



DEFENSE  
HEALTH AGENCY

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**CHANGE 94  
6010.58-M  
MARCH 31, 2014**

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

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

**CHANGE TITLE: CENTERS FOR MEDICARE AND MEDICAID SERVICES 1500 UPDATE**

**CONREQ: 16801**

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

**SUMMARY OF CHANGE(S): This change will replace all instances of CMS 1500 (08/2005) with CMS 1500 Claim Form, in the TRICARE manuals.**

**EFFECTIVE DATE: January 6, 2014.**

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

**This change is made in conjunction with Feb 2008 TOM, Change No. 123 and Feb 2008 TPM, Change No. 109.**

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**ATTACHMENT(S): 55 PAGE(S)  
DISTRIBUTION: 6010.58-M**

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

**CHANGE 94**  
**6010.58-M**  
**MARCH 31, 2014**

**REMOVE PAGE(S)**

**CHAPTER 1**

Section 7, pages 1 and 2  
Addendum A, pages 1 and 2

**CHAPTER 3**

Section 1, pages 1 and 2

**CHAPTER 9**

Section 1, pages 7 and 8

**CHAPTER 11**

Section 1, pages 3 and 4  
Section 4, pages 13 and 14

**CHAPTER 12**

Section 2, pages 23, 24, and 27 through 30  
Addendum A, pages 1 and 2

**CHAPTER 15**

Section 1, pages 3 and 4

**APPENDIX A**

pages 1 through 33

**INSERT PAGE(S)**

Section 7, pages 1 and 2  
Addendum A, pages 1 and 2

Section 1, pages 1 and 2

Section 1, pages 7 and 8

Section 1, pages 3 and 4  
Section 4, pages 13 and 14

Section 2, pages 23, 24, and 27 through 30  
Addendum A, pages 1 and 2

Section 1, pages 3 and 4

pages 1 through 33

## Reimbursement Of Covered Services Provided By Individual Health Care Professionals And Other Non-Institutional Health Care Providers

Issue Date: July 5, 1991

Authority: [32 CFR 199.6](#) and [32 CFR 199.14\(j\)](#)

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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 covered patient related services of individual health care professionals and professionals that would otherwise meet the qualifications of individual professional providers except that they are either employed by or under contract to an institutional provider, and other non-institutional health care providers to be reimbursed?

### 3.0 POLICY

**3.1** Covered services provided by all TRICARE authorized individual health care professionals and other non-institutional health care providers are to be reimbursed using the allowable charge methodology unless otherwise stated.

**3.1.1** This policy applies to all categories of individual health care professionals and professionals that would otherwise meet the qualifications of individual professional providers except that they are either employed by or under contract to an institutional provider, and other non-institutional providers regardless of the patient services provided.

**3.1.2** This policy applies to all locations, inpatient or outpatient, where services are provided by these providers. These services could be provided by individual health care professionals in a Diagnosis Related Groups (DRG) hospital, a DRG exempt hospital, an Ambulatory Surgery Center (ASC), or in a facility without a TRICARE all-inclusive rate.

**Note:** Facility charges for inpatient and outpatient services will continue to be billed on the Centers for Medicare and Medicaid Services (CMS) 1450 UB-04. This would include inpatient services that are and have been included in the reimbursement under the DRG-based payment system or the mental health per diem payment system. Outpatient facility charges would include

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

### Chapter 1, Section 7

#### Reimbursement Of Covered Services Provided By Individual Health Care Professionals And Other Non-Institutional Health Care Providers

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services that aid the individual health care professional provider in the treatment of the patient. These charges may include such services as the use of hospital facilities factoring in overhead costs of utilities, billing, equipment and maintenance costs, insurance, nursing staff, etc., including emergency room services (nonprofessional services), the services of nurses, technicians, and other aides, medical supplies (gauze, oxygen, ointments, dressings, splints, casts, prosthetic devices), and drugs and biologicals which cannot be self-administered.

**3.1.3** Services provided by individual professional providers of care and other non-institutional health care providers are to be billed only on the CMS 1500 **Claim Form** or the TRICARE 2642 for payment. Individual health care professionals (e.g., physicians) and non-institutional providers (e.g., suppliers) are to use the CMS 1500 **Claim Form**. Institutional providers (e.g., hospitals) are to use the CMS 1500 **Claim Form** or the CMS 1450 UB-04 (if adequate Common Procedure Terminology (CPT) coding information is submitted) to bill for the professional component of physicians and other authorized professional providers. Beneficiaries (or their representatives) who complete and file their own claims for individual health care professional and other non-institutional health care provider services may want to use the TRICARE 2642 claim form for payment.

- END -

## Sample State Agency Billing Agreement

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### STATE AGENCY BILLING AGREEMENT

#### BETWEEN

THE STATE OF \_\_\_\_\_  
(State Name)

DEPARTMENT OF \_\_\_\_\_  
(Name Of Executive Level Department)

\_\_\_\_\_  
(Name of State Medicaid Agency, if different)

#### AND

#### THE TRICARE MANAGEMENT ACTIVITY (TMA)

The purpose of this agreement is to provide a billing procedure to enable the State to claim reimbursement from the TRICARE Management Activity (TMA), for payments for TRICARE covered medical services made by a State Medicaid Agency, on behalf of recipients who were also eligible for TRICARE at the time the services were rendered. Medical services are defined by Title XIX of the Social Security Act, and the State Plan for Medical Assistance on file at the appropriate Regional Office of the Centers for Medicare and Medicaid Services. When a beneficiary is eligible for both TRICARE and Medicaid, [32 CFR 199.8](#) establishes TRICARE as the primary payor.

#### I

#### **TMA agrees, through its designated Managed Care Support (MCS) contracts, to:**

- A. Reimburse the State Agency for claims under the following conditions:
  1. The claim is filed no later than one year following the date of service or the date of discharge for inpatient services. Waivers to the claims filing deadline shall be granted by the MCS contractor for the State requesting the waiver. The contractor shall review the request for waiver against limited waiver circumstances.
  2. The claim contains the necessary information as defined in paragraph IID.
  3. The claim is signed either by the recipient/beneficiary (patient) or by a designated State official on behalf of the patient; and if the latter, the State official may sign each claim individually or attach a signed statement to each batch of claims submitted for reimbursement at the same time. A "batch" of claims is defined as those claims submitted under a single covering document and shall not include more than two hundred fifty (250) claims. A separate certification document shall be submitted for each two hundred fifty (250) or fewer claims.

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Chapter 1, Addendum A  
Sample State Agency Billing Agreement

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B. Provide the State with complete remittance advice in the form of an Explanation of Benefits (EOB). Consistent with the capabilities of each MCS contractor, the EOB shall include a claim identification number supplied by the State.

**II**

**The State Agency agrees to:**

A. Submit claims to the MCS contractor on an approved claim form or in an acceptable electronic media. The State Agency may submit documentation of the services rendered as an attachment to the claim form. The attached documentation must contain the required information as listed in Section D. below, unless the required information is also entered on the face of the claim. In no case shall any document or attachment be sent which does not clearly identify the patient. The attached documentation of services shall follow the basic format specified in item 24 of the CMS 1500 **Claim Form** or CMS 1450 UB-04 claim forms. If the services of more than one provider are included on an attachment, the name and address of the provider of each service or group of services shall be clearly indicated.

B. If the State has a standard format which it uses for coordinating benefits which does not substantially follow the format of the claim forms, then the State may negotiate with the MCS contractor on a nonconforming format. However, the agreement must be approved by TMA and any extra processing expense must be borne by the State and will be paid directly to the MCS contractor.

C. Reimburse TRICARE for all claims, where the patient is subsequently found to have been ineligible for TRICARE coverage on the date of service or which was found to have been incorrectly paid or submitted as a result of audit. The State will cooperate with TMA and other Federal Government investigative or audit agencies by making any required records available for review upon request.

D. Provide the MCS contractor with adequate information for accurate processing of each claim submitted, in accordance with the requirement of each claim form. If the CMS 1450 UB-04 is used, it will be submitted using the National Standard Codes. At a minimum, the following data elements must be included or attached:

1. Patient's name, address (at the time of service), and date of birth.
2. Sponsor's name, Social Security Number, and relationship to patient.
3. Date(s) medical service(s) was (were) received.
4. Amount billed by the provider for each service.
5. Amount paid by Medicaid for each service.
6. Procedure Code billed (in CPT-4 format) and/or narrative description and number of times the service was provided.
7. Diagnosis or diagnosis code (in International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) format) or a written description of the symptoms, condition or circumstances requiring care for services provided on or before September 30, 2014. Diagnosis or diagnosis code (in International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) format) or a written description of the symptoms, condition or circumstances requiring care for services provided on or after October 1, 2014.

## Reimbursement Of Individual Health Care Professionals And Other Non-Institutional Health Care Providers

Issue Date:  
Authority:

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### 1.0 GENERAL

**1.1** TRICARE reimbursement of a non-network individual health care professional or other non-institutional health care provider shall be determined under the allowable charge method specified in [Chapter 1, Section 7](#) and [Chapter 5, Section 1](#). For network providers, the contractor is free to negotiate rates that would be less than the rates established under the allowable charge methodology.

**1.2** Unless otherwise stated in the TRICARE Policy Manual (TPM), inpatient or outpatient services rendered by all individual professional providers and suppliers must be billed on the Centers for Medicare and Medicaid Services (CMS) 1500 [Claim Form](#), except as indicated in [paragraphs 1.4](#) and [1.5](#). This requirement also applies to individual professional providers employed by or under contract to an institution. When inpatient services are rendered by a provider employed by or under contract to a participating institution, the services must be billed on a participating basis.

**1.3** Contractors are not required to individually certify the professional providers employed by or under contract to an institutional provider billing for their services under the institution's federal tax number since these providers are not recognized as authorized TRICARE providers because of their "contracted" status ([32 CFR 199.6\(c\)\(1\)](#)). However, reimbursement for services of institutional-based professional providers is limited to the services of those providers that would otherwise meet the qualifications of individual professional providers except that they are either employed by or under contract to an institutional provider. Institutional-based professional services are subject to the allowable charge methodology; see [32 CFR 199.14\(j\)](#). For TRICARE Encounter Data (TED)/TRICARE Encounter Provider (TEPRV) reporting, refer to the TRICARE Systems Manual (TSM), [Chapter 2](#).

**1.4** Some institutions are required to include the institutional-based professional charges on the CMS 1450 UB-04 claim form. The contractor's system must recognize these charges as noncovered institutional charges when the CMS 1450 UB-04 indicates professional component charges using Value Code "05" (see the CMS 1450 UB-04 Instructions Manual, Form Locator (FL) 39 - 41). Value code "05" indicates that the charges are included on the CMS 1450 UB-04 and will also be billed separately on the CMS 1500 [Claim Form](#). The CMS 1450 UB-04 may be used by institutional providers and Home Health Care (HHC) Agencies to bill for professional services. The CMS 1450 UB-04 must include all the required information needed to process the professional services and reimburse the services using the allowable charge payment methodology, to include any negotiated rates. The contractors shall contact any HHC Agency that has requested to bill for

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Non-Institutional Health Care Providers

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professional services on the CMS 1450 UB-04 to assist them with the proper billing requirements, e.g., Current Procedural Terminology, 4th Edition (CPT-4) procedure codes, name of the actual provider, etc.

**1.5** Professional charges can be billed on a CMS 1450 UB-04, either on the same claim as the facility charges or on a separate claim. If professional charges are submitted on the same CMS 1450 UB-04 claim form as other outpatient facility charges, the contractor may require the provider to submit them on a separate claim form.

## **2.0 ALLOWABLE CHARGE METHOD**

### **2.1 General**

**2.1.1** The TRICARE allowable charge for a service or supply shall be the lowest of the billed charge, the prevailing charge, or the Medicare Economic Index (MEI) adjusted prevailing charge (known as the maximum allowable prevailing charge). The profiled amount (the prevailing charge or the maximum allowable prevailing charge, whichever is lower) to be used is based upon the date of service. Regardless of the profiled amount, no more than the billed amount may ever be allowed.

**Note:** If, under a program approved by the Deputy Director, TRICARE Management Activity (TMA), a provider has agreed to discount his or her normal billed charges below the profiled amounts, the amount allowed may not be more than the negotiated or discounted charges. When calculating the TRICARE allowable charge, use the discounted charge in place of the provider's actual billed charge unless the discounted amount is above the billed charge. When the discounted amount is above the billed charge, the actual billed charge shall be used.

**2.1.2** The contractor has primary responsibility for determining allowable charges according to the law, the Regulation, and the broad principles and policy guidelines issued.

**2.1.3** Allowable charge determinations made by contractors are not normally reviewed by TMA on a case-by-case basis. However, TMA will review allowable charge determinations of contractors through profile analysis, sample case review and periodic review of profile development procedures. Therefore, each contractor is to maintain, in accessible form, the following data:

**2.1.3.1** The charge data used to develop prevailing charges. For every prevailing charge, this must include a list identifying each provider whose charges were used in developing the prevailing charge as well as the provider's charges. The list is to be arrayed in ascending order by the amount of the billed charges.

**2.1.3.2** The summary data used to develop prevailing conversion factors. This is to include every prevailing charge (identified by amount, procedures, weighted frequency, and relative value units (RVUs)) which was used in calculating each conversion factor.

## **2.2 Database And Profile Updating**

**Note:** Annual update of state prevailing amounts, reference [Chapter 5, Section 3, paragraph 3.7.5](#).

## 2.4 CAHs

Effective December 1, 2009, ambulatory surgery services performed in CAHs shall be reimbursed under the reasonable cost method, reference [Chapter 15, Section 1](#).

## 2.5 Claims for Ambulatory Surgery

### 2.5.1 Claim Forms

Claims for facility charges must be submitted on a Centers for Medicare and Medicaid Services (CMS) 1450 UB-04. Claims for professional charges may be submitted on either a CMS 1450 UB-04 or a CMS 1500 Claim Form. The preferred form is the CMS 1500 Claim Form. When professional services are billed on a CMS 1450 UB-04, the information on the CMS 1450 UB-04 should indicate that these services are professional in nature and be identified by the appropriate CPT-4 code and revenue code.

### 2.5.2 Claim Data

**2.5.2.1 Billing Data.** The claim must identify all procedures which were performed (by CPT-4 or HCPCS code). The facility claim shall be submitted on the CMS 1450 UB-04, the procedure code will be shown in Form Locator (FL) 44.

**Note:** Claims from ASCs must be submitted on the CMS 1450 UB-04 claim form. Claims not submitted on the appropriate claim form will be denied.

**2.5.2.2 TRICARE Encounter Data (TED).** All ambulatory surgery services are to be reported on the TED using the appropriate CPT-4 code. The only exception is services which are billed using a HCPCS code and for which no CPT-4 code exists. These services are to be reported on the TED using one of the codes in the TRICARE Systems Manual (TSM), [Chapter 2, Addendum N](#).

## 2.6 Wage Index Changes

If, during the year, Medicare revises any of the wage indexes used for ambulatory surgery reimbursement, such changes will not be incorporated into the TRICARE payment rates until the next routine update. These changes will not be incorporated regardless of the reason Medicare revised the wage index.

## 2.7 Subsequent Hospital Admissions

If a beneficiary is admitted to a hospital subject to the DRG-based payment system as a result of complications, etc. of ambulatory surgery, the ambulatory surgery procedures are to be billed and reimbursed separately from the hospital inpatient services. The same rules applicable to ER services are to be followed.

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Chapter 9, Section 1

Ambulatory Surgical Center (ASC) Reimbursement

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**2.8 Cost-Shares For Ambulatory Surgery Procedures**

All surgical procedures performed in an outpatient setting shall be cost-shared at the ASC cost-sharing levels. Refer to [Chapter 2, Section 1, paragraph 1.3.3.7](#).

- END -

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## Chapter 11, Section 1

### Hospice Reimbursement - General Overview

on a CMS 1500 [Claim Form](#) using the appropriate CPT codes. These services will be subject to standard TRICARE reimbursement and cost-sharing/deductible provisions.

#### 3.4 Authorized Providers

**3.4.1** Social workers, hospice counselors, and home health aides which are not otherwise authorized providers of care under Basic Program may provide those services necessary for the palliation or management of terminally ill patients electing hospice coverage. These services are part of a package of services for which there is single all-inclusive rate for each day of care.

**3.4.2** Hospice programs must be Medicare certified and meet all Medicare conditions of participation (42 CFR 418) in relation to patients in order to receive payment under the TRICARE program.

**Note:** The hospice program will be responsible for assuring that the individuals rendering hospice services meet the qualification standards specified in [Section 2](#). The contractor will not be responsible for certification of individuals employed by or contracted with a hospice program.

#### 3.5 Implementing Instructions

Since this issuance only deals with a general overview of the hospice benefit the following cross referencing is provided to facilitate access to specific implementing instructions within Chapter 11:

IMPLEMENTING INSTRUCTIONS	
<b>POLICIES</b>	
General Overview	<a href="#">Section 1</a>
Coverage/Benefits	<a href="#">Section 2</a>
Conditions for Coverage	<a href="#">Section 3</a>
Reimbursement	<a href="#">Section 4</a>
<b>ADDENDA</b>	
National Rates Cap Amount for FY 2012	<a href="#">Addendum A (FY 2012)</a>
National Rates Cap Amount for FY 2013	<a href="#">Addendum A (FY 2013)</a>
National Rates Cap Amount for FY 2014	<a href="#">Addendum A (FY 2014)</a>
Urban Wage Indexes for FY 2012	<a href="#">Addendum B (FY 2012)</a>
Urban Wage Indexes for FY 2013	<a href="#">Addendum B (FY 2013)</a>
Urban Wage Indexes for FY 2014	<a href="#">Addendum B (FY 2014)</a>
Rural Wage Indexes for FY 2012	<a href="#">Addendum C (FY 2012)</a>
Rural Wage Indexes for FY 2013	<a href="#">Addendum C (FY 2013)</a>
Rural Wage Indexes for FY 2014	<a href="#">Addendum C (FY 2014)</a>

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**4.0 EFFECTIVE DATE**

Implementation of the hospice program is effective for admissions occurring on or after June 1, 1995. Unless specified differently in sections of this instruction, this is to be considered the effective date for reimbursement of hospice care.

- END -

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Chapter 11, Section 4

Hospice Reimbursement - Guidelines For Payment Of Designated Levels Of Care

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- 3.1.8.1.2** Total number of TRICARE hospice days (both inpatient and home care).
  
- 3.1.8.1.3** Total reimbursement received and receivable for cap period for services furnished to TRICARE beneficiaries, including employed physician's services not of an administrative and/or general supervisory nature.
  
- 3.1.8.1.4** Total reimbursement received and receivable for general inpatient and respite care during cap period.
  
- 3.1.8.1.5** Aggregate number of TRICARE inpatient days for both general inpatient care and inpatient respite care during cap period.
  
- 3.1.8.1.6** Aggregate number of TRICARE routine days during cap period.
  
- 3.1.8.1.7** Aggregate total number of days of hospice care provided to all TRICARE beneficiaries during the cap period.
  
- 3.1.8.2** Contractors will be given discretion in designing their own report forms taking into consideration the above data requirements. The following is an example of an acceptable report form:

CAP PERIOD ENDED - October 31, \_\_\_\_

Hospice \_\_\_\_\_

Provider Number: \_\_\_\_\_

- 1.** Number of TRICARE beneficiaries electing hospice care during the period from 09/28/\_\_\_\_ through 09/27/\_\_\_\_. \_\_\_\_\_
  
- 2.** Total payment received and receivable for the cap period from 11/01/\_\_\_\_ through 10/31/\_\_\_\_ for services furnished to TRICARE beneficiaries during the cap period, including employed physician's services not of an administrative and/or general supervisory nature. \_\_\_\_\_
  
- 3.** Total reimbursement received and receivable for general inpatient care and inpatient respite care furnished to TRICARE beneficiaries for the period from 11/01/\_\_\_\_ through 10/31/\_\_\_\_. \_\_\_\_\_
  
- 4.** Aggregate number of TRICARE inpatient days for both general inpatient care and inpatient respite care for the period from 11/01/\_\_\_\_ through 10/31/\_\_\_\_. \_\_\_\_\_
  - a.** Aggregate number of TRICARE routine days for the period from 11/01/\_\_\_\_ through 10/31/\_\_\_\_. \_\_\_\_\_
  
  - b.** Aggregate number of TRICARE continuous home care hours for the period 11/01/\_\_\_\_ through 10/31/\_\_\_\_. \_\_\_\_\_

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Hospice Reimbursement - Guidelines For Payment Of Designated Levels Of Care

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5. Aggregate total number of days of hospice care provided to all TRICARE beneficiaries for the period from 11/01/\_\_\_\_ through 10/31/\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

**3.1.9 End of the Year Reconciliation**

The contractor will be responsible for calculation of the cap amount and inpatient limitation for each TRICARE approved hospice program within its jurisdictional area.

**3.1.9.1** The information/data for calculation of the cap amount and inpatient limitation will come directly off of the data report form which must be submitted to the contractor within 30 days after the end of the cap period (i.e., by December 1st of each year).

**3.1.9.1.1** The contractors will not be responsible for validation of this information unless there is a request for reconsideration by one of the hospice programs.

**3.1.9.1.2** Adjustments to these end of the year calculations should be minimal since the hospice will be reporting total payments **received** and **receivable** for the cap period.

**3.1.9.1.3** Payments for hospital based physicians (billed by the hospice program on the CMS 1450 UB-04) will be subject to the cap amount; i.e., it will be figured into hospice payments made during the cap period.

**3.1.9.1.4** Independent attending physician or NP services are not considered a part of the hospice benefit and are not figured into the cap amount calculations. The provider will bill for the services on a CMS 1500 **Claim Form** using appropriate Current Procedural Terminology (CPT) codes.

**3.1.9.2** The contractor will have 30 days (until January 1st of each year) in which to calculate and apply the cap and inpatient amounts to each TRICARE approved hospice within its jurisdictional area. The contractor will request a refund from those hospice programs found to exceed the calculated amounts.

**3.1.9.2.1** The contractor will be given discretion in developing its own recoupment letter/notice as long as it includes the data elements used in establishing each of its calculations and informs the hospice of the reconsideration provisions allowed under [paragraph 3.1.10](#).

**3.1.9.2.2** Refund checks will be sent to the TMA CRM Directorate. If the hospice fails to submit the refund, the contractor will issue two additional demand letters which will be sent out at appropriate intervals as required by the TOM. Copies of the demand letters will not be sent to the beneficiary, and providers will not be placed on offset to collect overpayments. If the providers do not voluntarily refund the indebtedness in full, or do not enter into an installment repayment agreement, recoupment cases will be transferred to TMA in compliance with the TOM.

**3.3.1.1** Consequently, billing for all such items and services is to be made to a single HHA overseeing that plan, and this HHA is known as the primary agency or HHA for HHA PPS billing purposes.

**3.3.1.2** Payment will be made to the primary HHA without regard to whether or not the item or service was furnished by the agency, by others under arrangement to the primary agency, or whether any other contracting or consulting arrangements exist with the primary agency, or "otherwise". Payment for all items is included in the HHA PPS episode payment the primary HHA receives.

**3.3.1.2.1** Types of services that are subject to the home health CB provision:

- Skilled nursing care;
- Home health aide services;
- Physical therapy;
- Speech-language pathology;
- Occupational therapy;
- Medical social services;
- Routine and non-routine medical supplies;
- Medical services provided by an intern or resident-in-training of a hospital, under an approved teaching program of the hospital, in the case of a HHA that is affiliated with or under common control of that hospital; and
- Care for homebound patients involving equipment too cumbersome to take to the home.

**3.3.1.2.2** Contractors will deny any claims from other than the primary HHA that contain billing for the services and items above when billed for dates of service that have not been authorized by the contractor.

**3.3.1.2.3** Lists of procedures are incorporated as addenda to this policy in order to facilitate adherence to the home health CB requirements. Procedure codes on these lists will be denied if billed by other than the HHA creating the episode (i.e., the primary provider designated under the contractors' preauthorization process for providing HHC to TRICARE eligible beneficiaries). The following lists of procedures will be issued annually in conjunction with the release of the yearly Health Care Financing Administration Common Procedure Coding System (HCPCS) update:

- [Addendum B](#) - list of **NRS** codes.
- [Addendum C](#) - list of therapy codes.

**3.3.1.3** 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):

**3.3.1.3.1 DME**

**3.3.1.3.1.1** DME can be billed as a home health service or as a medical/other health service.

**3.3.1.3.1.2** DME will be paid in accordance with the reimbursement guidelines set forth in [Chapter 1, Section 11](#), 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).

**3.3.1.3.1.3** DME may be billed by a supplier to a contractor on a Centers for Medicare and Medicaid Services (CMS) 1500 Claim Form or billed by a HHA on a CMS 1450 UB-04 using TOBs 032X, 033X, and 034X as appropriate. While the contractors' systems will allow either party to submit these claims, the following requirements will be initiated in order to prevent duplicative billing:

- HHA providers required to submit line item dates on DME items.
- Providers instructed to bill each month's DME rental as a separate line item.
- HHAs allowed to bill DME not under a POC on the TOB 034X.

**3.3.1.3.1.4** Crossover edits will be developed to prevent duplicate billing of DME.

- Since CB does not apply to DME, claims for equipment not authorized by the contractor will be denied. Appropriate appeal rights will apply.
- DME can be billed by other than the Primary HHA under HHA PPS system when authorized by the contractor (i.e., by supplier/vendor or other HHA).
- System must be able to identify duplicative billing based on dates of services.

### **3.3.1.3.2 Osteoporosis Drugs**

**3.3.1.3.2.1** Osteoporosis drugs are subject to home health CB, even though they are paid outside the 60-day episode amount. When episodes are open for specific beneficiaries, only the primary HHAs serving these beneficiaries will be permitted to bill osteoporosis drugs for them.

**3.3.1.3.2.2** Osteoporosis injections as a HHA benefit.

- Cover U.S. Food and Drug Administration (FDA) approved injectable drugs for osteoporosis for female beneficiaries.
- Only injectable drugs that meet the requirement have the generic name of calcitonin-salmon or calcitonin-human.

**3.3.1.3.2.3** Payment is established from a schedule of allowable charges based on the Average Wholesale Price (AWP), 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 drug is billed on a CMS 1450 UB-04 under TOB 034X with revenue code 0636 and HCPCS code J0630.
- The cost of administering the drug is included in the charge for the visit billed under TOB 032X or 033X, as appropriate.

**3.3.1.3.4.2** Payment.

**3.3.1.3.4.2.1** The reasonable cost of the cancer drugs furnished by a provider (i.e., the **AWP** determined from a **schedule of allowable charges based on the AWP**), 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).

**3.3.1.3.4.2.2** Bill on CMS 1450 UB-04, TOB 034X.

- Enter revenue code 0636 in Form Locator (FL) 42, the name and HCPCS of the oral drug in FLs 43 and 44, and the name of the tablets or capsules in FL 46 of the CMS 1450 UB-04.
- An exception is made for 50mg/ORAL of cyclophosphamide (J8530), which is shown as two units.
- Complete the remaining items in accordance with regular billing instructions.
- A cancer diagnosis must be entered in FLs 67 A - Q of the CMS 1450 UB-04 for coverage of an oral cancer drug.

**3.3.1.3.5** **Antiemetic Drugs**

**3.3.1.3.5.1** TRICARE pays for self-administrable oral or rectal versions of self-administered antiemetic drugs when they are necessary for the administration and absorption of TRICARE covered oral anticancer chemotherapeutic agents when a likelihood of vomiting exists.

**3.3.1.3.5.1.1** Self-administered antiemetics which are prescribed for use to permit the patient to tolerate the primary anticancer drug in high doses for longer periods are not covered.

**3.3.1.3.5.1.2** Self-administered antiemetics used to reduce the side effects of nausea and vomiting brought on by the primary drug are not included beyond the administration necessary to achieve drug absorption.

**3.3.1.3.5.1.3** Payment.

**3.3.1.3.5.1.3.1** The reasonable cost of the self-administered antiemetic drugs furnished by a provider (i.e., the **AWP** determined from a **schedule of allowable charges based on the AWP**) 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).

**3.3.1.3.5.1.3.2** Bill on CMS 1450 UB-04, TOB 034X.

**3.3.1.3.5.1.3.2.1** Enter revenue code 0636 in FL42.

**3.3.1.3.5.1.3.2.2** Enter one of the following HCPCS codes in FL 44, as appropriate:

- K0415 - Prescription antiemetic drug, oral, per 1 mg, for use in conjunction with oral anticancer drug, not otherwise specified; or

- K0416 - Prescription antiemetic drug, rectal, per 1 mg, for use in conjunction with oral anticancer drug, not otherwise specified.
- Enter the name of the self-administered drug in FL 43 and the number of units in FL 46. Each milligram of the tablet, capsule, or rectal suppository is equal to one unit.
- Complete the remaining items in accordance with regular billing instructions.
- TRICARE does not pay for a visit solely for administration of self-administered antiemetic drugs in conjunction with oral anticancer drugs.

### **3.3.1.3.6 Orthotics and Prosthetics**

Orthotics and prosthetics can be billed as a home health service or as a medical/other health service.

**3.3.1.3.6.1** Orthotics and prosthetics may be billed by a supplier to a contractor on a CMS 1500 Claim Form or billed by a HHA on a CMS 1450 UB-04 using Type of Bills (TOBs) 032X, 033X and 034X as appropriate.

**3.3.1.3.6.2** Payment will be paid in accordance with the reimbursement guidelines set forth in [Chapter 1, Section 11](#), less an appropriate cost-share/copayment and deductible (refer to [Figure 12.2-1](#) for the specific deductible and cost-sharing/copayment provisions under each TRICARE program).

### **3.3.1.3.7 Enteral and Parenteral Nutritional Therapy**

**3.3.1.3.7.1** Enteral and parenteral supplies and equipment can be billed as a home health service or as a medical and other health service.

**3.3.1.3.7.2** Payment is based on the reasonable purchase cost less an appropriate cost-share/copayment and deductible (refer to [Figure 12.2-1](#) for the specific deductible and cost-sharing/copayment provisions under each TRICARE program).

**3.3.1.3.7.3** Enteral and Parenteral supplies and equipment may be billed by a supplier to a contractor on a CMS 1500 Claim Form, or billed by a HHA on a CMS 1450 UB-04 using TOBs 032X, 033X, and 034X as appropriate.

### **3.3.1.3.8 Drugs and Biologicals Administered By Other Than Oral Method**

**3.3.1.3.8.1** TRICARE will allow payment in addition to the prospective payment amount for drugs and biologicals administered by other than an oral method (i.e., drugs and biologicals that are injected either subcutaneous, intramuscular, or intravenous) when:

- Prescribed by a physician or practitioner;
- Approved by the FDA; and
- Reasonable and necessary for the individual patient.

**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 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

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 Cost-share --15% of the fee negotiated by the contractor.	ADFM:s 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 -

## Definitions And Acronym Table

ITEM	COMMENTS
Admission Date	For HHA PPS, date of first service of episode or first service in a period of continuous care (multiple episodes) placed in Form Locator (FL) 12 of the CMS 1450 UB-04 found in TRICARE and/or National Uniform Billing Committee (NUBC) manuals. Centers for Medicare and Medicaid Services (CMS) manuals can be found on the CMS web site ( <a href="http://www.cms.hhs.gov/manuals/iom/list.asp">http://www.cms.hhs.gov/manuals/iom/list.asp</a> ).
Claim	Second of two "bookends" at opening and closing of HHA PPS episode to receive one of two split percentage payments.
CMS	The Centers for Medicare and Medicaid Services and the federal portions of Medicaid and the Child Health Program.
CMS 1450	CMS's version of the CMS 1450 UB-04.
CMS 1500	The Claim form, in either paper or electronic version (NSF), used by most non-institutional health care providers and suppliers to bill TRICARE. Published as CMS 1500 <b>Claim Form</b> .
DME	Durable Medical Equipment. Billed by revenue codes and/or HCPCS. Paid by CMS according to CMS DME fee schedule accessible on the HCFA web site ( <a href="http://www.cms.hhs.gov/center/dme.asp">http://www.cms.hhs.gov/center/dme.asp</a> )
Episode	60-day unit of payment for HHA PPS.
Grouper	A software module that "groups" information for payment classification; for HHA PPS, data from the OASIS assessment tool is grouped to form Gars and output HIPPS codes. Specifications for the HHA PPS Grouper are posted on the HCFA web site ( <a href="http://www.cms.hhs.gov/center/hha.asp">http://www.cms.hhs.gov/center/hha.asp</a> ), and the Grouper module is also built into PPS-compatible versions of HAVEN software automating the OASIS assessment tool.
HCFA	The HCFA, the federal agency administering the TRICARE program and the federal portions of Medicaid and the Child Health Program.
HCPCS Code(s)	Healthcare Common Procedural Coding System. Coding for services or items used on the CMS 1450 UB-04 in FL 44 or CMS 1500 <b>Claim Forms</b> . A list of HCPCS is accessible on the web site ( <a href="http://www.cms.hhs.gov/medhcpcsgeninfo/">http://www.cms.hhs.gov/medhcpcsgeninfo/</a> ).
HHA	Home Health Agency(ies)
(H)HRG	Home Health Resource Group. One of 80 home health episode payment rates.
HIPPS	Health Insurance Prospective Payment System. Procedural coding used in FL 44 of the CMS 1450 UB-04 in association with certain CMS prospective payment systems (Skilled Nursing Facility (SNF), home health). Eight HIPPS are assigned to each of the HHRGs for HHA PPS.
Inquiry System (HIQH)	An on-line transaction system providing information on HHA PPS episodes for specific TRICARE beneficiaries for HHAs and hospices. Like the current HIQA eligibility inquiry system, this system will be based on batch claim data available in the Common Working File, a component of TRICARE claims processing systems, available to providers via their contractors.
Line Item	Service or item-specific detail of claim. Contains repeated entries of FLs 42-48 on CMS 1450 UB-04.
LUPA	Low Utilization Payment Adjustment. An episode of 4 or less visits paid by national standardized per visit rates instead of HHRGs.
National Standard Per Visit Rates	National rates for each of the 6 home health disciplines based on historical claims data. Used in payment of LUPAs and calculation of outliers.

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

Chapter 12, Addendum A

Definitions And Acronym Table

ITEM	COMMENTS
No-RAP LUPAs	A billing scenario in which only a claim, not a RAP, is submitted for an episode by an HHA because the HHA is aware from the outset that the episode will be four visits or less.
OASIS	Outcome Assessment Information Set. The home health assessment instrument required by CMS.
Outlier	An addition to a full episode payment in cases where costs of services delivered are estimated to exceed a fixed loss threshold. HHA PPS outliers are computed as part of TRICARE claims payment by Pricer for all non-LUPA episodes.
Patient Status Code	FL 17 of the CMS 1450 UB-04 describing patient status at discharge/end of period; of note for HHA PPS in the code list filling this location: "01" = "discharge to home/self"; "06" = "discharged/transferred home/HHA care" and "30" = "still a patient").
PEP	Partial Episode Payment (adjustment). A reduced episode payment that may be made based on the number of service days in an episode (always less than 60 days, employed in cases of transfers or discharge with readmissions).
POC	Plan of care. TRICARE home health services for homebound beneficiaries must have a physician-established plan (see 485 below).
P/O(S)	Prosthetics and orthotics
PPS	Prospective Payment System. TRICARE payment for medical care based on pre-determined payment rates or periods, linked to the anticipated intensity of services delivered and/or beneficiary condition.
Pricer	Software modules in TRICARE claims processing systems, specific to certain benefits, used in pricing claims, most often under prospective payment systems.
RAP	Request for Anticipated Payment. First of two "bookends" at opening and closing of HHA PPS episode to receive one or two split percentage payments. Note: although the RAP uses a CMS 1450 UB-04, it is not a claim according to TRICARE statutes, and is not subject to the payment floor, among other differences from claims.
Revenue Code	Payment codes for services or items placed in FL 42 of the CMS 1450 UB-04. Note that a new revenue code 023 will be used on a distinct line item when billing episode payments (HIPPS in HCPCs field, separate line items for visits and supplies follow on claim); an "x" in the last digit of three digit revenue codes means that value can vary from 0-9.
RHHI	Regional Home Health Intermediary. Five (5) fiscal intermediaries nationally designated to process TRICARE home health and hospice claims.
SCIC	Significant Change in Condition (adjustment). When changes in patient condition dictate, a single episode may be paid under multiple HHRGs, the amount for each HHRG pro-rated to the number of service days delivered under the HHRG, and all pro-rated amounts added for the final episode payment.
Source of Admission Code	FL 15 of the CMS 1450 UB-04; of note are new codes for HHA PPS: "B" = "transfer from another home health facility"; and "C" = "readmission to the same HHA".
TOB	Type of Bill (i.e., 032x, 034x). Coding representing the nature of each CMS 1450 UB-04 claim (i.e., type of benefit, such as homebound home health; payment source, such as specific TRICARE trust fund; and frequency of bill, such as initial or cancellation) -- and "x" in the last digit of numeric three digit type of bill means that value can be from 0-9.
UB-92	The claim or bill form, in either paper or electronic version, used by most institutional health care providers. Published by CMS as the CMS 1450 UB-04, but the standard itself is maintained by a non-governmental body: the NUBC.
485	CMS form number for Plan of Care (see POC above).

- END -

be billed on the CMS 1500 **Claim Form** 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 **Claim Form** 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 **Claim Form** 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

## 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 Applied Behavior 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 American Diabetes Association 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
<b>AFAP</b>	<b>Attenuated Familial Adenomatous Polyposis</b>
AFB	Air Force Base
AFOSI	Air Force Office of Special Investigations
AFS	Ambulance Fee Schedule
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
AIF	Ambulance Inflation Factor
AIIM	Association for Information and Image Management
AIS	Ambulatory Infusion Suite Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
ALH	Atypical Lobular Hyperplasia
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMCB	American Midwifery Certification Board
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous [Myeloid] Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association

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

## Appendix A

### Acronyms And Abbreviations

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APA	American Psychiatric Association American Podiatry Association
APC	<b>Adenomatous Polyposis Coli</b> 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 American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
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
<b>BART</b>	<b>BRAC Analysis Large Rearrangement Test</b>
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center
BCaBA	Board Certified Assistant Behavior Analyst

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

### Appendix A

#### Acronyms And Abbreviations

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BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst - Doctoral
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

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

## Appendix A

### Acronyms And Abbreviations

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CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAQH	Council for Affordable Quality Health
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 Convenience Clinic 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

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

### Appendix A

#### Acronyms And Abbreviations

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CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFRD	Cystic Fibrosis-Related Diabetes
CFS	Chronic Fatigue Syndrome
CGMS	Continuous Glucose Monitoring System
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs
CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CID	Central Institute for the Deaf
CIF	Central Issuing Facility
	Common Intermediate Format
CIO	Chief Information Officer
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

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

### Appendix A

#### Acronyms And Abbreviations

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COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
CoCC	Certificate of Creditable Coverage
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease
COR	Contracting Officer's Representative
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 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 Critical Security Parameter
CST	Central Standard Time
CSU	Channel Sending Unit
CSV	Comma-Separated Value

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### Appendix A

#### Acronyms And Abbreviations

---

CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTA	Composite Tissue Allotransplantation Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
<b>CTLN1</b>	<b>Citrullinemia Type 1</b>
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 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

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## Appendix A

### Acronyms And Abbreviations

---

DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard Disability Evaluation System
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services
DHP	Defense Health Program
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DLI	Donor Lymphocyte Infusion
DM	Disease Management
DMDC	Defense Manpower Data Center
DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)
DMLSS	Defense Medical Logistics Support System
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 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

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#### Acronyms And Abbreviations

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DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
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

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DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EACH	Essential Access Community Hospital
EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
eFRC	Electronic Federal Records Center
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
EID	Early Identification Enrollment Information for Dental
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump

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#### Acronyms And Abbreviations

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EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
EOP	Explanation of Payment
ePHI	electronic Protected Health Information
EPO	Erythropoietin 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

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### Acronyms And Abbreviations

---

FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV <sub>1</sub>	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FOUO	For Official Use Only
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register 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
GAF	Geographic Adjustment Factor
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

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#### Acronyms And Abbreviations

---

HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly HCFA Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDE	Humanitarian Device Exemption
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

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#### Acronyms And Abbreviations

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HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
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 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

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#### Acronyms And Abbreviations

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ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
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
IHC	<b>Immunohistochemistry</b>
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IOP	Intraocular Pressure

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#### Acronyms And Abbreviations

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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
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
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

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#### Acronyms And Abbreviations

---

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
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 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 Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MAP	MYH-Associated Polyposis
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection

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#### Acronyms And Abbreviations

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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
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
<b>MMR</b>	<b>Mismatch Repair</b>
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

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MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MRS	Magnetic Resonance Spectroscopy
MS	Microsoft® Multiple Sclerosis
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
<b>MSI</b>	<b>Microsatellite Instability</b>
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
<b>MYH</b>	<b>mutY homolog</b>
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 Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
<b>NCCN</b>	<b>National Comprehensive Cancer Network</b>
NCD	National Coverage Determination
NCE	National Counselor Examination

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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
NG	National Guard
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
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

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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)
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 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

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#### Acronyms And Abbreviations

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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
PAO <sub>2</sub>	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PATH Intl	Professional Association of Therapeutic Horsemanship International
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PBT	Proton Beam Therapy
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMH	Patient-Centered Medical Home
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory

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PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PESA	Percutaneous Epididymal Sperm Aspiration
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
<b>PGD</b>	<b>Preimplantation Genetic Diagnosis</b>
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 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

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PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
PPC-PCMH	Physician Practice Connections Patient-Centered Medical Home
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSF	Provider Specific File
PSG	Polysomnography
PSI	Personnel Security Investigation

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PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency

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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 Rough Order of Magnitude
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program

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SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
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 Social Security Administration

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SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAH	Total Artificial Heart
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
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
<b>TDR</b>	<b>Total Disc Replacement</b>
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act

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TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M

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TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office

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UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouses
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center

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

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