



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 57  
6010.58-M  
SEPTEMBER 28, 2011**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE REIMBURSEMENT MANUAL (TRM), FEBRUARY 2008**

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

**CHANGE TITLE: CODING AND CLARIFICATION UPDATES - OCTOBER 2010**

**CONREQ: 15093**

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

**SUMMARY OF CHANGE(S): See page 3.**

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

**This change is made in conjunction with Feb 2008 TPM, Change No. 56.**

**Ann N. Fazzini  
Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S): 65 PAGE(S)  
DISTRIBUTION: 6010.58-M**

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

**CHANGE 57  
6010.58-M  
SEPTEMBER 28, 2011**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

Addendum A, pages 1 through 6

Addendum A, pages 1 through 6

**CHAPTER 11**

Addendum B (FY 2011), pages 1, 2, 5, and 6

Addendum B (FY 2011), pages 1, 2, 5, and 6

**CHAPTER 12**

Section 4, pages 15 through 32

Section 4, pages 15 through 32

Addendum M (FY 2010), pages 3, 4, 7, 8,  
13, and 14

Addendum M (FY 2010), pages 3, 4, 7, 8,  
13, and 14

**APPENDIX A**

pages 1 through 30

pages 1 through 31

**SUMMARY OF CHANGES**

**CHAPTER 2**

1. Addendum A. Adds a reference '(See Note 9.)' to IV. Outpatient Services table, Column Type of Service, Clinical Preventive Services.

**CHAPTER 11**

2. Addendum B (FY 2011). Administrative corrections to CBSA codes 10380 and 23580.

**CHAPTER 12**

3. Section 4. Clarification of home health consolidated billing for non-routine supplies.
4. Addendum M (FY 2010). Administrative corrections to the wage indices for CBSA codes 15804 and 22900. Corrects typographical errors to the wage indices for CBSA code 41500.

**APPENDIX A**

5. Added new acronyms.



## Benefits And Beneficiary Payments Under The TRICARE Program

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Beneficiary copayments (i.e., beneficiary payments expressed as a specified amount) and enrollment fees may be updated for inflation annually (cumulative effect applied and rounded to the nearest whole dollar) by the national Urban Consumer Price Index (CPI-U) medical index (the medical component of the CPI-U). Beneficiary cost-shares (i.e., beneficiary payments expressed as a percentage of the provider's fee) will not be similarly updated.

These charts are not intended to be a comprehensive listing of all services covered under TRICARE. All care is subject to review for medical necessity and appropriateness:

### 1.0 TRICARE PRIME PROGRAM ANNUAL ENROLLMENT FEES

Does not apply to the TRICARE Extra Program (also see [paragraph 5.0](#), "Point of Service (POS) Option"):

TRICARE PRIME PROGRAM		
ACTIVE DUTY FAMILY MEMBERS (ADFM)s		RETIREES, THEIR FAMILY MEMBERS, ELIGIBLE FORMER SPOUSES, & SURVIVORS
E1 - E4	E5 & ABOVE	
None	None	<b>\$230 per Retiree or Family Member</b> <b>\$460 Maximum per Family</b> EXCEPTION: Effective March 26, 1998, the enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or end stage renal disease and who maintain enrollment in Part B of Medicare.

### 2.0 TRICARE STANDARD AND EXTRA PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime Program (also see [paragraph 5.0](#), "POS Option"):

TRICARE STANDARD AND EXTRA PROGRAM		
ADFM)s		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS
E1 - E4	E5 & ABOVE	
<b>\$50 per Individual</b> <b>\$100 Maximum per Family</b>	<b>\$150 per Individual</b> <b>\$300 Maximum per Family</b>	<b>\$150 per Individual</b> <b>\$300 Maximum per Family</b>

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Benefits And Beneficiary Payments Under The TRICARE Program

**3.0 OUTPATIENT SERVICES**

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 5)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 7)	ADFMS		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<b>INDIVIDUAL PROVIDER SERVICES</b> Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit.	<b>ADFMs:</b> Cost-share--15% of the fee negotiated by the contractor.  <b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>ADFMs:</b> Cost-share--20% of the allowable charge.  <b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--25% of the allowable charge.
<b>OUTPATIENT HOSPITAL DEPARTMENTS</b> Clinics visits; therapy visits; medical supplies; consultations; treatment room; etc. <b>Note:</b> Use other parts of this table for cost-sharing of ASC services, ER services, DME, etc.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit.  No separate copayment/cost-share for separately billed professional charges.		
<b>LABORATORY AND X-RAY SERVICES (see Note 2)</b>	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit (see Note 2).		
<b>ANCILLARY SERVICES</b> Refer to <a href="#">Section 1</a> for specific CPT code ranges.	\$0 copayment per visit.	\$0 copayment per visit.	No copayment (see Note 1).		
<b>ROUTINE PAP SMEARS</b> Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology (see Note 2).	No copayment.	No copayment.	No copayment.		

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**3.0 OUTPATIENT SERVICES (CONTINUED)**

<b>BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)</b>					
<b>TRICARE BENEFITS</b>	<b>TRICARE PRIME PROGRAM (SEE NOTE 5)</b>			<b>TRICARE EXTRA PROGRAM</b>	<b>TRICARE STANDARD PROGRAM</b>
<b>TYPE OF SERVICE (SEE NOTE 7)</b>	<b>ADFM'S</b>		<b>RETIREE'S, THEIR FAMILY MEMBERS, &amp; SURVIVORS</b>		
	<b>E1 - E4</b>	<b>E5 &amp; ABOVE</b>			
<b>AMBULANCE SERVICES</b> When medically necessary as defined in the TRICARE Policy Manual (TPM) and the service is a covered benefit.	\$0 copayment per visit.	\$0 copayment per visit.	\$20 copayment per occurrence.	<b>ADFM's:</b> Cost-share--15% of the fee negotiated by contractor.  <b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>ADFM's:</b> Cost-share--20% of the allowable charge.  <b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--25% of the allowable charge.
<b>EMERGENCY SERVICES</b> Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	\$0 copayment per visit.	\$0 copayment per visit.	\$30 copayment per emergency room visit.1		
<b>DME, HEARING AIDS FOR ADFM's, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS</b> (If dispensed for use outside of the office or after the home visit.)	\$0 copayment per visit.	\$0 copayment per visit.	Cost-share - 20% of the fee negotiated by the contractor.		

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**3.0 OUTPATIENT SERVICES (CONTINUED)**

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 5)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 7)	ADFMS		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<p><b>HOME HEALTH CARE</b> Part-time or intermittent skilled nursing and home health aide services, physical, speech, &amp; occupational therapy, medical social services, routine and non-routine medical services. <b>Note:</b> DME, osteoporosis drugs, pneumococcal pneumonia, influenza virus and hepatitis B vaccines, oral cancer drugs, antiemetic drugs, orthotics, prosthetics, enteral and parenteral nutritional therapy and drugs/biologicals administered by other than oral methods are services that can be paid in addition to the prospective payment amount subject to applicable copayment/ cost-sharing and deductible amounts.</p>	\$0 copayment.	\$0 copayment.	\$0 copayment.	\$0 cost-share.	\$0 cost-share.
<p><b>HOSPICE CARE</b> <b>Note:</b> A separate cost-share may be (optional) collected by the individual hospice for outpatient drugs and biologicals and inpatient respite care.</p>					

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**3.0 OUTPATIENT SERVICES (CONTINUED)**

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 5)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 7)	ADFMS		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<b>FAMILY HEALTH SERVICES</b> Family planning and well baby care (up to 24 months of age). The exclusions listed in the TPM will apply.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit (see Note 2).	<b>ADFMs:</b> Cost-share--15% of the fee negotiated by contractor.	<b>ADFMs:</b> Cost-share--20% of the allowable charge.
<b>OUTPATIENT MENTAL HEALTH TO INCLUDE HOME</b> One hour of therapy, no more than two times each week (when medically necessary).	\$0 copayment per visit.	\$0 copayment per visit.	\$25 copayment for individual visits.  \$17 copayment for group visits.	<b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--25% of the allowable charge.
<b>AMBULATORY SURGERY (same day)</b> Authorized hospital-based or freestanding Ambulatory Surgical Center (ASC) that is TRICARE certified.	\$0 copayment per visit.	\$0 copayment per visit.	\$25 copayment.	<b>ADFMs:</b> Cost-share--\$25. for ASC.	<b>ADFMs:</b> \$25.
<b>ALL SURGICAL PROCEDURES REGARDLESS OF WHERE THEY ARE PERFORMED</b> With the exclusion of those surgical procedures referenced <a href="#">Section 1, paragraphs 1.2.4.5 and 1.2.4.7.</a>				<b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>Retirees, their Family Members, &amp; Survivors:</b> Lesser of 25% of group rate or 25% of billed charge.
<b>BIRTHING CENTER</b> Prenatal care, outpatient delivery, and postnatal care provided by TRICARE authorized birthing center.					

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**3.0 OUTPATIENT SERVICES (CONTINUED)**

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 5)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 7)	ADFMS		RETIREES, THEIR FAMILY MEMBERS, & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<b>IMMUNIZATIONS (See Note 4)</b> Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.	\$0 copayment per visit.	\$0 copayment per visit.	Not covered under Prime.	<b>ADFMs:</b> Cost-share--15% of the fee negotiated by the contractor.	<b>ADFMs:</b> Cost-share--20% of the allowable charge.
<b>EYE EXAMINATIONS (See Note 4)</b> One routine examination per year for family members of active duty sponsors.	\$0 copayment per visit.	\$0 copayment per visit.	Not covered under Prime (see Note 4)	<b>Retirees, their Family Members, &amp; Survivors:</b> Not covered under TRICARE Extra.	<b>Retirees, their Family Members, &amp; Survivors:</b> Not covered under TRICARE Standard.
<b>CLINICAL PREVENTIVE SERVICES (See Note 6)</b> Includes those services listed in the TPM, Chapter 7, Sections 2.1, 2.2, and 2.5.	\$0 copayment.	\$0 copayment.	\$0 copayment.	<b>ADFMs:</b> Cost-share--15% of the fee negotiated by contractor.	<b>ADFMs:</b> Cost-share--20% of the allowable charge.
				<b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--20% of the fee negotiated by the contractor.	<b>Retirees, their Family Members, &amp; Survivors:</b> Cost-share--25% of the allowable charge.

Chapter 11

Addendum B (FY 2011)

Hospice Rate Information - Hospice Wage Indexes For Urban Areas - FY 2011

The following Hospice Indexes for Urban Areas (Core Based Statistical Area (CBSA)-based) are for care and services provided on or after October 1, 2010.

1. This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this table are considered to be rural areas. Wage index values for rural areas are found in [Addendum C \(FY 2011\)](#).
2. Wage index values are based on FY 2006 hospital cost report data before reclassification. These data form the basis for the pre-floor, pre-reclassified hospital wage index. The Budget Neutrality Adjustment Factor (BNAF) or the hospice floor is then applied to the pre-floor, pre-reclassified hospital wage index to derive the hospice wage index. Wage index values greater than or equal to 0.8 are subject to a BNAF. The hospice floor calculation is as follows: wage index values below 0.8 are adjusted to be the greater of (a) the 25% reduced BNAF OR (b) the minimum of the pre-floor, pre-reclassified hospital wage index value x 1.15, or 0.8000. For the FY 2011 hospice wage index, the BNAF was reduced by a total of 25%.
3. Because there are no hospitals in this CBSA, the wage index value is calculated by taking the average of all other urban CBSAs in Georgia.

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>2</sup>	WAGE INDEX <sup>1</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>2</sup>	WAGE INDEX <sup>1</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>2</sup>	WAGE INDEX <sup>1</sup>
10180	Abilene, TX Callahan, TX Jones, TX Taylor, TX	0.8307		Saratoga, NY Schenectady, NY Schoharie, NY			Anchorage Municipality, AK	
10380	Aguadilla-Isabela-San Sebastian, PR Aguada, PR Aguadilla, PR Anasco, PR Isabela, PR Lares, PR Moca, PR Rincon, PR San Sebastian, PR	0.3981	10740	Albuquerque, NM	0.9826	11300	Anderson, IN	0.9463
				Bernalillo, NM Sandoval, NM Torrance, NM Valencia, NM		11340	Anderson, SC	0.9433
			10780	Alexandria, LA	0.8376	11460	Ann Arbor, MI	1.0761
				Grant, LA Rapides, LA		11500	Anniston-Oxford, AL	0.8000
			10900	Allentown-Bethlehem-Easton, PA-NJ Warren, NJ	1.0048	11540	Appleton, WI	0.9711
10420	Akron, OH Portage, OH Summit, OH	0.9252		Carbon, PA Lehigh, PA Northampton, PA			Calumet, WI	
						11700	Outagamie, WI	0.9468
10500	Albany, GA Baker, GA Dougherty, GA Lee, GA Terrell, GA Worth, GA	0.9303	11020	Altoona, PA	0.9266		Buncombe, NC	
				Blair, PA			Haywood, NC	
			11100	Amarillo, TX	0.9084		Henderson, NC	
				Armstrong, TX Carson, TX Potter, TX		12020	Madison, NC	
10580	Albany-Schenectady-Troy, NY Albany, NY Rensselaer, NY	0.9176		Randall, TX			Madison, NC	
			11180	Ames, IA	0.9924		Madison, GA	
				Story, IA		12060	Oconee, GA	
			11260	Anchorage, AK	1.2559		Oglethorpe, GA	
							Atlanta-Sandy Springs-Marietta, GA	1.0027

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	Barrow, GA			Baltimore, MD			Walker, AL	
	Bartow, GA			Baltimore City, MD		13900	Bismarck, ND	0.8000
	Butts, GA			Carroll, MD			Burleigh, ND	
	Carroll, GA			Harford, MD			Morton, ND	
	Cherokee, GA			Howard, MD		13980	Blacksburg-Christiansburg-Radford, VA	0.8775
	Clayton, GA			Queen Anne's, MD			Giles, VA	
	Cobb, GA			Baltimore City, MD			Montgomery, VA	
	Coweta, GA		12620	Bangor, ME	1.0615		Puluaski, VA	
	Dawson, GA			Penobscot, ME			Radford City, VA	
	DeKalb, GA		12700	Barnstable Town, MA	1.3191		Bloomington, IN	0.9454
	Douglas, GA			Barnstable, MA			Greene, IN	
	Fayette, GA		12940	Baton Rouge, LA	0.8552	14020	Monroe, IN	
	Forsyth, GA			Ascension, LA			Owen, IN	
	Fulton, GA			East Baton Rouge, LA			Bloomington-Normal, IL	0.9804
	Gwinnett, GA			East Feliciana, LA			McLean, IL	
	Haralson, GA			Iberville, LA		14060	Boise City-Nampa, ID	0.9741
	Heard, GA			Livingston, LA			Ada, ID	
	Henry, GA			Pointe Coupee, LA		14260	Boise, ID	
	Jasper, GA			St. Helena, LA			Canyon, ID	
	Lamar, GA			West Baton Rouge, LA			Gem, ID	
	Meriwether, GA			West Feliciana, LA			Owyhee, ID	
	Newton, GA		12980	Battle Creek, MI	1.0454		Boston-Quincy, MA	1.2740
	Paulding, GA			Calhoun, MI			Norfolk, MA	
	Pickens, GA		13020	Bay City, MI	0.9688	14484	Plymouth, MA	
	Pike GA			Bay, MI			Suffolk, MA	
	Rockdale, GA		13140	Beaumont-Port Arthur, TX	0.8764		Boulder, CO	1.0732
	Spalding, GA			Hardin, TX		14500	Boulder, CO	
	Walton, GA			Jefferson, TX			Bowling Green, KY	0.8854
12100	Atlantic City-Hammonton, NJ	1.2079		Orange, TX		14540	Edmonson, KY	
	Atlantic, NJ		13380	Bellingham, WA	1.1913		Warren, KY	
12220	Auburn-Opelika, AL	0.8508		Whatcom, WA			Bradenton-Sarasota-Venice, FL	1.0177
	Lee, AL		13460	Bend, OR	1.1966	14600	Manatee, FL	
12260	Augusta-Richmond County, GA-SC	0.9836		Deschutes, OR			Sarasota, FL	
	Burke, GA		13644	Bethesda-Gaithersburg-Rockville, MD	1.0766		Bremerton-Silverdale, WA	1.1244
	Columbia, GA			Frederick, MD		14740	Kitsap, WA	
	McDuffie, GA			Montgomery, MD			Bridgeport-Stamford-Norwalk, CT	1.3373
	Richmond, GA		13740	Billings, MT	0.9180		Fairfield, CT	
	Aiken, SC			Carbon, MT		14860	Brownsville-Harlingen, TX	0.9430
	Edgefield, SC			Yellowstone, MT			Cameron, TX	
12420	Austin-Round Rock, TX	0.9950	13780	Binghamton, NY	0.9179	15180	Brunswick, GA	0.9595
	Bastrop, TX			Broome, NY			Brantley, GA	
	Caldwell, TX			Tioga, NY			Glynn, GA	
	Hays, TX		13820	Birmingham-Hoover, AL	0.8943		McIntosh, GA	
	Travis, TX			Bibb, AL		15260	Buffalo-Niagara Falls, NY	1.0182
	Williamson, TX			Blount, AL			Erie, NY	
12540	Bakersfield, CA	1.1742		Chilton, AL				
	Kern, CA			Jefferson, AL				
12580	Baltimore-Towson, MD	1.0678		St. Clair, AL				
	Anne Arundel, MD			Shelby, AL				

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22744	Ft. Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0855		Kent, MI			Forrest, MS	
	Broward, FL		24500	Newaygo, MI			Lamar, MS	
				Great Falls, MT	0.8733		Perry, MS	
22900	Fort Smith, AR-OK	0.8218	24540	Cascade, MT		25860	Hickory-Lenoir-Morganton, NC	0.9409
	Crawford, AR			Greeley, CO	1.0013		Alexander, NC	
	Franklin, AR		24580	Weld, CO			Burke, NC	
	Sebastian, AR			Green Bay, WI	1.0058		Caldwell, NC	
	Le Flore, OK			Brown, WI			Catawba, NC	
	Sequoyah, OK			Kewaunee, WI		25980	Hinesville-Fort Stewart, GA <sup>3</sup>	0.9438
23020	Fort Walton Beach-Crestview-Destin, FL	0.9156	24660	Oconto, WI			Liberty, GA	
	Okaloosa, FL			Greensboro-High Point, NC	0.9474		Long, GA	
23060	Fort Wayne, IN	0.9421		Guilford, NC		26100	Holland-Grand Haven, MI	0.9091
	Allen, IN			Randolph, NC			Ottawa, MI	
	Wells, IN		24780	Rockingham, NC			Honolulu, HI	1.2192
	Whitley, IN			Greenville, NC	0.9828	26180	Honolulu, HI	
23104	Forth Worth-Arlington, TX	0.9930		Greene, NC			Hot Springs, AR	0.9413
	Johnson, TX		24860	Pitt, NC		26300	Garland, AR	
	Parker, TX			Greenville-Mauldin-Easley, SC	1.0433		Houma-Bayou Cane-Thibodaux, LA	0.8233
	Tarrant, TX			Greenville, SC		26380	Lafourche, LA	
	Wise, TX			Laurens, SC			Terrebonne, LA	
23420	Fresno, CA	1.1779	25020	Pickens, SC			Houston-Sugar Land-Baytown, TX	1.0288
	Fresno, CA			Guayama, PR	0.4068	26420	Austin, TX	
23460	Gadsden, AL	0.8641		Arroyo, PR			Brazoria, TX	
	Etowah, AL			Guayama, PR			Chambers, TX	
23540	Gainesville, FL	0.9386	25060	Patillas, PR			Fort Bend, TX	
	Alachua, FL			Gulfport-Biloxi, MS	0.9182		Galveston, TX	
	Gilchrist, FL			Hancock, MS			Harris, TX	
	<b>23580</b> Gainesville, GA	0.9537		Harrison, MS			Liberty, TX	
	Hall, GA		25180	Stone, MS		0.9372	Montgomery, TX	
23844	Gary, IN	0.9710		Hagerstown-Martinsburg, MD-WV			San Jacinto, TX	
	Jasper, IN			Washington, MD			Waller, TX	
	Lake, IN			Berkely, WV			Huntington-Ashland, WV-KY-OH	0.9510
	Newton, IN			Morgan, WV			Boyd, KY	
	Porter, IN		25260	Hanford-Corcoran, CA	1.1510	26580	Greenup, KY	
24020	Glens Falls, NY	0.8840		Kings, CA			Lawrence, OH	
	Warren, NY		25420	Harrisburg-Carlisle, PA	0.9708		Cabell, WV	
	Washington, NY			Cumberland, PA			Wayne, WV	
24140	Goldsboro, NC	0.9467		Dauphin, PA			Huntsville, AL	0.9476
	Wayne, NC			Perry, PA			Limestone, AL	
24220	Grand Forks, ND-MN	0.8128	25500	Harrisonburg, VA	0.9435	26620	Madison, AL	
	Polk, MN			Rockingham, VA			Idaho Falls, ID	0.9865
	Grand Forks, ND			Harrisonburg City, VA			Bonneville, ID	
24300	Grand Junction, CO	1.0163	25540	Hartford-West Hartford-East Hartford, CT	1.1702	26820	Jefferson, ID	
	Mesa, CO			Hartford, CT			Indianapolis-Carmel, IN	1.0185
24340	Grand Rapids-Wyoming, MI	0.9595		Middlesex, CT			Boone, IN	
	Barry, MI			Tolland, CT		26900		
	Ionia, MI		25620	Hattiesburg, MS	0.8012			

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Chapter 11, Addendum B (FY 2011)

Hospice Rate Information - Hospice Wage Indexes For Urban Areas - FY 2011

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>2</sup>	WAGE INDEX <sup>1</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>2</sup>	WAGE INDEX <sup>1</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>2</sup>	WAGE INDEX <sup>1</sup>
	Brown, IN			Newton, MO			La Crosse, WI	
	Hamilton, IN		28020	Kalamazoo-Portage, MI	1.0730	29140	Lafayette, IN	0.9598
	Hancock, IN			Kalamazoo, MI			Benton, IN	
	Hendricks, IN			Van Buren, MI			Carroll, IN	
	Johnson, IN		28100	Kankakee-Bradley, IL	1.0636		Tippecanoe, IN	
	Marion, IN			Kankakee, IL		29180	Lafayette, LA	0.8903
	Morgan, IN		28140	Kansas City, MO-KS	1.0119		Lafayette, LA	
	Putnam, IN			Franklin, KS			St. Martin, LA	
	Shelby, IN			Johnson, KS		29340	Lake Charles, LA	0.8348
26980	Iowa City, IA	0.9982		Leavenworth, KS			Calcasieu, LA	
	Johnson, IA			Linn, KS			Cameron, LA	
	Washington, IA			Miami, KS		29404	Lake-Kenosha, IL-WI	1.0951
27060	Ithaca, NY	1.0571		Wyandotte, KS			Lake, IL	
	Tomkins, NY			Bates, MO			Kenosha, WI	
27100	Jackson, MI	0.9116		Caldwell, MO		29420	Lake Havasu City-Kingman, AZ	1.1047
	Jackson, MI			Cass, MO			Mohave, AZ	
27140	Jackson, MS	0.8558		Clay, MO			Lakeland-Winter Haven, FL	0.8771
	Copiah, MS			Clinton, MO		29460	Polk, FL	
	Hinds, MS			Jackson, MO			Lancaster, PA	0.9622
	Madison, MS			Lafayette, MO		29540	Lancaster, PA	
	Rankin, MS			Platte, MO			Lansing-East Lansing, MI	1.0214
	Simpson, MS			Ray, MO		29620	Clinton, MI	
27180	Jackson, TN	0.8971	28420	Kennewick-Pasco-Richland, WA	1.0923		Eaton, MI	
	Chester, TN			Benton, WA			Ingham, MI	
	Madison, TN			Franklin, WA			Laredo, TX	0.8445
27260	Jacksonville, FL	0.9519		Killeen-Temple-Fort Hood, TX	0.9097	29700	Webb, TX	
	Baker, FL		28660	Bell, TX			Las Cruces, NM	0.9345
	Clay, FL			Coryell, TX		29740	Dona Ana, NM	
	Duval, FL			Lampasas, TX			Las Vegas-Paradise, NV	1.2681
	Nassau, FL			Kingsport-Bristol-Bristol, TN-VA	0.8362	29820	Clarke, NV	
	St. Johns, FL			Hawkins, TN			Lawrence, KS	0.8970
27340	Jacksonville, NC	0.8391	28700	Sullivan, TN		29940	Douglas, KS	
	Onslow, NC			Bristol City, VA			Lawton, OK	0.8203
27500	Janesville, WI	0.9619		Scott, VA			Comanche, OK	
	Rock, WI			Washington, VA		30140	Lebanon, PA	0.8488
27620	Jefferson City, MO	0.9105		Kingston, NY	0.9792	30300	Lebanon, PA	
	Callaway, MO			Ulster, NY			Lewiston, ID-WA	1.0005
	Cole, MO			Knoxville, TN	0.8239		Nez Perce, ID	
	Moniteau, MO		28740	Anderson, TN			Asotin, WA	
	Osage, MO			Blount, TN		30340	Lewiston-Auburn, ME	0.9498
27740	Johnson City, TN	0.8073	28940	Knox, TN			Androscoggin, ME	
	Carter, TN			Loudon, TN		30460	Lexington-Fayette, KY	0.9293
	Unicoi, TN			Union, TN			Bourbon, KY	
	Washington, TN			Kokomo, IN	1.0310		Clark, KY	
27780	Johnstown, PA	0.8607		Howard, IN			Fayette, KY	
	Cambria, PA			Tipton, IN			Jessamine, KY	
27860	Jonesboro, AR	0.8073	29020	La Crosse, WI-MN	1.0365		Scott, KY	
	Craighead, AR			Houston, MN			Woodford, KY	
	Poinsett, AR					30620	Lima, OH	0.9805
27900	Joplin, MO	0.8661	29100					
	Jasper, MO							

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**FIGURE 12.4-10 NRS CASE-MIX ADJUSTMENT VARIABLES AND SCORES**

ITEM	DESCRIPTION	SCORE
<b>SELECTED SKIN CONDITIONS:</b>		
1	Primary diagnosis = Anal fissure, fistula and abscess	15
2	Other diagnosis = Anal fissure, fistula and abscess	13
3	Primary diagnosis = Cellulitis and abscess	14
4	Other diagnosis = Cellulitis and abscess	8
5	Primary diagnosis = Diabetic ulcers	20
6	Primary diagnosis = Gangrene	11
7	Other diagnosis = Gangrene	8
8	Primary diagnosis = Malignant neoplasms of skin	15
9	Other diagnosis = Malignant neoplasms of skin	4
10	Primary or Other diagnosis = Non-pressure and non-stasis ulcers	13
11	Primary diagnosis = Other infections of skin and subcutaneous tissue	16
12	Other diagnosis = Other infections of skin and subcutaneous tissue	7
13	Primary diagnosis = Post-operative Complications	23
14	Other diagnosis = Post-operative Complications	15
15	Primary diagnosis = Traumatic Wounds and Burns	19
16	Other diagnosis = Traumatic Wounds and Burns	8
17	Primary or other diagnosis = V code, Cystostomy care	16
18	Primary or other diagnosis = V code, Tracheostomy care	23
19	Primary or other diagnosis = V code, Urostomy care	24
20	OASIS M0450 = 1 or 2 pressure ulcers, stage 1	4
21	OASIS M0450 = 3+ pressure ulcers, stage 1	6
22	OASIS M0450 = 1 pressure ulcer, stage 2	14
23	OASIS M0450 = 2 pressure ulcers, stage 2	22
24	OASIS M0450 = 3 pressure ulcers, stage 2	29
25	OASIS M0450 = 4+ pressure ulcers, stage 2	35
26	OASIS M0450 = 1 pressure ulcer, stage 3	29
27	OASIS M0450 = 2 pressure ulcers, stage 3	41
28	OASIS M0450 = 3 pressure ulcers, stage 3	46
29	OASIS M0450 = 4+ pressure ulcers, stage 3	58
30	OASIS M0450 = 1 pressure ulcer, stage 4	48
31	OASIS M0450 = 2 pressure ulcers, stage 4	67
32	OASIS M0450 = 3+ pressure ulcers, stage 4	75
33	OASIS M0450e = 1 (unobserved pressure ulcer(s))	17
34	OASIS M0470 = 2 (2 stasis ulcers)	6
35	OASIS M0470 = 3 (3 stasis ulcers)	12
36	OASIS M0470 = 4 (4+ stasis ulcers)	21
37	OASIS M0474 = 1 (unobservable stasis ulcers)	9
38	OASIS M0476 = 1 (status of most problematic stasis ulcer: fully granulating)	6
39	OASIS M0476 = 2 (status of most problematic stasis ulcer: early/partial granulation)	25

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**FIGURE 12.4-10 NRS CASE-MIX ADJUSTMENT VARIABLES AND SCORES (CONTINUED)**

ITEM	DESCRIPTION	SCORE
40	OASIS M0476 = 3 (status of most problematic stasis ulcer: not healing)	36
41	OASIS M0488 = 2 (status of most problematic surgical wound: early/partial granulation)	4
42	OASIS M0488 = 3 (status of most problematic surgical wound: not healing)	14
<b>OTHER CLINICAL FACTORS:</b>		
43	OASIS M0550 = 1 (ostomy not related to inpt stay/no regimen change)	27
44	OASIS M0550 = 2 (ostomy related to inpt stay/regimen change)	45
45	Any `Selected Skin Conditions` (rows 1-42 above) AND M0550 = 1 (ostomy not related to inpt stay/no regimen change)	14
46	Any `Selected Skin Conditions` (rows 1-42 above) AND M0550 = 2 (ostomy related to inpt stay/ regimen change)	11
47	OASIS M0250 (Therapy at home) = 1 (IV/Infusion)	5
48	OASIS M0520 = 2 (patient requires urinary catheter)	9
49	OASIS M0540 = 4 or 5 (bowel incontinence, daily or > daily)	10

**Note:** Points are additive; however, points may not be given for the same line item in the table more than once. Points are not assigned for a secondary diagnosis if points are already assigned for a primary diagnosis from the same diagnosis /condition group.

Please see Medicare Home Health Diagnosis Coding guidance at [http://www.cms.hhs.gov/HomeHealthPPS/03\\_coding&billing.asp](http://www.cms.hhs.gov/HomeHealthPPS/03_coding&billing.asp) for definitions of primary and secondary diagnoses.

**3.5.2.3.2** The supply payment amounts derived from the above severity level matrix (Figure 12.4-9) will be included in the total payment returned by the HH Pricer. It will not be reflected separately on the claim. Supply amounts will not be calculated on LUPA claims.

**3.5.2.3.3** Refer to Addendum O for the ICD-9-CM diagnoses included in the diagnostic categories for the NRS case-mix adjustment model (Figure 12.4-10).

**3.5.2.3.4** NRS provided during an EOC are subject to consolidated billing. If the date of service for NRS falls within the dates of an EOC, payment for the NRS is denied. However, NRS claims may be submitted by suppliers on the professional claim format, which has both "from" and "to" dates on each item. Medicare has instructed suppliers to report the delivery date as the "from" date, and the date by which the supplies will be used in the "to" date. When this causes the "to" date on a supply line item subject to consolidated billing to overlap on EOC, the service may be denied incorrectly. Contractors shall ensure proper payment of NRS provided prior to the beginning of an EOC ("from" date prior to the beginning of an EOC), even if the "to" date overlaps the EOC.

**3.5.3 Adjustment of HIPPS Code for Incorrect Episode Designation**

The contractors' claims processing systems will perform re-coding of claims where the HIPPS code does not reflect the correct episode using the 18-position treatment authorization code (formally known as the claim-OASIS matching key code) reported in Form Locator (FL) 63 of the UB-04 (CMS Form 1450).

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**3.5.3.1** Following is the new format of the treatment authorization code for episodes beginning on or after January 1, 2008:

**FIGURE 12.4-11 FORMAT FOR TREATMENT AUTHORIZATION CODE**

POSITION	DEFINITION	FORMAT
1-2	M0030 (Start-of-care date) - 2 digit year	99
3-4	M0030 (Start-of-care date) - alpha code for Julian date	XX
5-6	M0090 (Date assessment completed) - 2 digit year	99
7-8	M0090 (Date assessment completed) - alpha code for Julian Date	XX
9	M0100 (Reason for assessment)	9
10	M0110 (Episode Timing) - Early=1, Late=2	9
11	Alpha code for Clinical severity points - under Equation 1	X
12	Alpha code for Functional severity points - under Equation 1	X
13	Alpha code for Clinical severity points - under Equation 2	X
14	Alpha code for Functional severity points - under Equation 2	X
15	Alpha code for Clinical severity points - under Equation 3	X
16	Alpha code for Functional severity points - under Equation 3	X
17	Alpha code for Clinical severity points - under Equation 4	X
18	Alpha code for Functional severity points - under Equation 4	X

**3.5.3.1.1** The Julian dates in positions 3-4 and 7-8 are converted from three position numeric values to two position alphabetic values using the code system in [Addendum P](#).

**3.5.3.1.2** The two position numeric scores in positions 11-18 are converted to a single alphabetic code using values in [Figure 12.4-12](#).

**FIGURE 12.4-12 CONVERTING POINT VALUES TO LETTER CODES**

POINTS	LETTER CODE						
0 or 1	A	8	H	15	O	22	V
2	B	9	I	16	P	23	W
3	C	10	J	17	Q	24	X
4	D	11	K	18	R	25	Y
5	E	12	L	19	S	26	Z
6	F	13	M	20	T		
7	G	14	N	21	U		

**3.5.3.2** [Figure 12.4-13](#) provides an example of a treatment authorization code that is created by the grouper software using the format outlined in [Figure 12.4-12](#).

**FIGURE 12.4-13 EXAMPLE OF A TREATMENT AUTHORIZATION CODE**

POSITION	DEFINITION	ACTUAL VALUE	RESULTING CODE
1-2	M0030 (Start-of-care date) - two digit year	2007	07
3-4	M0030 (Start-of-care date) - alpha code for Julian date	Julian date 245	JK

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**FIGURE 12.4-13 EXAMPLE OF A TREATMENT AUTHORIZATION CODE (CONTINUED)**

POSITION	DEFINITION	ACTUAL VALUE	RESULTING CODE
5-6	M0090 (Date assessment completed) - two digit year	2008	08
7-8	M0090 (Date assessment completed) - alpha code for Julian date	Julian date 001	AA
9	M0100 (Reason for assessment)	04	4
10	M0110 (Episode Timing) - Early = 1, Late = 2	01	1
11	Clinical severity points - under Equation 1	7	G
12	Functional severity points - under Equation 1	2	B
13	Clinical severity points - under Equation 2	13	M
14	Functional severity points - under Equation 2	4	D
15	Clinical severity points - under Equation 3	3	C
16	Functional severity points - under Equation 3	4	D
17	Clinical severity points - under Equation 4	12	L
18	Functional severity points - under Equation 4	7	G

The treatment authorization code that would appear on the claim would be, in this example: **07JK08AA41GBMDCDLG**

**3.5.3.3** Episode adjustment process using authorization code.

**3.5.3.3.1** Contractor claims processing systems will validate the treatment authorization code except where condition code 21 is present on the claim. If the code is validated, the contractors will return claims to the provider if the treatment authorization code fails any of the following validation edits:

- The first, second, fifth, sixth, and ninth positions of the treatment authorization codes must be numeric;
- The third, fourth, seventh, and eighth positions of the code must be alphabetic;
- The tenth position of the code must contain a value of one or two; and
- The eleventh through 18th positions of the code must be alphabetic.

**3.5.3.3.2** The system shall read the home health episode history when a new episode is received and identify any HIPPS codes that represent an incorrect position in the sequence. The sequence of episodes are determined without regard to changes in the HHA. The calculated 60-day episode end date will be used to measure breaks between episodes in all cases except for episodes subject to PEP adjustments. In the case of PEP episodes, the date of latest billing will be used.

**3.5.3.3.3** If the contractors' system identifies a HIPPS code that represents an incorrect position in the sequence of episodes it will be re-coded and adjusted using the last nine positions of the treatment authorization code and the following re-coding logic:

**3.5.3.3.3.1** The last eight positions of the treatment authorization will contain codes representing the points for the clinical domain and the functional domain as calculated under each of the four equations of the refined HH PPS case mix system. The treatment authorization code,

including these domain codes, will be calculated by the HH PPS Grouper software, so that providers can transfer this 18 position code to their claims.

**3.5.3.3.3.2** The input/output record for the HH Pricer will be modified to convert existing filler fields into new fields to facilitate recording. A new nine position field will be created to carry the clinical and functional severity point information. The last nine positions of the treatment authorization code will be extracted and placed into this new field in the input/output record. This will enable the HH Pricer to record claims using the point information.

**3.5.3.3.3.3** On incoming original RAPs and claims, the HH Pricer will disregard the code in this nine position field, since the submitted HIPPS code is being priced at face value. The code in this nine position field will be used in recording claims identified as misrepresenting the episode sequence. To enable the Pricer to distinguish these two cases, an additional one position numeric field will be added to the input/output record.

**3.5.3.3.3.4** On the original RAPs and claims, the system will populate the new one position field with a zero.

- If a claim is submitted by the provider as a first or second episode and the claim is actually a third or later episode, the system will populate the new field with a 3 to indicate this.
- If a claim is submitted by the provider as a third or later episode and the claim is actually a first or second episode, the system will populate the new field with a 1 to indicate this.

**3.5.3.3.3.5** When the new one position field is populated with a 1 or a 3, the HH Pricer will record the claim using the following steps:

- Step 1:** The HH Pricer will determine, from the new episode sequence and the number of therapy visits on the claim, which equation of the HH PPS case-mix model applies to the claim.
- Step 2:** The HH Pricer will find the two positions in the new nine position field that correspond to the equation identified in Step 1.
- Step 3:** The HH Pricer will convert the alphabetic codes in these positions to numeric point values.
- Step 4:** The HH Pricer will read the appropriate column on the case-mix scoring table to find the new clinical and functional severity levels that correspond to that point value (Figure 12.4-8).
- Step 5:** Using the severity levels identified in Step 4 and the HIPPS code structure shown in the above table, the HH Pricer will determine the new HIPPS code that applies to the claim.

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**3.5.3.3.3.6** The HH Pricer will use the new HIPPS code resulting from these steps to re-price the claim and will return the new code to the existing output HIPPS code field in the input/output record.

**3.5.3.3.3.7** When the first position of the HIPPS code is a five and the number of therapy services on the claim are less than 20, the HH Pricer will use the first position of the new nine position field to record the first position of the HIPPS code and complete the steps described above.

**3.5.3.4** Adjustment of previously paid episodes.

**3.5.3.4.1** The contractor claims processing systems will initiate automatic adjustments for previously paid episodes when the receipt of earlier dated episodes change their position in a sequence of episodes. The system will re-code and re-price the automatic adjustments.

**3.5.3.4.2** The system will calculate a supply adjustment amount and add it to the otherwise re-priced episode amount.

**3.5.3.5** Determining the gap between episodes (i.e., if the episodes are adjacent/contiguous.

**3.5.3.5.1** The 60-day period to determine a gap that will begin a new sequence of episodes will be counted in most instances from the calculated 60-day end date of the episode. The exception to this is for episodes that were subject to PEP adjustment.

**3.5.3.5.2** In PEP cases, the system will count 60 days from the date of the last billable home health visit provided in the PEP episode.

**3.5.3.5.3** Intervening stays in inpatient facilities will not create any special consideration in counting the 60-day gap.

- If an inpatient stay occurred within an episode, it would not be a part of the gap, as counting would not begin at Day 60, which in this case could be later than the inpatient discharge date.
- If an inpatient stay occurred within the period after the end of all HH episode and before the beginning of the next one, those days would be counted as part of the gap just as any other days would.

**3.5.3.5.4** If episodes are received after a particular claim is paid that change the sequence initially assigned to the paid episode (for example, by service dates falling earlier than those of the paid episode, or by falling within a gap between paid episodes), the system will initiate automatic adjustments to correct the payment of any necessary episodes as described above.

**3.5.3.6** Refer to [Addendums R](#) and [S](#) for changes in input/output record layout and Pricer logic for 60-day episodes beginning on or after January 1, 2008.

### **3.6 Abbreviated Assessments for Establishment of Payments Under HHA PPS**

**3.6.1** Medicare-certified HHAs will be required to conduct abbreviated assessments for TRICARE beneficiaries who are under the age of 18 or receiving maternity care for payment under the HHA PPS. This will require the manual completion and scoring of a HHRG Worksheet (refer to [Addendum I](#) for copy of worksheet). The HIPPS code generated from this scoring process will be submitted on the CMS 1450 UB-04 for pricing and payment. This abbreviated 23 item assessment (as opposed to the full 79 item comprehensive assessment) will provide the minimal amount of data necessary for reimbursement under the HHA PPS. This is preferable, from an integrity standpoint, to dummied up the missing data elements on the comprehensive assessment. HHAs will also be responsible for collecting the OASIS data element links necessary in reporting the claims-OASIS matching key (i.e., the 18 position code, containing the start of care date (eight positions, from OASIS item M0030), the date the assessment was completed (eight-positions, from OASIS item M0090), and the reason for assessment (two positions, from OASIS item M0100). The claims-OASIS matching key is reported in FL 44 of the CMS 1450 UB-04.

**3.6.2** Use of Abbreviated Assessments for Episodes Beginning On or After January 1, 2008. Abbreviated assessments will continue to be used for TRICARE beneficiaries who are under the age of 18 or receiving maternity care for payment under the HHA PPS with the following modifications:

**3.6.2.1** The first position of the HIPPS code - which assigns differing scores in the clinical, functional and services domains based on whether an episode is an early or later episode in a sequence of adjacent episodes and the number of visits incurred during that episode - will be reported by the HHA in accordance with the HIPPS coding structure outlined in [Figure 12.4-6](#) (i.e., numerical values 1 through 5 based on the EOC and number of visits).

**3.6.2.2** The second, third, and fourth positions of the HIPPS code (alphabetical characters) will be assigned based on the scoring of the 23 OASIS items reflected in the HHRG Worksheet for episodes beginning on or after January 1, 2008 in [Addendum I](#). The OASIS items for use in this abbreviated assessment scoring will be available on the CMS web site (<http://www.cms.hhs.gov/HomeHealthQualityInits/>) as indicated in [Addendum G](#). However, since Clinical Severity Domain category "C0", Function Status Domain category "F0", and Service Utilization Domain category "S0" are no longer recognized as part of the refined HIPPS coding structure they will default to "C1", "F1", and "S1", respectively, in establishing reimbursement under the abbreviated assessment for TRICARE beneficiaries who are under the age of 18 or receiving maternity care.

**3.6.2.3** The fifth position of the HIPPS code will be reported by the HHA using the HIPPS coding structure outlined in [Figure 12.4-6](#) based on the EOC and number of visits, along with whether or not supplies were actually provided during the episode of HHC; i.e., 1-6 in cases where NRSs are not associated with the first four positions of the HIPPS code and S-X where they are.

**3.6.2.4** A treatment authorization code will not be required for the processing and payment of home health episodes under the abbreviated assessment process. As a result, the contractors will not have the responsibility of recoding claims and/or validating the 18-position treatment authorization code that is normally required for the processing and payment of home health claims subject to the full-blown OASIS assessment.

**3.6.3** The following hierarchy will be adhered to in the placement and reimbursement of home health services for TRICARE eligible beneficiaries under the age of 18 or receiving maternity care.

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The MCSCs will adhere to this hierarchical placement through their role in establishing primary provider status under the HHA PPS (i.e., designating that HHA which may receive payment under the consolidated billing provisions for home health services provided under a POC).

**3.6.3.1** Authorization for care in and primary provider status designation for a Medicare certified HHA (i.e., in a HHA meeting all Medicare conditions of participation [Sections 1861(o) and 1891 of the Social Security Act and part 484 of the Medicare regulation (42 CFR 484)] will result in payment of home health services under the PPS. The HHA will be reimbursed a fixed case-mix and wage-adjusted 60-day episode payment amount based on the HIPPS code generated from the required abbreviated assessment. For example, if there are two HHAs within a given treatment area that can provide care for a TRICARE beneficiary under the age of 18, and one is Medicare certified and the other is not due to its targeted patient population (HHA specializing solely in the home health needs of patients under the age of 18), the contractor will authorize care in, and designate primary provider status to, the Medicare HHA.

**3.6.3.2** If a Medicare-certified HHA is not available within the service area, the MCSC may authorize care in a non-Medicare certified HHA (e.g., a HHA which has not sought Medicare certification/approval due to the specialized beneficiary categories it services - patients receiving maternity care and/or patients under the age 18) that qualifies for corporate services provider status under TRICARE (refer to the TRICARE Policy Manual (TPM), [Chapter 11, Section 12.1](#), for the specific qualifying criteria for granting corporate services provider status under TRICARE.) The following payment provisions will apply to HHAs qualifying for coverage under the corporate services provider class:

**3.6.3.2.1** Otherwise covered professional services provided by TRICARE authorized individual providers employed by or under contract with a freestanding corporate entity will be paid under the TRICARE Maximum Allowable Charge (TMAC) reimbursement system, subject to any restrictions and limitations as may be prescribed under existing TRICARE policy.

**3.6.3.2.2** Payment will also be allowed for supplies used by a TRICARE authorized individual provider employed by or contracted with a corporate services provider in the direct treatment of a TRICARE eligible beneficiary. Allowable supplies will be reimbursed in accordance with TRICARE allowable charge methodology as described in [Chapter 5](#).

**3.6.3.2.3** Reimbursement of covered professional services and supplies will be made directly to the TRICARE authorized corporate services provider under its own tax identification number.

**3.6.3.2.4** There are also regulatory and contractual provisions currently in place that grant contractors the authority to establish alternative network reimbursement systems as long as they do not exceed what would have otherwise been allowed under Standard TRICARE payment methodologies.

### **3.7 Split Payments (Initial and Final Payments)**

A split percentage approach has been taken in the payment of HHAs in order to minimize potential cash-flow problems.

**3.7.1** A split percentage payment will be made for most episode periods. There will be two payments (initial and final) - the initial paid in response to a RAP, and the final in response to a claim.

Added together, the initial and final payments equal 100% of the permissible reimbursement for the episode.

**3.7.2** There will be a difference in the percentage split of initial and final payments for initial and subsequent episodes for patients in continuous care. For all initial episodes, the percentage split for the two payments will be 60% in response to the RAP, and 40% in response to the claim. For all subsequent episodes in periods of continuous care, each of the two percentage payments will equal 50% of the estimated case-mix adjusted episode payment. There is no set length required for a gap in services between episodes for a following episode to be considered initial rather than subsequent. If any gap occurs, the next episode will be considered initial for payment purposes.

**3.7.3** The HHA may request and receive accelerated payment if the contractor fails to make timely payments. While a physician's signature is not required on the POC for initial payment, it is required prior to claim submission for final payment.

**3.8 Calculation of Prospective Payment Amounts**

**3.8.1 National 60-Day Episode Payment Amounts**

**3.8.1.1** Medicare, in establishment of its prospective payment amount, included all costs of home health services derived from audited Medicare cost reports for a nationally representative sample of HHAs for Fiscal Year (FY) 1997. Base-year costs were adjusted using the latest available market basket increases between the cost reporting periods contained in the database and September 30, 2001. Total costs were divided by total visits in establishing an average cost per visit per discipline. The discipline specific cost per visit was then multiplied by the average number of visits per discipline provided within a 60-day EOC in the establishment of a home health prospective payment rate per discipline. The 60-day utilization rates were derived from Medicare home health claims data for FY 1997 and 1998. The prospective payment rates for all six disciplines were summed to arrive at a total non-standardized prospective payment amount per 60-day EOC.

**3.8.1.2** [Figure 12.4-14](#) provides the calculations involved in the establishment of the non-standardized prospective payment amount per 60-day episode in FY 2001, along with adjustments for NRS, Part B therapies and OASIS implementation and ongoing costs.

**FIGURE 12.4-14 CALCULATION OF NATIONAL 60-DAY EPISODE PAYMENT AMOUNTS**

DISCIPLINES	TOTAL COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	AVER. # VISITS PER 60-DAYS	HOME HEALTH PROSPECTIVE PAYMENT RATE
Home Health Aide Services	\$5,915,395,602	141,682,907	\$41.75	13.40	\$559.45
Medical Social Services	458,571,353	2,985,588	153.59	0.32	49.15
Occupational Therapy	444,691,130	4,244,901	104.76	0.53	55.52
Physical Therapy	2,456,109,303	23,605,011	104.05	3.05	317.35
Skilled Nursing Services	12,108,884,714	127,515,950	94.96	14.08	1,337.04
Speech Pathology Service	223,173,331	1,970,399	113.26	0.18	20.39

Total Non-Standardized Prospective Payment Amount Per 60-day Episode for FY 2001: **\$2,338.90**

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**FIGURE 12.4-14 CALCULATION OF NATIONAL 60-DAY EPISODE PAYMENT AMOUNTS**

DISCIPLINES	TOTAL COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	AVER. # VISITS PER 60-DAYS	HOME HEALTH PROSPECTIVE PAYMENT RATE
<b>ADJUSTMENTS:</b>					
1.	Average cost per episode for NRS included in the home health benefit and reported as costs on the cost report				<b>\$43.54</b>
2.	Average payment per episode for NRS possibly unbundled and billed separately for Part B				<b>\$6.08</b>
3.	Average payment per episode for Part B therapies				<b>\$17.76</b>
4.	Average payment per episode for OASIS one time adjustment for form changes				<b>\$5.50</b>
5.	Average payment per episode for ongoing OASIS adjustment costs				<b>\$4.32</b>
Total Non-Standardized Prospective Payment Amount for 60-day Episode for FY 2001 Plus Medical Supplies, Part B Therapies and OASIS					<b>\$2,416.01</b>

**3.8.1.3** The adjusted non-standardized prospective payment amount per 60-day episode for FY 2001 was adjusted as follows in [Figure 12.4-15](#) for case-mix, budget neutrality and outliers in the establishment of a final standardized and budget neutral payment amount per 60-day episode for FY 2001.

**FIGURE 12.4-15 STANDARDIZATION FOR CASE-MIX AND WAGE INDEX**

NON-STANDARDIZED PROSPECTIVE PAYMENT AMOUNT PER 60-DAYS	STANDARDIZATION FACTOR FOR WAGE INDEX AND CASE-MIX	BUDGET NEUTRALITY FACTOR	OUTLIER ADJUSTMENT FACTOR	STANDARDIZED PROSPECTIVE PAYMENT AMOUNT PER 60-DAYS
\$2,416.01	0.96184	0.88423	1.05	\$2,115.30

**3.8.1.3.1** The above 60-day episode payment calculations were derived using base-year costs and utilization rates and subsequently adjusted by annual inflationary update factors, the last three iterations of which can be found in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), and [L \(CY 2011\)](#).

**3.8.1.3.2** The standardized prospective payment amount per 60-day EOC is case-mix and wage-adjusted in determining payment to a specific HHA for a specific beneficiary. The wage adjustment is made to the labor portion (0.77668) of the standardized prospective payment amount after being multiplied by the beneficiary's designated HHRG case-mix weight. For example, a HHA serves a TRICARE beneficiary in Denver, CO. The HHA determines the patient is in HHRG C2F1S2 with a case-mix weight of 1.8496. The following steps are used in calculating the case-mix and wage-adjusted 60-day episode payment amount:

**Step 1:** Multiply the standard 60-day prospective payment amount by the applicable case-mix weight.

$$(1.8496 \times \$2,115.30) = \$3,912.46$$

**Step 2:** Divide the case-mix adjustment episode payment into its labor and non-labor portions.

$$\text{Labor Portion} = (0.77668 \times \$3,912.46) = \$3,038.73$$

$$\text{Non-Labor Portion} = (0.22332 \times \$3,912.46) = \$873.73$$

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**Step 3:** Adjust the labor portion by multiplying by the wage index factor for Denver, CO.

$$(1.0190 \times \$3,038.73) = \$3,096.47$$

**Step 4:** Add the wage-adjusted labor portion to the non-labor portion to calculate the total case-mix and wage-adjusted episode payment.

$$(\$873.73 + \$3,096.47) = \mathbf{\$3,970.20}$$

**3.8.1.4** Since the initial methodology used in calculating the case-mix and wage-adjusted 60-day episode payment amounts has not changed, the above example is still applicable using the updated wage indices and 60-day episode payment amounts (both the all-inclusive payment amount and per-discipline payment amount) contained in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), [L \(CY 2011\)](#), [M \(CY 2009\)](#), [M \(CY 2010\)](#), and [M \(CY 2011\)](#).

**3.8.1.5** Annual Updating of HHA PPS Rates and Wage Indexes.

**3.8.1.5.1** In subsequent fiscal years, HHA PPS rates (i.e., both the national 60-day episode amount and per-visit rates) will be increased by the applicable home health market basket index change.

**3.8.1.5.2** Three iterations of these rates will be maintained in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), and [L \(CY 2011\)](#). These rate adjustments are also integral data elements used in updating the Pricer.

**3.8.1.5.3** Three iterations of wage indexes will also be maintained in [Addendums M \(CY 2009\)](#), [M \(CY 2010\)](#), and [M \(CY 2011\)](#), for computation of individual HHA payment amounts. These hospital wage indexes will lag behind by a full year in their application.

### **3.8.2 Calculation of Reduced Payments**

Under certain circumstances, payment will be less than the full 60-day episode rate to accommodate changes of events during the beneficiary's care. The start and end dates of each event will be used in the apportionment of the full-episode rate. These reduced payment amounts are referred to as: 1) PEP adjustments; 2) SCIC adjustments; 3) LUPAs; and 4) therapy threshold adjustments. Each of these payment reduction methodologies will be discussed in greater detail below.

**Note:** Since the basic methodology used in calculating HHA PPS adjustments (i.e., payment reductions for PEPs, SCICs, LUPAs, and therapy thresholds) has not changed, the following examples are still applicable using the updated wage indices and 60-day episode payment amounts in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), [L \(CY 2011\)](#), [M \(CY 2009\)](#), [M \(CY 2010\)](#), and [M \(CY 2011\)](#).

#### **3.8.2.1 PEP Adjustment**

The PEP adjustment is used to accommodate payment for EOCs less than 60 days resulting from one of the following intervening events: 1) beneficiary elected a transfer prior to the end of the 60-day EOC; or 2) beneficiary discharged after meeting all treatment goals in the original POC and subsequently readmitted to the same HHA before the end of the 60-day EOC. The PEP

adjustment is based on the span of days over which the beneficiary received treatment prior to the intervening event; i.e., the days, including the start-of-care date/first billable service date through and including the last billable service date, before the intervening event. The original POC must be terminated with no anticipated need for additional home health services. A new 60-day EOC would have to be initiated upon return to a HHA, requiring a physician's recertification of the POC, a new OASIS assessment, and authorization by the contractor. The PEP adjustment is calculated by multiplying the proportion of the 60-day episode during which the beneficiary was receiving care prior to the intervening event by the beneficiary's assigned 60-day episode payment. The PEP adjustment is only applicable for beneficiaries having more than four billable home health visits. Transfers of beneficiaries between HHAs of common ownership are only applicable when the agencies are located in different metropolitan statistical areas. Also, PEP adjustments do not apply in situations where a patient dies during a 60-day EOC. Full episode payments are made in these particular cases. For example, a beneficiary assigned to HHRG C2F1S2 and receiving care in Denver, CO was discharged from a HHA on Day 28 of a 60-day EOC and subsequently returned to the same HHA on Day 40. However, the first billable visit (i.e., a physician ordered visit under a new POC) did not occur until Day 42. The beneficiary met the requirements for a PEP adjustment, in that the treatment goals of the original POC were accomplished and there was no anticipated need for home care during the balance of the 60-day episode. Since the last visit was furnished on Day 28 of the initial 60-day episode, the PEP adjustment would be equal to the assigned 60-day episode payment times 28/60, representing the proportion of the 60 days that the patient was in treatment. Day 42 of the original episode becomes Day 1 of the new certified 60-day episode. The following steps are used in calculating the PEP adjustment:

**Step 1:** Calculate the proportion of the 60 days that the beneficiary was under treatment.

$$(28/60) = 0.4667$$

**Step 2:** Multiply the beneficiary assigned 60-day episode payment amount by the proportion of days that the beneficiary was under treatment.

$$(\$3,970.20 \times 0.4667) = \mathbf{\$1,852.90}$$

### 3.8.2.2 SCIC Payment Adjustment

For Episodes Beginning On Or After January 1, 2008. The refined HH PPS no longer contains a policy to allow for adjustments reflecting SCICs. Episodes paid under the refined HH PPS will be paid based on a single HIPPS code. Claims submitted with additional HIPPS codes reflecting SCICs will be returned to the provider; i.e., claims for episodes beginning on or after January 1, 2008, that contain more than one revenue code 0023 line.

### 3.8.2.3 LUPA

#### 3.8.2.3.1 For Episodes Beginning Prior To January 1, 2008

**3.8.2.3.1.1** The LUPA reduces the 60-day episode payments, or PEP amounts, for those beneficiaries receiving less than five home health visits during a 60-day EOC. Payment for low-utilization episodes are made on a per-visit basis using the cost-per-visit rates by discipline calculated in [Figure 12.4-1](#) plus additional amounts for: 1) NRS paid under a home health POC; 2) NRS possibly unbundled to Part B; 3) per-visit ongoing OASIS reporting adjustment; and 4) one-time OASIS scheduling implementation change. These cost-per-visit rates are standardized for

wage index and adjusted for outliers to come up with final wage standardized and budget neutral per-visit payment amounts for 60-day episodes as reflected in [Figure 12.4-16](#).

**FIGURE 12.4-16 PER VISIT PAYMENT AMOUNTS FOR LOW-UTILIZATION PAYMENT ADJUSTMENTS**

HOME HEALTH DISCIPLINE TYPE	AVERAGE COST PER VISIT				STANDARDIZATION FACTOR FOR WAGE INDEX	OUTLIER ADJUSTMENT FACTOR	PER VISIT PAYMENT AMOUNTS PER 60-DAY EPISODE FOR FY 2001
	FROM THE PPS AUDIT SAMPLE	FOR NON-ROUTINE MEDICAL SUPPLIES*	FOR ONGOING OASIS ADJUSTMENT COSTS	FOR ONE-TIME OASIS SCHEDULING CHANGE			
Home Health Aide	\$41.75	\$1.94	\$0.12	\$0.21	0.96674	1.05	\$43.37
Medical Social	153.59	1.94	0.12	0.21	0.96674	1.05	153.55
Physical Therapy	104.05	1.94	0.12	0.21	0.96674	1.05	104.74
Skilled Nursing	94.96	1.94	0.12	0.21	0.96674	1.05	95.79
Speech Pathology	113.26	1.94	0.12	0.21	0.96674	1.05	113.81
Occupational Therapy	104.76	1.94	0.12	0.21	0.96674	1.05	105.44

\* Combined average cost per-visit amounts for NRS reported as costs on the cost report and those which could have been unbundled and billed separately to Part B.

**3.8.2.3.1.2** The per-visit rates per discipline are wage-adjusted but not case-mix adjusted in determining the LUPA. For example, a beneficiary assigned to HHRG C2L1S2 and receiving care in a Denver, CO, HHA has one skilled nursing visit, one physical therapy visit and two home health visits. The per-visit payment amount (obtained from [Figure 12.4-3](#)) is multiplied by the number of visits for each discipline and summed to obtain an unadjusted low-utilization payment amount. This amount is then wage-adjusted to come up with the final LUPA. The following steps are used in calculating the LUPA:

**Note:** Since the basic methodology used in calculating HHA PPS outliers has not changed, the following example is still applicable using the updated wage indices, 60-day episode payment amounts and Fixed Dollar Loss (FDL) amounts in [Addendums L \(CY 2009\), L \(CY 2010\), L \(CY 2011\), M \(CY 2009\), M \(CY 2010\), and M \(CY 2011\)](#).

**Step 1:** Multiple the per-visit rate per discipline by the number of visits and add them together to get the total unadjusted low-utilization payment amount.

Skilled nursing visits	1 x \$95.79	=	\$ 95.79
Physical therapy visits	1 x \$104.74	=	\$104.74
Home health aide visits	2 x \$43.37	=	\$ 86.74
Total unadjusted payment amount			\$287.27

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**Step 2:** Multiply the unadjusted payment amount by its labor and non-labor related percentages to get the labor and non-labor portion of the payment amount.

$$\text{Labor Portion} = (\$287.27 \times 0.77668) = \$223.12$$

$$\text{Non-Labor Portion} = (\$287.27 \times 0.22332) = \$64.15$$

**Step 3:** Multiply the labor portion of the payment amount by the wage index for Denver, CO.  
 $(\$223.12 \times 1.0190) = \$227.36$

**Step 4:** Add the labor and non-labor portions together to arrive at the LUPA.  
 $(\$227.36 + \$64.15) = \mathbf{\$291.51}$

#### 3.8.2.3.2 For Episodes Beginning On Or After January 1, 2008

LUPA may be subject to an additional payment adjustment. If the LUPA episode is the first episode in a sequence of adjacent episodes or is the only EOC the beneficiary received and the Source of Referral and Admission or Visit Code is not "B" (Transfer From Another HHA) or "C" (Readmission to Same HHA), an additional add-on payment will be made. A lump-sum established in regulation and updated annually will be added to these claims. The additional amount for CY 2008 is \$87.93.

#### 3.8.2.4 Therapy Threshold Adjustment

##### 3.8.2.4.1 For Episodes Beginning Prior To January 1, 2008

There is a downward adjustment in the 60-day episode payment amount if the number of therapy services delivered during an episode does not meet the threshold. The total case-mix adjusted episode payment is based on the OASIS assessment and the therapy hours provided over the course of the episode. The number of therapy hours projected on the OASIS assessment at the start of the episode, entered in OASIS, is confirmed by the visit information submitted in line-item detail on the claim for the episode. If therapy use is below the utilization threshold (i.e., the projected range of hours for physical, occupational or speech therapy combined), there is an automatic downward adjustment in the 60-day episode payment amount.

##### 3.8.2.4.2 For Episodes Beginning On Or After January 1, 2008

**3.8.2.4.2.1** The refined HH PPS adjusts Medicare payment based on whether one of three therapy thresholds (6, 14, or 20 visits) is met. As a result of these multiple thresholds, and since meeting a threshold can change the payment equation that applies to a particular episode, a simple "fallback" coding structure is no longer possible. Also, additional therapy visits may change the score in the services domain of the HIPPS code.

**3.8.2.4.2.2** Due to this increased complexity of the payment system regarding therapies, the Pricer software in the claims processing system will re-code all claims based on the actual number of therapy services provided. The re-coding will be performed without regard to whether the number of therapies delivered increased or decreased compared to the number of expected therapies reported on the OASIS assessment and used to base RAP payment. As in the original HH

PPS, the remittance advice will show both the HIPPS code submitted on the claim and the HIPPS code that was used for payment, so adjustments can be clearly identified.

### 3.8.3 Calculation of Outlier Payments

**3.8.3.1** A methodology has been established under the HHA PPS to allow for outlier payments in addition to regular 60-day episode payments for beneficiaries generating excessively large treatment costs. The outlier payments under this methodology are made for those episodes whose estimated imputed costs exceed the predetermined outlier thresholds established for each HHRG. Outlier payments are not restricted solely to standard 60-day EOC. They may also be extended for atypically costly beneficiaries who qualify for SCIC or PEP payment adjustments under the HHA PPS. The outlier threshold amount for each HHRG is calculated by adding a FDL amount, which is the same for all case-mix groups (HHRGs), to the HHRG's 60-day episode payment amount. A FDL amount is also added to the PEP and SCIC adjustment payments in the establishment of PEP and SCIC outlier thresholds.

**3.8.3.2** The outlier payment amount is a proportion of the wage-adjusted estimated imputed costs beyond the wage-adjusted threshold. The loss-sharing ratio is the proportion of additional costs paid as an outlier payment. The loss-sharing ratio, along with the FDL amount, is used to constrain outlier costs to five percent of total episode payments. The estimated imputed costs are derived from those home health visits actually ordered and received during the 60-day episode. The total visits per discipline are multiplied by their national average per-visit amounts (refer to [Figure 12.4-4](#) for the calculation of national average per-visit amounts) and are wage-adjusted. The wage-adjusted imputed costs for each discipline are summed to get the total estimated wage-adjusted imputed costs for the 60-day EOCs. The outlier threshold is then subtracted from the total wage-adjusted imputed per visit costs for the 60-day episode to come up with the imputed costs in excess of the outlier threshold. The amount in excess of the outlier threshold is multiplied by 80% (i.e., the loss share ratio) to obtain the outlier payment. The HHA receives both the 60-day episode and outlier payment. For example, a beneficiary assigned to HHRG C2L2S2 [case-mix weight of 1.9532 and receiving HHA care in Missoula, MT (wage index of 0.9086)], has physician orders for and received 54 skilled nursing visits, 48 home health aide visits, and six physical therapy visits. The following steps are used in calculating the outlier payment:

#### 3.8.3.2.1 Calculation of Case-Mix and Wage-Adjusted Episode Payment

**Step 1:** Multiply the case-mix weight for HHRG C2L2S2 by the standard 60-day prospective episode payment amount.

$$(1.9532 \times \$2,115.30) = \$4,131.60$$

**Step 2:** Divide the case-mix-adjusted episode payment amount into its labor and non-labor portions.

$$\text{Labor Portion} = (0.77668 \times \$4,131.60) = \$3,208.93$$

$$\text{Non-Labor Portion} = (0.22332 \times \$4,131.60) = \$922.67$$

**Step 3:** Multiply the labor portion of the case-mix adjusted episode payment by the wage index factor for Missoula, MT.

$$(0.9086 \times \$3,208.93) = \$2,915.63$$

**Step 4:** Add the wage-adjusted labor portion to the non-labor portion to get the total case-mix and wage-adjusted 60-day episode payment amount.

$$(\$2,915.63 + \$922.67) = \mathbf{\$3,838.30}$$

### 3.8.3.2.2 Calculation of the Wage-Adjusted Outlier Threshold

**Step 1:** Multiply the 60-day episode payment amount by the FDL ratio (1.13) to come up with the FDL amount.

$$(\$2,115.30 \times 1.13) = \$2,390.29$$

**Step 2:** Divide the FDL amount into its labor and non-labor portions.

$$\text{Labor Portion} = (0.77668 \times \$2,390.29) = \$1,856.49$$

$$\text{Non-Labor Portion} = (0.22332 \times \$2,390.29) = \$533.80$$

**Step 3:** Multiply the labor portion of the FDL amount by the wage index for Missoula, MT (0.9086).

$$(0.9086 \times \$1,856.49) = \$1,686.81$$

**Step 4:** Add back the non-labor portion to the wage-adjusted labor portion to get the total wage-adjusted FDL amount.

$$(\$1,686.81 + \$533.80) = \$2,220.61$$

**Step 5:** Add the case-mix and wage-adjusted 60-day episode payment amount to the wage-adjusted fixed dollar amount to obtain the wage-adjusted outlier threshold.

$$(\$3,838.30 + \$2,220.61) = \mathbf{\$6,058.91}$$

### 3.8.3.2.3 Calculation of Wage-Adjusted Imputed Cost of 60-Day Episode

**Step 1:** Multiply the total number of visits by the national average cost per visit for each discipline to arrive at the imputed costs per discipline over the 60-day episode.

$$\text{Skilled Nursing Visits} \quad (54 \times \$95.79) = \$5,172.66$$

$$\text{Home Health Aide Visits} \quad (48 \times \$43.37) = \$2,081.76$$

$$\text{Physical Therapy Visits} \quad (6 \times \$104.74) = \$628.44$$

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**Step 2:** Calculate the wage-adjusted imputed costs by dividing the total imputed cost per discipline into their labor and non-labor portions and multiplying the labor portions by the wage index for Missoula, MT (0.9086) and adding back the non-labor portions to arrive at the total wage-adjusted imputed costs per discipline.

#### 1. Skilled Nursing Visits

- Divide total imputed costs into their labor and non-labor portions.

$$\text{Labor Portion} = (0.77668 \times \$5,172.66) = \$4,017.50$$

$$\text{Non-Labor Portion} = (0.22332 \times \$5,172.66) = \$1,155.16$$

- Wage-adjusted labor portion of imputed costs.

$$(\$4,017.50 \times 0.9086) = \$3,650.30$$

- Add back non-labor portion to wage-adjusted labor portion of imputed costs to come up with the total wage-adjusted imputed costs for skilled nursing visits.

$$(\$3,650.30 + \$1,155.16) = \$4,805.46$$

#### 2. Home Health Aide Visits

- Divide total imputed costs into their labor and non-labor portions.

$$\text{Labor Portion} = (0.77668 \times \$2,081.76) = \$1,616.86$$

$$\text{Non-Labor Portion} = (0.22332 \times \$2,081.76) = \$464.90$$

- Wage-adjusted labor portion of imputed costs.

$$(\$1,616.86 \times 0.9086) = \$1,469.08$$

- Add back non-labor portion to wage-adjusted labor portion of imputed costs to come up with the total wage-adjusted imputed costs for home health aide visits.

$$(\$1,469.08 + \$464.90) = \$1,933.98$$

#### 3. Physical Therapy Visits

- Divide total imputed costs into their labor and non-labor portions.

$$\text{Labor Portion} = (0.77668 \times \$628.44) = \$488.10$$

$$\text{Non-Labor Portion} = (0.22332 \times \$628.44) = \$140.34$$

- Wage-adjusted labor portion of imputed costs.

$$(\$488.10 \times 0.9086) = \$443.49$$

- Add back non-labor portion to wage-adjusted labor portion of imputed costs to come up with the total wage-adjusted imputed costs for home health aide visits.

$$(\$443.49 + \$140.34) = \mathbf{\$583.83}$$

**Step 3:** Add together the wage-adjusted imputed costs for the skilled nursing, home health aide and physical therapy visits to obtain the total wage-adjusted imputed costs of the 60-day episode.

$$(\$4,805.46 + \$1,933.98 + \$583.83) = \mathbf{\$7,323.27}$$

#### 3.8.3.2.4 Calculation of Outlier Payment

**Step 1:** Subtract the outlier threshold amount from the total wage-adjusted imputed costs to arrive at the costs in excess of the outlier threshold.

$$(\$7,323.27 - \$6,058.92) = \$1,264.35$$

**Step 2:** Multiply the imputed cost amount in excess of the HHRG threshold amount by the loss sharing ratio (80%) to arrive at the outlier payment.

$$(\$1,264.35 \times 0.80) = \mathbf{\$1,011.48}$$

#### 3.8.3.2.5 Calculation of Total Payment to HHA

Add the outlier payment amount to the case-mix and wage-adjusted 60-day episode payment amount to obtain the total payment to the HHA.

$$(\$3,838.30 + \$1,011.48) = \mathbf{\$4,849.78}$$

### 3.9 Other Health Insurance (OHI) Under HHA PPS

Payment under the HHA PPS is dependent upon the PPS-specific information submitted by the provider with the TRICARE Claim (see [Section 6](#)). However, if the beneficiary has OHI which has processed the claim as primary payer, it is likely that the information necessary to determine the TRICARE PPS payment amount will not be available. Therefore, special procedures have been established for processing HHA claims involving OHI. These claims will not be processed as PPS claims. Such claims will be allowed as billed unless there is a provider discount agreement. The only exception to this is cases when there is evidence on the face of the claim that the beneficiary's liability is limited to less than the billed charge (e.g., the OHI has a discount agreement with the provider under which the provider agrees to accept a percentage of the billed charge as payment in full). In such cases, the TRICARE payment is to be the difference between the limited amount established by the OHI and the OHI payment.

- END -

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 Annual Home Health Agency Prospective Payment System (HHA PPS)  
 Wage Index Updates - CY 2010

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
	Meriwether, GA			Calhoun, MI	
	Newton, GA		13020	Bay City, MI	0.9267
	Paulding, GA			Bay, MI	
	Pickens, GA		13140	Beaumont-Port Arthur, TX	0.8383
	Pike, GA			Hardin, TX	
	Rockdale, GA			Jefferson, TX	
	Spalding, GA			Orange, TX	
	Walton, GA		13380	Bellingham, WA	1.1395
12100	Atlantic City, NJ	1.1554		Whatcom, WA	
	Atlantic, NJ		13460	Bend, OR	1.1446
12220	Auburn-Opelika, AL	0.8138		Deschutes, OR	
	Lee, AL		13644	Bethesda-Frederick-Gaithersburg, MD	1.0298
12260	Augusta-Richmond, GA-SC	0.9409		Frederick, MD	
	Burke, GA			Montgomery, MD	
	Columbia, GA		13740	Billings, MT	0.8781
	McDuffie, GA			Carbon, MT	
	Richmond, GA			Yellowstone, MT	
	Aiken, SC		13780	Binghamton, NY	0.8780
	Edgefield, SC			Broome, NY	
12420	Austin-Round Rock, TX	0.9518		Tioga, NY	
	Bastrop, TX		13820	Birmingham-Hoover, AL	0.8554
	Caldwell, TX			Bibb, AL	
	Hays, TX			Blount, AL	
	Travis, TX			Chilton, AL	
	Williamson, TX			Jefferson, AL	
12540	Bakersfield, CA	1.1232		St. Clair, AL	
	Kern, CA			Shelby, AL	
12580	Baltimore-Towson, MD	1.0214		Walker, AL	
	Anne Arundel, MD		13900	Bismarck, ND	0.7637
	Baltimore, MD			Burleigh, ND	
	Carroll, MD			Morton, ND	
	Harford, MD		13980	Blacksburg-Christiansburg-Radford, VA	0.8394
	Howard, MD			Giles, VA	
	Queen Anne's, MD			Montgomery, VA	
	Baltimore City, MD			Pulaski, VA	
12620	Bangor, ME	1.0154		Radford City, VA	
	Penobscot, ME		14020	Bloomington, IN	0.9043
12700	Barnstable Town, MA	1.2618		Greene, IN	
	Barnstable, MA			Monroe, IN	
12940	Baton Rouge, LA	0.8180		Owen, IN	
	Ascension, LA		14060	Bloomington-Normal, IL	0.9378
	East Baton Rouge, LA			McLean, IL	
	East Feliciana, LA		14260	Boise City-Nampa, ID	0.9318
	Iberville, LA			Ada, ID	
	Livingston, LA			Boise, ID	
	Pointe Coupee, LA			Canyon, ID	
	St. Helena, LA			Gem, ID	
	West Baton Rouge, LA			Owyhee, ID	
	West Feliciana, LA		14484	Boston-Quincy, MA	1.2186
12980	Battle Creek, MI	1.0000		Norfolk, MA	

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14500	Plymouth, MA Suffolk, MA Boulder, CO Boulder, CO	1.0266	16580	Jones, IA Linn, IA Champaign-Urbana, IL Champaign, IL	1.0108
14540	Bowling Green, KY Edmonson, KY Warren, KY	0.8469	16620	Ford, IL Piatt, IL Charleston, WV Boone, WV	0.8141
14600	Bradenton-Sarasota-Venice, FL Manatee, FL Sarasota, FL	0.9735	16700	Clay, WV Kanawha, WV Lincoln, WV Putnam, WV	0.9279
14740	Bremerton-Silverdale, WA Kitsap, WA	1.0755	16740	Charleston-North Charleston, SC Berkeley, SC Charleston, SC Dorchester, SC	0.9474
14860	Bridgeport-Stamford-Norwalk, CT Fairfield, CT	1.2792	16740	Charlotte-Gastonia-Concord, NC-SC Anson, NC Cabarrus, NC Gaston, NC	0.9474
15180	Brownsville-Harlingen, TX Cameron, TX	0.9020	16820	Mecklenburg, NC Union, NC York, SC Charlottesville, VA	0.9372
15260	Brunswick, GA Brantley, GA Glynn, GA McIntosh, GA	0.9178	16820	Albemarle, VA Fluvanna, VA Greene, VA Nelson, VA	0.9372
15380	Buffalo-Niagara Falls, NY Erie, NY Niagara, NY	0.9740	16860	Charlottesville City, VA Chattanooga, TN-GA Catoosa, GA Dade, GA	0.8831
15500	Burlington, NC Alamance, NC	0.8749	16860	Walker, GA Hamilton, TN Marion, TN Sequatchie, TN	0.8831
15540	Burlington-South Burlington, VT Chittenden, VT Franklin, VT Grand Isle, VT	1.0106	16940	Cheyenne, WY Laramie, WY	0.9344
15764	Cambridge-Newton-Framingham, MA Middlesex, MA	1.1278	16974	Chicago-Naperville-Joliet, IL Cook, IL DeKalb, IL DuPage, IL	1.0471
15804	Camden, NJ Burlington, NJ Camden, NJ Gloucester, NJ	1.0374	17020	Grundy, IL Kane, IL Kendall, IL McHenry, IL Will, IL	1.1198
15940	Canton-Massillon, OH Carroll, OH Stark, OH	0.8813	17140	Chico, CA Butte, CA Cincinnati-Middletown, OH-KY-IN	0.9483
15980	Cape Coral-Fort Myers, FL Lee, FL	0.9076			
16020	Cape Girardeau-Jackson, MO-IL Alexander, IL Bollinger, MO Cape Girardeau, MO	0.9047			
16180	Carson City, NV Carson City, NV	1.0531			
16220	Casper, WY Natrona, WY	0.9520			
16300	Cedar Rapids, IA Benton, IA	0.8984			

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22520	Florence, SC Florence-Muscle Shoals, AL Colbert, AL Lauderdale, AL	0.7998	24300	Grand Forks, ND Grand Junction, CO Mesa, CO	0.9721
22540	Fond du Lac, WI Fond du Lac, WI	0.9660	24340	Grand Rapids-Wyoming, MI Barry, MI Ionia, MI Kent, MI Newaygo, MI	0.9178
22660	Fort Collins-Loveland, CO Larimer, CO	1.0175	24500	Great Falls, MT Cascade, MT	0.8354
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward, FL	1.0383	24540	Greeley, CO Weld, CO	0.9578
22900	Fort Smith, AR-OK Crawford, AR Franklin, AR Sebastian, AR Le Flore, OK Sequoyah, OK	0.7861	24580	Green Bay, WI Brown, WI Kewaunee, WI Oconto, WI	0.9621
23020	Fort Walton Beach-Crestview-Destin, FL Okaloosa, FL	0.8758	24660	Greensboro-High Point, NC Guilford, NC Randolph, NC Rockingham, NC	0.9062
23060	Fort Wayne, IN Allen, IN Wells, IN Whitley, IN	0.9012	24780	Greenville, NC Greene, NC Pitt, NC	0.9401
23104	Fort Worth-Arlington, TX Johnson, TX Parker, TX Tarrant, TX Wise, TX	0.9499	24860	Greenville, SC Greenville, SC Laurens, SC Pickens, SC	0.9980
23420	Fresno, CA Fresno, CA	1.1267	25020	Guayama, PR Arroyo, PR Guayama, PR Patillas, PR	0.3537
23460	Gadsden, AL Etowah, AL	0.8266	25060	Gulfport-Biloxi, MS Hancock, MS Harrison, MS Stone, MS	0.8783
23540	Gainesville, FL Alachua, FL Gilchrist, FL	0.8978	25180	Hagerstown-Martinsburg, MD-WV Washington, MD Berkeley, WV Morgan, WV	0.8965
23580	Gainesville, GA Hall, GA	0.9123	25260	Hanford-Corcoran, CA Kings, CA	1.1010
23844	Gary, IN Jasper, IN Lake, IN Newton, IN Porter, IN	0.9288	25420	Harrisburg-Carlisle, PA Cumberland, PA Dauphin, PA Perry, PA	0.9286
24020	Glens Falls, NY Warren, NY Washington, NY	0.8456	25500	Harrisonburg, VA Rockingham, VA Harrisonburg City, VA	0.9025
24140	Goldsboro, NC Wayne, NC	0.9056	25540	Hartford-West Hartford-East Hartford, CT	1.1194
24220	Grand Forks, ND-MN Polk, MN	0.7775			

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25620	Hartford, CT	0.7664	26980	Boone, IN	0.9548
	Litchfield, CT			Brown, IN	
	Middlesex, CT			Hamilton, IN	
	Tolland, CT			Hancock, IN	
	Hattiesburg, MS			Hendricks, IN	
25860	Forrest, MS	0.9000	27060	Johnson, IN	1.0112
	Lamar, MS			Marion, IN	
	Perry, MS			Morgan, IN	
	Hickory-Lenoir-Morganton, NC			Putnam, IN	
	Alexander, NC			Shelby, IN	
25980 <sub>1</sub>	Burke, NC	0.9028	27100	Iowa City, IA	0.8720
	Caldwell, NC			Johnson, IA	
	Catawba, NC			Washington, IA	
	Hinesville-Fort Stewart, GA			Ithaca, NY	
	Liberty, GA			Tompkins, NY	
26100	Long, GA	0.8696	27140	Jackson, MI	0.8186
	Holland-Grand Haven, MI			Jackson, MI	
	Ottawa, MI			Jackson, MS	
26180	Honolulu, HI	1.1662	27180	Copiah, MS	0.8581
	Honolulu, HI			Hinds, MS	
26300	Hot Springs, AR	0.9004	27260	Madison, MS	0.9105
	Garland, AR			Rankin, MS	
26380	Houma-Bayou Cane-Thibodaux, LA	0.7875	27340	Simpson, MS	0.8026
	Lafourche, LA			Jackson, TN	
	Terrebonne, LA			Chester, TN	
26420	Houston-Baytown-Sugar Land, TX	0.9841	27500	Madison, TN	0.9201
	Austin, TX			Jacksonville, FL	
	Brazoria, TX			Baker, FL	
	Chambers, TX			Clay, FL	
	Fort Bend, TX			Duval, FL	
	Galveston, TX			Nassau, FL	
	Harris, TX			St. Johns, FL	
	Liberty, TX			Jacksonville, NC	
	Montgomery, TX			Onslow, NC	
	San Jacinto, TX			Janesville, WI	
Waller, TX	Rock, WI				
26580	Huntington-Ashland, WV-KY-OH	0.9097	27620	Jefferson City, MO	0.8709
	Boyd, KY			Callaway, MO	
	Greenup, KY			Cole, MO	
	Lawrence, OH			Moniteau, MO	
	Cabell, WV			Osage, MO	
26620	Wayne, WV	0.9064	27740	Johnson City, TN	0.7722
	Huntsville, AL			Carter, TN	
	Limestone, AL			Unicoi, TN	
26820	Madison, AL	0.9436	27780	Washington, TN	0.8233
	Idaho Falls, ID			Johnstown, PA	
	Bonneville, ID			Cambria, PA	
26900	Jefferson, ID	0.9742	27860	Jonesboro, AR	0.7722
	Indianapolis, IN			Craighead, AR	
				Poinsett, AR	

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38900	Cumberland, ME	1.1498	40060	Washoe, NV	0.9521				
	Sagadahoc, ME			Richmond, VA					
	York, ME			Amelia, VA					
	Portland-Vancouver-Beaverton, OR-WA			Caroline, VA					
	Clackamas, OR			Charles City, VA					
	Columbia, OR			Chesterfield, VA					
	Multnomah, OR			Cumberland, VA					
	Washington, OR			Dinwiddie, VA					
	Yamhill, OR			Goochland, VA					
	Clark, WA			Hanover, VA					
38940	Skamania, WA	0.9896		Henrico, VA					
	Port St. Lucie-Fort Pierce, FL			King and Queen, VA					
	Martin, FL			King William, VA					
39100	St. Lucie, FL	1.1216		Louisa, VA					
	Poughkeepsie-Newburgh-Middletown, NY			New Kent, VA					
	Dutchess, NY			Powhatan, VA					
39140	Orange, NY	1.0121		Prince George, VA					
	Prescott, AZ			Sussex, VA					
39300	Yavapai, AZ	1.0782	40140	Colonial Heights City, VA	1.1285				
	Providence-New Bedford-Fall River, RI-MA			Hopewell City, VA					
	Bristol, MA			Petersburg City, VA					
	Bristol, RI			Richmond City, VA					
	Kent, RI			Riverside-San Bernardino-Ontario, CA					
	Newport, RI			Riverside, CA					
	Providence, RI			San Bernardino, CA					
	Washington, RI			Roanoke, VA					
	39340			Provo-Orem, UT		0.9548	40220	Botetourt, VA	0.8671
				Juab, UT				Craig, VA	
Utah, UT		Franklin, VA							
39380	Pueblo, CO	0.8570		Roanoke, VA					
	Pueblo, CO			Roanoke City, VA					
39460	Punta Gorda, FL	0.8774	40340	Salem City, VA	1.1136				
	Charlotte, FL			Rochester, MN					
39540	Racine, WI	0.9373		Dodge, MN					
	Racine, WI			Olmsted, MN					
39580	Raleigh-Cary, NC	0.9663	40380	Wabasha, MN	0.8724				
	Franklin, NC			Rochester, NY					
	Johnston, NC			Livingston, NY					
	Wake, NC			Monroe, NY					
				Ontario, NY					
39660	Rapid City, SD	1.0046	40420	Orleans, NY					
	Meade, SD			Wayne, NY					
	Pennington, SD			Rockford, IL					
39740	Reading, PA	0.9263		Boone, IL	1.0152				
	Berks, PA			Winnebago, IL					
39820	Redding, CA	1.4039	40484	Rockingham County-Strafford, NH	1.0125				
	Shasta, CA			Rockingham, NH					
39900	Reno-Sparks, NV	1.0285	40580	Strafford, NH	0.8845				
	Storey, NV			Rocky Mount, NC					
				Edgecombe, NC					

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40660	Nash, NC Rome, GA Floyd, GA	0.8915	41660	Tooele, UT San Angelo, TX Irion, TX	0.7914
40900	Sacramento--Arden-Arcade--Roseville, CA El Dorado, CA Placer, CA Sacramento, CA Yolo, CA	1.4073	41700	Tom Green, TX San Antonio, TX Atascosa, TX Bandera, TX Bexar, TX Comal, TX Guadalupe, TX Kendall, TX Medina, TX Wilson, TX	0.8857
40980	Saginaw-Saginaw Township North, MI Saginaw, MI	0.9122	41740	San Diego-Carlsbad-San Marcos, CA San Diego, CA	1.1752
41060	St. Cloud, MN Benton, MN Stearns, MN	1.1107	41780	Sandusky, OH Erie, OH	0.8888
41100	St. George, UT Washington, UT	0.9236	41884	San Francisco-San Mateo-Redwood City, CA CA Marin, CA San Francisco, CA San Mateo, CA	1.5874
41140	St. Joseph, MO-KS Doniphan, KS Andrew, MO Buchanan, MO DeKalb, MO	1.0189	41900	San German-Cabo Rojo, PR Cabo Rojo, PR Lajas, PR Sabana Grande, PR San German, PR	0.4740
41180	St. Louis, MO-IL Bond, IL Calhoun, IL Clinton, IL Jersey, IL Macoupin, IL Madison, IL Monroe, IL St. Clair, IL Crawford, MO Franklin, MO Jefferson, MO Lincoln, MO St. Charles, MO St. Louis, MO Warren, MO Washington, MO St. Louis City, MO	0.9102	41940	San Jose-Sunnyvale-Santa Clara, CA San Benito, CA Santa Clara, CA	1.6404
41420	Salem, OR Marion, OR Polk, OR	1.0974	41980	San Juan-Caguas-Guaynabo, PR Aguas Buenas, PR Aibonito, PR Arecibo, PR Barceloneta, PR Barranquitas, PR Bayamon, PR Caguas, PR Camuy, PR Canovanas, PR Carolina, PR Catano, PR Cayey, PR Ciales, PR Cidra, PR Comerio, PR Corozal, PR Dorado, PR Florida, PR Guaynabo, PR	0.4363
41500	Salinas, CA Monterey, CA	1.5207			
41540	Salisbury, MD Somerset, MD Wicomico, MD	0.9110			
41620	Salt Lake City, UT Salt Lake, UT Summit, UT	0.9378			

## Acronyms And Abbreviations

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AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAHCA	Accreditation Association for Ambulatory Health Care, Inc.
AAFES	Army/Air Force Exchange Service
AAMFT	American Association for Marriage and Family Therapy
AAP	American Academy of Pediatrics
AAPC	American Association of Pastoral Counselors
AARF	Account Authorization Request Form
AATD	Access and Authentication Technology Division
ABA	American Banking Association Applied Behavioral Analysis
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
AC	Active Component
ACD	Augmentative Communication Devices
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACOR	Administrative Contracting Officer's Representative
ACS	American Cancer Society
ACSP	Autism Demonstration Corporate Services Provider
ACTUR	Automated Central Tumor Registry
AD	Active Duty
ADA	American Dental Association American Diabetes Association Americans with Disabilities Act
ADAMHA	Alcohol, Drug Abuse, And Mental Health Administration
ADAMHRA	Alcohol, Drug Abuse, And Mental Health Reorganization Act
ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADDP	Active Duty Dental Program
ADFM	Active Duty Family Member

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### Acronyms And Abbreviations

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<b>ADH</b>	<b>Atypical Ductal Hyperplasia</b>
ADL	Activities of Daily Living
ADP	Automated Data Processing
ADSM	Active Duty Service Member
AF	Atrial Fibrillation
AFB	Air Force Base
AFOSI	Air Force Office of Special Investigations
AGR	Active Guard/Reserve
AHA	American Hospital Association
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
AIIM	Association for Information and Image Management
AIS	Ambulatory Infusion Suite Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
<b>ALH</b>	<b>Atypical Lobular Hyperplasia</b>
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMCB	American Midwifery Certification Board
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous [Myeloid] Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association
APA	American Psychiatric Association American Podiatry Association
APC	Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ART	Assisted Reproductive Technology
ARU	Automated Response Unit

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ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
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
ATA	American Telemedicine Association
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
BC	Birth Center
BCaBA	Board Certified Assistant Behavior Analyst
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BH	Behavioral Health
BI	Background Investigation
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation

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BNAF	Budget Neutrality Adjustment Factor
BOS	Bronchiolitis Obliterans Syndrome
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
BPS	Beneficiary and Provider Services
BRAC	Base Realignment and Closure
BRCA	BReast CAncer (genetic testing)
<b>BRCA1/2</b>	<b>BReast CAncer Gene 1/2</b>
BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&CS	Communications and Customer Service
C&P	Compensation and Pension
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAP	Competitive Acquisition Program
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care
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
<b>CBE</b>	<b>Clinical Breast Examination</b>
CBHCO	Community-Based Health Care Organizations
CBP	Competitive Bidding Program
CBSA	Core Based Statistical Area
CC	Common Criteria Convenience Clinic Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCDD	Catastrophic Cap and Deductible Data

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#### Acronyms And Abbreviations

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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
CES	Cranial Electrotherapy Stimulation
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFRD	Cystic Fibrosis-Related Diabetes
CFS	Chronic Fatigue Syndrome
CGMS	Continuous Glucose Monitoring System
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
CID	Central Institute for the Deaf
CIF	Central Issuing Facility
	Common Intermediate Format
CIO	Chief Information Officer

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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
CMR	Cardiovascular Magnetic Resonance
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
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
CP	Cerebral Palsy
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

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### Acronyms And Abbreviations

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CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQM	Clinical Quality Management
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
CRS	Cytoreductive Surgery
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
CTA	Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
CUC	Chronic Ulcerative Colitis
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
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 <b>Ductal Carcinoma In Situ</b>
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination

# TRICARE Reimbursement Manual 6010.58-M, February 1, 2008

## Appendix A

### Acronyms And Abbreviations

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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 Disability Evaluation System
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
DLI	Donor Lymphocyte Infusion
DM	Disease Management
DMDC	Defense Manpower Data Center
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

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## Appendix A

### Acronyms And Abbreviations

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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
DOC	Dynamic Orthotic Cranioplasty (Band)
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
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
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
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact

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DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
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
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code

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EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
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
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
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)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board

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FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV <sub>1</sub>	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSO	Facility Security Officer
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
GHP	Group Health Plan
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS

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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
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly HCFA Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
<b>HDGC</b>	<b>Hereditary Diffuse Gastric Cancer</b>
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
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)

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HIPEC	Hyperthermic Intraperitoneal Chemotherapy
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 Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
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
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number

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ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPP	In-Person Proofing

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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
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
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
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
<b>LCIS</b>	<b>Lobular Carcinoma In Situ</b>
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test

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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 Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
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
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection
MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
MHO	Medical Holdover
MHS	Military Health System

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#### Acronyms And Abbreviations

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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
MLNT	Multisyllabic Lexical Neighborhood Test
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	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
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
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check

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#### Acronyms And Abbreviations

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NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Naval Air Station
	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
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
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
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

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NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCMO	Office of the Chief Medical Officer
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
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

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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)
P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO <sub>2</sub>	Partial Pressure of Carbon Dioxide
PAO <sub>2</sub>	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	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
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
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format

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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
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
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

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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
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
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
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

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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
RA	Radiofrequency Annuloplasty Remittance Advice
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
<b>RCC</b>	<b>Recurring Credit/Debit Charge</b>
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
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal

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#### Acronyms And Abbreviations

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ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
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
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
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
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program

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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)
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
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

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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
TAR	Total Ankle Replacement
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
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Plan
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
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity

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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)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select

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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
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
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
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouses
URL	Universal Resource Locator
US	Ultrasound 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

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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
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

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Acronyms And Abbreviations

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XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

2D	Two Dimensional
3D	Three Dimensional

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