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

**CHANGE TITLE:** AMBULANCE FEE SCHEDULE

**CONREQ:** 16292

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

**SUMMARY OF CHANGE(S):** This change adopts Medicare's Ambulance Fee Schedule (AFS) pricing.

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

**This change is made in conjunction with Feb 2008 TOM, Change No. 106.**

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**CHANGE 88**  
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**REMOVE PAGE(S)**

**CHAPTER 1**

Table of Contents, pages 1 and 2

Section 14, pages 1 - 4

**CHAPTER 5**

Section 1, pages 3 and 4

Section 3, pages 3 - 5

**CHAPTER 12**

Section 2, pages 29 and 30

**CHAPTER 13**

Section 1, pages 5, 6, 11, 12

**CHAPTER 15**

Section 1, pages 3 - 7

**APPENDIX A**

pages 1 - 33

**INSERT PAGE(S)**

Table of Contents, pages 1 and 2

Section 14, pages 1 - 7

Section 1, pages 3 and 4

Section 3, pages 3 - 5

Section 2, pages 29 and 30

Section 1, pages 5, 6, 11, 12

Section 1, pages 3 - 7

pages 1 - 33

# Chapter 1

## General

| Section/Addendum | Subject/Addendum Title  |
|------------------|---|
| 1                | Network Provider Reimbursement  |
| 2                | Accommodation Of Discounts Under Provider Reimbursement Methods   |
| 3                | Claims Auditing Software  |
| 4                | Reimbursement In Teaching Setting   |
| 5                | National Health Service Corps Physicians Of The Public Health Service   |
| 6                | Reimbursement Of Physician Assistants (PAs), Nurse Practitioners (NPs), And Certified Psychiatric Nurse Specialists (CPNSs)   |
| 7                | Reimbursement Of Covered Services Provided By Individual Health Care Professionals And Other Non-Institutional Health Care Providers  |
| 8                | Economic Interest In Connection With Mental Health Admissions   |
| 9                | Anesthesia  |
| 10               | Postoperative Pain Management - Epidural Analgesia  |
| 11               | Claims for Durable Medical Equipment, Prosthetics, Orthotics, And Supplies (DMEPOS)   |
| 12               | Oxygen And Related Supplies   |
| 13               | Laboratory Services   |
| 14               | Ambulance Services<br><a href="#">Figure 1.14-1 Ground Ambulance Scenarios In Which The Beneficiary Dies</a><br><a href="#">Figure 1.14-2 Air Ambulance Scenarios in Which The Beneficiary Dies</a><br><a href="#">Figure 1.14-3 Air Ambulance Scenarios in Which The flight is aborted</a> |
| 15               | Legend Drugs And Insulin  |
| 16               | Surgery   |
| 17               | Assistant Surgeons  |
| 18               | Professional Services: Obstetrical Care   |
| 19               | Charges For Provider Administrative Expenses  |
| 20               | State Agency Billing  |
| 21               | Hospital Reimbursement - Billed Charges Set Rates   |
| 22               | Hospital Reimbursement - Other Than Billed Charges  |
| 23               | Hospital Reimbursement - Payment When Only Skilled Nursing Facility (SNF) Level Of Care Is Required   |

**TRICARE Reimbursement Manual 6010.58-M, February 1, 2008**  
Chapter 1, General

| <b>Section/Addendum</b> | <b>Subject/Addendum Title</b>  |
|-------------------------|--|
| 24                      | Hospital Reimbursement - Outpatient Services   |
| 25                      | Preferred Provider Organization (PPO) Reimbursement  |
| 26                      | Supplemental Insurance   |
| 27                      | Legal Obligation To Pay  |
| 28                      | Reduction Of Payment For Noncompliance With Utilization Review Requirements  |
| 29                      | Reimbursement Of Emergency Inpatient Admissions To Unauthorized Facilities   |
| 30                      | Reimbursement Of Travel Expenses For Specialty Care  |
| 31                      | Newborn Charges  |
| 32                      | Hospital-Based Birthing Room   |
| 33                      | Bonus Payments In Health Professional Shortage Areas (HPSAs) And In Physician Scarcity Areas (PSAs)  |
| 34                      | Hospital Inpatient Reimbursement In Locations Outside The 50 United States And The District Of Columbia<br>Figure 1.34-1 Country Specific Index Factors<br>Figure 1.34-2 Institutional Inpatient Diagnostic Groupings For Specified Locations Outside The 50 United States And The District Of Columbia - National Inpatient Per Diem Amounts<br>Figure 1.34-3 Unique Admissions - National Inpatient Per Diem Amounts |
| 35                      | Professional Provider Reimbursement In Specified Locations Outside The 50 United States And The District Of Columbia<br>Figure 1.35-1 Country Specific Index Factors   |
| 36                      | Forensic Examinations Following Sexual Assault or Domestic Violence  |
| 37                      | Medical Errors   |
| A                       | Sample State Agency Billing Agreement  |
| B                       | Figures<br>Figure 1.B-1 Suggested Wording To The Beneficiary Concerning Rental vs. Purchase Of DME   |

## Ambulance Services

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(d\)\(3\)\(v\)](#), [32 CFR 199.14\(j\)\(1\)\(i\)\(A\)](#), and [10 USC 1079\(h\)\(1\)](#)

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### 1.0 APPLICABILITY

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

### 2.0 ISSUE

How are ambulance services to be reimbursed?

### 3.0 POLICY

**3.1** For coverage policy on ambulance services, refer to the TRICARE Policy Manual (TPM), Chapter 8, Section 1.1.

**3.1.1** In contractor service areas where suppliers routinely bill a mileage charge for ambulance services in addition to a base rate, an additional payment based on prevailing mileage charges may be allowed. Charges for mileage must be based on loaded mileage only, i.e., from the pickup of a patient to his/her destination. It is presumed that all unloaded mileage costs are taken into account when a supplier establishes its basic charge for ambulance services and its rate for loaded mileage.

**3.1.2** When there are both Basic Life Support (BLS) and Advanced Life Support (ALS) ambulances furnishing services in a state, separate prevailing profiles are to be developed for each type.

**3.1.3** BLS vs. ALS. There are situations when an advanced life support ambulance is provided but, based on hindsight, it appears that a BLS would have sufficed. In such cases, the question is whether ALS should be billed (since it was provided) or whether BLS should be billed (since that was the minimum service that would have met the patient's needs).

**3.1.4** In localities which offer only ALS ambulance service, the type of vehicle used, rather than the level of service, is normally the primary factor in determining TRICARE payments. Therefore, ALS may be billed for all transports if only ALS is offered in the locality. However, if the provider has established a different pattern of billing for the level of service provided, then the contractor may recognize the difference and allow payment to be based upon the level of services rendered rather than the type of vehicle and crew. In other words, in an all ALS environment where the provider has

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

### Chapter 1, Section 14

#### Ambulance Services

---

established different billing patterns based on the level of care (e.g., emergency vs. non-emergency), the contractor may allow one amount for emergency and another for non-emergency.

**3.1.5** If the company has only ALS vehicles but BLS and ALS vehicles operate in the locality, then it is the level of service required which will determine the amount allowed by TRICARE. Thus, even though the provider transported via ALS, it may be paid ALS or BLS rates, based on the following:

- If local ordinances or regulations mandate ALS as the minimum standard of patient transportation, then ALS reimbursement will be made.
- If the ALS was the only vehicle available, then the transfer may be reimbursed at the ALS level at the discretion of the contractor.
- If the company receives a call and dispatches ALS, although BLS was available, then BLS will be paid if the patient's condition was such that BLS would have sufficed. There must be justification on the claim supporting the use of the ALS ambulance in those areas where both ALS and BLS ambulances are available and no state or local ordinances are in effect mandating ALS as the minimum standard transport.

**3.1.6** Information will be shared among the Managed Care Support Contractors (MCSCs) regarding local and state ordinances/laws affecting payment of advanced life support ambulance transfers within their respective jurisdictional areas/regions, the sharing of this information among MCSCs should allow for the accurate processing and payment of beneficiaries traveling outside their contract areas.

**3.1.7** For ambulance transportation to or from a Skilled Nursing Facility (SNF), the provisions in [Chapter 8, Section 2, paragraph 4.3.13.5](#) will apply to determine if ambulance costs are included in the SNF Prospective Payment System (PPS) rate.

**3.2** For ambulance services provided on or after October 1, 2013, TRICARE adopts Medicare's Ambulance Fee Schedule (AFS) as the TRICARE CHAMPUS Maximum Allowable Charge (CMAC) for ambulance services, in accordance with 32 CFR 199.14(j)(1)(i)(A). TRICARE will follow Medicare Claims Processing Manual, Chapter 15, and reimbursement shall be based on Medicare's AFS. The AFS is provided on the Centers for Medicare and Medicaid Services (CMS) web site at <http://www.cms.gov/medicare/medicare-fee-for-service-payment/ambulancefeeschedule/index.html?redirect=/ambulancefeeschedule>.

#### **3.2.1 Payment Under the AFS**

- Includes a base rate payment plus a separate payment for mileage;
- Covers both the transport of the beneficiary to the nearest appropriate facility and all items and services associated with such transport; and
- Does not include a separate payment for items and services furnished under the ambulance benefit.

Payments for items and services are included in the fee schedule payment. Such items

and services include but are not limited to oxygen, drugs, extra attendants, and Electrocardiogram (EKG) testing (e.g., ancillary services) - but only when such items and services are both medically necessary and covered by TRICARE under the ambulance benefit.

### **3.2.2 Components of the AFS**

The mileage rates provided in this section are the base rates that are adjusted by the yearly Ambulance Inflation Factor (AIF). The payment amount under the fee schedule is determined as follows:

#### **3.2.2.1** For ground ambulance services, the fee schedule amount includes:

- A money amount that serves as a nationally uniform base rate, called a "Conversion Factor" (CF), for all ground ambulance services;
- A Relative Value Unit (RVU) assigned to each type of ground ambulance service;
- A Geographic Adjustment Factor (GAF) for each AFS locality area (Geographical Practice Cost Index (GPCI));
- A nationally uniform loaded mileage rate; and
- An additional amount for certain mileage for a rural point-of-pickup.

#### **3.2.2.2** For air ambulance services, the fee schedule amount includes:

- A nationally uniform base rate for fixed wing and a nationally uniform base rate for rotary wing;
- A GAF for each AFS locality area (GPCI);
- A nationally uniform loaded mileage rate for each type of air service; and
- A rural adjustment to the base rate and mileage for services furnished for a rural point-of-pickup.

### **3.2.3 Zip Code/Point of Pickup**

All claims for services must include the zip code for the point of pickup. The provider shall report one valid and accurate zip code on each claim. Refer to the Medicare Claims Processing Manual, Chapter 15, for zip code requirements at <http://www.cms.gov/manuals/downloads/clm104c15.pdf>, and the zip code file at <http://www.cms.gov/medicare/medicare-fee-for-service-payment/ambulancefeeschedule/index.html?redirect=/ambulancefeeschedule>.

### **3.2.4 Effect of Beneficiary Death on TRICARE Payment for Ground Ambulance Transports**

Because the TRICARE ambulance benefit is a transport benefit, if no transport of a beneficiary occurs, then there is no TRICARE-covered service. In general, if the beneficiary dies before being transported, then no TRICARE payment may be made. Thus, in a situation where the

beneficiary dies, whether any payment under the TRICARE ambulance benefit may be made depends on the time at which the beneficiary is pronounced dead by an individual authorized by the State to make such pronouncements. Figure 1.14-1 shows the TRICARE payment determination for various ground ambulance scenarios in which the beneficiary dies. In each case, the assumption is that the ambulance transport would have otherwise been medically necessary.

**FIGURE 1.14-1 GROUND AMBULANCE SCENARIOS IN WHICH THE BENEFICIARY DIES**

| TIME OF DEATH PRONOUNCEMENT  | TRICARE PAYMENT DETERMINATION  |
|--|--|
| Before dispatch.   | None.  |
| After dispatch, before beneficiary is loaded onboard ambulance (before or after arrival at the point-of-pickup). | The provider's/supplier's BLS base rate, no mileage or rural adjustment; use the <b>QL</b> modifier when submitting the claim. |
| After pickup, prior to or upon arrival at the receiving facility.  | Medically necessary level of service furnished.  |

**3.2.5 Effect of Beneficiary Death on TRICARE Payment for Air Ambulance Transports**

If no transport of a beneficiary occurs, then there is no TRICARE-covered service. In general, if the beneficiary dies before being transported, then no TRICARE payment may be made. Thus, in a situation where the beneficiary dies, whether any payment under the TRICARE ambulance benefit may be made depends on the time at which the beneficiary is pronounced dead by an individual authorized by the State to make such pronouncements. Figure 1.14-2 shows the TRICARE payment determination for various air ambulance scenarios in which the beneficiary dies. In each case, the assumption is that the ambulance transport would have otherwise been medically necessary. If the flight is aborted for other reasons, such as bad weather, the TRICARE payment determination is based on whether the beneficiary was onboard the air ambulance.

**FIGURE 1.14-2 AIR AMBULANCE SCENARIOS IN WHICH THE BENEFICIARY DIES**

| TIME OF DEATH PRONOUNCEMENT  | TRICARE PAYMENT DETERMINATION   |
|--|---|
| Prior to takeoff to point-of-pickup with notice to dispatcher and time to abort the flight.      | None.<br><b>Note:</b> This scenario includes situations in which the air ambulance has taxied to the runway, and/or has been cleared for takeoff, but has not actually taken off. |
| After takeoff to point-of-pickup, but before beneficiary is loaded.                              | Appropriate air base rate with no mileage or rural adjustment; use the <b>QL</b> modifier when submitting the claim.  |
| After the beneficiary is loaded onboard, but prior to or upon arrival at the receiving facility. | As if the beneficiary had not died.   |

**3.2.6 Air Ambulance Transport Cancelled Due to Weather or Other Circumstances Beyond the Pilots Control**

Figure 1.14-3 shows the TRICARE payment determination for various air ambulance scenarios in which the flight is aborted due to bad weather, or other circumstances beyond the pilot's control.

**FIGURE 1.14-3 AIR AMBULANCE SCENARIOS IN WHICH THE FLIGHT IS ABORTED**

| ABORTED FLIGHT SCENARIO  | TRICARE PAYMENT DETERMINATION                             |
|--|---|
| Any time before the beneficiary is loaded onboard (i.e., prior to or after take-off to point-of-pickup). | None.   |
| Transport after the beneficiary is loaded onboard.   | Appropriate air base rate, mileage, and rural adjustment. |

**3.2.7 Multiple Patient Ambulance Transport**

**3.2.7.1** If two patients are transported to the same destination simultaneously, for each TRICARE beneficiary, TRICARE will allow 75% of the payment allowance for the base rate applicable to the level of care furnished to that beneficiary plus 50% of the total mileage payment allowance for the entire trip. The **GM** modifier will be used for reporting multiple patients on one ambulance trip.

**3.2.7.2** If three or more patients are transported to the same destination simultaneously, then the payment allowance for the TRICARE beneficiary (or each of them) is equal to 60% of the base rate applicable to the level of care furnished to the beneficiary. However, a single payment allowance for mileage will be prorated by the number of patients onboard. This policy applies to both ground and air transports.

**3.2.8 Special Payment Limitations**

If the determination is made that transport by air ambulance was necessary, but ground ambulance service would have sufficed, payment for the air ambulance service is based on the amount payable for ground transport, if less costly. If the air transport was medically appropriate (that is, ground transportation was contraindicated, and the beneficiary required air transport to a hospital), but the beneficiary could have been treated at a nearer hospital than the one to which they were transported, the air transport payment is limited to the rate for the distance from the point of pickup to that nearer hospital.

**3.3** No separate charge is allowed for personnel manning the ALS. **ALS personnel** costs are included in the base and mileage charges with the exception of paramedic ALS intercept services (PI) under the following conditions:

**3.3.1** Care furnished in an area that is designated as a rural area by any law or regulation of the State or that is located in a rural census tract of a metropolitan area.

**3.3.2** Care furnished under contract with one or more volunteer ambulance services that meet the following conditions:

- Certified to furnish ambulance services;
- Furnish services only at the BLS level; and
- Are prohibited by State law from billing for any service.

**3.3.3** Care furnished by a paramedic ALS intercept supplier that meet the following conditions:

- Certified to furnish ALS services.
- Bills all the recipients who receive ALS intercept services for the entity, regardless of whether or not those recipients are **TRICARE** beneficiaries.

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

### Chapter 1, Section 14

#### Ambulance Services

---

**3.4** The cost-sharing of ambulance services and supplies will be in accordance with the status of the patient at the time the covered services and supplies are rendered ([32 CFR 199.4\(a\)\(4\)](#)).

**3.4.1** Ambulance transfers from a beneficiary's place of residence, accident scene, or other location to a civilian hospital, Military Treatment Facility (MTF), Veterans Affairs (VA) hospital, or SNF will be cost-shared on an outpatient basis. Transfers from a hospital or SNF to a patient's residence will also be considered an outpatient service for reimbursement under the program. A separate cost-share does not apply to ambulance transfers to or from a SNF, if the costs for ambulance transfer are included in the SNF PPS rate (see [Chapter 8, Section 2, paragraph 4.3.13.5](#)).

**3.4.2** Ambulance transfers between hospitals (acute care, general, and special hospitals; psychiatric hospitals; and long-term hospitals) and SNFs will be cost-shared on an inpatient basis.

**3.4.3** Under the above provisions, for ambulance transfers between hospitals, a nonparticipating provider may bill the beneficiary the lower of the provider's billed charge or 115% of the TRICARE allowable charge.

**3.4.4** Transfers to a MTF, VA hospital, or SNF after treatment at, or admission to, an emergency room or civilian hospital will be cost-shared on an inpatient basis, if ordered by either civilian or military personnel.

**3.4.5** Medically necessary ambulance transfers from an Emergency Room (ER) to a hospital more capable of providing the required level of care will also be cost-shared on an inpatient basis. This is consistent with current policy of cost-sharing ER services as inpatient when an immediate inpatient admission for acute care follows the outpatient ER treatment.

**3.4.6** Cost-share amounts for ambulance services are included in [Chapter 2, Section 1](#).

## 4.0 POLICY CONSIDERATIONS

### 4.1 Ambulance Membership Programs

**4.1.1** Ambulance membership programs typically charge an annual fee for a subscription to an ambulance service. The ambulance provider agrees to accept assignment on all benefits from third party payers for medically necessary services. By paying the annual fee, the covered family members pay no additional fees (including third party cost-shares and deductibles) to the ambulance service.

**4.1.2** When a beneficiary pays premiums to a pre-paid ambulance plan, the premiums are considered to fulfill the beneficiary's cost-share and deductible requirements. Under this arrangement, the ambulance membership program becomes analogous to a limited supplemental plan.

**4.2** When an ambulance company bills a flat fee for ambulance transport within its service area, reimbursement will be at the lesser of the billed amount (flat fee) or the statewide prevailing for Healthcare Common Procedure Coding System (HCPCS) codes A0426 through A0429 subject to applicable beneficiary cost-sharing.

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

Chapter 1, Section 14

Ambulance Services

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**4.3** The TRICARE national allowable charge system used to reimburse professional services does not apply to ambulance claims. The above reimbursement guidelines are to be used by the contractors.

**4.4** Itemization requirements are dictated by the particular HCPCS codes used in filing an ambulance claim.

- END -



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

Chapter 5, Section 1

Providers

| PROVIDER | CHARGE | NUMBER OF SERVICES |
|----------|--------|--------------------|
| C        | 11.00  | 3                  |
|          | 13.00  | 54                 |
|          | 15.00  | 11                 |
| D        | 12.00  | 32                 |
| E        | 12.50  | 18                 |
|          | 13.50  | 22                 |

| CHARGE  | # OF SERVICES | # OF SERVICES |
|---------|---------------|---------------|
| \$11.00 | 3             | 3             |
| 12.00   | 70            | 73            |
| 12.50   | 18            | 91            |
| 13.00   | 70            | 161           |
| 13.50   | 87            | 248           |
| 15.00   | 46            | 294           |

**3.2.4.2** In the above example, 80% of the total of 294 services equals 235.2 services. The prevailing charge is, therefore, the 236th charge or \$13.50. Calculations of the 80th percentile are to be rounded to the next higher number of accumulative services.

**3.2.4.3** To more accurately reflect prevailing charges in a state, a minimum of eight (8) charges must be used to establish a prevailing charge.

**3.2.4.4** When it is necessary to establish charges through the use of price lists, these charges shall also be used to establish the required prevailing charge limits. In this regard, if a contractor cannot derive precise data on the frequency of services from its records, it may use any information it has about the volume of business done by various suppliers in its area in order to weight the charges used to calculate the prevailing charges. This information must be documented and retained for review.

**3.2.4.5** A sales tax on any service or item covered is part of a beneficiary's medical expense for which he or she is responsible and for which he or she may receive reimbursement of the allowable charge after the cost-share and deductible is met. Therefore, the total charge for a service or item, including the sales tax, is the correct amount to use in the determination of the prevailing charge. For example, if a supplier charges \$7 for a covered medical supply and 28 cents sales tax, the total charge of \$7.28 is the amount to use in the determination of the prevailing charge for that supply.

**Note:** When a provider has agreed to discount his or her normal billed charges, for the purpose of calculating the allowable charge the discounted fee shall be considered the provider's actual billed charge when the discounted amount is below the billed charge.

**3.2.5** Annual update of state prevailing amounts, reference [Chapter 5, Section 3, paragraph 3.6.5](#).

**3.3** The allowable profiles ([CHAMPUS Maximum Allowable Charge \(CMAC\) files](#)) will be updated at least once per year, and this will usually occur on February 1.

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

### Chapter 5, Section 1

#### Providers

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**Note:** Prevailing charges were frozen at 1990 level during the period of January through October 6, 1991, consistent with Public Law 101-511, Section 8012. With the implementation of CMACs on May 1, 1992 (see [Section 2](#)), allowable professional charges other than CMACs were frozen for services on or after May 1, 1992. Frozen allowable charges include all TRICARE established prevailings and conversion factors for: ambulance services, anesthesia services<sup>2</sup>, DME, and supplies, oxygen and related supplies, etc. This means that contractors shall limit payment for these services to May 1, 1992, levels. For new services or procedure codes since May 1, 1992, the contractors shall establish an allowable charge or conversion factor using the TRICARE allowable methodology, freezing the new allowable charge or conversion factor from the date it is established. Effective October 1, 1997, Level II (HCPCS) shall have allowable charges established by cross-walking from existing allowable charges of TMA assigned codes. Effective with the 2012 CMAC update and subsequent CMAC updates, the provisions in [Chapter 5, Section 3, paragraph 3.6.5](#) regarding the annual update of state prevailing rates shall apply. **For ambulance services provided on or after October 1, 2013, TRICARE adopts Medicare's Ambulance Fee Schedule (AFS) as the TRICARE CMAC for ambulance services (see [Chapter 1, Section 14](#)).**

- END -

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<sup>2</sup> Effective November 1, 1998, the pricing of anesthesia services were put under a reimbursement methodology found in [Chapter 1, Section 9](#)

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

### Chapter 5, Section 3

#### CHAMPUS Maximum Allowable Charges (CMAC)

**Note:** Effective for services provided on or after October 1, 2013, TRICARE adopts Medicare's Ambulance Fee Schedule (AFS) as the TRICARE CMAC for ambulance services, in accordance with 32 CFR 199.14(j)(1)(i)(A). See Chapter 1, Section 14. The AFS reimbursement methodology does not apply to the TRICARE Overseas Program (TOP), except for Puerto Rico.

**3.4** The CMAC applies to all 50 states, Puerto Rico, and the Philippines. Further information regarding the reimbursement of professional services in the Philippines, see the TRICARE Operations Manual (TOM), Chapter 24, Section 9. Guam and the U.S. Virgin Islands are to still be paid as billed for professional services.

**3.5** Updates to the CMACs shall occur annually and quarterly when needed. The annual update usually takes place February 1. However, circumstances may cause the updates to be delayed. MCSCs shall be notified when the annual update is delayed.

**3.6** Provisions which affect the TRICARE allowable charge payment methodology.

**3.6.1** Reductions in maximum allowable payments to Medicare levels.

#### **3.6.2 Site of Service**

CMAC payments based on site of service becomes effective for services rendered on or after April 1, 2005. Payment based on site of service is a concept used by Medicare to distinguish between services rendered in a facility setting as opposed to a non-facility setting. Prior to April 1, 2005, CMACs were established at the higher rate of the facility or non-facility payment level. For some services such as radiology and laboratory tests, the facility and non-facility payment levels are the same. In addition, prior to April 1, 2005, CMAC pricing was established by class of provider (1, 2, 3, and 4). These four classes of providers will be superseded by four categories.

##### **3.6.2.1 Categories**

- Category 1: Services of MDs, DOs, optometrists, podiatrists, psychologists, oral surgeons, audiologists, and Certified Nurse Midwives (CNMs) provided in a facility including hospitals (both inpatient and outpatient and billed with the appropriate revenue code for the outpatient department where the services were rendered), Residential Treatment Centers (RTCs), ambulances, hospices, MTFs, psychiatric facilities, Community Mental Health Centers (CMHCs), Skilled Nursing Facilities (SNFs), Ambulatory Surgical Centers (ASCs), etc.
- Category 2: Services of MDs, DOs, optometrists, podiatrists, psychologists, oral surgeons, audiologists, and CNMs provided in a non-facility including provider offices, home settings, and all other non-facility settings. The non-facility CMAC rate applies to Occupational Therapy (OT), Physical Therapy (PT), or Speech Therapy (ST) regardless of the setting.
- Category 3: Services, of all other providers not found in Category 1, provided in a facility including hospitals (both inpatient and outpatient and billed with the appropriate revenue code for the outpatient department where the services were rendered), RTCs, ambulances, hospices, MTFs, psychiatric facilities, CMHCs, SNFs, ASCs, etc.

- Category 4: Services, of all other providers not found in Category 2, provided in a non-facility including provider offices, home settings, and all other non-facility settings.

**3.6.2.2 Linking The Site Of Service With The Payment Category**

The contractor is responsible for linking the site of service with the proper payment category. The rates of payment are found on the CMAC file that are supplied to the contractor by TMA through its contractor that calculates the CMAC rates.

**3.6.2.3 Payment Of 0510 And 0760 Series Revenue Codes**

Effective for services on or after May 1, 2009 (implementation of Outpatient Prospective Payment System (OPPS)), payment of 0510 and 0760 series revenue codes will be based on the Healthcare Common Procedure Coding System (HCPCS) codes submitted on the claim and reimbursed under the OPPS for providers reimbursed under the OPPS methodology.

**3.6.2.4 Reimbursement Hierarchy For Procedures Paid Outside The OPPS**

**3.6.2.4.1** CMAC Facility Pricing Hierarchy (No Technical Component (TC) Modifier).

**3.6.2.4.1.1** The following table includes the list of rate columns on the CMAC file. The columns are number 1 through 8 by description. The pricing hierarchy for facility CMAC is 8, 6, then 2 (global, clinical and laboratory pricing is loaded in Column 2).

| COLUMN | DESCRIPTION                                      |
|--------|--|
| 1      | Non-facility CMAC for physician/LLP class        |
| 2      | Facility CMAC for physician/LLP class            |
| 3      | Non-facility CMAC for non-physician class        |
| 4      | Facility CMAC for non-physician class            |
| 5      | Physician class Professional Component (PC) rate |
| 6      | Physician class Technical Component (TC) rate    |
| 7      | Non-physician class PC rate                      |
| 8      | Non-physician class TC rate                      |

**Description: If non-physician TC > 0, then pay the non-physician TC. Otherwise, if the Physician class TC rate > 0, then pay the physician class TC rate. Otherwise, pay facility CMAC for physician/LLP class.**

**Note:** Hospital-based therapy services, i.e., OT, PT, and ST, shall be reimbursed at the non-facility CMAC for physician/LLP class, i.e., Column 1.

**3.6.2.4.1.2** If there is no CMAC available, the contractor shall reimburse the procedure under Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

**3.6.2.4.2** DMEPOS. If there is no DMEPOS available, the contractor shall reimburse the procedure using state prevailings.

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

Chapter 5, Section 3

CHAMPUS Maximum Allowable Charges (CMAC)

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**3.6.2.4.3** State Prevailing Rate. If there is no state prevailing rate available, the contractor shall reimburse the procedure based on billed charges.

**3.6.2.5** Services and procedure codes not affected by site of service. Anesthesia services, laboratory services, component pricing services such as radiology, and "J" codes are some of the more common services and codes that will not be affected by site of service.

**3.6.3** Multiple Surgery Discounting. Professional surgical procedures which are reimbursed under the CMAC payment methodology will be subject to the same multiple surgery guidelines and modifier requirement as prescribed under the OPSS for services rendered on or after May 1, 2009 (implementation of OPSS). Refer to [Chapter 1, Section 16, paragraphs 3.1.1.1 through 3.1.1.3](#) and [Chapter 13, Section 3, paragraphs 3.1.5.2 and 3.1.5.3](#) for further detail.

**3.6.4** Industry standard modifiers and condition codes may be billed on outpatient hospital or individual professional claims to further define the procedure code or indicate that certain reimbursement situations may apply to the billing. Recognition and utilization of modifiers and condition codes are essential for ensuring accurate processing and payment of these claims.

**3.6.5** Annual Update of State Prevailing Amounts. Effective with the 2012 CMAC update, for professional services and items of DMEPOS for which there is no CMAC fee schedule amount or DMEPOS fee schedule amount (i.e., reimbursement is made by creating state prevailing rates), the contractor shall perform annual updates of the state prevailing amounts.

**3.6.5.1** The contractor shall use the charges for claims for services that were provided on July 1 and ending on June 30. The updated amounts shall be implemented with the CMAC file, which normally occurs in February. For example, the annual update to state prevailings for 2012, shall be established using claims data from July 1, 2010, through June 30, 2011, and shall be implemented with the 2012 CMAC update, and continue with subsequent CMAC updates.

**3.6.5.2** Contractors shall create a state prevailing annual report as described in the Contract Data Requirements List (CDRL) DD Form 1423.

**3.6.6** Effective for services provided on or after October 1, 2011, the payment for CNMs is to be made at 100 percent of the physician provider class. For services provided prior to October 1, 2011, CNMs are paid at the non-physician provider class.

- END -



**3.3.1.3.8.2** Billing Methods.

- The HHA may bill for the drugs/biologicals on a CMS 1450 UB-04 under TOB 034X with revenue codes 025X or 063X and HCPCS National Level II Medicare “J” codes; or
- The home infusion company and/or pharmacy delivering the medication for home administration may bill the contractor directly using the CMS 1500 (08/2005) claim form with appropriate National Drug Code (NDC) or HCPCS coding.
- The contractors’ systems will allow either party to submit these claims, but will not allow duplicative billing.

**3.3.1.3.8.3** Payment.

- The reasonable cost of the drugs/biologicals furnished by a provider (refer to [Chapter 1, Section 15, paragraph 3.3.1](#) for the pricing of home infusion drugs furnished through a covered item of DME) less an appropriate cost-share/copayment and deductible (refer to [Figure 12.2-1](#) for the specific deductible and cost-sharing/copayment provisions for services paid in addition to the HHA PPS amount).
- The cost of administering the drug is included in the charge for the visit billed under TOB 032X or 033X, as appropriate.

**3.3.1.3.9** Ambulance Transfers

**3.3.1.3.9.1** Payment will be allowed outside the 60-day episode amount for ambulance services furnished directly by a HHA or provided under arrangement between a HHA and ambulance company (see [Chapter 1, Section 14](#)).

**3.3.1.3.9.2** HHA ambulance services will be billed on CMS 1450 UB-04, using TOB 034X, revenue code 054X and an appropriate base rate and/or mileage HCPCS code in FL 44 for each ambulance trip. Since billing requirements do not allow for more than one HCPCS code to be reported per revenue code line, revenue code 054X must be reported on two separate and consecutive line items to accommodate both the ambulance service (base rate) and the mileage HCPCS codes for each ambulance trip provided during the billing period. Each loaded (i.e., a patient is on board) one-way ambulance trip must be reported with a unique pair of revenue code lines on the claim. Unloaded trips and mileage are not reported.

**3.3.1.3.9.3** For ambulance services provided prior to October 1, 2013:

**3.3.1.3.9.3.1** In the case where the beneficiary was pronounced dead after the ambulance was called but before pickup, the service to the point-of-pickup is covered using the appropriate service and mileage HCPCS.

**3.3.1.3.9.3.2** Payment of HHA ambulance services will be based on statewide prevailing rate (both for service and mileage) less an appropriate cost-share/copayment and deductible (refer to [Figure 12.2-1](#) for the specific deductible and cost-sharing/copayment provisions for services paid in

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

Chapter 12, Section 2

Home Health Care (HHC) - Benefits And Conditions For Coverage

addition to the HHA PPS amount).

**3.3.1.3.9.4** For ambulance services provided on and after October 1, 2013, TRICARE adopts Medicare's Ambulance Fee Schedule (AFS) as the TRICARE CMAC for ambulance services (see Chapter 1, Section 14).

**3.3.1.4 Cost-Sharing/Copayments**

The following table provides the applicable cost-shares/copayments for services exempt from home health CB (i.e., services that can be paid in addition to the prospective payment amount when the beneficiary is receiving home health services under a plan of treatment). Refer to Chapter 2, Addendum A, paragraph 2.0 and 3.0, for TRICARE Extra and Standard annual fiscal year deductibles.

**FIGURE 12.2-1 COPAYMENTS/COST-SHARES FOR SERVICES REIMBURSED OUTSIDE THE HHA PPS WHEN RECEIVING HOME HEALTH SERVICES UNDER A POC**

| BENEFITS   | TRICARE PRIME PROGRAM                       |   |  | TRICARE EXTRA PROGRAM   | TRICARE STANDARD PROGRAM                            |
|--|---|---|--|---|---|
|  | ACTIVE DUTY FAMILY MEMBERS (ADFM)s          |   | RETIREES, THEIR FAMILY MEMBERS & SURVIVORS   |   |   |
|  | E1-E4                                       | E5 & ABOVE                                  |  |   |   |
| DME, Orthotic and Prosthetic Devices                         | 0% of the fee negotiated by the contractor. | 0% of the fee negotiated by the contractor. | 20% of the fee negotiated by the contractor. | ADFM:s<br>Cost-share --15% of the fee negotiated by the contractor. | ADFM:s<br>Cost-share -- 20% of the allowable charge |
| Osteoporosis Injections                                      |   |   |  |   |   |
| Oral Cancer Drugs  |   |   |  |   |   |
| Antiemetic Drugs   |   |   |  |   |   |
| Drugs and Biologicals Administered By Other Than Oral Method |   |   |  |   |   |
| Enteral and Parenteral Therapy                               |   |   |  |   |   |
| Influenza, Pneumococcal Pneumonia, and Hepatitis B Vaccines  | \$0 copayment per occurrence.               | \$0 copayment per occurrence.               | \$0 copayment per occurrence.                |   |   |
| Ambulance  | \$0 copayment per occurrence                | \$0 copayment per occurrence                | \$20 copayment per occurrence                |   |   |

- END -

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

### Chapter 13, Section 1

#### General

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#### **3.4.1.2.5** Specialty care providers to include:

- Cancer and children's hospitals
- Freestanding Ambulatory Surgery Centers (ASCs)
- Freestanding PHPs that offer psych and substance use treatments, and Substance Use Disorder Rehabilitation Facilities (SUDRFs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Home Health Agencies (HHAs)
- Hospice programs
- Community Mental Health Centers (CMHCs)

**Note:** CMHC PHPs have been excluded from provider authorization and payment under the OPPS due to their inability to meet the more stringent certification criteria currently imposed for hospital-based and freestanding PHPs under the Program.

- Other corporate services providers (e.g., Freestanding Cardiac Catheterization, Sleep Disorder Diagnostic Centers, and Freestanding Hyperbaric Oxygen Treatment Centers).

**Note:** Antigens, splints, casts and hepatitis B vaccines furnished outside the patient's plan of care in CORFs, HHAs and hospice programs will continue to receive reimbursement under current TRICARE allowable charge methodology.

- Freestanding Birthing Centers
- Department of Veterans Affairs (DVA) Hospitals
- Freestanding End Stage Renal Disease (ESRD) Facilities
- SNFs
- Residential Treatment Centers (RTCs)

#### **3.4.2** Scope of Services

**3.4.2.1** Services excluded under the hospital OPPS and paid under the CHAMPUS Maximum Allowable Charge (CMAC) or other TRICARE recognized allowable charge methodology.

**3.4.2.1.1** Physician services.

**3.4.2.1.2** NP and CNS services.

**3.4.2.1.3** Physician Assistant (PA) services.

**3.4.2.1.4** Certified Nurse-Midwife (CNM) services.

**3.4.2.1.5** Services of qualified psychologists.

**3.4.2.1.6** Clinical Social Worker (CSW) services.

**3.4.2.1.7** Services of an anesthetist.

**3.4.2.1.8** Screening and diagnostic mammographies.

**3.4.2.1.9** Influenza and pneumococcal pneumonia vaccines.

**Note:** Hospitals, HHAs, and hospices will continue to receive CMAC payments for influenza and pneumococcal pneumonia vaccines due to considerable fluctuations in their availability and cost.

**3.4.2.1.10** Clinical diagnostic laboratory services.

**3.4.2.1.11** Take home surgical dressings.

**3.4.2.1.12** Non-implantable DME, prosthetics (prosthetic devices), orthotics, and supplies (DMEPOS) paid under the DMEPOS fee schedule when the hospital is acting as a supplier of these items.

- An item such as crutches or a walker that is given to the patient to take home, but that may also be used while the patient is at the hospital, would be paid for under the hospital OPPS.
- Payment may not be made for items furnished by a supplier of medical equipment and supplies unless the supplier obtains a supplier number. However, since there is no reason to split a claim for DME payment under TRICARE, a separate supplier number will not be required for a hospital to receive reimbursement for DME.

**3.4.2.1.13** Hospital outpatient services furnished to SNF inpatients as part of his or her resident assessment or comprehensive care plan that are furnished by the hospital "under arrangements" but billable only by the SNF.

**3.4.2.1.14** Services and procedures designated as requiring inpatient care.

**3.4.2.1.15** Services excluded by statute (excluded from the definition of "covered Outpatient Department (OPD) Services"):

- Ambulance services
- Physical therapy
- Occupational therapy
- Speech-language pathology

**Note:** The above services are subject to the CMAC or other TRICARE recognized **reimbursement** methodology (e.g., statewide prevalings).

**3.4.2.1.16** Ambulatory surgery procedures performed in freestanding ASCs will continue to be reimbursed under the per diem system established in [Chapter 9, Section 1](#).

**3.4.2.2** Costs excluded under the hospital OPPS:

**3.4.2.2.1** Direct cost of medical education activities.

**3.4.2.2.2** Costs of approved nursing and allied health education programs.

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

### Chapter 13, Section 1

#### General

| COLUMN | DESCRIPTION                                   |
|--------|---|
| 6      | Physician class Technical Component (TC) rate |
| 7      | Non-physician class PC rate                   |
| 8      | Non-physician class TC rate                   |

**Description: If non-physician TC > 0, then pay the non-physician TC. Otherwise, if the Physician class TC rate > 0, then pay the physician class TC rate. Otherwise, pay facility CMAC for physician/LLP class.**

**Note:** Hospital-based therapy services, i.e., Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST), shall be reimbursed at the non-facility CMAC for physician/LLP class, i.e., Column 1.

**3.7.1.2** If there is no CMAC available, the contractor shall reimburse the procedure under DMEPOS.

**3.7.2** DMEPOS. If there is no DMEPOS available, the contractor shall reimburse the procedure using state prevailings.

**3.7.3** State Prevailing Rate. If there is no state prevailing rate available, the contractor shall reimburse the procedure based on billed charges.

### **3.8 Outpatient Code Editor (OCE)**

**3.8.1** The OCE with APC program edits patient data to help identify possible errors in coding and assigns APC numbers based on HCPCS codes for payment under the OPPS. The OPPS is an outpatient equivalent of the inpatient, DRG-based PPS. Like the inpatient system based on DRGs, each APC has a pre-established prospective payment amount associated with it. However, unlike the inpatient system that assigns a patient to a single DRG, multiple APCs can be assigned to one outpatient record. If a patient has multiple outpatient services during a single visit, the total payment for the visit is computed as the sum of the individual payments for each service. Updated versions of the OCE (MF cartridge) and data files CD, along with installation and user manuals, will be shipped from the developer to the contractors. The contractors will be required to replace the existing OCE with the updated OCE within 21 calendar days of receipt. See [Addendum A](#), for quarterly review/update process.

**3.8.2** The OCE incorporates the National Correct Coding Initiatives (NCCI) edits used by the CMS to check for pairs of codes that should not be billed together for the same patient on the same day. Claims reimbursed under the OPPS methodology are exempt from the claims auditing software referenced in [Chapter 1, Section 3](#).

**3.8.3** Under certain circumstances (e.g., active duty claims), the contractor may override claims that are normally not payable.

**3.8.4** CMS has agreed to the use of 900 series numbers (900-999) within the OCE for TRICARE specific edits.

**Note:** The questionable list of covered services may be different among the contractors. Providers will need to contact the contractor directly concerning these differences.

### 3.9 PRICER Program

**3.9.1** The APC PRICER will be straightforward in that the site-of-service wage index will be used to wage adjust the payment rate for the particular APC HCPCS Level I and II code (e.g., a HCPCS code with a designated Status Indicator (SI) of **S**, **T**, **V**, or **X**) reported off of the hospital outpatient claim. The PRICER will also apply discounting for multiple surgical procedures performed during a single operative session and outlier payments for extraordinarily expensive cases. TMA will provide the contractor's a common TRICARE PRICER to include quarterly updates. The contractors will be required to replace the existing PRICER with the updated PRICER within 21 days of receipt.

**Note:** Claims received with service dates on or after the OPPS quarterly effective dates (i.e., January 1, April 1, July 1, and October 1 of each calendar year) but prior to 21 days from receipt of either the OPPS OCE or PRICER update cartridge may be considered excluded claims as defined by the TRICARE Operations Manual (TOM), [Chapter 1, Section 3, paragraph 1.5.2](#).

**3.9.2** The contractors shall provide 3M with those pricing files to maintain and update the TRICARE OPPS PRICER within five weeks prior to the quarterly update. For example, statewide prevailings for ambulance services (until implementation of Ambulance Fee Schedule (AFS)/ TRICARE CMAC as describe in [Chapter 1, Section 14](#)) and state specific non-professional component birthing center rates. Appropriate deductible, cost-sharing/copayment amounts and catastrophic caps limitations will be applied outside the PRICER based on the eligibility status of the TRICARE beneficiary at the time the outpatient services were rendered.

### 3.10 Geographical Wage Adjustments

DRG wage indexes will be used for adjusting the OPPS standard payment amounts for labor market differences. Refer to the OPPS Provider File with Wage Indexes on TMA's OPPS home page at <http://www.tricare.mil/opps> for annual OPPS wage index updates. The annual DRG wage index updates will be effective January 1 of each year for the OPPS.

### 3.11 Provider-Based Status for Payment Under OPPS

An OPD, remote location hospital, satellite facility, or provider-based entity must be either created or acquired by a main provider (hospital) for the purpose of furnishing health care services of the same type as those furnished by the main provider under the name, ownership, and financial/administrative control of the main provider, in order to qualify for payment under the OPPS. The CMS will retain sole responsibility for determining provider-based status under the OPPS.

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

### Chapter 15, Section 1

#### Critical Access Hospitals (CAHs)

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be billed on the CMS 1500 (08/05) using the appropriate Healthcare Common Procedure Coding System (HCPCS) code or a UB-04 using the appropriate HCPCS code and professional revenue codes.

**4.2.1.6** A CAH may establish psychiatric and rehabilitation distinct part units effective for cost reporting periods beginning on or after October 1, 2004. The CAH distinct part units must meet the following requirements:

- The facility distinct part unit has been certified as a CAH by CMS;
- The distinct part unit meets the conditions of participation requirements for hospitals;
- The distinct part unit must also meet the requirements, other than conditions of participation requirements, that would apply if the unit were established in an acute care hospital;
- Inpatient services provided in psychiatric distinct part units are subject to the CHAMPUS mental health per diem system and inpatient services provided in rehabilitation distinct part units shall be reimbursed based on billed charges or set rates.
- Beds in these distinct part units are excluded from the 25 bed count limit for CAHs;
- The bed limitations for each distinct part unit is 10.
- CAHs are not subject to the lesser of cost or charges principle.

#### **4.2.2 Outpatient Services**

**4.2.2.1** Prior to December 1, 2009, outpatient facility services provided by CAHs were reimbursed in accordance with the provisions in Chapter 1, Section 24. CAHs are excluded from the Outpatient Prospective Payment System (OPPS) reimbursement.

**4.2.2.2** Effective December 1, 2009, outpatient services including ambulatory surgery, provided by a CAH shall be reimbursed under the reasonable cost method, reference [paragraph 4.3](#).

**4.2.2.3** Payment to a CAH for outpatient services does not include any costs of physician services or other professional services to CAH outpatients. Payment for professional medical services furnished in a CAH to CAH outpatients is made on a fee schedule, charge, or other fee basis, as would apply if the services had been furnished in a HOPD. For purposes of CAH payment, professional medical services are defined as services provided by a physician or other practitioner, e.g., a PA or a NP. These services are to be billed on a CMS 1500 (08/05) using appropriate HCPCS code or a UB-04 using the appropriate HCPCS code and professional revenue code.

**4.2.2.4** Payment for clinical diagnostic laboratory tests shall be reimbursed under the reasonable cost method only if the individuals are outpatients of the CAH and are physically present in the CAH at the time the specimens are collected (bill type 85X). A CAH cannot seek reasonable cost reimbursement for tests provided to individuals in locations such as rural health clinics, the

individual's home or SNF. Individuals in these locations are non-patients of a CAH and their lab test would be categorized as "referenced lab tests" for the non-patients bill type 14X), and are paid under the CHAMPUS Maximum Allowable Charge (CMAC).

**4.2.2.5** Multi-day supplies of take-home oral anti-cancer drugs, oral anti-emetic drugs, and immunosuppressive drugs, as well as the associated supplying fees and all inhalation drugs and the associated dispensing fees shall be paid under the allowable charge method. The associated supplying and dispensing fees must be billed on the same claim as the drug. Hospitals shall submit a separate claim for these services on a CMS 1500 (08/05) identifying the specific drugs and supplies. The drugs should be identified by both the appropriate "J" code and National Drug Code (NDC).

**Note:** When an outpatient service includes an oral anti-cancer drug, oral anti-emetic drug or immunosuppressive drug, so long as no more than one day's drug supply (i.e., only today's) is given to the beneficiary, and the beneficiary receives additional services, the claim shall be processed and paid under the reasonable cost method. Inhalation drugs that are an integral part of a hospital procedure (inpatient or outpatient) shall also be processed and paid under the reasonable cost method, when billed in conjunction with other services on the same day.

**4.2.2.6** Authorized Partial Hospitalization Programs (PHPs) shall be reimbursed under the reasonable cost method.

**4.2.2.7** CAHs are not subject to the lesser of cost or charges principle.

### **4.2.3 Ambulance Services**

**4.2.3.1** Effective for services provided on or after December 1, 2009, ambulance services furnished by CAHs exempt from the allowable charge methodology, are paid under the reasonable cost method.

**4.2.3.2** Effective for services provided on or after October 1, 2013, ambulance services furnished by CAHs exempt from the Medicare Ambulance Fee Schedule (AFS)/TRICARE CMAC (see Chapter 1, Section 14), are paid under the reasonable cost method.

**4.2.3.3** To be exempt, the provider must "self-attest" on each claim by using the B2 condition code. This self-attestation indicates compliance with the eligibility criteria included in 42 CFR 413.70(b)(5) and requires the provider to be the only provider or supplier of ambulance services located within a 35 mile drive of the CAH. Additionally, if there is no provider or supplier of ambulance services located within a 35 mile drive of the CAH, but there is an entity owned and operated by the CAH located more than a 35 mile drive from the CAH, that CAH-owned and operated entity can only be paid 101% of reasonable costs for its ambulance services if it is the closest provider or supplier of ambulance services to the CAH. Under TRICARE, these ambulance services shall be reimbursed using the hospital's outpatient Cost-to-Charge Ratio (CCR).

**4.2.3.4** Reasonable cost will be determined without regard to any per-trip limits or fee schedule that would otherwise apply. The distance between the CAH or entity and the other provider or supplier of ambulance services will be determined as the shortest distance in miles measured over improved roads between the CAH or the entity and the site at which the vehicles of the nearest provider or supplier of ambulance services are garaged. An improved road is any road that is

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

### Chapter 15, Section 1

#### Critical Access Hospitals (CAHs)

maintained by a local, state, or federal government entity and is available for use by the general public. An improved road includes the paved surface up to the front entrance of the CAH and the front entrance of the garage.

**Note:** CAHs that are not exempt from the allowable charge methodology **or the Medicare AFS/TRICARE CMAC (as described in Chapter 1, Section 14)**, may not report condition code B2.

### 4.3 Reasonable Cost Methodology

Reasonable cost is based on the actual cost of providing services and excluding any costs, that are unnecessary in the efficient delivery of services covered by the program.

**4.3.1** TMA shall calculate an overall inpatient CCR and overall outpatient CCR, obtained from data on the hospital's most recently filed Medicare cost report as of July 1 of each year.

**4.3.2** The inpatient and outpatient CCRs are calculated using Medicare charges, e.g., Medicare costs for outpatient services are derived by multiplying an overall hospital outpatient CCR (by department or cost center) by Medicare charges in the same category.

**4.3.3** The following methods are used by TMA to calculate the CCRs for CAHs. The worksheet and column references are to the CMS Form 2552-96 (Cost Report for Electronic Filing of Hospitals).

| INPATIENT CCRs     |   |
|--------------------|---|
| <b>Numerator</b>   | Medicare costs were defined as Worksheet D-1, Part II, line 49 MINUS (worksheet D, Part III, Column 8, sum of lines 25-30 PLUS Worksheet D, Part IV, line 101). |
| <b>Denominator</b> | Medicare charges were defined as Worksheet D-4, Column 2, sum of lines 25-30 and 103.   |
| OUTPATIENT CCRs    |   |
| <b>Numerator</b>   | Outpatient costs were taken from Worksheet D, Part V, line 104, the sum of Columns 6, 7, 8, and 9.  |
| <b>Denominator</b> | Total outpatient charges were taken from the same Worksheet D, Part V, line 104, sum of Columns 2, 3, 4, and 5 for the same breakdowns.                         |

**4.3.4** To reimburse the vast majority of CAHs for all their costs in an administratively feasible manner, TRICARE will identify CCRs that are outliers using the method used by Medicare to identify outliers in its Outpatient Prospective Payment System (OPPS) reimbursement methods. Specifically, Medicare classifies CCR outliers as values that fall outside of three standard deviations from the geometric mean. Applying this method to the CAH data, those limits will be considered the threshold limits on the CCR for reimbursement purposes. The CAH Fiscal Year (FY) is effective on December 1 of each year. For FY 2011, the inpatient CCR cap is 2.57 and the outpatient CCR cap is 1.31. For FY 2012, the inpatient CCR cap is 2.46 and the outpatient CCR cap is 1.32. For FY 2013, the inpatient CCR cap is 2.48 and the outpatient CCR cap is 1.36. Thus, for FY 2013, TRICARE will pay the lesser of 2.48 multiplied by the billed charges or 101% of costs (using the hospital's CCR and billed charges) for inpatient services and the lesser of 1.36 multiplied by the billed charges or 101% of costs for outpatient services. Following is the two step comparison of costs.

**Step 1:** Inpatient, pay the lesser of:

FY cap x billed charges (minus non-covered charges) OR  
1.01 x (hospital-specific CCR x billed charges (minus non-covered charges))

**Step 2:** Outpatient, pay the lesser of:

FY cap x billed charges OR  
1.01 x (hospital-specific CCR x billed charges)

**4.3.5** TMA shall provide a list of CAHs to the Managed Care Support Contractors (MCSCs) with their corresponding inpatient and outpatient CCRs by November 1 each year. The CCRs shall be updated on an annual basis using the second quarter CMS Hospital Cost Report Information System (HCRIS) data. The updated CCRs shall be effective as of December 1 of each respective year, with the first update occurring December 1, 2009.

**4.3.6** TMA shall also provide the MCSCs the State median inpatient and outpatient CAH CCRs to use when a hospital specific CCR is not available.

#### **4.4 General Temporary Military Contingency Payment Adjustments (TMCPAs)**

The TMA Director, or designee, may approve a General TMCPA based on the following criteria:

- The hospital serves a disproportionate share of Active Duty Service Members (ADSMs) and Active Duty Dependents (ADDs);
- The hospital is a TRICARE network hospital;
- The hospital's actual costs for inpatient services exceed TRICARE payments or other extraordinary economic circumstance exists; and
- Without the General TMCPA, Department of Defense's (DoD's) ability to meet military contingency mission requirements will be significantly compromised.

#### **4.5 CAH Listing**

**4.5.1** TMA will maintain the CAH listing on the TMA's web site at <http://www.tricare.mil/hospitalclassification/>, and will update the list on a quarterly basis and will notify the contractors by e-mail when the list is updated.

**4.5.2** For payment purposes for those facilities that were listed on both the CAH and Sole Community Hospital (SCH) lists prior to June 1, 2006, the contractors shall use the implementation date of June 1, 2006, as the effective date for reimbursing CAHs under the DRG-based payment system. The June 1, 2006, effective date is for admissions on or after June 1, 2006. For admissions prior to June 1, 2006, if a facility was listed on both the CAH and SCH lists, the SCH list took precedence over the CAH list. The contractors shall not initiate recoupment action for any claims paid billed charges where the CAH was also on the SCH list, prior to the June 1, 2006, effective date. For admissions on or after December 1, 2009, CAHs are reimbursed under the reasonable cost method.

**4.5.3** The effective date on the CAH list is the date supplied by the Centers for Medicare and Medicaid Services (CMS) upon which the facility began receiving reimbursement from Medicare as a CAH, however, if a facility was listed on both the CAH and SCH lists prior to June 1, 2006, the

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

### Chapter 15, Section 1

#### Critical Access Hospitals (CAHs)

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effective date for TRICARE DRG reimbursement is June 1, 2006. For admissions on or after December 1, 2009, CAHs are reimbursed under the reasonable cost method.

**4.5.4** After June 1, 2006, if a CAH is added or dropped off of the list from the previous update, the quarterly revision date of the current listing shall be listed as the facility's effective or termination date, respectively.

**4.5.5** If the contractor receives documentation from a CAH indicating their status is different than what is on the CAH listing on TMA's web site, the contractor shall send the information to TMA, Medical Benefits & Reimbursement Branch (MB&RB) to update the listings on the web.

**4.6** Prior to December 1, 2009, the contractor's shall update their institutional provider files to include CAH's and their Indirect Medical Education (IDME) factors, if applicable, as the CMS Inpatient Provider Specific File used to update the annual DRG Provider File does not contain CAH information.

#### **4.7 Billing and Coding Requirements**

**4.7.1** The contractors shall use type of institution 91 for services provided prior to January 1, 2014. For services provided on or after January 1, 2014, the contractors shall use type of institution 93 for CAHs.

**4.7.2** CAHs shall utilize bill type 11X for inpatient services.

**4.7.3** CAHs shall utilize bill type 85X for all outpatient services including services approved as Ambulatory Surgery Center (ASC) services.

**4.7.4** CAHs shall utilize bill type 12X for ancillary/ambulance services.

**4.7.5** CAHs shall utilize bill type 14X for non-patient diagnostic services.

**4.7.6** CAHs shall use bill type 18X for swing bed services.

#### **4.8 Beneficiary Liability**

Applicable TRICARE deductible and cost-sharing provisions apply to CAH inpatient and outpatient services.

#### **5.0 EFFECTIVE DATE**

Implementation of the CAH reasonable cost methodology is effective for admissions and outpatient services occurring on or after December 1, 2009.

- END -



## Acronyms And Abbreviations

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|         |   |
|---------|---|
| AA      | Anesthesiologist Assistant  |
| AA&E    | Arms, Ammunition and Explosives   |
| AAA     | Abdominal Aortic Aneurysm   |
| AAAH    | 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<br>Applied Behavioral Analysis                                     |
| ABMT    | Autologous Bone Marrow Transplant   |
| ABPM    | Ambulatory Blood Pressure Monitoring  |
| ABR     | Auditory Brainstem Response   |
| AC      | Active Component  |
| ACD     | Augmentative Communication Devices  |
| ACE     | Angiotensin-Converting Enzyme   |
| ACH     | Automated Clearing House  |
| 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   |
| ACP     | American College of Physicians  |
| ACS     | American Cancer Society   |
| ACSC    | Ambulatory Care Sensitive Condition   |
| ACSP    | Autism Demonstration Corporate Services Provider  |
| ACTUR   | Automated Central Tumor Registry  |
| AD      | Active Duty   |
| ADA     | American Dental Association<br>American Diabetes Association<br>Americans with Disabilities Act |
| ADAMHA  | Alcohol, Drug Abuse, And Mental Health Administration   |
| ADAMHRA | Alcohol, Drug Abuse, And Mental Health Reorganization Act                                       |

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

## Appendix A

### Acronyms And Abbreviations

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|            |   |
|------------|---|
| ADCP       | Active Duty Claims Program  |
| ADD        | Active Duty Dependent   |
| ADDP       | Active Duty Dental Program  |
| ADFM       | Active Duty Family Member   |
| ADH        | Atypical Ductal Hyperplasia                                       |
| 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                        |
| <b>AFS</b> | <b>Ambulance Fee Schedule</b>                                     |
| 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                               |
| <b>AIF</b> | <b>Ambulance Inflation Factor</b>                                 |
| AIIM       | Association for Information and Image Management                  |
| AIS        | Ambulatory Infusion Suite<br>Automated Information Systems        |
| AIX        | Advanced IBM Unix   |
| AJ         | Administrative Judge  |
| ALA        | Annual Letter of Assurance  |
| ALB        | All Lines Busy  |
| ALH        | Atypical Lobular Hyperplasia                                      |
| ALL        | Acute Lymphocytic Leukemia  |
| ALOS       | Average Length-of-Stay  |
| ALS        | Action Lead Sheet<br>Advanced Life Support                        |
| ALT        | Autolymphocyte Therapy  |
| AM&S       | Acquisition Management and Support (Directorate)                  |
| AMA        | Against Medical Advice<br>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<br>American Podiatry Association |

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

## Appendix A

### Acronyms And Abbreviations

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|             |   |
|-------------|---|
| APC         | Ambulatory Payment Classification   |
| API         | Application Program Interface   |
| APN         | Assigned Provider Number  |
| APO         | Army Post Office  |
| ARB         | Angiotensin Receptor Blocker  |
| ARCIS       | Archives and Records Centers Information System                                       |
| ART         | Assisted Reproductive Technology  |
| ARU         | Automated Response Unit   |
| ARVC        | Arrhythmogenic Right Ventricular Cardiomyopathy                                       |
| ASA         | Adjusted Standardized Amount<br>American Society of Anesthesiologists                 |
| ASAP        | Automated Standard Application for Payment  |
| ASC         | Accredited Standards Committee<br>Ambulatory Surgical Center                          |
| ASCA        | Administrative Simplification Compliance Act  |
| ASCUS       | Atypical Squamous Cells of Undetermined Significance                                  |
| ASD         | Assistant Secretary of Defense<br>Atrial Septal Defect<br>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  |
| ASRM        | American Society for Reproductive Medicine  |
| 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  |
| BCBA-D      | Board Certified Behavior Analyst - Doctoral   |

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

### Appendix A

#### Acronyms And Abbreviations

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|         |  |
|---------|--|
| BCBS    | Blue Cross [and] Blue Shield   |
| BCBSA   | Blue Cross [and] Blue Shield Association                                 |
| BCC     | Biostatistics Center   |
| BE&SD   | Beneficiary Education and Support Division                               |
| BH      | Behavioral Health  |
| BI      | Background Investigation   |
| BIA     | Bureau of Indian Affairs   |
| BIPA    | Benefits Improvement Protection Act                                      |
| BL      | Black Lung   |
| BLS     | Basic Life Support   |
| BMI     | Body Mass Index  |
| BMT     | Bone Marrow Transplantation  |
| BNAF    | Budget Neutrality Adjustment Factor                                      |
| BOS     | Bronchiolitis Obliterans Syndrome  |
| BP      | Behavioral Plan  |
| BPC     | Beneficiary Publication Committee  |
| BPPV    | Benign Paroxysmal Positional Vertigo                                     |
| BRAC    | Base Realignment and Closure   |
| BRCA    | BReast CAncer (genetic testing)  |
| BRCA1/2 | BReast CAncer Gene 1/2   |
| 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&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   |
| CACREP  | Council for Accreditation of Counseling and Related Educational Programs |
| 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                                     |
| CAQH    | Council for Affordable Quality Health                                    |

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

### Appendix A

#### Acronyms And Abbreviations

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|        |   |
|--------|---|
| CARC   | Claim Adjustment Reason Code                                    |
| CAS    | Carotid Artery Stenosis   |
| CAT    | Computerized Axial Tomography                                   |
| CB     | Consolidated Billing  |
| CBC    | Cypher Block Chaining   |
| CBE    | Clinical Breast Examination                                     |
| CBHCO  | Community-Based Health Care Organizations                       |
| CBL    | Commercial Bill of Lading                                       |
| CBP    | Competitive Bidding Program                                     |
| CBSA   | Core Based Statistical Area                                     |
| CC     | Common Criteria<br>Convenience Clinic<br>Criminal Control (Act) |
| CC&D   | Catastrophic Cap and Deductible                                 |
| CCCT   | Clomiphene Citrate Challenge Test                               |
| CCD    | Corporate Credit or Debit                                       |
| CCDD   | Catastrophic Cap and Deductible Data                            |
| CCEP   | Comprehensive Clinical Evaluation Program                       |
| CCMHC  | Certified Clinical Mental Health Counselor                      |
| CCN    | Case Control Number   |
| CCPD   | Continuous Cycling Peritoneal Dialysis                          |
| CCR    | Cost-To-Charge Ratio  |
| CCTP   | Custodial Care Transitional Policy                              |
| CD     | Compact Disc  |
| CDC    | Centers for Disease Control and Prevention                      |
| CDCF   | Central Deductible and Catastrophic Cap File                    |
| CDD    | Childhood Disintegrative Disorder                               |
| CDH    | Congenital Diaphragmatic Hernia                                 |
| CD-I   | Compact Disc - Interactive                                      |
| CDR    | Clinical Data Repository  |
| CDRL   | Contract Data Requirements List                                 |
| CD-ROM | Compact Disc - Read Only Memory                                 |
| CDT    | Current Dental Terminology                                      |
| CEA    | Carotid Endarterectomy  |
| CEIS   | Corporate Executive Information System                          |
| CEO    | Chief Executive Officer   |
| CEOB   | CHAMPUS Explanation of Benefits                                 |
| CES    | Cranial Electrotherapy Stimulation                              |
| CFO    | Chief Financial Officer   |
| CFR    | Code of Federal Regulations                                     |
| CFRD   | Cystic Fibrosis-Related Diabetes                                |
| CFS    | Chronic Fatigue Syndrome  |

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

### Appendix A

#### Acronyms And Abbreviations

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|         |  |
|---------|--|
| 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  |
| 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                                     |

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

## Appendix A

### Acronyms And Abbreviations

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|         |   |
|---------|---|
| 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  |
| CORE    | Committee on Operating Rules for Information Exchange                       |
| 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                                     |
| CPR     | CAC PIN Reset   |
| CPT     | Chest Physiotherapy<br>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                                      |
| CRP     | Canalith Repositioning Procedure  |
| CRS     | Cytoreductive Surgery   |
| CRSC    | Combat-Related Special Compensation   |
| CRT     | Computer Remote Terminal  |
| CSA     | Clinical Support Agreement  |
| CSE     | Communications Security Establishment (of the Government of Canada)         |
| CSP     | Corporate Service Provider<br>Critical Security Parameter                   |
| CST     | Central Standard Time   |
| CSU     | Channel Sending Unit  |
| CSV     | Comma-Separated Value   |
| CSW     | Clinical Social Worker  |
| CT      | Central Time<br>Computerized Tomography                                     |
| CTA     | Composite Tissue Allotransplantation<br>Computerized Tomography Angiography |

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

## Appendix A

### Acronyms And Abbreviations

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|           |  |
|-----------|--|
| CTC       | Computed Tomographic Colonography                                  |
| CTCL      | Cutaneous T-Cell Lymphoma  |
| CTEP      | Cancer Therapy Evaluation Program                                  |
| CTX       | Corporate Trade Exchange   |
| 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  |
| DBN       | DoD Benefits Number  |
| 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 Investigative Service<br>Ductal Carcinoma In Situ |
| DCN       | Document Control Number  |
| DCP       | Data Collection Period   |
| DCPE      | Disability Compensation and Pension Examination                    |
| DCR       | Developed Character Reference                                      |
| DCS       | Duplicate Claims System  |
| DCSI      | Defense Central Security Index                                     |
| DCWS      | DEERS Claims Web Service   |
| DD (Form) | Department of Defense (Form)                                       |
| DDAS      | DCII Disclosure Accounting System                                  |
| DDD       | Degenerative Disc Disease  |
| 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<br>Disability Evaluation System           |
| DFAS      | Defense Finance and Accounting Service                             |
| DG        | Diagnostic Group   |

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

### Appendix A

#### Acronyms And Abbreviations

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|         |   |
|---------|---|
| 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                                    |
| DMR     | Direct Member Reimbursement   |
| DMZ     | Demilitarized Zone  |
| DNA     | Deoxyribonucleic Acid   |
| DNA-HLA | Deoxyribonucleic Acid - Human Leucocyte Antigen                             |
| DNACI   | DoD National Agency Check Plus Written Inquiries                            |
| DO      | Doctor of Osteopathy<br>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                                      |

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

### Appendix A

#### Acronyms And Abbreviations

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|          |   |
|----------|---|
| 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                                       |
| 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 Versatile Disc (formerly Digital Video Disc)                  |
| DVD-R    | Digital Versatile Disc-Recordable                                     |
| 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   |

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

### Appendix A

#### Acronyms And Abbreviations

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|        |   |
|--------|---|
| E2R    | Enrollment Eligibility Reconciliation                                 |
| EACH   | Essential Access Community Hospital                                   |
| EAL    | Common Criteria Evaluation Assurance Level                            |
| EAP    | Employee-Assistance Program<br>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<br>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                                      |
| eFRC   | Electronic Federal Records Center                                     |
| EFT    | Electronic Funds Transfer<br>Environmental Failure Testing            |
| EGHP   | Employer Group Health Plan  |
| E/HPC  | Enrollment/Health Plan Code   |
| EHHC   | ECHO Home Health Care<br>Extended Care Health Option Home Health Care |
| EHP    | Employee Health Program   |
| EHRA   | European Heart Rhythm Association                                     |
| EIA    | Educational Interventions for Autism Spectrum Disorders               |
| EID    | Early Identification<br>Enrollment Information for Dental             |
| 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   |

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

### Appendix A

#### Acronyms And Abbreviations

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|        |  |
|--------|--|
| EMC    | Electronic Media Claim<br>Enrollment Management Contractor |
| EMDR   | Eye Movement Desensitization and Reprocessing              |
| EMG    | Electromyograma  |
| 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                           |
| EOP    | Explanation of Payment                                     |
| ePHI   | electronic Protected Health Information                    |
| EPO    | Erythropoietin<br>Exclusive Provider Organization          |
| EPR    | EIA Program Report   |
| EPROM  | Erasable Programmable Read-Only Memory                     |
| ER     | Emergency Room   |
| ERA    | Electronic Remittance Advice                               |
| 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                         |
| 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             |

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

## Appendix A

### Acronyms And Abbreviations

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|                  |   |
|------------------|---|
| 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                                  |
| FOUO             | For Official Use Only                                       |
| FPO              | Fleet Post Office   |
| FQHC             | Federally Qualified Health Center                           |
| FR               | Federal Register<br>Frozen Records                          |
| FRC              | Federal Records Center                                      |
| FSH              | Follicle Stimulating Hormone                                |
| FSO              | Facility Security Officer                                   |
| FTE              | Full Time Equivalent  |
| FTP              | File Transfer Protocol                                      |
| FX               | Foreign Exchange (lines)                                    |
| FY               | Fiscal Year   |
| GAAP             | Generally Accepted Accounting Principles                    |
| <b>GAF</b>       | <b>Geographic Adjustment Factor</b>                         |
| GAO              | General Accounting Office                                   |
| GDC              | Guglielmi Detachable Coil                                   |
| GFE              | Government Furnished Equipment                              |
| GHP              | Group Health Plan   |
| GHz              | Gigahertz   |
| GIFT             | Gamete Intrafallopian Transfer                              |
| GIQD             | Government Inquiry of DEERS                                 |
| GP               | General Practitioner  |
| GPCI             | Geographic Practice Cost Index                              |
| H/E              | Health and Environment                                      |
| HAC              | Health Administration Center<br>Hospital Acquired Condition |
| HAVEN            | Home Assessment Validation and Entry                        |
| HBA              | Health Benefits Advisor                                     |

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

### Appendix A

#### Acronyms And Abbreviations

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|          |  |
|----------|--|
| 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   |
| HDGC     | Hereditary Diffuse Gastric Cancer  |
| HDL      | Hardware Description Language  |
| HDR      | High Dose Radiation  |
| 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)                            |
| 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  |

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

### Appendix A

#### Acronyms And Abbreviations

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|            |  |
|------------|--|
| 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<br>Hormone Replacement Therapy                       |
| HSCRC      | Health Services Cost Review Commission   |
| HSWL       | Health, Safety and Work-Life   |
| 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<br>Integrated Circuit                                   |
| ICASS      | International Cooperative Administrative Support Services                        |
| ICD        | Implantable Cardioverter Defibrillator   |
| ICD-9-CM   | International Classification of Diseases, 9th Revision, Clinical Modification    |
| ICD-10-CM  | International Classification of Diseases, 10th Revision, Clinical Modification   |
| ICD-10-PCS | International Classification of Diseases, 10th Revision, Procedure Coding System |
| ICF        | Intermediate Care Facility   |
| ICMP       | Individual Case Management Program   |
| ICMP-PEC   | Individual Case Management Program For Persons With Extraordinary Conditions     |
| ICN        | Internal Control Number  |
| ICSP       | Individual Corporate Services Provider   |
| ID         | Identification<br>Identifier   |
| IDB        | Intradiscal Biacuplasty  |

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

### Appendix A

#### Acronyms And Abbreviations

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|      |  |
|------|--|
| IDD  | Internal or Intervertebral Disc Decompression                                  |
| IDE  | Investigational Device Exemption<br>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<br>Internet Explorer  |
| IEA  | Intradiscal Electrothermal Annuloplasty  |
| IEP  | Individualized Educational Program   |
| IFC  | Interim Final Rule with comment  |
| IFR  | Interim Final Rule   |
| 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<br>Instant Message/Messaging<br>Intramuscular           |
| IMRT | Intensity Modulated Radiation Therapy  |
| IND  | Investigational New Drugs  |
| INR  | International Normalized Ratio<br>Intramuscular International Normalized Ratio |
| INS  | Immigration and Naturalization Service   |
| IOC  | Initial Operational Capability   |
| IOD  | Interface Operational Description  |
| IOLs | Intraocular Lenses   |
| IOM  | Internet Only Manual   |
| IOP  | Intraocular Pressure   |
| 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   |
| IPPS | Inpatient Prospective Payment System   |

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

### Appendix A

#### Acronyms And Abbreviations

---

|         |   |
|---------|---|
| 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<br>Intravenous  |
| IVD     | Ischemic Vascular Disease   |
| IVF     | In Vitro Fertilization  |
| JC      | Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) |
| JCAHO   | Joint Commission on Accreditation of Healthcare Organizations                                     |
| JCIH    | Joint Committee on Infant Hearing   |
| 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   |
| LCD     | Local Coverage Determination  |
| LCF     | Long-term Care Facility   |
| LCIS    | Lobular Carcinoma In Situ   |
| LDL     | Low Density Lipoprotein   |
| LDLT    | Living Donor Liver Transplantation  |
| LDR     | Low Dose Rate   |

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

### Appendix A

#### Acronyms And Abbreviations

---

|         |  |
|---------|--|
| LDT     | Laboratory Developed Test                              |
| LGS     | Lennox-Gastaut Syndrome                                |
| LH      | Luteinizing Hormone                                    |
| LLLT    | Low Level Laser Therapy                                |
| LNT     | Lexical Neighborhood Test                              |
| LOC     | Letter of Consent                                      |
| LOD     | Letter of Denial/Revocation<br>Line of Duty            |
| 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                          |
| LVSD    | Left Ventricular Systolic Dysfunction                  |
| MAC     | Maximum Allowable Charge<br>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<br>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           |
| MESA    | Microsurgical Epididymal Sperm Aspiration              |

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

### Appendix A

#### Acronyms And Abbreviations

---

|         |  |
|---------|--|
| MET     | Microcurrent Electrical Therapy                            |
| MFCC    | Marriage and Family Counseling Center                      |
| MGCRB   | Medicare Geographic Classification Review Board            |
| MGIB    | Montgomery GI Bill   |
| MH      | Mental Health  |
| MHCC    | Maryland Health Care Commission                            |
| MHO     | Medical Holdover   |
| MHS     | Military Health System                                     |
| MHSO    | Managing Health Services Organization                      |
| MHSS    | Military Health Services System                            |
| MI      | Myocardial Infarction                                      |
| MI&L    | Manpower, Installations, and Logistics                     |
| MIA     | Missing In Action  |
| MIAP    | Multi-Host Internet Access Portal                          |
| MIDCAB  | Minimally Invasive Direct Coronary Artery Bypass           |
| mild®   | Minimally Invasive Lumbar Decompression                    |
| MIRE    | Monochromatic Infrared Energy                              |
| MLNT    | Multisyllabic Lexical Neighborhood Test                    |
| MMA     | Medicare Modernization Act                                 |
| MMEA    | Medicare and Medicaid Extenders Act (of 2010)              |
| MMP     | Medical Management Program                                 |
| MMPCMHP | Maryland Multi-Payer Patient-Centered Medical Home Program |
| MMPP    | Maryland Multi-Payer Patient                               |
| MMSO    | Military Medical Support Office                            |
| MMWR    | Morbidity and Mortality Weekly Report                      |
| MNR     | Medical Necessity Report                                   |
| MOA     | Memorandum of Agreement                                    |
| MOH     | Medal Of Honor   |
| MOMS    | Management of Myelomeningocele Study                       |
| MOP     | Mail Order Pharmacy  |
| MOU     | Memorandum of Understanding                                |
| MPI     | Master Patient Index                                       |
| MR      | Magnetic Resonance<br>Medical Review<br>Mentally Retarded  |
| MRA     | Magnetic Resonance Angiography                             |
| MRHFP   | Medicare Rural Hospital Flexibility Program                |
| MRI     | Magnetic Resonance Imaging                                 |
| MRPU    | Medical Retention Processing Unit                          |
| MRS     | Magnetic Resonance Spectroscopy                            |
| MS      | Microsoft®   |
| MSA     | Metropolitan Statistical Area                              |

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

### Appendix A

#### Acronyms And Abbreviations

---

|        |   |
|--------|---|
| 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<br>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                                 |
| NACHA  | National Automated Clearing House Association         |
| 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<br>Non-Availability Statement       |
| NATO   | North Atlantic Treaty Organization                    |
| NAVMED | Naval Medical (Form)                                  |
| NBCC   | National Board of Certified Counselors                |
| NCCI   | National Correct Coding Initiatives                   |
| NCD    | National Coverage Determination                       |
| NCE    | National Counselor Examination                        |
| NCF    | National Conversion Factor                            |
| NCI    | National Cancer Institute                             |
| NCMHCE | National Clinical Mental Health Counselor Examination |
| 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                                      |

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

### Appendix A

#### Acronyms And Abbreviations

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|            |   |
|------------|---|
| NG         | National Guard  |
| NGPL       | No Government Pay List  |
| NHLBI      | National Heart, Lung and Blood Institute                              |
| NHSC       | National Health Service Corps   |
| NICHHD     | National Institute of Child Health and Human Development              |
| NIH        | National Institutes of Health   |
| NII        | Networks and Information Integration                                  |
| NIPRNET    | Nonsecure Internet Protocol Router Network                            |
| NIS        | Naval Investigative Service   |
| NISPOM     | National Industrial Security Program Operating Manual                 |
| NIST       | National Institute of Standards and Technology                        |
| NLDA       | Nursery and Labor/Delivery Adjustment                                 |
| NLT        | No Later Than   |
| NMA        | Non-Medical Attendant   |
| NMES       | Neuromuscular Electrical Stimulation                                  |
| NMOP       | National Mail Order Pharmacy  |
| NMR        | Nuclear Magnetic Resonance  |
| NMT        | Nurse Massage Therapist   |
| NOAA       | National Oceanic and Atmospheric Administration                       |
| NoPP       | Notice of Private Practices   |
| NOSCASTC   | National Operating Standard Cost as a Share of Total Costs            |
| NP         | Nurse Practitioner  |
| NPDB       | National Practitioner Data Bank                                       |
| NPI        | National Provider Identifier  |
| 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    |
| NSF        | Non-Sufficient Funds  |
| 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  |
| OAE        | Otoacoustic Emissions   |
| OASD(HA)   | Office of the Assistant Secretary of Defense (Health Affairs)         |
| OASD (H&E) | Office of the Assistant Secretary of Defense (Health and Environment) |

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

### Appendix A

#### Acronyms And Abbreviations

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|                   |   |
|-------------------|---|
| 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<br>Optical Character Recognition                               |
| 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  |
| OSA               | Obstructive Sleep Apnea   |
| OSAS              | Obstructive Sleep Apnea Syndrome  |
| OSD               | Office of the Secretary of Defense  |
| OSHA              | Occupational Safety and Health Act  |
| OSS               | Office of Strategic Services  |
| OT                | Occupational Therapy (Therapist)  |
| OTC               | Over-The-Counter  |
| OTCD              | Ornithine Transcarbamylase Deficiency   |
| OUSD              | Office of the Undersecretary of Defense   |
| OUSD (P&R)        | Office of the Undersecretary of Defense (Personnel and Readiness)                     |
| P/O               | Prosthetic and Orthotics  |
| P&T               | Pharmacy And Therapeutics (Committee)   |
| PA                | Physician Assistant   |
| PACAB             | Port Access Coronary Artery Bypass  |
| PACO <sub>2</sub> | Partial Pressure of Carbon Dioxide  |

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

### Appendix A

#### Acronyms And Abbreviations

---

|                  |  |
|------------------|--|
| 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   |
| PBT              | Proton Beam Therapy  |
| PC               | Peritoneal Carcinomatosis<br>Personal Computer<br>Professional Component |
| PCA              | Patient Controlled Analgesia   |
| PCDIS            | Purchased Care Detail Information System                                 |
| PCI              | Percutaneous Coronary Intervention                                       |
| PCM              | Primary Care Manager   |
| PCMBN            | PCM By Name  |
| PCMH             | Patient-Centered Medical Home  |
| PCMRA            | PCM Research Application   |
| PCMRS            | PCM Panel Reassignment (Application)<br>PCM Reassignment System          |
| PCO              | Procurement (Procuring) Contracting Officer                              |
| PCP              | Primary Care Physician<br>Primary Care Provider                          |
| PCS              | Permanent Change of Station  |
| PCSIB            | Purchased Care Systems Integration Branch                                |
| PD               | Passport Division  |
| PDA              | Patent Ductus Arteriosus<br>Personal Digital Assistant                   |
| PDD              | Percutaneous (or Plasma) Disc Decompression                              |
| PDDBI            | Pervasive Developmental Disorders Behavior Inventory                     |
| PDDNOS           | Pervasive Developmental Disorder Not Otherwise Specified                 |
| PDF              | Portable Document Format   |
| PDI              | Potentially Disqualifying Information                                    |
| PDQ              | Physicians's Data Query  |
| PDR              | Person Data Repository   |
| PDS              | Person Demographics Service  |
| PDTS             | Pharmacy Data Transaction System   |
| PDX              | Principal Diagnosis  |
| PE               | Physical Examination   |
| PEC              | Pharmacoeconomic Center  |
| PEP              | Partial Episode Payment  |
| PEPR             | Patient Encounter Processing and Reporting                               |
| PERMS            | Provider Education and Relations Management System                       |

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

### Appendix A

#### Acronyms And Abbreviations

---

|          |  |
|----------|--|
| PESA     | Percutaneous Epididymal Sperm Aspiration   |
| PET      | Positron Emission Tomography   |
| PFCRA    | Program Fraud Civil Remedies Act   |
| PFP      | Partnership For Peace  |
| PFPWD    | Program for Persons with Disabilities  |
| 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   |
| PII      | Personally Identifiable Information  |
| PIN      | Personnel Identification Number  |
| PIP      | Personal Injury Protection<br>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<br>Present On Admission  |
| POA&M    | Plan of Action and Milestones  |
| POC      | Pharmacy Operations Center<br>Plan of Care<br>Point of Contact                   |
| POL      | May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M                                 |
| POS      | Point of Sale (Pharmacy only)<br>Point of Service<br>Public Official's Statement |
| POV      | Privately Owned Vehicle  |
| PPACA    | Patient Protection and Affordable Care Act                                       |

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

### Appendix A

#### Acronyms And Abbreviations

---

|          |  |
|----------|--|
| PPC-PCMH | Physician Practice Connections Patient-Centered Medical Home               |
| PPD      | Per Patient Day  |
| PPN      | Preferred Provider Network   |
| PPO      | Preferred Provider Organization  |
| PPP      | Purchasing Power Parity  |
| PPS      | Prospective Payment System<br>Ports, Protocols and Services                |
| PPSM     | Ports, Protocols, and Service Management                                   |
| PPV      | Pneumococcal Polysaccharide Vaccine  |
| PQI      | Potential Quality Indicator<br>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<br>Physician Scarcity Area                              |
| PSAB     | Personnel Security Appeals Board   |
| PSCT     | Peripheral Stem Cell Transplantation                                       |
| PSD      | Personnel Security Division  |
| PSF      | Provider Specific File   |
| PSG      | Polysomnography  |
| PSI      | Personnel Security Investigation   |
| PST      | Pacific Standard Time  |
| PT       | Pacific Time<br>Physical Therapist<br>Physical Therapy<br>Prothrombin Time |
| PTA      | Pancreas Transplant Alone<br>Percutaneous Transluminal Angioplasty         |
| PTC      | Processed To Completion  |
| PTCA     | Percutaneous Transluminal Coronary Angioplasty                             |
| PTK      | Phototherapeutic Keratectomy   |
| PTNS     | Posterior Tibial Nerve Stimulation   |
| PTSD     | Post-Traumatic Stress Disorder   |
| PVCs     | Premature Ventricular Contractions   |
| QA       | Quality Assurance  |
| QC       | Quality Control  |

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

## Appendix A

### Acronyms And Abbreviations

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|        |   |
|--------|---|
| QI     | Quality Improvement<br>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<br>Remittance Advice      |
| RADDP  | Remote Active Duty Dental Program                     |
| RAM    | Random Access Memory                                  |
| RAP    | Request for Anticipated Payment                       |
| RAPIDS | Real-Time Automated Personnel Identification System   |
| RARC   | Remittance Advice Remark Code                         |
| RC     | Reserve Component                                     |
| RCC    | Recurring Credit/Debit Charge<br>Renal Cell Carcinoma |
| RCCPDS | Reserve Component Common Personnel Data System        |
| RCN    | Recoupment Case Number<br>Refund Control Number       |
| RCS    | Report Control Symbol                                 |
| RD     | Regional Director<br>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                     |
| RIA    | Radioimmunoassay                                      |
| RhoGAM | RRho (D) Immune Globulin                              |
| RN     | Registered Nurse                                      |
| RNG    | Random Number Generator                               |
| RO     | Regional Office                                       |
| ROC    | Resumption of Care                                    |
| ROFR   | Right of First Refusal                                |
| ROM    | Read-Only Memory<br>Rough Order of Magnitude          |
| ROMF   | Record Object Metadata File                           |

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

### Appendix A

#### Acronyms And Abbreviations

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|           |   |
|-----------|---|
| ROT       | Read-Only Table   |
| ROTC      | Reserved Officer Training Corps                                 |
| ROVER     | RHHI OASIS Verification   |
| RPM       | Record Processing Mode  |
| RRA       | Regional Review Authority                                       |
| RRS       | Records Retention Schedule                                      |
| RTC       | Residential Treatment Center                                    |
| rTMS      | Repetitive Transcranial Magnetic Stimulation                    |
| RUG       | Resource Utilization Group                                      |
| RV        | Residual Volume<br>Right Ventricle [Ventricular]                |
| RVU       | Relative Value Unit   |
| SAAR      | System Authorization Access Request                             |
| SAD       | Seasonal Affective Disorder                                     |
| SADMERC   | Statistical Analysis Durable Medical Equipment Regional Carrier |
| SAFE      | Sexual Assault Forensic Examination                             |
| SAMHSA    | Substance Abuse and Mental Health Services Administration       |
| SAO       | Security Assistant Organizations                                |
| SAP       | Special Access Program  |
| SAPR      | Sexual Assault Prevention and Response                          |
| SAS       | Sensory Afferent Stimulation                                    |
| SAT       | Service Assist Team   |
| 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<br>Spinal Cord Injury       |
| SCIC      | Significant Change in Condition                                 |
| SCOO      | Special Contracts and Operations Office                         |
| SCR       | Stem Cell Rescue  |
| S/D       | Security Division   |
| SD (Form) | Secretary of Defense (Form)                                     |
| SEP       | Sensory Evoked Potentials                                       |
| SES       | Senior Executive Service  |
| SelRes    | Selected Reserve  |
| SF        | Standard Form   |
| SFTP      | Secure File Transfer Protocol                                   |
| SGDs      | Speech Generating Devices                                       |
| SHCP      | Supplemental Health Care Program                                |

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

### Appendix A

#### Acronyms And Abbreviations

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|          |   |
|----------|---|
| SI       | Sensitive Information<br>Small Intestine (transplant)<br>Special Indicator (code)<br>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   |
| SIRT     | Selective Internal Radiation Therapy  |
| 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<br>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  |

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

### Appendix A

#### Acronyms And Abbreviations

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|        |   |
|--------|---|
| SVO    | SIT Validation Office                                       |
| SVT    | Supraventricular Tachycardia                                |
| SWLS   | Satisfaction With Life Scale                                |
| T-3    | TRICARE Third Generation                                    |
| TAD    | Temporary Additional Duty                                   |
| TAFIM  | Technical Architecture Framework for Information Management |
| TAMP   | Transitional Assistance Management Program                  |
| TAO    | TRICARE Alaska Office<br>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   |
| TCMHC  | TRICARE Certified Mental Health Counselor                   |
| TCP/IP | Transmission Control Protocol/Internet Protocol             |
| TCSRC  | Transitional Care for Service-Related Conditions            |
| TDD    | Targeted Disc Decompression                                 |
| TDEFIC | TRICARE Dual Eligible Fiscal Intermediary Contract          |
| TDP    | TRICARE Dental Program/Plan                                 |
| 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                                 |

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

### Appendix A

#### Acronyms And Abbreviations

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

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

### Appendix A

#### Acronyms And Abbreviations

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|        |  |
|--------|--|
| TRO-W  | TRICARE Regional Office-West   |
| TRPB   | TRICARE Retail Pharmacy Benefits   |
| TRR    | TRICARE Retired Reserve  |
| TRRx   | TRICARE Retail Pharmacy  |
| TRS    | TRICARE Reserve Select   |
| TRSA   | TRICARE Reserve Select Application   |
| TSC    | TRICARE Service Center   |
| TSF    | Target of Evaluation Security Functions  |
| TSM    | August 2002 TRICARE Systems Manual 7950.1-M<br>February 2008 TRICARE Systems Manual 7950.2-M |
| TSP    | Target of Evaluation Security Policy   |
| TSR    | TRICARE Select Reserve   |
| TSRDP  | TRICARE Select Reserve Dental Program  |
| TSRx   | TRICARE Senior Pharmacy  |
| TSS    | TRICARE Senior Supplement  |
| TSSD   | TRICARE Senior Supplement Demonstration  |
| TTOP   | TRICARE Transitional Outpatient Payment  |
| TTPA   | Temporary Transitional Payment Adjustment  |
| TTY    | Teletypewriter   |
| TUNA   | Transurethral Needle Ablation  |
| TYA    | TRICARE Young Adult  |
| UAE    | Uterine Artery Embolization  |
| UARS   | Upper Airway Resistance Syndrome   |
| UB     | Uniform Bill   |
| UBO    | Uniform Business Office  |
| UCBT   | Umbilical Cord Blood Stem Cell Transplantation   |
| UCC    | Uniform Commercial Code<br>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<br>United States  |
| USA    | United States of America   |
| USACID | United States Army Criminal Investigation Division   |

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

### Appendix A

#### Acronyms And Abbreviations

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

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

Appendix A

Acronyms And Abbreviations

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

- END -

