



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 29
7950.2-M
SEPTEMBER 20, 2011

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), FEBRUARY 2008**

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

CHANGE TITLE: TRICARE ENCOUNTER DATA (TED) DISCOUNT DIAGNOSIS RELATED GROUP (DRG) PRICING RATE CODE

CONREQ: 15353

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds a new TED pricing rate code of 'DD' (Discounted DRG). Addition of this code will allow the government to identify claims reimbursed at a discounted DRG rate and will correct a problem identified with Feb 2008 TSM, Change No. 17. Feb 2008 TSM, Change No. 17 implemented a change to the interim hospital billing TED submission requirements and allowed interim-interim and interim-final billings, with the exception of interim billings reimbursed under DRG or Home Health Agency (HHA) payment methodology, as unique TED records rather than as adjustments to the TED record for the initial billing.

EFFECTIVE DATE: March 1, 2012.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.



Jack Arendale
Chief, Purchased Care Systems
Integration Branch

ATTACHMENT(S): 43 PAGES
DISTRIBUTION: 7950.2-M

CHANGE 29
7950.2-M
SEPTEMBER 20, 2011

REMOVE PAGE(S)

CHAPTER 2

Section 2.7, pages 21 - 24

Section 4.1, pages 1 and 2

Section 5.1, pages 1 and 2

Section 5.2, pages 25 and 26

Section 5.3, pages 3, 4, 13, 14

Section 5.4, pages 7 - 9

Section 5.5, pages 1 and 2

APPENDIX A

pages 7 - 30

INSERT PAGE(S)

Section 2.7, pages 21 - 24

Section 4.1, pages 1 and 2

Section 5.1, pages 1 and 2

Section 5.2, pages 25 and 26

Section 5.3, pages 3, 4, 13, 14

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Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE (Continued)

| CODE/VALUE SPECIFICATIONS (CONTINUED) | | |
|--|----|---|
| | 57 | Non-Residential Substance Abuse Treatment Facility |
| | 60 | Mass Immunization Center |
| | 61 | Comprehensive Inpatient Rehabilitation Facility |
| | 62 | Comprehensive Outpatient Rehabilitation Facility (CORF) |
| | 65 | End Stage Renal Disease (ESRD) Treatment Facility |
| | 71 | Public Health Clinic |
| | 72 | Rural Health Clinic (RHC) |
| | 81 | Independent Laboratory |
| | 99 | Other Unlisted Facility |

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|--------------------|--------------|
| N/A | N/A |

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be '19' for Mail Order Pharmacy (MOP).

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Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE

| RECORD NAME | RECORDS/LOCATOR NUMBERS | | REQUIRED |
|-------------------|-------------------------|-------------|----------|
| | LOCATOR# | OCCURRENCES | |
| Institutional | 1-190 | 1 | Yes |
| Non-Institutional | 2-325 | Up to 99 | Yes |

PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.

DEFINITION Code indicating the pricing methodology used in determining the amount allowed for the service(s)/supplies. Left justify and blank fill.

| CODE/VALUE SPECIFICATIONS | INSTITUTIONAL CODE |
|---------------------------|--|
| | B No special rate |
| | D Discount rate agreement |
| | H TRICARE DRG reimbursement with Short Stay Outlier |
| | I TRICARE DRG reimbursement with Cost Outlier |
| | J TRICARE DRG reimbursement with No Outlier |
| | K Hospital-specific Psychiatric per diem rate |
| | L Region-specific Psychiatric per diem rate |
| | P Per diem rate |
| | U Supplemental Health Care Program (SHCP) claim or active duty member TPR claim paid outside normal limits |
| | V Medicare Reimbursement Rate |
| | CA Critical Access Hospital (CAH) Reimbursement |
| | DD Discounted DRG |
| | NON-INSTITUTIONAL CODE |
| | 0 Pricing not applicable (denied service/supplies and allowed drugs) ¹ |
| | 1 Priced Manually ² |
| | 2 Prevailing charge (state) |
| | 3 Conversion amount (state) |
| | 4 Paid as billed |
| | 5 Paid on negotiated rate |
| | A National prevailing charge |
| | B National conversion factor |
| | C Ambulatory surgery-facility payment rate |
| | D Discounted ambulatory surgery-facility payment rate |
| | E Ambulatory surgery-paid as billed |
| | F Claim Auditing Software-added procedure, priced manually |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges.

² Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

| ELEMENT NAME: PRICING RATE CODE (Continued) | |
|--|--|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | NON-INSTITUTIONAL CODE (CONTINUED) |
| G | Claim Auditing Software-added procedure, prevailing charge (State) |
| H | Claim Auditing Software-added procedure, conversion factor (Contractor) |
| I | Claim Auditing Software-added procedure, paid as billed |
| J | Claim Auditing Software-added procedure, paid on negotiated rate |
| N | Claim Auditing Software-added procedure, national prevailing charge |
| O | Claim Auditing Software-added procedure, national conversion factor |
| P | Claim Auditing Software-added procedure, ambulatory surgery-facility payment rate |
| Q | Claim Auditing Software-added procedure, discounted ambulatory surgery-facility payment rate |
| R | Claim Auditing Software-added procedure, ambulatory surgery-paid as billed |
| T | Claim Auditing Software-added procedure, allowed as billed but paid less than billed |
| U | SHCP or active duty member TPR claim paid outside normal limits |
| V | Medicare Reimbursement Rate |
| W | Priced over CMAC (Effective 09/27/2001) |
| CA | Critical Access Hospital (CAH) Reimbursement |
| GG | Global Rate Agreement (used with corporate service providers only) (Effective 08/01/2003) |
| GP | Per Diem Rate Agreement (used with corporate service providers only) (Effective 08/01/2003) |
| LC | TRICARE Claim-added procedure, CMAC priced laboratory code |
| P1 | OPPS |
| P2 | OPPS with Cost Outlier |
| P3 | OPPS with Discount |
| P5 | Hospital-based Partial Hospitalization - paid as OPPS |

ALGORITHM N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges.

² Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

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Chapter 2, Section 2.7

Data Requirements - Institutional/Non-Institutional Record Data Elements (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE (Continued)

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|--------------------|------------------------|
| N/A | PROCESSING INFORMATION |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Code '0' for all allowed drug charges.

² Use Pricing Rate Code '1' (Priced Manually) for consultation procedures for which the allowable charge is limited to that for a Limited Initial Visit, New Patient.

To indicate that the hospital reimbursement was reduced by a full or partial credit a provider received for a replaced device, Special Processing Codes 49 or 50 should be used. See [Section 2.8](#).

Header Edit Requirements (ELN 000 - 099)

| ELEMENT NAME: HEADER TYPE INDICATOR (0-001) | | | |
|---|---|---|---|
| VALIDITY EDITS | | | |
| 0-001-01V | HEADER TYPE INDICATOR MUST = | 0 | BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR |
| | | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE OR |
| | | 9 | BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) |
| RELATIONAL EDITS | | | |
| 0-001-01R | IF HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE OR |
| | | 9 | BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) |
| | THEN BATCH/VOUCHER IDENTIFIER MUST = | 5 | INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER) |
| 0-001-02R | IF CONTRACT NUMBER = (NEW FOREIGN CONTRACT) | | |
| | THEN BYPASS THIS EDIT | | |
| | ELSE IF HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE-ELIGIBLE |
| | AND TYPE OF SUBMISSION ≠ | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN ADJUSTMENT KEY MUST = | 5 | VOUCHER |
| 0-001-03R | IF HEADER TYPE INDICATOR = | 0 | BATCH HEADER (USED ON ALL PROVIDER, PRICING BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR |
| | | 9 | BATCH HEADER (INSTITUTIONAL/NON-INSTITUTIONAL AT-RISK ADMIN CLAIM RATE ELIGIBLE RED RECORDS) |
| IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A '0', '5', '6', OR '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED. | | | |

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: HEADER TYPE INDICATOR (0-001) (Continued)

| | | | |
|------------------|--|----|---|
| | AND TYPE OF SUBMISSION ≠ | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | AND BATCH/VOUCHER IDENTIFIER = | 5 | INSTITUTIONAL/NON-INSTITUTIONAL |
| | THEN ADJUSTMENT KEY MUST = | 0 | BATCH |
| 0-001-04R | IF HEADER TYPE INDICATOR = | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR |
| | | 6 | VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE |
| | AND TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | | O | ZERO PAYMENT TED RECORD DUE TO 100% OHI |
| | THEN AMOUNT INTEREST PAYMENT MUST = ZERO | | |
| | AND FOR INSTITUTIONAL RECORDS AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL) MUST = ZERO | | |
| | FOR NON-INSTITUTIONAL RECORDS THE TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO | | |
| 0-001-05R | IF DRG NUMBER IS NOT BLANK OR | | |
| | TYPE OF INSTITUTION = | 70 | HHA |
| | THEN BYPASS THIS EDIT | | |
| | ELSE IF FILING DATE IS ≥ 03/01/2012 | | |
| | AND FREQUENCY CODE ON ANY INSTITUTIONAL RECORD = | 3 | INTERIM-INTERIM OR |
| | | 4 | INTERIM-FINAL |
| | THEN HEADER TYPE INDICATOR MUST = | 0 | BATCH HEADER (USED ON ALL PROVIDER BATCHES, AND FOR INSTITUTIONAL/NON-INSTITUTIONAL FINANCIALLY UNDERWRITTEN NON-ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR |
| | | 5 | VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE |

IF THE FIRST POSITION OF EACH BATCH/VOUCHER HEADER RECORD IS NOT A '0', '5', '6', **OR** '9' THEN THE ENTIRE BATCH/VOUCHER WILL BE REJECTED.

ELEMENT NAME: CONTRACT NUMBER (0-010)

VALIDITY EDITS

0-010-01V MUST BE A VALID VALUE FOUND ON THE TMA DATABASE.

RELATIONAL EDITS

| | | | |
|------------------|---|-----|---------------------------------|
| 0-010-01R | IF CONTRACT NUMBER = | TBD | TPHARM |
| | AND BATCH/VOUCHER INDICATOR = | 5 | INSTITUTIONAL/NON-INSTITUTIONAL |
| | THEN ALL OCCURRENCES OF RECORD TYPE INDICATOR MUST = | 2 | NON-INSTITUTIONAL |
| | AND ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST = | M | MOP |
| | OR ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST = | B | RETAIL PHARMACY |

Institutional Edit Requirements (ELN 000 - 099)

| ELEMENT NAME: RECORD TYPE INDICATOR (1-001) | | | |
|--|------------------------------|---|---|
| VALIDITY EDITS | | | |
| 1-001-01V | RECORD TYPE INDICATOR MUST = | 1 | INSTITUTIONAL |
| RELATIONAL EDITS | | | |
| 1-001-01R | IF TYPE OF SUBMISSION | A | ADJUSTMENT OR |
| | | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| AND MATCH IS FOUND ON THE TMA DATABASE | | | |
| THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST EQUAL THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED. | | | |

| ELEMENT NAME: FILING DATE (1-015) | | | |
|-----------------------------------|--|---|--|
| VALIDITY EDITS | | | |
| 1-015-01V | MUST BE A VALID JULIAN DATE AND CANNOT BE > | TMA CURRENT SYSTEM DATE. | |
| 1-015-02V | IF CONTRACT NUMBER = MDA906-03-C-0015 (TDEFIC) | | |
| | THEN FILING DATE MUST BE < | 07/01/2008 | |
| RELATIONAL EDITS | | | |
| 1-015-01R | FILING DATE MUST BE ≤ | DATE TED RECORD PROCESSED TO COMPLETION | |

| ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020) | | | |
|--|-------------------------|----|---|
| VALIDITY EDITS | | | |
| 1-020-01V | IF TYPE OF SUBMISSION = | D | COMPLETE DENIAL OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| THEN MUST BE A VALID STATE/COUNTRY CODE. (REFER TO ADDENDUM A AND ADDENDUM B). | | | |
| RELATIONAL EDITS | | | |
| 1-020-01R | IF PRICING RATE CODE = | H | TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | DD | DISCOUNTED DRG |

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Chapter 2, Section 5.1

Institutional Edit Requirements (ELN 000 - 099)

ELEMENT NAME: FILING STATE/COUNTRY CODE (1-020) (Continued)

THEN FILING STATE/COUNTRY CODE MUST NOT BE A FOREIGN COUNTRY EXCEPT FOR PUERTO RICO (PRI).

ELEMENT NAME: SEQUENCE NUMBER (1-025)

VALIDITY EDITS

1-025-01V THE FIRST FIVE CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS THE LAST TWO CHARACTERS MUST = BLANK.

NOTE: THE FIRST FIVE CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS

RELATIONAL EDITS

NONE

ELEMENT NAME: TIME STAMP (1-030)

VALIDITY EDITS

1-030-01V MUST BE NUMERIC

RELATIONAL EDITS

1-030-01R IF FILING DATE IS \geq 02/01/1995

THEN TIME STAMP MUST BE $>$ ZERO

ELEMENT NAME: ADJUSTMENT KEY (1-035)

VALIDITY EDITS

1-035-01V MUST BE ALPHA, '0' OR '5'

RELATIONAL EDITS

NONE

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (1-040)

VALIDITY EDITS

1-040-01V MUST BE VALID GREGORIAN DATE AND CANNOT BE $>$ CURRENT SYSTEM DATE.

RELATIONAL EDITS

1-040-01R DATE TED RECORD PROCESSED TO COMPLETION MUST BE \leq BATCH/VOUCHER DATE.

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PRICING RATE CODE (1-190)

VALIDITY EDITS

1-190-01V VALUE MUST BE A VALID INSTITUTIONAL PRICING RATE CODE.

RELATIONAL EDITS

| | | | |
|------------------|---|-----------|--|
| 1-190-01R | IF FILING STATE/COUNTRY CODE = | MD | MARYLAND |
| | THEN PRICING RATE CODE MUST ≠ | H | TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | DD | DISCOUNTED DRG |
| 1-190-02R | IF DRG NUMBER IS CODED (OTHER THAN ZERO) | | |
| | THEN PRICING RATE CODE MUST = | H | TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | U | SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR |
| | | V | MEDICARE REIMBURSEMENT RATE OR |
| | | DD | DISCOUNTED DRG |
| 1-190-03R | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 11 | HOSPICE |
| | THEN PRICING RATE CODE MUST = | D | DISCOUNT RATE AGREEMENT OR |
| | | P | PER DIEM RATE AGREEMENT OR |
| | | U | SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| | UNLESS TYPE OF SUBMISSION = | D | COMPLETE DENIAL |
| | OR AMOUNT ALLOWED (TOTAL) = ZERO | | |
| 1-190-04R | IF PRICING RATE CODE = | V | MEDICARE REIMBURSEMENT RATE |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | T | MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 OR |
| | | FS | TFL (SECOND PAYOR) OR |
| | | MN | TSP - NON-NETWORK OR |
| | | MS | TSP - NETWORK |
| | OR TYPE OF INSTITUTION = | 70 | HHA OR |
| | | 76 | SNF |
| 1-190-05R | IF PRICING RATE CODE = | U | SHCP CLAIM OR ACTIVE DUTY MEMBER TPR CLAIM PAID OUTSIDE NORMAL LIMITS |
| | THEN AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = | AN | SHCP - NON-MTF-REFERRED CARE OR |

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Chapter 2, Section 5.2

Institutional Edit Requirements (ELN 100 - 199)

| ELEMENT NAME: PRICING RATE CODE (1-190) (Continued) | | | |
|--|---|------|--|
| | | AR | SHCP - REFERRED CARE OR |
| | | CE | SHCP - CCEP OR |
| | | GU | ADSM ENROLLED IN TPR OR |
| | | SC | SHCP - NON-TRICARE ELIGIBLE OR |
| | | SE | SHCP - TRICARE ELIGIBLE OR |
| | | SM | SHCP - EMERGENCY |
| | OR ENROLLMENT/HEALTH PLAN CODE MUST = | SN | SHCP - NON-MTF-REFERRED CARE OR |
| | | SR | SHCP - REFERRED CARE |
| 1-190-06R | IF ANY OCCURRENCE OF REVENUE CODE = | 0022 | SNF - PPS |
| | THEN PRICING RATE CODE MUST = | D | DISCOUNT RATE AGREEMENT OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| | UNLESS AMOUNT ALLOWED (TOTAL) = ZERO | | |
| 1-190-07R | IF ANY OCCURRENCE OF REVENUE CODE = | 0023 | HHA PPS |
| | THEN PRICING RATE CODE MUST = | D | DISCOUNT RATE AGREEMENT OR |
| | | V | MEDICARE REIMBURSEMENT RATE |
| | UNLESS AMOUNT ALLOWED (TOTAL) = ZERO | | |
| 1-190-08R | IF PRICING RATE CODE = | CA | CAH REIMBURSEMENT |
| | THEN ADMISSION DATE MUST BE ≥ 12/01/2009 | | |
| | UNLESS PROVIDER STATE OR COUNTRY CODE = | AK | ALASKA |
| | THEN ADMISSION DATE MUST BE ≥ 07/01/2007 | | |

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: PROVIDER ZIP CODE (1-220)

VALIDITY EDITS

1-220-01V MUST BE NINE DIGITS OR FIVE DIGITS WITH FOUR BLANKS

MUST BE A VALID ZIP CODE (BASED ON ADMISSION DATE) IN THE GOVERNMENT PROVIDED ELECTRONIC ZIP CODE FILE **OR**

MUST BE A THREE CHARACTER FOREIGN COUNTRY CODE (BASED ON THE COUNTRY CODES TABLE¹) FOLLOWED BY SIX BLANKS

RELATIONAL EDITS

NONE

¹ WHEN FOREIGN COUNTRY CODES ARE SUBMITTED, THE FIRST THREE CHARACTERS WILL BE EDITED AGAINST [ADDENDUM A](#).

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (1-225)

VALIDITY EDITS

1-225-01V MUST BE A VALID PROVIDER PARTICIPATION INDICATOR.

RELATIONAL EDITS

| | | | |
|------------------|---|-----------|---|
| 1-225-01R | IF PRICING RATE CODE = | H | TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I | TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J | TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | DD | DISCOUNTED DRG |
| | THEN PROVIDER PARTICIPATION INDICATOR MUST = | Y | YES |

ELEMENT NAME: PROVIDER NETWORK STATUS INDICATOR (1-230)

VALIDITY EDITS

1-230-01V MUST BE ONE OF THE FOLLOWING VALUES

| | |
|---|----------------------------|
| 1 | NETWORK PROVIDER OR |
| 2 | NON-NETWORK PROVIDER |

RELATIONAL EDITS

NONE

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: TYPE OF INSTITUTION (1-235)

VALIDITY EDITS

1-235-01V VALUE MUST BE A VALID TYPE OF INSTITUTION CODE.

RELATIONAL EDITS

1-235-01R IF TYPE OF INSTITUTION = 72 RTC

AND PATIENT ZIP CODE IS IN AN MTF CATCHMENT AREA

THEN CA/NAS EXCEPTION REASON

MUST = 5 RTC

1-235-02R IF PRICING RATE CODE = K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE **OR**

L REGION SPECIFIC PSYCHIATRIC PER DIEM RATE

THEN TYPE OF INSTITUTION MUST = 22 PSYCHIATRIC HOSPITAL/UNIT **OR**

52 CHILDREN'S PSYCHIATRIC HOSPITAL/UNIT

1-235-03R IF TYPE OF INSTITUTION = 70 HHA

AND BEGIN DATE OF CARE ≥ 06/01/2004

THEN ONE OCCURRENCE OF REVENUE

CODE MUST = 0023 HHA PPS

UNLESS AMOUNT ALLOWED (TOTAL) = ZERO

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR (1-240)

VALIDITY EDITS

1-240-01V VALUE MUST BE A VALID CLAIM FORM TYPE/EMC INDICATOR.

RELATIONAL EDITS

NONE

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

ELEMENT NAME: COVERED DAYS (1-285)

VALIDITY EDITS

| | | | |
|------------------|---|----|---|
| 1-285-01V | MUST BE NUMERIC. | | |
| 1-285-02V | IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = | 11 | HOSPICE |
| | OR TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | OR TYPE OF INSTITUTION = | 78 | NON-HOSPITAL BASED HOSPICE OR |
| | | 79 | HOSPITAL BASED HOSPICE |
| | THEN BYPASS THIS EDIT | | |
| | ELSE IF AMOUNT ALLOWED (TOTAL) ≤ ZERO | | |
| | OR TYPE OF INSTITUTION = | 70 | HHA |
| | OR THE SUM OF UNITS OF SERVICE BY REVENUE CODE FOR REVENUE CODES THAT INDICATE THAT A ROOM WAS USED (010X-021X, OR 0724) = ZERO | | |
| | THEN COVERED DAYS MUST = ZERO | | |
| | ELSE IF TYPE OF SUBMISSION = | A | ADJUSTMENT TO TED RECORD DATA OR |
| | | I | INITIAL TED RECORD SUBMISSION OR |
| | | O | ZERO PAYMENT TED RECORD DUE TO 100% OHI OR |
| | | R | RESUBMISSION OF AN INITIAL TED RECORD |
| | AND FREQUENCY CODE = | 2 | INTERIM - INITIAL TED RECORD OR |
| | | 3 | INTERIM - INTERIM TED RECORD |
| | OR BEGIN DATE OF CARE = END DATE OF CARE | | |
| | THEN COVERDAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE +1 | | |
| | ELSE COVERED DAYS MUST BE ≤ END DATE OF CARE - BEGIN DATE OF CARE | | |

RELATIONAL EDITS

NONE

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Chapter 2, Section 5.3

Institutional Edit Requirements (ELN 200 - 299)

| ELEMENT NAME: DRG NUMBER (1-290) | | |
|--|--|--|
| VALIDITY EDITS | | |
| 1-290-01V | MUST BE A VALID DRG NUMBER OR BLANK FILLED. | |
| RELATIONAL EDITS | | |
| 1-290-01R | IF PRICING RATE CODE = | h NO SPECIAL RATE CODE OR K HOSPITAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR L REGIONAL-SPECIFIC PSYCHIATRIC PER DIEM RATE OR P PER DIEM RATE AGREEMENT OR CA CAH REIMBURSEMENT |
| THEN DRG NUMBER MUST = BLANK | | |
| 1-290-02R | IF ANY OCCURRENCE OF OVERRIDE CODE = | Y NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES |
| THEN DRG NUMBER MUST = BLANK | | |
| 1-290-31R | IF PRICING RATE CODE = | H TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR I TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR J TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR DD DISCOUNTED DRG |
| THEN DRG MUST NOT BE BLANK | | |
| AND DATE OF ADMISSION MUST BE ≥ THE DRG EFFECTIVE DATE AND ≤ THE DRG TERMINATION DATE | | |

| ELEMENT NAME: HIPPS CODE (1-292) | | |
|---|--|--------------------|
| VALIDITY EDITS | | |
| 1-292-01V | MUST BE VALID HIPPS CODES REFER TO SECTION 2.8 . | |
| RELATIONAL EDITS | | |
| 1-292-01R | IF HIPPS CODE = BLANK | |
| THEN NO OCCURRENCE OF REVENUE CODE CAN = | | |
| | | 0022 SNF OR |
| | | 0023 HHA PPS |

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Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: REVENUE CODE (1-385)

VALIDITY EDITS

1-385-01V VALUE MUST BE A VALID REVENUE CODE.

UNLESS ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTING IN [ADDENDUM G, FIGURE 2.G-1](#) **OR** [FIGURE 2.G-2](#)

NOTE: THE FOLLOWING VALID OUTPATIENT REVENUE CODES ARE ALLOWED ON AN INSTITUTIONAL TED RECORD ONLY WHEN BEING DENIED

049X, 051X-054X, 0630-0635, 064X, 0661, 0662, 082X-085X, 0882, AND 310X.

1-385-02V FIRST DETAILED LINE MUST CONTAIN REVENUE CODE 0001.

RELATIONAL EDITS

1-385-01R ONLY ONE OCCURRENCE OF REVENUE CODE MUST = 0001.

1-385-02R AT LEAST ONE OCCURRENCE OF REVENUE CODE FOR ROOM ACCOMMODATION CHARGES MUST = 010X-021X **OR** 0724

UNLESS ONE OCCURRENCE OF OVERRIDE CODE =

Y NEWBORN IN MOTHER'S ROOM WITHOUT NURSERY CHARGES

OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =

11 HOSPICE

OR ANY OCCURRENCE OF REVENUE CODE =

0023 HHA PPS

OR AMOUNT ALLOWED (TOTAL) = ZERO

1-385-03R IF PRICING RATE CODE =

H TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**

I TRICARE DRG REIMBURSEMENT WITH COST OUTLIER **OR**

J TRICARE DRG REIMBURSEMENT WITH NO OUTLIER **OR**

DD DISCOUNTED DRG

THEN PROFESSIONAL SERVICE REVENUE CODES = 0901, 0914-0918, **OR** 096X-098X

AND AQUISITION OF BODY PARTS (081X) MUST BE DENIED.

1-385-04R IF ANY REVENUE CODE = 0723

THEN PERSON SEX (PATIENT) MUST = MALE.

1-385-05R IF ANY REVENUE CODE = 072X BUT **NOT** 0723

THEN PERSON SEX (PATIENT) MUST = FEMALE

1-385-06R IF TYPE OF SUBMISSION =

A ADJUSTMENT **OR**

C COMPLETE CANCELLATION

THEN REVENUE CODES MUST OCCUR IN THE SAME ORDER

AND ON THE SAME OCCURRENCE/LINE ITEM NUMBER AS TMA DATABASE.

1-385-07R IF REVENUE CODE = 0022 SNF CHARGE

THEN ADMISSION DATE ≥ 08/01/2003

AND TYPE OF INSTITUTION MUST = 76 SNF

AND HIPPS CODE ≠ BLANK

UNLESS PATIENT AGE IS < 10 YEARS OF AGE ON DATE OF ADMISSION

1-385-09R IF ANY REVENUE CODE = 0650 GENERAL CLASSIFICATION **OR**

0651 ROUTINE HOME CARE **OR**

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Chapter 2, Section 5.4

Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: REVENUE CODE (1-385) (Continued)

| | | | |
|---|------|--------------------------------------|-----------|
| | 0652 | CONTINUOUS HOME CARE | OR |
| | 0655 | INPATIENT RESPITE CARE | OR |
| | 0656 | GENERAL INPATIENT CARE - NON-RESPITE | OR |
| | 0657 | PHYSICIAN SERVICES | OR |
| | 0659 | OTHER HOSPICE | |
| THEN TYPE OF INSTITUTION MUST = | 78 | NON-HOSPITAL BASED HOSPICE | OR |
| | 79 | HOSPITAL BASED HOSPICE | |
| UNLESS AMOUNT ALLOWED (TOTAL) = ZERO | | | |
| 1-385-11R IF REVENUE CODE = | 0023 | HHA PPS | |
| AND BEGIN DATE OF CARE ≥ 06/01/2004 | | | |
| THEN TYPE OF INSTIUTION MUST = | 70 | HHA | |

ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-390)

VALIDITY EDITS

| | | | |
|---|---|---|-----------|
| 1-390-01V | VALUE MUST BE SIGNED NUMERIC, 0 TO 9,999,999. | | |
| UNLESS TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA | OR |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA | |
| THEN VALUE MUST BE SIGNED NUMERIC, -9,999,999 TO 9,999,999 | | | |

RELATIONAL EDITS

| | | | | |
|--|---|---|--------------------------------|-----------|
| 1-390-01R | IF TYPE OF SUBMISSION = | A | ADJUSTMENT | OR |
| | | C | COMPLETE CANCELLATION | OR |
| | | D | COMPLETE DENIAL | OR |
| | | I | INITIAL SUBMISSION | OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL | OR |
| | | R | RESUBMISSION | |
| THEN UNITS OF SERVICE BY REVENUE CODE MUST BE > ZERO FOR ALL OCCURRENCES/LINE ITEMS | | | | |
| EXCLUDING REVENUE CODE 0001 AND 0023. | | | | |
| 1-390-02R | IF UNITS OF SERVICE BY REVENUE CODE = 0 | | | |
| AND TYPE OF SUBMISSION ≠ | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA | OR | |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA | | |
| THEN TOTAL CHARGE BY REVENUE CODE MUST ALSO = 0 (FOR THAT OCCURRENCE/LINE ITEM) | | | | |
| EXCEPT FOR REVENUE CODE 0001 OR 0022 | | | | |
| 1-390-03R | IF UNITS OF SERVICE BY REVENUE CODE > 0 | | | |
| AND TYPE OF SUBMISSION ≠ | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA | OR | |
| | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA | | |
| THEN TOTAL CHARGE BY REVENUE CODE MUST ALSO > 0 (FOR THAT OCCURRENCE/LINE ITEM) | | | | |
| UNLESS REVENUE CODE = | 0022 | SNF PPS | | |
| OR REVENUE CODE = | 0023 | HHA PPS | | |

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Institutional Edit Requirements (ELN 300 - 399)

ELEMENT NAME: UNITS OF SERVICE BY REVENUE CODE (1-390) (Continued)

AND THE OCCURRENCE/LINE ITEM CONTAINS AN ADJUSTMENT/DENIAL REASON CODE LISTED IN [ADDENDUM G, FIGURE 2.G-1](#) OR [FIGURE 2.G-2](#).

| | | | |
|------------------|---|------|---|
| 1-390-04R | IF REVENUE CODE = 0001 | | |
| | THEN UNITS OF SERVICE BY REVENUE CODE MUST = ZERO. | | |
| 1-390-05R | IF REVENUE CODE = | 0023 | HHA PPS |
| | AND TYPE OF SUBMISSION ≠ | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN UNITS OF SERVICE BY REVENUE CODE MUST = 1 | | |
| | UNLESS THE OCCURRENCE/LINE ITEM CONTAINS AN ADJUSTMENT/DENIAL REASON CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2 . | | |
| | THEN UNITS OF SERVICE BY REVENUE CODE MUST = 0 OR 1 | | |

ELEMENT NAME: TOTAL CHARGE BY REVENUE CODE (1-395)

VALIDITY EDITS

| | | | |
|------------------|--|---|---|
| 1-395-01V | IF TYPE OF SUBMISSION = | B | ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR |
| | | E | COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| | THEN MUST BE - 999,999.99 TO 999,999.99 | | |
| | UNLESS REVENUE CODE = 0001 | | |
| | THEN MUST BE - 9,999,999.99 TO 9,999,999.99 | | |
| | ELSE MUST BE 0 TO 999,999.99 | | |
| | UNLESS REVENUE CODE = 0001 | | |
| | THEN MUST BE 0 TO 9,999,999.99 | | |

RELATIONAL EDITS

| | | | |
|-------------------|--|---|--|
| 1-395-01R | IF TYPE OF SUBMISSION = | A | ADJUSTMENT OR |
| | | C | COMPLETE CANCELLATION OR |
| | | D | COMPLETE DENIAL OR |
| | | I | INITIAL SUBMISSION OR |
| | | O | ZERO PAYMENT WITH 100% OHI/TPL OR |
| | | R | RESUBMISSION |
| | THEN TOTAL CHARGE BY REVENUE CODE MUST BE > ZERO ON EACH OCCURRENCE/LINE ITEM (EXCLUDING REVENUE CODE 0022 AND 0023) | | |
| 1-395-02R' | THE SUM OF ALL TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODES OTHER THAN 0001 MUST EQUAL THE TOTAL CHARGE BY REVENUE CODE FOR REVENUE CODE 0001. | | |

- END -

Institutional Edit Requirements (ELN 400 - 499)

| ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (1-400) | | |
|---|--|---|
| VALIDITY EDITS | | |
| 1-400-01V | VALUE MUST BE A VALID ADJUSTMENT/DENIAL REASON CODE (REFER TO ADDENDUM G) OR BLANK. | |
| RELATIONAL EDITS | | |
| 1-400-01R | IF AMOUNT ALLOWED (TOTAL) = ZERO | |
| | THEN ALL OCCURRENCES/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO ADDENDUM G , FIGURE 2.G-1 OR FIGURE 2.G-2) | |
| | UNLESS TYPE OF SUBMISSION = | B ADJUSTMENT OF NON-TED RECORD (HCSR) DATA OR |
| | | E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA |
| 1-400-02R | IF TYPE OF SUBMISSION = | C COMPLETE CANCELLATION OR |
| | | D COMPLETE DENIAL |
| | THEN ALL OCCURRENCES/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST CONTAIN AN ADJUSTMENT/DENIAL REASON CODE (REFER TO ADDENDUM G , FIGURE 2.G-1 OR FIGURE 2.G-2) | |
| 1-400-03R | IF FREQUENCY CODE = | 1 ADMIT THROUGH DISCHARGE |
| | AND PRICING RATE CODE = | H TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | DD DISCOUNTED DRG |
| | THEN NO OCCURRENCE OF ADJUSTMENT/DENIAL REASON MAY = | 135 CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED |
| 1-400-04R | IF PRICING RATE CODE = | H TRICARE DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR |
| | | I TRICARE DRG REIMBURSEMENT WITH COST OUTLIER OR |
| | | J TRICARE DRG REIMBURSEMENT WITH NO OUTLIER OR |
| | | DD DISCOUNTED DRG |
| | AND REVENUE CODE = 0901, 0914-0918, 096X-098X (PROFESSIONAL SERVICES), OR 081X (ORGAN ACQUISITION) | |
| | THEN ADJUSTMENT/DENIAL REASON CODE MUST BE A CODE LISTED IN ADDENDUM G , FIGURE 2.G-1 OR FIGURE 2.G-2 | |
| 1-400-05R | IF ANY OCCURRENCE OF ADJUSTMENT/DENIAL REASON CODE = | 135 CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED |

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Chapter 2, Section 5.5

Institutional Edit Requirements (ELN 400 - 499)

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE (1-400) (Continued)

THEN ALL OCCURRENCES/LINE ITEMS (EXCLUDING REVENUE CODE 0001) MUST BE DENIED
(ADJUSTMENT/DENIAL REASON CODE MUST BE A CODE LISTED IN [ADDENDUM G, FIGURE 2.G-1](#) OR
[FIGURE 2.G-2](#)).

- END -

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Appendix A

Acronyms And Abbreviations

| | |
|------------|---|
| CQM | Clinical Quality Management |
| CQMP | Clinical Quality Management Program |
| CQMP AR | Clinical Quality Management Program Annual Report |
| CQS | Clinical Quality Studies |
| CRM | Contract Resource Management (Directorate) |
| CRNA | Certified Registered Nurse Anesthetist |
| CRS | Cytoreductive Surgery |
| CRT | Computer Remote Terminal |
| CSA | Clinical Support Agreement |
| CSE | Communications Security Establishment (of the Government of Canada) |
| CSP | Corporate Service Provider |
| | Critical Security Parameter |
| CST | Central Standard Time |
| CSU | Channel Sending Unit |
| CSV | Comma-Separated Value |
| CSW | Clinical Social Worker |
| CT | Central Time |
| | Computerized Tomography |
| CTA | Computerized Tomography Angiography |
| CTC | Computed Tomographic Colonography |
| CTCL | Cutaneous T-Cell Lymphoma |
| CTEP | Cancer Therapy Evaluation Program |
| CUC | Chronic Ulcerative Colitis |
| CVAC | CHAMPVA Center |
| CVS | Contractor Verification System |
| CY | Calendar Year |
| DAA | Designated Approving Authority |
| DAO | Defense Attache Offices |
| DBA | Doing Business As |
| DC | Direct Care |
| DCAA | Defense Contract Audit Agency |
| DCAO | Debt Collection Assistance Officer |
| DCID | Director of Central Intelligence Directive |
| DCII | Defense Clearance and Investigation Index |
| DCIS | Defense Criminal Investigating Service |
| 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 |
| DD (Form) | Department of Defense (Form) |

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Appendix A

Acronyms And Abbreviations

| | |
|-----------|---|
| DDAS | DCII Disclosure Accounting System |
| DDP | Dependent Dental Plan |
| DDS | DEERS Dependent Suffix |
| DE | Durable Equipment |
| DECC | Defense Enterprise Computing Center |
| DED | Dedicated Emergency Department |
| DEERS | Defense Enrollment Eligibility Reporting System |
| DELM | Digital Epiluminescence Microscopy |
| DENC | Detailed Explanation of Non-Concurrence |
| DepSecDef | Deputy Secretary of Defense |
| DES | Data Encryption Standard Disability Evaluation System |
| DFAS | Defense Finance and Accounting Service |
| DG | Diagnostic Group |
| DGH | Denver General Hospital |
| DHHS | Department of Health and Human Services |
| DHP | Defense Health Program |
| DIA | Defense Intelligence Agency |
| DIACAP | DoD Information Assurance Certification And Accreditation Process |
| DII | Defense Information Infrastructure |
| DIS | Defense Investigative Service |
| DISA | Defense Information System Agency |
| DISCO | Defense Industrial Security Clearance Office |
| DISN | Defense Information Systems Network |
| DISP | Defense Industrial Security Program |
| DITSCAP | DoD Information Technology Security Certification and Accreditation Process |
| DLAR | Defense Logistics Agency Regulation |
| DLE | Dialyzable Leukocyte Extract |
| DLI | Donor Lymphocyte Infusion |
| DM | Disease Management |
| DMDC | Defense Manpower Data Center |
| DME | Durable Medical Equipment |
| DMEPOS | Durable medical equipment, prosthetics, orthotics, and supplies |
| DMI | DMDC Medical Interface |
| DMIS | Defense Medical Information System |
| DMIS-ID | Defense Medical Information System Identification (Code) |
| DMLSS | Defense Medical Logistics Support System |
| DMZ | Demilitarized Zone |
| DNA | Deoxyribonucleic Acid |
| DNA-HLA | Deoxyribonucleic Acid - Human Leucocyte Antigen |
| DNACI | DoD National Agency Check Plus Written Inquiries |

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Appendix A

Acronyms And Abbreviations

| | |
|----------|---|
| DO | Doctor of Osteopathy Operations Directorate |
| DOB | Date of Birth |
| DOC | Dynamic Orthotic Cranioplasty (Band) |
| DoD | Department of Defense |
| DoD AI | Department of Defense Administrative Instruction |
| DoDD | Department of Defense Directive |
| DoDI | Department of Defense Instruction |
| DoDIG | Department of Defense Inspector General |
| DoD P&T | Department of Defense Pharmacy and Therapeutics (Committee) |
| DOE | Department of Energy |
| DOEBA | Date of Earliest Billing Action |
| DOES | DEERS Online Enrollment System |
| DOHA | Defense Office of Hearings and Appeals |
| DOJ | Department of Justice |
| DOLBA | Date of Latest Billing Action |
| DOS | Date Of Service |
| DP | Designated Provider |
| DPA | Differential Power Analysis |
| DPI | Designated Providers Integrator |
| DPO | DEERS Program Office |
| DPPO | Designated Provider Program Office |
| DRA | Deficit Reduction Act |
| DREZ | Dorsal Root Entry Zone |
| DRG | Diagnosis Related Group |
| DRPO | DEERS RAPIDS Program Office |
| DRS | Decompression Reduction Stabilization |
| DSAA | Defense Security Assistance Agency |
| DSC | DMDC Support Center |
| DSCC | Data and Study Coordinating Center |
| DS Logon | DoD Self-Service Logon |
| DSM | Diagnostic and Statistical Manual of Mental Disorders |
| DSM-III | Diagnostic and Statistical Manual of Mental Disorders, Third Edition |
| DSM-IV | Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition |
| DSMC | Data and Safety Monitoring Committee |
| DSMO | Designated Standards Maintenance Organization |
| DSMT | Diabetes Self-Management Training |
| DSO | DMDC Support Office |
| DSPOC | Dental Service Point of Contact |
| DSU | Data Sending Unit |
| DTF | Dental Treatment Facility |
| DTM | Directive-Type Memorandum |

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Appendix A

Acronyms And Abbreviations

| | |
|--------|---|
| DTR | Derived Test Requirements |
| DTRO | Director, TRICARE Regional Office |
| DUA | Data Use Agreement |
| DVA | Department of Veterans Affairs |
| DVAHCF | Department of Veterans Affairs Health Care Finder |
| DVD | Digital Video Disc |
| DWR | DSO Web Request |
| Dx | Diagnosis |
| DXA | Dual Energy X-Ray Absorptiometry |
| E-ID | Early Identification |
| E-NAS | Electronic Non-Availability Statement |
| e-QIP | Electronic Questionnaires for Investigations Processing |
| E&M | Evaluation & Management |
| E2R | Enrollment Eligibility Reconciliation |
| EAL | Common Criteria Evaluation Assurance Level |
| EAP | Employee-Assistance Program Ethandamine phosphate |
| EBC | Enrollment Based Capitation |
| ECA | External Certification Authority |
| ECAS | European Cardiac Arrhythmia Society |
| ECG | Electrocardiogram |
| ECHO | Extended Care Health Option |
| ECT | Electroconvulsive Therapy |
| ED | Emergency Department |
| EDC | Error Detection Code |
| EDI | Electronic Data Information Electronic Data Interchange |
| EDIPI | Electronic Data Interchange Person Identifier |
| EDIPN | Electronic Data Interchange Person Number |
| EDI_PN | Electronic Data Interchange Patient Number |
| EEG | Electroencephalogram |
| EEPROM | Erasable Programmable Read-Only Memory |
| EFM | Electronic Fetal Monitoring |
| EFMP | Exceptional Family Member Program |
| EFP | Environmental Failure Protection |
| EFT | Electronic Funds Transfer Environmental Failure Testing |
| EGHP | Employer Group Health Plan |
| E/HPC | Enrollment/Health Plan Code |
| EHHC | ECHO Home Health Care Extended Care Health Option Home Health Care |
| EHP | Employee Health Program |
| EHRA | European Heart Rhythm Association |

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Appendix A

Acronyms And Abbreviations

| | |
|--------|--|
| EIA | Educational Interventions for Autism Spectrum Disorders |
| EIDS | Executive Information and Decision Support |
| EIN | Employer Identification Number |
| EIP | External Infusion Pump |
| EKG | Electrocardiogram |
| ELN | Element Locator Number |
| ELISA | Enzyme-Linked Immunoabsorbent Assay |
| E/M | Evaluation and Management |
| EMC | Electronic Media Claim Enrollment Management Contractor |
| EMDR | Eye Movement Desensitization and Reprocessing |
| EMG | Electromyogram |
| EMTALA | Emergency Medical Treatment & Active Labor Act |
| ENTNAC | Entrance National Agency Check |
| EOB | Explanation of Benefits |
| EOBs | Explanations of Benefits |
| EOC | Episode of Care |
| EOE | Evoked Otoacoustic Emission |
| EOG | Electro-oculogram |
| EOMB | Explanation of Medicare Benefits |
| ePHI | electronic Protected Health Information |
| EPO | Erythropoietin Exclusive Provider Organization |
| EPR | EIA Program Report |
| EPROM | Erasable Programmable Read-Only Memory |
| ER | Emergency Room |
| ERISA | Employee Retirement Income and Security Act of 1974 |
| ESRD | End Stage Renal Disease |
| EST | Eastern Standard Time |
| ESWT | Extracorporeal Shock Wave Therapy |
| ET | Eastern Time |
| ETIN | Electronic Transmitter Identification Number |
| EWPS | Enterprise Wide Provider System |
| EWRAS | Enterprise Wide Referral and Authorization System |
| F&AO | Finance and Accounting Office(r) |
| FAI | Femoroacetabular Impingement |
| FAP | Familial Adenomatous Polyposis |
| FAR | Federal Acquisition Regulations |
| FASB | Federal Accounting Standards Board |
| FBI | Federal Bureau of Investigation |
| FCC | Federal Communications Commission |
| FCCA | Federal Claims Collection Act |

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Appendix A

Acronyms And Abbreviations

| | |
|------------------|--|
| FDA | Food and Drug Administration |
| FDB | First Data Bank |
| FDL | Fixed Dollar Loss |
| Fed | Federal Reserve Bank |
| FEHBP | Federal Employee Health Benefit Program |
| FEL | Familial Erythrophagocytic Lymphohistiocytosis |
| FEV ₁ | Forced Expiratory Volume |
| FFM | Foreign Force Member |
| FHL | Familial Hemophagocytic Lymphohistiocytosis |
| FI | Fiscal Intermediary |
| FIPS | Federal Information Processing Standards (or System) |
| FIPS PUB | FIPS Publication |
| FISH | Fluorescence In Situ Hybridization |
| FISMA | Federal Information Security Management Act |
| FL | Form Locator |
| FMCRA | Federal Medical Care Recovery Act |
| FMRI | Functional Magnetic Resonance Imaging |
| FOBT | Fecal Occult Blood Testing |
| FOC | Full Operational Capability |
| FOIA | Freedom of Information Act |
| FPO | Fleet Post Office |
| FQHC | Federally Qualified Health Center |
| FR | Federal Register Frozen Records |
| FRC | Federal Records Center |
| FSO | Facility Security Officer |
| FTE | Full Time Equivalent |
| FTP | File Transfer Protocol |
| FX | Foreign Exchange (lines) |
| FY | Fiscal Year |
| GAAP | Generally Accepted Accounting Principles |
| GAO | General Accounting Office |
| GBL | Government Bill of Lading |
| GDC | Guglielmi Detachable Coil |
| GFE | Government Furnished Equipment |
| GHP | Group Health Plan |
| GHz | Gigahertz |
| GIFT | Gamete Intrafallopian Transfer |
| GIQD | Government Inquiry of DEERS |
| GP | General Practitioner |
| GPCI | Geographic Practice Cost Index |
| H/E | Health and Environment |

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Appendix A

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 |
| HDL | Hardware Description Language |
| HEAR | Health Enrollment Assessment Review |
| HEDIS | Health Plan Employer Data and Information Set |
| HepB-Hib | Hepatitis B and Hemophilus influenza B |
| HHA | Home Health Agency |
| HHA PPS | Home Health Agency Prospective Payment System |
| HHC | Home Health Care |
| HHC/CM | Home Health Care/Case Management |
| HHRG | Home Health Resource Group |
| HHS | Health and Human Services |
| HI | Health Insurance |
| HIAA | Health Insurance Association of America |
| HIC | Health Insurance Carrier |
| HICN | Health Insurance Claim Number |
| HINN | Hospital-Issued Notice Of Noncoverage |
| HINT | Hearing in Noise Test |
| HIPAA | Health Insurance Portability and Accountability Act (of 1996) |
| HIPEC | Hyperthermic Intraperitoneal Chemotherapy |
| HIPPS | Health Insurance Prospective Payment System |
| HIQH | Health Insurance Query for Health Agency |
| HIV | Human Immunodeficiency Virus |

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Appendix A

Acronyms And Abbreviations

| | |
|----------|---|
| HL7 | Health Level 7 |
| HLA | Human Leukocyte Antigen |
| HMAC | Hash-Based Message Authentication Code |
| HMO | Health Maintenance Organization |
| HNPCC | Hereditary Non-Polyposis Colorectal Cancer |
| HOPD | Hospital Outpatient Department |
| HPA&E | Health Program Analysis & Evaluation |
| HPSA | Health Professional Shortage Area |
| HPV | Human Papilloma Virus |
| HRA | Health Reimbursement Arrangement |
| HRG | Health Resource Group |
| HRS | Heart Rhythm Society |
| HRT | Heidelberg Retina Tomograph Hormone Replacement Therapy |
| HSCRC | Health Services Cost Review Commission |
| HTML | HyperText Markup Language |
| HTTP | HyperText Transfer (Transport) Protocol |
| HTTPS | Hypertext Transfer (Transport) Protocol Secure |
| HUAM | Home Uterine Activity Monitoring |
| HUD | Humanitarian Use Device |
| HUS | Hemolytic Uremic Syndrome |
| HVPT | Hyperventilation Provocation Test |
| IA | Information Assurance |
| IATO | Interim Approval to Operate |
| IAVA | Information Assurance Vulnerability Alert |
| IAVB | Information Assurance Vulnerability Bulletin |
| IAVM | Information Assurance Vulnerability Management |
| IAW | In accordance with |
| IBD | Inflammatory Bowel Disease |
| IC | Individual Consideration Integrated Circuit |
| ICASS | International Cooperative Administrative Support Services |
| ICD | Implantable Cardioverter Defibrillator |
| ICD-9-CM | International Classification of Diseases, 9th Revision, Clinical Modification |
| ICF | Intermediate Care Facility |
| ICMP | Individual Case Management Program |
| ICMP-PEC | Individual Case Management Program For Persons With Extraordinary Conditions |
| ICN | Internal Control Number |
| ICSP | Individual Corporate Services Provider |
| ID | Identification Identifier |
| IDB | Intradiscal Biacuplasty |
| IDD | Internal or Intervertebral Disc Decompression |

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Appendix A

Acronyms And Abbreviations

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

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| | |
|---------|---|
| IRB | Institutional Review Board |
| IRR | Individual Ready Reserve |
| IRS | Internal Revenue Service |
| IRTS | Integration and Runtime Specification |
| IS | Information System |
| ISN | Investigation Schedule Notice |
| ISO | International Standard Organization |
| ISP | Internet Service Provider |
| IT | Information Technology |
| ITSEC | Information Technology Security Evaluation Criteria |
| IV | Initialization Vector Intravenous |
| IVF | In Vitro Fertilization |
| JC | Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) |
| JCAHO | Joint Commission on Accreditation of Healthcare Organizations |
| JCOS | Joint Chiefs of Staff |
| JFTR | Joint Federal Travel Regulations |
| JNI | Japanese National Insurance |
| JTF-GNO | Joint Task Force for Global Network Operations |
| JUSDAC | Joint Uniformed Services Dental Advisory Committee |
| JUSMAC | Joint Uniformed Services Medical Advisory Committee |
| JUSPAC | Joint Uniformed Services Personnel Advisory Committee |
| KB | Knowledge Base |
| KO | Contracting Officer |
| LAA | Limited Access Authorization |
| LAC | Local Agency Check |
| LAK | Lymphokine-Activated Killer |
| LAN | Local Area Network |
| LASER | Light Amplification by Stimulated Emission of Radiation |
| LCF | Long-term Care Facility |
| LDL | Low Density Lipoprotein |
| LDLT | Living Donor Liver Transplantation |
| LDR | Low Dose Rate |
| LLLT | Low Level Laser Therapy |
| LNT | Lexical Neighborhood Test |
| LOC | Letter of Consent |
| LOD | Letter of Denial/Revocation |
| LOI | Letter of Intent |
| LOS | Length-of-Stay |
| LOT | Life Orientation Test |
| LPN | Licensed Practical Nurse |

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| | |
|---------|--|
| LSIL | Low-grade Squamous Intraepithelial Lesion |
| LSN | Location Storage Number |
| LTC | Long-Term Care |
| LUPA | Low Utilization Payment Adjustment |
| LV | Left Ventricle [Ventricular] |
| LVEF | Left Ventricular Ejection Fraction |
| LVN | Licensed Vocational Nurse |
| LVRS | Lung Volume Reduction Surgery |
| MAC | Maximum Allowable Charge Maximum Allowable Cost |
| MAC III | Mission Assurance Category III |
| MAID | Maximum Allowable Inpatient Day |
| MB&RB | Medical Benefits and Reimbursement Branch |
| MBI | Molecular Breast Imaging |
| MCIO | Military Criminal Investigation Organization |
| MCS | Managed Care Support |
| MCSC | Managed Care Support Contractor |
| MCSS | Managed Care Support Services |
| MCTDP | Myelomeningocele Clinical Trial Demonstration Protocol |
| MD | Doctor of Medicine |
| MDI | Mental Developmental Index Multiple Daily Injection |
| MDR | MHS Data Repository |
| MDS | Minimum Data Set |
| MEB | Medical Evaluation Board |
| MEC | Marketing and Education Committee |
| MEI | Medicare Economic Index |
| MEPS | Military Entrance Processing Station |
| MEPRS | Medical Expense Performance Reporting System |
| MET | Microcurrent Electrical Therapy |
| MFCC | Marriage and Family Counseling Center |
| MGCRB | Medicare Geographic Classification Review Board |
| MGIB | Montgomery GI Bill |
| MH | Mental Health |
| MHO | Medical Holdover |
| MHS | Military Health System |
| MHSO | Managing Health Services Organization |
| MHSS | Military Health Services System |
| MI | Myocardial Infarction |
| MI&L | Manpower, Installations, and Logistics |
| MIA | Missing In Action |
| MIDCAB | Minimally Invasive Direct Coronary Artery Bypass |

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| | |
|-------|---|
| MIRE | Monochromatic Infrared Energy |
| MLNT | Multisyllabic Lexical Neighborhood Test |
| MMA | Medicare Modernization Act |
| MMP | Medical Management Program |
| MMSO | Military Medical Support Office |
| MMWR | Morbidity and Mortality Weekly Report |
| MNR | Medical Necessity Report |
| MOA | Memorandum of Agreement |
| MOMS | Management of Myelomeningocele Study |
| MOP | Mail Order Pharmacy |
| MOU | Memorandum of Understanding |
| MPI | Master Patient Index |
| MR | Magnetic Resonance Medical Review Mentally Retarded |
| MRA | Magnetic Resonance Angiography |
| MRHFP | Medicare Rural Hospital Flexibility Program |
| MRI | Magnetic Resonance Imaging |
| MRPU | Medical Retention Processing Unit |
| MS | Microsoft® |
| MSA | Metropolitan Statistical Area |
| MSC | Military Sealift Command |
| MSIE | Microsoft® Internet Explorer |
| MSP | Medicare Secondary Payer |
| MST | Mountain Standard Time |
| MSUD | Maple Syrup Urine Disease |
| MSW | Masters of Social Work Medical Social Worker |
| MT | Mountain Time |
| MTF | Military Treatment Facility |
| MUE | Medically Unlikely Edits |
| MV | Multivisceral (transplant) |
| MVS | Multiple Virtual Storage |
| MWR | Morale, Welfare, and Recreation |
| N/A | Not Applicable |
| N/D | No Default |
| NAC | National Agency Check |
| 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 |

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| | |
|----------|--|
| NATO | North Atlantic Treaty Organization |
| NAVMED | Naval Medical (Form) |
| NBCC | National Board of Certified Counselors |
| NCCI | National Correct Coding Initiatives |
| NCF | National Conversion Factor |
| NCI | National Cancer Institute |
| NCPAP | Nasal Continuous Positive Airway Pressure |
| NCPDP | National Council of Prescription Drug Program |
| NCQA | National Committee for Quality Assurance |
| NCVHS | National Committee on Vital and Health Statistics |
| NDAA | National Defense Authorization Act |
| NDC | National Drug Code |
| NDMS | National Disaster Medical System |
| NED | National Enrollment Database |
| NETT | National Emphysema Treatment Trial |
| NF | Nursing Facility |
| NGPL | No Government Pay List |
| NHLBI | National Heart, Lung and Blood Institute |
| NHSC | National Health Service Corps |
| NICHD | National Institute of Child Health and Human Development |
| NIH | National Institutes of Health |
| NII | Networks and Information Integration |
| NIPRNET | Nonsecure Internet Protocol Router Network |
| NIS | Naval Investigative Service |
| NISPOM | National Industrial Security Program Operating Manual |
| NIST | National Institute of Standards and Technology |
| NLT | No Later Than |
| NMES | Neuromuscular Electrical Stimulation |
| NMOP | National Mail Order Pharmacy |
| NMR | Nuclear Magnetic Resonance |
| NMT | Nurse Massage Therapist |
| NOAA | National Oceanic and Atmospheric Administration |
| NoPP | Notice of Private Practices |
| NOSCASTC | National Operating Standard Cost as a Share of Total Costs |
| NP | Nurse Practitioner |
| NPDB | National Practitioner Data Bank |
| 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 |
| NTIS | National Technical Information Service |
| NUBC | National Uniform Billing Committee |
| NUCC | National Uniform Claims Committee |
| O/ATIC | Operations/Advanced Technology Integration Center |
| OA | Office of Administration |
| OASD(HA) | Office of the Assistant Secretary of Defense (Health Affairs) |
| OASD (H&E) | Office of the Assistant Secretary of Defense (Health and Environment) |
| OASD (MI&L) | Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics) |
| OASIS | Outcome and Assessment Information Set |
| OB/GYN | Obstetrician/Gynecologist |
| OBRA | Omnibus Budget Reconciliation Act |
| OCE | Outpatient Code Editor |
| OCHAMPUS | Office of Civilian Health and Medical Program of the Uniformed Services |
| OCMO | Office of the Chief Medical Officer |
| OCONUS | Outside of the Continental United States |
| OCR | Office of Civil Rights |
| OCSP | Organizational Corporate Services Provider |
| OCT | Optical Coherence Tomograph |
| OD | Optical Disk |
| OF | Optional Form |
| OGC | Office of General Counsel |
| OGC-AC | Office of General Counsel-Appeals, Hearings & Claims Collection Division |
| OGP | Other Government Program |
| OHI | Other Health Insurance |
| OHS | Office of Homeland Security |
| OIG | Office of Inspector General |
| OMB | Office of Management and Budget |
| OP/NSP | Operation/Non-Surgical Procedure |
| OPD | Outpatient Department |
| OPM | Office of Personnel Management |
| OPPS | Outpatient Prospective Payment System |
| OR | Operating Room |
| OSA | Obstructive Sleep Apnea |
| OSAS | Obstructive Sleep Apnea Syndrome |
| OSD | Office of the Secretary of Defense |
| OSHA | Occupational Safety and Health Act |
| OSS | Office of Strategic Services |
| OT | Occupational Therapy (Therapist) |

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| | |
|-------------------|--|
| OTC | Over-The-Counter |
| OUSD | Office of the Undersecretary of Defense |
| OUSD (P&R) | Office of the Undersecretary of Defense (Personnel and Readiness) |
| P/O | Prosthetic and Orthotics |
| P&T | Pharmacy And Therapeutics (Committee) |
| PA | Physician Assistant |
| PACAB | Port Access Coronary Artery Bypass |
| PACO ₂ | Partial Pressure of Carbon Dioxide |
| PAO ₂ | Partial Pressure of Oxygen |
| PAK | Pancreas After Kidney (transplant) |
| PAP | Papanicolaou |
| PAT | Performance Assessment Tracking |
| PatID | Patient Identifier |
| PAVM | Pulmonary Arteriovenous Malformation |
| PBM | Pharmacy Benefit Manager |
| PC | Peritoneal Carcinomatosis Personal Computer Professional Component |
| PCA | Patient Controlled Analgesia |
| PCDIS | Purchased Care Detail Information System |
| PCI | Percutaneous Coronary Intervention |
| PCM | Primary Care Manager |
| PCMBN | PCM By Name |
| PCMRA | PCM Research Application |
| PCMRS | PCM Panel Reassignment (Application) PCM Reassignment System |
| PCO | Procurement (Procuring) Contracting Officer |
| PCP | Primary Care Physician Primary Care Provider |
| PCS | Permanent Change of Station |
| PD | Passport Division |
| PDA | Patent Ductus Arteriosus Personal Digital Assistant |
| PDD | Percutaneous (or Plasma) Disc Decompression |
| PDDBI | Pervasive Developmental Disorders Behavior Inventory |
| PDDNOS | Pervasive Developmental Disorder Not Otherwise Specified |
| PDF | Portable Document Format |
| 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 |

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| | |
|----------|---|
| PE | Physical Examination |
| PEC | Pharmacoeconomic Center |
| PEP | Partial Episode Payment |
| PEPR | Patient Encounter Processing and Reporting |
| PERMS | Provider Education and Relations Management System |
| PET | Positron Emission Tomography |
| PFCRA | Program Fraud Civil Remedies Act |
| PFP | Partnership For Peace |
| PFPWD | Program for Persons with Disabilities |
| Phen-Fen | Pondimin and Redux |
| PHI | Protected Health Information |
| PHIMT | Protected Health Information Management Tool |
| PHP | Partial Hospitalization Program |
| PHS | Public Health Service |
| PI | Program Integrity (Office) |
| PIA | Privacy Impact Assessment (Online) |
| PIC | Personnel Investigation Center |
| PIE | Pulsed Irrigation Evacuation |
| PIN | Personnel Identification Number |
| PIP | Personal Injury Protection Personnel Identity Protection |
| PIRFT | Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT) |
| PIT | PCM Information Transfer |
| PIV | Personal Identity Verification |
| PK | Public Key |
| PKE | Public Key Enabling |
| PKI | Public Key Infrastructure |
| PKU | Phenylketonuria |
| PLS | Preschool Language Scales |
| PM-DRG | Pediatric Modified-Diagnosis Related Group |
| PMPM | Per Member Per Month |
| PMR | Percutaneous Myocardial Laser Revascularization |
| PNET | Primitive Neuroectodermal Tumors |
| PNT | Policy Notification Transaction |
| POA | Power of Attorney Present On Admission |
| 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 |

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| | |
|--------|--|
| POS | Point of Sale (Pharmacy only) Point of Service Public Official's Statement |
| POV | Privately Owned Vehicle |
| PPACA | Patient Protection and Affordable Care Act |
| PPD | Per Patient Day |
| PPN | Preferred Provider Network |
| PPO | Preferred Provider Organization |
| PPP | Purchasing Power Parity |
| PPS | Prospective Payment System Ports, Protocols and Services |
| PPSM | Ports, Protocols, and Service Management |
| PPV | Pneumococcal Polysaccharide Vaccine |
| PQI | Potential Quality Indicator Potential Quality Issue |
| PR | Periodic Reinvestigation |
| PRC | Program Review Committee |
| PRFA | Percutaneous Radiofrequency Ablation |
| PRG | Peer Review Group |
| PRO | Peer Review Organization |
| ProDUR | Prospective Drug Utilization Review |
| PROM | Programmable Read-Only Memory |
| PRP | Personnel Reliability Program |
| PRPP | Pharmacy Redesign Pilot Project |
| PSA | Prime Service Area Physician Scarcity Area |
| PSAB | Personnel Security Appeals Board |
| PSCT | Peripheral Stem Cell Transplantation |
| PSD | Personnel Security Division |
| PSG | Polysomnography |
| PSI | Personnel Security Investigation |
| PST | Pacific Standard Time |
| PT | Pacific Time Physical Therapist Physical Therapy Prothrombin Time |
| PTA | Pancreas Transplant Alone Percutaneous Transluminal Angioplasty |
| PTC | Processed To Completion |
| PTCA | Percutaneous Transluminal Coronary Angioplasty |
| PTK | Phototherapeutic Keratectomy |
| PTNS | Posterior Tibial Nerve Stimulation |
| PTSD | Post-Traumatic Stress Disorder |

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| | |
|--------|---|
| PVCs | Premature Ventricular Contractions |
| QA | Quality Assurance |
| QC | Quality Control |
| QI | Quality Improvement Quality Issue |
| QII | Quality Improvement Initiative |
| QIO | Quality Improvement Organization |
| QIP | Quality Improvement Program |
| QLE | Qualifying Life Event |
| QM | Quality Management |
| QUIG | Quality Indicator Group |
| RA | Radiofrequency Annuloplasty Remittance Advice |
| RAM | Random Access Memory |
| RAP | Request for Anticipated Payment |
| RAPIDS | Real-Time Automated Personnel Identification System |
| RC | Reserve Component |
| RCN | Recoupment Case Number Refund Control Number |
| RCS | Report Control Symbol |
| RD | Regional Director Registered Dietitian |
| RDBMS | Relational Database Management System |
| RDDDB | Reportable Disease Database |
| REM | Rapid Eye Movement |
| RF | Radiofrequency |
| RFA | Radiofrequency Ablation |
| RFI | Request For Information |
| RFP | Request For Proposal |
| RHC | Rural Health Clinic |
| RHHI | Regional Home Health Intermediary |
| RhoGAM | RRho (D) Immune Globulin |
| RN | Registered Nurse |
| RNG | Random Number Generator |
| RO | Regional Office |
| ROC | Resumption of Care |
| ROFR | Right of First Refusal |
| ROM | Read-Only Memory Rough Order of Magnitude |
| ROT | Read-Only Table |
| ROTC | Reserved Officer Training Corps |
| ROVER | RHHI OASIS Verification |
| RPM | Record Processing Mode |

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| | |
|-----------|---|
| RRA | Regional Review Authority |
| RTC | Residential Treatment Center |
| rTMS | Repetitive Transcranial Magnetic Stimulation |
| RUG | Resource Utilization Group |
| RV | Residual Volume Right Ventricle [Ventricular] |
| RVU | Relative Value Unit |
| SAAR | System Authorization Access Request |
| SAD | Seasonal Affective Disorder |
| SADMERC | Statistical Analysis Durable Medical Equipment Regional Carrier |
| SAFE | Sexual Assault Forensic Examination |
| SAO | Security Assistant Organizations |
| SAP | Special Access Program |
| SAPR | Sexual Assault Prevention and Response |
| SAS | Sensory Afferent Stimulation |
| SAT | Service Assist Team |
| SBCC | Service Branch Classification Code |
| SBI | Special Background Investigation |
| SCA | Service Contract Act |
| SCH | Sole Community Hospital |
| SCHIP | State Children's Health Insurance Program |
| SCI | Sensitive Compartmented Information Spinal Cord Injury |
| SCIC | Significant Change in Condition |
| SCOO | Special Contracts and Operations Office |
| SCR | Stem Cell Rescue |
| S/D | Security Division |
| SD (Form) | Secretary of Defense (Form) |
| SEP | Sensory Evoked Potentials |
| SES | Senior Executive Service |
| SelRes | Selected Reserve |
| SF | Standard Form |
| SGDs | Speech Generating Devices |
| SHCP | Supplemental Health Care Program |
| 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 |

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| | |
|-------|---|
| SIP | System Identification Profile |
| SIT | Standard Insurance Table |
| SMC | System Management Center |
| SNF | Skilled Nursing Facility |
| SNS | Sacral Nerve Root Stimulation |
| SOC | Start of Care |
| SOFA | Status Of Forces Agreement |
| SOIC | Senior Officer of the Intelligence Community |
| SON | Submitting Office Number |
| SOR | Statement of Reasons |
| SPA | Simple Power Analysis |
| SPECT | Single Photon Emission Computed Tomography |
| SPK | Simultaneous Pancreas Kidney (transplant) |
| SPOC | Service Point of Contact |
| SPR | SECRET Periodic Reinvestigation |
| SQL | Structured Query Language |
| SRE | Serious Reportable Event |
| SSA | Social Security Act Social Security Administration |
| SSAA | Social Security Authorization Agreement |
| SSAN | Social Security Administration Number |
| SSBI | Single-Scope Background Investigation |
| SSDI | Social Security Disability Insurance |
| SSL | Secure Socket Layer |
| SSM | Site Security Manager |
| SSN | Social Security Number |
| SSO | Short-Stay Outlier |
| ST | Speech Therapy |
| STF | Specialized Treatment Facility |
| STS | Specialized Treatment Services |
| STSF | Specialized Treatment Service Facility |
| SUBID | Sub-Identifier |
| SUDRF | Substance Use Disorder Rehabilitation Facility |
| SVO | SIT Validation Office |
| SVT | Supraventricular Tachycardia |
| SWLS | Satisfaction With Life Scale |
| TAD | Temporary Additional Duty |
| TAFIM | Technical Architecture Framework for Information Management |
| TAMP | Transitional Assistance Management Program |
| TAO | TRICARE Alaska Office TRICARE Area Office |
| TAR | Total Ankle Replacement |

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| | |
|--------|--|
| TARO | TRICARE Alaska Regional Office |
| TB | Tuberculosis |
| TBD | To Be Determined |
| TBE | Tick Borne Encephalitis |
| TBI | Traumatic Brain Injury |
| TC | Technical Component |
| TCP/IP | Transmission Control Protocol/Internet Protocol |
| TCSRC | Transitional Care for Service-Related Conditions |
| TDD | Targeted Disc Decompression |
| TDEFIC | TRICARE Dual Eligible Fiscal Intermediary Contract |
| TDP | TRICARE Dental Plan |
| TDY | Temporary Duty |
| TED | TRICARE Encounter Data |
| TEE | Transesophageal Echocardiograph [Echocardiography] |
| TEFRA | Tax Equity and Fiscal Responsibility Act |
| TEOB | TRICARE Explanation of Benefits |
| TEPRC | TRICARE Encounter Pricing (Record) |
| TEPRV | TRICARE Encounter Provider (Record) |
| TET | Tubal Embryo Transfer |
| TF | Transfer Factor |
| TFL | TRICARE For Life |
| TFMDP | TRICARE (Active Duty) Family Member Dental Plan |
| TGRO | TRICARE Global Remote Overseas |
| TGROHC | TGRO Host Country |
| TIFF | Tagged Imaged File Format |
| TIL | Tumor-Infiltrating Lymphocytes |
| TIMPO | Tri-Service Information Management Program Office |
| TIN | Taxpayer Identification Number |
| TIP | Thermal Intradiscal Procedure |
| TIPS | Transjugular Intrahepatic Portosystemic Shunt |
| TIS | TRICARE Information Service |
| TLAC | TRICARE Latin America/Canada |
| TLC | Total Lung Capacity |
| TMA | TRICARE Management Activity |
| 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 |

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| | |
|-------------|--|
| TNEX | TRICARE Next Generation (MHS Systems) |
| TNP | Topical Negative Pressure |
| TOB | Type of Bill |
| TOE | Target of Evaluation |
| TOL | TRICARE Online |
| TOM | August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M |
| TOP | TRICARE Overseas Program |
| TOPO | TRICARE Overseas Program Office |
| TPA | Third Party Administrator |
| TPC | Third Party Collections |
| TPharm | TRICARE Pharmacy |
| TPL | Third Party Liability |
| TPM | August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M |
| TPN | Total Parenteral Nutrition |
| TPOCS | Third Party Outpatient Collections System |
| TPR | TRICARE Prime Remote |
| TPRADFM | TRICARE Prime Remote Active Duty Family Member |
| TPRADSM | TRICARE Prime Remote Active Duty Service Member |
| TPRC | TRICARE Puerto Rico Contract(or) |
| TQMC | TRICARE Quality Monitoring Contractor |
| TRDP | TRICARE Retiree Dental Program |
| TRI | TED Record Indicator |
| TRIAP | TRICARE Assistance Program |
| TRM | August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M |
| TRO | TRICARE Regional Office |
| TRO-N | TRICARE Regional Office-North |
| TRO-S | TRICARE Regional Office-South |
| TRO-W | TRICARE Regional Office-West |
| TRPB | TRICARE Retail Pharmacy Benefits |
| TRR | TRICARE Retired Reserve |
| TRRx | TRICARE Retail Pharmacy |
| TRS | TRICARE Reserve Select |
| 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 |

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| | |
|-----------|---|
| TSRx | TRICARE Senior Pharmacy |
| TSS | TRICARE Senior Supplement |
| TSSD | TRICARE Senior Supplement Demonstration |
| TTPA | Temporary Transitional Payment Adjustment |
| TTY | Teletypewriter |
| TUNA | Transurethral Needle Ablation |
| TYA | TRICARE Young Adult |
| UAE | Uterine Artery Embolization |
| UARS | Upper Airway Resistance Syndrome |
| UB | Uniform Bill |
| UBO | Uniform Business Office |
| UCBT | Umbilical Cord Blood Stem Cell Transplantation |
| UCC | Uniform Commercial Code Urgent Care Center |
| UCCI | United Concordia Companies, Inc. |
| UCSF | University of California San Francisco |
| UIC | Unit Identification Code |
| UIN | Unit Identifier Number |
| UM | Utilization Management |
| UMO | Utilization Management Organization |
| UMP | User Maintenance Portal |
| UPIN | Unique Physician Identification Number |
| UPPP | Uvulopalatopharyngoplasty |
| URFS | Unremarried Former Spouse |
| 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 |

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Appendix A

Acronyms And Abbreviations

| | |
|---------------|--|
| USPDI | United States Pharmacopoeia Drug Information |
| USPHS | United States Public Health Service |
| USPS | United States Postal Service |
| USPSTF | U.S. Preventive Services Task Force |
| USS | United Seaman's Service |
| USTF | Uniformed Services Treatment Facility |
| UV | Ultraviolet |
| VA | Veterans Affairs (hospital) Veterans Administration |
| VAC | Vacuum-Assisted Closure |
| VAD | Ventricular Assist Device |
| VAMC | VA Medical Center |
| VATS | Video-Assisted Thorascopic Surgery |
| VAX-D | Vertebral Axial Decompression |
| VD | Venereal Disease |
| VO | Verifying Office (Official) |
| VPN | Virtual Private Network |
| VPOC | Verification Point of Contact |
| VRDX | Reason Visit Diagnosis |
| VSAM | Virtual Storage Access Method |
| VSD | Ventricular Septal Defect |
| WAC | Wholesale Acquisition Cost |
| WAN | Wide Area Network |
| WATS | Wide Area Telephone Service |
| WC | Worker's Compensation |
| WEDI | Workgroup for Electronic Data Interchange |
| WIC | Women, Infants, and Children (Program) |
| WII | Wounded, Ill, and Injured |
| WLAN | Wireless Local Area Network |
| WORM | Write Once Read Many |
| WRAMC | Walter Reed Army Medical Center |
| WTC | World Trade Center |
| WTRR | Wire Transfer Reconciliation Report |
| WTU | Warrior Transition Unit |
| X-Linked SCID | X-Linked Severe Combined Immunodeficiency Syndrome |
| XML | eXtensible Markup Language |
| ZIFT | Zygote Intrafallopian Transfer |
| 2D | Two Dimensional |
| 3D | Three Dimensional |

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