary deductibles and cost-shares and payments made by Other Health Insurance (OHI). Allowable costs include the pharmaceutical agent's ingredient cost, a dispensing fee, and sales tax, if applicable. The TRICARE allowable cost will be the lesser of the usual and customary price or the maximum allowable cost (MAC) or TPharm contractor's contracted rate for ingredient cost. Dispensing fees will be the lesser of the Pharmacy Benefit Manager's (PBM's) negotiated rate with individual pharmacy or the PBM's contracted rate for dispensing fees.

3.2.2 Prescription and non-prescription Insulin and related supplies may be cost-shared in accordance with the TRICARE Policy Manual (TPM), [Chapter 8, Section 9.1](#).

3.2.3 Pharmacy reimbursements are subject to formulary requirements (prior authorizations, medical necessity, quantity limits, benefit exclusions, and non-formulary status) in accordance with the [32 CFR 199.21\(i\)](#) and TPM, [Chapter 8, Section 9.1](#).

3.3 Medical Claims That Include Drugs

3.3.1 The Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS), National Level II Medicare "J" codes are to be priced using the following.

3.3.1.1 Drugs (except for home infusion drugs) administered other than oral method, including chemotherapy drugs, are to be priced from the **Medicare Average Sales Price (ASP)** file.

3.3.1.2 Drugs that do not appear on the **Medicare ASP** file will be priced at the lesser of billed charges or 95% of the Average Wholesale Price (AWP).

3.3.1.3 Home infusion drugs provided prior to January 30, 2012: Home infusion drugs will be paid the lesser of the billed amount or 95% of the AWP retroactive back to April 1, 2005. However, this retroactive coverage will not require the contractors to research their claims history and adjust previously submitted home infusion drug claims unless brought to their attention by a provider or other person with an interest in the claim. Home infusion drugs will be billed using the appropriate "J" code or any other appropriate HCPCS coding for home infusion drugs not appearing on the **Medicare ASP** file along with a specific National Drug Code (NDC). The unique HCPCS code will facilitate agency reporting requirements for future data analysis, while the NDC will be used in determining the drug's AWP. J-3490 (unclassified drug code) may be used in lieu of specific HCPCS coding (e.g., "J", "Q", and "S" codes) for reporting purposes as long as the drugs are U.S. Food and Drug Administration (FDA)-approved and have specific NDCs for pricing.

3.3.1.4 Home infusion drugs provided on or after January 30, 2012: Home infusion drugs must be provided in accordance with the TPM, [Chapter 8, Section 20.1](#). Home infusion drugs will be paid the lesser of the billed amount or 95% of the AWP only in cases where the home infusion drug is not available through the TPharm, or the beneficiary is not required by the TPM, [Chapter 8, Section 20.1](#) to obtain the drug from the TPharm. Home infusion drugs not provided through the TPharm will be billed using the appropriate "J" code or any other appropriate HCPCS coding for home infusion drugs not appearing on the **Medicare ASP** file along with a specific NDC. The unique HCPCS code will facilitate agency reporting requirements for future data analysis, while the NDC will be used in determining the drug's AWP. J-3490 (unclassified drug code) may be used in lieu of specific HCPCS coding (e.g., "J", "Q", and "S" codes) for reporting purposes as long as the drugs are FDA-approved and have specific NDCs for pricing.

3.3.2 Allergy preparations are custom made in a laboratory and are not considered prescription drugs. Since the cost of these allergy preparations are not found in a schedule of allowable charges based on the AWP, reimbursement will be based on the allowable charge methodology. The prevailing will include both the cost of the drug and the administrative fee. An allowance of a separate additional charge for an "office visit" would not be warranted where the services rendered did not really constitute a regular office visit.

3.3.3 A separate payment shall be made for the pharmacy compounding and dispensing services under HCPCS S9430.

- END -

Processing And Payment Of Home Infusion Claims **Before January 30, 2012**

Issue Date: November 9, 2009

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

1.0 ISSUE

Requirements for processing and payment of home infusion claims **for home infusion services provided before January 30, 2012.**

2.0 POLICY

2.1 General

Home infusion companies eligible for Corporate Services Provider (CSP) status as set forth in the TRICARE Policy Manual (TPM), [Chapter 11, Section 12.1](#) will be paid under the CHAMPUS Maximum Allowable Charge (CMAC) reimbursement system on a fee-for-service basis for otherwise-covered professional services provided by TRICARE-authorized individual providers employed by or under contract with a freestanding corporate entity. Reimbursement of covered services, along with related drugs and supplies, will be made directly to the TRICARE-authorized corporate services provider under its own tax identification number. Payment will be allowable for services rendered in the authorized CSP's place of business, or in the beneficiary's home, under such circumstances as the contractor determines to be necessary for the efficient delivery of such in-home services. The corporate entity will not be allowed additional facility charges that are not already incorporated into the professional service structure; i.e., facility charges that are not already included in the overhead and malpractice cost indices used in establishing locally-adjusted CMAC rates. Additional expenses by providers due to travel will also not be covered.

2.2 Processing and Payment Procedures

The contractor shall use the following processing and payment procedures for adjudication of home infusion claims.

2.2.1 TRICARE has been statutorily mandated under 10 United States Code (USC) 1079(h) to pay health care professional and other non-institutional health care providers, to the extent practicable, in accordance with the same reimbursement rules as Medicare. The Agency, in compliance with the above statutory mandate adopted the Medicare Modernization Act (MMA) provisions for physician reimbursement which inadvertently reduced home infusions drug payment from 95% of the Average Wholesale Price (AWP) to Average Sales Price (ASP) plus a given percentage as part of a routine CMAC update (April 1, 2005). Since Medicare's conversion to ASP for Part B physician reimbursement mandated under MMA was not intended for coverage of homes

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Chapter 3, Section 6

Processing And Payment Of Home Infusion Claims Before January 30, 2012

infusion drugs (i.e., home infusion drugs were specifically exempted from the ASP conversion), [Chapter 1, Section 15, paragraph 3.3.3](#), was revised for payment of home infusion drugs at 95% of AWP retroactive back to April 1, 2005. As a result, home infusion drugs must be billed using an appropriate "J" code along with a specific National Drug Code (NDC) for pricing. The Healthcare Common Procedure Coding System (HCPCS) "J" code will facilitate Agency reporting requirements for future data analysis, while the NDC will be used in determining the drug's AWP. J-3490 (unclassified drug code) may be used in lieu of specific HCPCS coding for reporting purposes as long as the drugs are U.S. Food and Drug Administration (FDA) approved and have a specific NDC for pricing. Drugs that do not appear on the Medicare ASP file will also be priced using 95% of the AWP. Refer to [Chapter 1, Section 15](#) for payment of drugs administered by other than oral method.

2.2.2 Separate payment will be allowed for supplies that are billed in association with a home infusion visit (e.g., supply codes A4221/A4222/A4223 will be paid separately from associated home infusion visits (Current Procedural Terminology (CPT)¹ procedure codes 99601 and 99602)). Claims adjustments will be retroactive back to October 1, 2008 for those providers bringing it to the attention of the contractors.

2.2.3 Infused drugs administered in an Ambulatory Infusion Suite (AIS) will not qualify for exception to Medicare drug pricing (ASP plus six percent) since they are not being administered in a home setting.

2.2.4 The TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) contractor will develop all home infusion claims with Medicare denial code PR-50 to determine whether or not the denial code was simply put on the claims because of Medicare benefit limitations or whether it was used because the services were truly not medically necessary. TRICARE should pay as primary if the services were denied because of Medicare benefit limitations ([Chapter 4, Section 4, paragraph 1.3.1.3](#)) or deny if Medicare's denial is not related to a benefit limitation ([Chapter 4, Section 4, paragraph 1.3.1.2](#)). Claims adjustments will be retroactive back to October 1, 2008 for those providers bringing it to the attention of the contractors.

3.0 EXCLUSION

"S" codes [Temporary National Codes (Non-Medicare)] are used by the Blue Cross Blue Shield Association (BCBSA) and the Health Insurance Association of America (HIAA) to report drugs, services and supplies for which there are no national codes but which are needed by the private sector to implement policies, programs or claims processing. These codes are not recognized by Medicare and are reserved solely for evolving technologies under the TRICARE program until permanent HCPCS/CPT codes can be assigned. As a CSP, home infusion companies are limited to the payment of professional services and drug and supplies provided in the direct treatment of a TRICARE eligible beneficiary. Payment is not allowed for the overall administrative charges/expenses incorporated into the home infusion "S" code per diems.

- END -

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Processing And Payment Of Home Infusion Claims On Or After January 30, 2012

Issue Date: November 9, 2009

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

1.0 ISSUE

Requirements for processing and payment of home infusion claims for home infusion services provided on or after January 30, 2012.

2.0 POLICY

2.1 General

Effective January 30, 2012, home infusion services must be preauthorized and provided in accordance with the TRICARE Policy Manual (TPM), [Chapter 8, Section 20.1](#). Home infusion companies eligible for Corporate Services Provider (CSP) status as set forth in the TPM, [Chapter 11, Section 12.1](#) will be paid under the CHAMPUS Maximum Allowable Charge (CMAC) reimbursement system on a fee-for-service basis for otherwise-covered professional services provided by TRICARE-authorized individual providers employed by or under contract with a freestanding corporate entity. Reimbursement of covered services, along with related drugs and supplies, will be made directly to the TRICARE-authorized corporate services provider under its own tax identification number. Payment will be allowable for services rendered in the authorized CSP's place of business, or in the beneficiary's home, under such circumstances as the contractor determines to be necessary for the efficient delivery of such in-home services. The corporate entity will not be allowed additional facility charges that are not already incorporated into the professional service structure; i.e., facility charges that are not already included in the overhead and malpractice cost indices used in establishing locally-adjusted CMAC rates. Additional expenses by providers due to travel will also not be covered.

2.2 Processing and Payment Procedures

The contractor shall use the following processing and payment procedures for adjudication of home infusion claims.

2.2.1 In cases where the drug is not available from the TRICARE Pharmacy (TPharm), or the beneficiary is not required to obtain the drug from the TPharm, as described in the TPM, [Chapter 8, Section 20.1](#), this paragraph describes the pricing for the home infusion drug. TRICARE has been statutorily mandated under 10 United States Code (USC) 1079(h) to pay health care professional and other non-institutional health care providers, to the extent practicable, in accordance with the same reimbursement rules as Medicare. The Agency, in compliance with the above statutory

mandate adopted the Medicare Modernization Act (MMA) provisions for physician reimbursement which inadvertently reduced home infusions drug payment from 95% of the Average Wholesale Price (AWP) to Average Sales Price (ASP) plus a given percentage as part of a routine CMAC update (April 1, 2005). Since Medicare's conversion to ASP for Part B physician reimbursement mandated under MMA was not intended for coverage of home infusion drugs (i.e., home infusion drugs were specifically exempted from the ASP conversion), [Chapter 1, Section 15, paragraph 3.3.3](#), was revised for payment of home infusion drugs at 95% of AWP retroactive back to April 1, 2005. As a result, home infusion drugs must be billed using an appropriate "J" code along with a specific National Drug Code (NDC) for pricing. The Healthcare Common Procedure Coding System (HCPCS) "J" code will facilitate Agency reporting requirements for future data analysis, while the NDC will be used in determining the drug's AWP. J-3490 (unclassified drug code) may be used in lieu of specific HCPCS coding for reporting purposes as long as the drugs are U.S. Food and Drug Administration (FDA) approved and have a specific NDC for pricing. Drugs that do not appear on the Medicare ASP file will also be priced using 95% of the AWP. Refer to [Chapter 1, Section 15](#) for payment of drugs administered by other than oral method. Payment of home infusion drugs provided by the TPharm are subject to the policies and requirements of the TPharm contract.

2.2.2 Separate payment will be allowed for supplies that are billed in association with a home infusion visit (e.g., supply codes A4221/A4222/A4223 will be paid separately from associated home infusion visits (Current Procedural Terminology (CPT)¹ procedure codes 99601 and 99602)). Claims adjustments will be retroactive back to October 1, 2008 for those providers bringing it to the attention of the contractors.

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TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OIT	Oral Immunotherapy
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OTCD	Ornithine Transcarbamylase Deficiency
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&CL	Privacy & Civil Liberties [Office]
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAS	Privacy Act Statement
PAT	Performance Assessment Tracking
PATH Intl	Professional Association of Therapeutic Horsemanship International
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PBT	Proton Beam Therapy
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMH	Patient-Centered Medical Home
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Pelvic Congestion Syndrome Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PESA	Percutaneous Epididymal Sperm Aspiration
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
PGD	Preimplantation Genetic Diagnosis
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PII	Personally Identifiable Information
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMPM	Per Member Per Month
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
PPC-PCMH	Physician Practice Connections Patient-Centered Medical Home
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSF	Provider Specific File
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RIA	Radioimmunoassay
RM	Records Management
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
RTC	Residential Treatment Center

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SAVR	Surgical Aortic Valve Replacement
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIRT	Selective Internal Radiation Therapy
SIT	Standard Insurance Table
SLP	Speech-Language Pathology
SMC	System Management Center
SMHC	Supervised Mental Health Counselor
SN	Skilled Nursing
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons System of Records
SORN	System of Records Notice
SPA	Simple Power Analysis
SPC	Special Processing Code
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAH	Total Artificial Heart
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TAVR	Transcatheter Aortic Valve Replacement
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDR	Total Disc Replacement
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouses
URL	Universal Resource Locator
US	Ultrasound United States
US-CERT	United States-Computer Emergency Readiness Team

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	Web DEERS Online Enrollment System (application)
WEDI	Workgroup for Electronic Data Interchange

TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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

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