



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

PAT&IB

**CHANGE 50
7950.2-M
JUNE 25, 2013**

**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: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2013,
SECTION 705, PILOT PROGRAM FOR THE TREATMENT OF AUTISM SPECTRUM
DISORDER (ASD), INCLUDING APPLIED BEHAVIOR ANALYSIS (ABA)**

CONREQ: 16537

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements NDAA FY 2013, Section 705. TRICARE Management Activity (TMA) is making comprehensive changes that revise coverage of autism services across the TRICARE Program, to include expansion of ABA and who receives these benefits. TRICARE Basic Program coverage of ABA provided by Board Certified Behavior Analysts (BCBA) or above for all TRICARE beneficiaries with ASD initially implemented in 2012, will continue with appropriate physician referral and oversight requirements. Active Duty Family Members (ADFM) will continue to be eligible for ABA reinforcement under the Extended Care Health Option (ECHO) Autism Demonstration from supervised Board Certified Assistant Behavior Analysts (BCaBA) and paraprofessional ABA tutors. Non-Active Duty Family Members (NADFM) will now be eligible to receive ABA reinforcement from supervised BCaBAs and paraprofessional ABA tutors under the 12-month "ABA Pilot" authorized by the NDAA FY 2013, Section 705.

EFFECTIVE DATE: June 25, 2013.

IMPLEMENTATION DATE: July 25, 2013.

This change is made in conjunction with Feb 2008 TOM, Change No. 101 and Feb 2008 TPM, Change No. 90.

**JACOBS.KENNE
TH.C.1067162311**

Digitally signed by
JACOBS.KENNE.TH.C.1067162311
DN: c=US, o=U.S. Government, ou=DoD,
ou=PKI, ou=TMA,
cn=JACOBS.KENNE.TH.C.1067162311
Date: 2013.06.21 11:47:01 -06'00'

**Kenneth Jacobs
Chief, Performance, Analysis, Transitions,
and Integration Branch**

**ATTACHMENT(S): 28 PAGES
DISTRIBUTION: 7950.2-M**

CHANGE 50
7950.2-M
JUNE 25, 2013

REMOVE PAGE(S)

CHAPTER 2

Section 2.8, pages 11 through 14

Section 4.1, pages 9 through 14

Section 6.2, pages 17 through 25

APPENDIX A

pages 3 through 10

INSERT PAGE(S)

Section 2.8, pages 11 through 14

Section 4.1, pages 9 through 14

Section 6.2, pages 17 through 26

pages 3 through 10

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-185	4	Yes ¹
Non-Institutional	2-305	4/Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Four occurrences of two (2) alphanumeric characters per occurrence/line item for non-institutional.			
DEFINITION Code indicating care that requires special processing.			
CODE/VALUE SPECIFICATIONS			
	0	Hospice non-affiliated provider	
	1	Medicaid	
	3	Allogeneic bone marrow recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	4	Allogeneic bone marrow donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)	
	5	Liver transplant (effective for care before 03/01/1997, or between 02/20/1998 and 08/31/1999 and after 05/31/2003)	
	6	Home Health Care (HHC) (non-institutional only)	
	7	Heart Transplant	
	10	Active duty cost-share ambulatory surgery taken from professional claim	
	11	Hospice	
	12	Capitated Arrangements	
	14	Bone marrow transplants (BMTs) - TMA approved	
	16	Ambulatory Surgery Facility charge	
	17	VA medical provider claim (care rendered by a VA provider)	
	49	Hospital reimbursement reduced by manufacturer credit/replacement of device during warranty period	
	50	Hospital reimbursement reduced by manufacturer credit/recalled device	
	A	Partnership Program (internal providers with signed agreements)	
	E	HHC/CM Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program (ICMP)) ²	

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.
- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADSM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

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Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	Q	Active Duty Delayed Deductible
	R	Medicare/TRICARE Dual Entitlement First Payor - not a Medicare Benefit (Effective 10/01/2001)
	S	Resource Sharing - External
	T	Medicare/TRICARE Dual Entitlement (formally normal COB processing (Effective 10/01/2001 process as Second Payor))
	U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	Financially underwritten payment by contractor
	W	Non-financially underwritten payment by financially underwritten contractor
	X	Partial hospitalization - provider not contracted with or employed by the PHP billing for psychotherapy services in a PHP
	Y	Heart-lung transplant
	Z	Kidney transplant
	AB	Abused dependent of discharged or dismissed member (Effective 07/28/1999)
	AC	Access To Care (ATC) Demonstration (South Region only)
	AD	Foreign active duty claims (Effective 06/30/1996)
	AE	Abortion performed due to rape
	AF	Abortion performed due to incest
	AG	Abortion performed due to life endangering physical condition
	AN	SHCP - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004)
	AP	Applied Behavior Analysis (ABA) Pilot
	AR	SHCP - Referred Care (Effective 10/01/1999 through 05/31/2004)
	AU	Autism Demonstration (Effective 03/15/2008) ³
	BA	Applied Behavior Analysis (ABA) (Interim Benefit)
	BD	Bosnia Deductible (Effective 12/08/1995)
	CA	Civil Action Payment (Effective 07/01/1999)
	CE	SHCP - CCEP (Effective 10/01/1999)

NOTES AND SPECIAL INSTRUCTIONS:

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- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill AD/SM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

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Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)		
	CL	Clinical Trials Demonstration (Enrollment Effective 03/17/2003 through 03/31/2008)
	CM	ICMP claims (Effective 03/15/1999)
	CP	Cancer Clinical Trials (Enrollment Effective on or after 04/01/2008)
	CT	CCTP (Effective 12/28/2001)
	DC	DCPE-DVA - C&P exams used to determine fit for duty
	DE	TDRL physical exams (Effective 03/30/2009)
	EF	TRICARE Reserve and National Guard Family Member Benefits (Reservists and National Guard members called to active duty for more than 30 days in support of a contingency operation) (Effective 11/01/2009)
	EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)
	FF	TFL (First Payor - Not A Medicare Benefit) (Effective 10/01/2001)
	FG	TFL (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	FS	TFL (Second Payor) (Effective 10/01/2001)
	GF	TPR for eligible ADFM residing with a TPR Eligible ADSM (Effective 10/30/2000 through 08/31/2002)
	GU	ADSM enrolled in TPR (Effective 10/01/1999)
	KO	Allied Forces - Kosovo (Effective 06/01/1999)
	LD	Laboratory Developed Tests (LDTs) Demonstration
	MH	Mental Health Active Duty Cost- Share
	MM	Maryland Multi-Payer Patient-Centered Medical Home Program (MMPCMHP)
	MN	TSP (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	MS	TSP (Network) (Effective 01/01/1998 through 12/31/2001)
	NE	Operation Noble Eagle/Operation Enduring Freedom Demonstration (Reservists called to active duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2009)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)

NOTES AND SPECIAL INSTRUCTIONS:

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- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADSM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

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Chapter 2, Section 2.8

Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)

CODE/VALUE SPECIFICATIONS (CONTINUED)	PF	ECHO (formerly PFPWD)
	PH	Philippines Demonstration Project
	PO	TRICARE Prime - Point of Service
	PS	Specialty Pharmacy Service (MOP Only)
	PV	Retail Network Pharmacy Services for DVA Beneficiaries (TPharm Retail Pharmacies Only)
	RB	Respite Benefit for Seriously Injured or Ill ADSMs ⁴
	RI	Resource Sharing - Internal
	RS	Medicare/TRICARE Dual Entitlement (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	SC	SHCP - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	SHCP - TRICARE Eligible (Effective 10/01/1999)
	SM	SHCP - Emergency (Effective 10/01/1999)
	SN	TSS (Non-Network) (Effective 04/01/2000 through 12/31/2002)
	SP	Special/Emergent Care (Effective 06/01/1999)
	SS	TSS (Network) (Effective 04/01/2000 through 12/31/2002)
	ST	Specialized Treatment (Effective 03/01/1997 through 05/31/2003)
	WR	Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

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- ² Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.
- ³ Whenever SPECIAL PROCESSING CODE = 'AU' (AUTISM DEMONSTRATION) is coded, SPECIAL PROCESSING CODE 'PF' (ECHO) must be present.
- ⁴ Whenever SPECIAL PROCESSING CODE = 'RB' (Respite Benefit for Seriously Injured or Ill ADSM) is coded, SPECIAL PROCESSING CODE 'SE' (SHCP- TRICARE Eligible) must be present.

- END -

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)	
	412 TRS SURVIVOR NEW FAMILY COVERAGE OR
	413 TRS MEMBER-ONLY COVERAGE OR
	414 TRS MEMBER AND FAMILY COVERAGE OR
	418 TRR MEMBER-ONLY COVERAGE OR
	419 TRR MEMBER AND FAMILY COVERAGE OR
	420 TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421 TRR SURVIVOR FAMILY COVERAGE OR
	999 UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN SHCP NON-MTF REFERRED CARE OR
	AP ABA PILOT OR
	AR SHCP REFERRED CARE OR
	AU AUTISM DEMONSTRATION OR
	CL CLINICAL TRIALS OR
	CM INDIVIDUAL CASE MANAGEMENT OR
	CT CUSTODIAL CARE OR
	LD LDTs DEMONSTRATION OR
	MM MMPCMHP
OR HCC MEMBER CATEGORY CODE MUST =	A ACTIVE DUTY OR
	G NATIONAL GUARD > 30 DAYS OR
	J ACADEMY STUDENT OR
	N NATIONAL GUARD < 30 DAYS OR
	S RESERVE > 30 DAYS OR
	T FOREIGN MILITARY MEMBER OR
	V RESERVE < 30 DAYS OR
	Z UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A SELF OR
	Z UNKNOWN
0-025-07R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT	
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD TRICARE DOMESTIC
AND CONTRACT NUMBER =	T3 SOUTH
AND BEGIN DATE OF CARE ≥	START OF CONTRACT

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)

THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	Y	CHCBP OR
	AA	CHCBP - EXTRA OR
	SN	SHCP - NON-MTF REFERRED CARE OR
	SR	SHCP - MTF REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DELIVERED TO INELIGIBLES OR
	121	CHCBP STANDARD - INDIVIDUAL COVERAGE OR
	122	CHCBP EXTRA - FAMILY COVERAGE OR
	401	TRS TIER 1 MEMBER-ONLY OR
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR
	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF REFERRED CARE OR
	AP	ABA PILOT OR
	AR	SHCP - MTF REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE OR
	LD	LDTs DEMONSTRATION

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)

OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF OR
	Z	UNKNOWN
0-025-08R IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC
AND CONTRACT NUMBER =		<i>T3 WEST</i>
AND BEGIN DATE OF CARE ≥		<i>START OF CONTRACT</i>
THEN SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF REFERRED CARE OR
	AP	ABA PILOT OR
	AR	SHCP - MTF REFERRED CARE OR
	AU	AUTISM DEMONSTRATION OR
	CL	CLINICAL TRIALS OR
	CM	INDIVIDUAL CASE MANAGEMENT OR
	CT	CUSTODIAL CARE OR
	LD	LDTs DEMONSTRATION
OR ENROLLMENT/HEALTH PLAN CODE MUST =	SN	SHCP - NON-MTF REFERRED CARE OR
	SR	SHCP - MTF REFERRED CARE
OR HCDP PLAN COVERAGE CODE MUST =	000	CARE DLEIVIER TO INELIGIBLES OR
	401	TRS TIER 1 MEMBER-ONLY OR
	402	TRS TIER 1 MEMBER AND FAMILY OR
	403	TOBACCO CESSATION DEMONSTRATION PROGRAM OR

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)

	404	WEIGHT MANAGEMENT DEMONSTRATION PROGRAM OR
	405	TRS TIER 2 MEMBER-ONLY OR
	406	TRS TIER 2 MEMBER AND FAMILY OR
	407	TRS TIER 3 MEMBER-ONLY OR
	408	TRS TIER 3 MEMBER AND FAMILY OR
	409	TRS SURVIVOR CONTINUING INDIVIDUAL COVERAGE OR
	410	TRS SURVIVOR CONTINUING FAMILY COVERAGE OR
	411	TRS SURVIVOR NEW INDIVIDUAL COVERAGE OR
	412	TRS SURVIVOR NEW FAMILY COVERAGE OR
	413	TRS MEMBER-ONLY COVERAGE OR
	414	TRS MEMBER AND FAMILY COVERAGE OR
	418	TRR MEMBER-ONLY COVERAGE OR
	419	TRR MEMBER AND FAMILY COVERAGE OR
	420	TRR SURVIVOR INDIVIDUAL COVERAGE OR
	421	TRR SURVIVOR FAMILY COVERAGE OR
	999	UNVERIFIED NEWBORN
OR PATIENT ZIP CODE IS IN ALASKA		
OR PCM DMIS ID STATE = ALASKA		
OR HCC MEMBER CATEGORY CODE MUST =		
	A	ACTIVE DUTY OR
	G	NATIONAL GUARD > 30 DAYS OR
	J	ACADEMY STUDENT OR
	N	NATIONAL GUARD < 30 DAYS OR
	S	RESERVE > 30 DAYS OR
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE < 30 DAYS OR
	Z	UNKNOWN
AND HCC MEMBER RELATIONSHIP CODE MUST =		
	A	SELF OR
	Z	UNKNOWN
0-025-09R	IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	
	B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN BYPASS THIS EDIT		
ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =		
	TC	TRICARE CIVILIAN PRIME

¹ TMA DATABASE.

² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

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Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (Continued)		
	AND CONTRACT NUMBER =	T3 NORTH, SOUTH & WEST
	THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	U TRICARE PRIME CIVILIAN PCM
	AND BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTH CARE DELIVERY	
0-025-10R	IF ANY OCCURRENCE OF TYPE OF SUBMISSION =	B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BYPASS THIS EDIT	
	ELSE IF BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TN TRICARE NON-CIVILIAN PRIME
	AND CONTRACT NUMBER =	T3 NORTH, SOUTH & WEST
	THEN ENROLLMENT CODE/HEALTH PLAN CODE MUST =	T TRICARE STANDARD PROGRAM OR V TRICARE EXTRA OR Z TRICARE PRIME, MTF/PCM OR WF TRICARE PRIME REMOTE ADFM
	AND BEGIN DATE OF CARE MUST BE ≥ START DATE OF HEALTHCARE DELIVERY	
0-025-11R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR 6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND CONTRACT NUMBER =	TBD TPHARM
	AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER = 'MIPR'	
	THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	M MOP
0-025-12R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR 6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND TYPE OF SERVICE (POSITION 2) =	M MOP
	THEN POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER MUST = 'MIPR'	
0-025-13R	IF HEADER TYPE INDICATOR =	5 VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR 6 VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND CONTRACT NUMBER =	TBD TPHARM
	AND POSITION 1 THRU 4 OF THE CLIN/ASAP NUMBER ≠ 'MIPR'	
	THEN ALL OCCURRENCES OF TYPE OF SERVICE (POSITION 2) MUST =	B RETAIL PHARMACY

¹ TMA DATABASE.
² DEFINED IN THE TRICARE OPERATIONS MANUAL (TOM), [CHAPTER 3](#). IF CONTRACTOR REQUIRES THE ABILITY TO SUBMIT 'INITIAL SUBMISSIONS' ON A CLOSED BATCH/VOUCHER CLIN/ASAP ACCOUNT, THEN CONTACT TMA, CRM FOR INSTRUCTIONS ON HOW TO PROCEED.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 2, Section 4.1

Header Edit Requirements (ELN 000 - 099)

ELEMENT NAME: BATCH/VOUCHER DATE (0-030)			
VALIDITY EDITS			
0-030-01V	MUST BE A VALID JULIAN DATE AND CANNOT BE > TMA CURRENT SYSTEM DATE.		
0-030-02V	BATCH/VOUCHER DATE MUST BE ≥ CONTRACT BEGIN DATE ¹		
	AND BATCH/VOUCHER DATE MUST BE ≤ CONTRACT END DATE ¹		
RELATIONAL EDITS			
0-030-01R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TD	TRICARE DOMESTIC OR
		TF	TRICARE FOREIGN OR
		TT	TRICARE TARGET
	AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT WITH 100% OHI/TPL OR
		R	RESUBMISSION
0-030-02R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	THEN BATCH/VOUCHER DATE IN HEADER MUST NOT BE LESS THAN THE ASAP BEGIN DATE ON THE TMA DATABASE.		
0-030-03R	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	THEN BATCH/VOUCHER DATE MUST ≠	09/29/XXXX OR	
		09/30/XXXX	
	UNLESS BATCH/VOUCHER IDENTIFIER =	3	PROVIDER (BATCH ONLY)
0-030-04R	IF BATCH/VOUCHER RESUBMISSION NUMBER =	00	
	AND TRANSMISSION FILE RECEIVED TIME/DATE STAMP > 10:00 AM 09/28/(CURRENT YEAR)		
	AND BATCH/VOUCHER IDENTIFIER =	5	INSTITUTIONAL/NON-INSTITUTIONAL (BATCH/VOUCHER)
	THEN BATCH/VOUCHER DATE MUST NOT BE < 10/01/(CURRENT YEAR)		
0-030-05R	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE ELIGIBLE
	AND BATCH/VOUCHER CLIN/ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN CORAMS =	TC	TRICARE CIVILIAN PRIME OR
		TN	TRICARE NON-CIVILIAN PRIME

¹ CONTRACT DATES ON THE TMA DATABASE. THESE DATES ARE TAKEN FROM THE TMA CONTRACTS.

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (Continued)

2-160-06R	IF TYPE OF SERVICE (FIRST POSITION) =	I	INPATIENT
	THEN PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE (REFER TO ADDENDUM E, FIGURE 2.E-1).		
2-160-08R	IF PROCEDURE CODE ¹ =	98800	FOR DRUGS OR
		00MN	PRESCRIPTION MEDICAL NECESSITY REVIEWS OR
		00PA	PRESCRIPTION PRIOR AUTHORIZATIONS
	THEN TYPE OF SERVICE (SECOND POSITION) MUST =	B	RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS OR
		M	MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS
	AND NATIONAL DRUG CODE MUST ≠ BLANK		
	UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE (ADDENDUM A)		
2-160-11R	IF PROCEDURE CODE ¹ = S5108 OR 99080		
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AP	ABA PILOT OR
		AU	AUTISM DEMONSTRATION OR
		BA	ABA (INTERIM BENEFIT)
	UNLESS ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM IS A CODE LISTED IN ADDENDUM G, FIGURE 2.G-1 OR FIGURE 2.G-2 .		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-MTF-REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR
		CE	SHCP - CCEP OR
		GU	ADSM ENROLLED IN TPR OR
		MN	TSP - NETWORK OR
		MS	TSP - NON-NETWORK OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM OR
		SN	SHCP - NON-MTF-REFERRED CARE OR
		SR	SHCP - REFERRED CARE OR
		WA	TPR - FOREIGN ADSM
2-160-12	IF PROCEDURE CODE ¹ = 1181F, 1450F, S5115, G8539, G8542, G9165, G9166, OR G9167		
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	BA	ABA (INTERIM BENEFIT)
	UNLESS AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO.		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ACTIVE DUTY CLAIMS (EFFECTIVE 06/30/1996) OR

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-160-01R.

³ BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V.

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE (2-160) (Continued)

	AN	SHCP - NON-MTF-REFERRED CARE OR
	AR	SHCP - REFERRED CARE OR
	CE	SHCP - CCEP OR
	GU	ADSM ENROLLED IN TPR OR
	MN	TSP - NETWORK OR
	MS	TSP - NON-NETWORK OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
OR ENROLLMENT/HEALTH PLAN CODE =	X	FOREIGN ADSM OR
	SN	SHCP - NON-MTF-REFERRED CARE OR
	SR	SHCP - REFERRED CARE OR
	WA	TPR - FOREIGN ADSM

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² PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-160-01R.

³ BYPASS EDIT 2-160-01R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V.

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: PROCEDURE CODE MODIFIER (2-165)

VALIDITY EDITS

2-165-01V MUST BE A VALID PROCEDURE CODE MODIFIER AS DEFINED IN [SECTION 2.7](#)

RELATIONAL EDITS

NONE

ELEMENT NAME: NATIONAL DRUG CODE (2-170)

VALIDITY EDITS

2-170-01V MUST BE A VALID NATIONAL DRUG CODE OR BLANK

RELATIONAL EDITS

2-170-01R IF NATIONAL DRUG CODE = BLANK

THEN TYPE OF SERVICE (SECOND POSITION) MUST ≠

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS **OR**

M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND PROCEDURE CODE¹ MUST ≠ 98800 FOR DRUGS

UNLESS PROVIDER STATE OR COUNTRY CODE IS A FOREIGN COUNTRY CODE ([ADDENDUM A](#))

2-170-02R IF NATIONAL DRUG CODE ≠ BLANK

THEN TYPE OF SERVICE (SECOND POSITION) MUST =

B RETAIL DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS **OR**

M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND PROCEDURE CODE¹ MUST = 98800 FOR DRUGS **OR**

99070 FOR SUPPLIES **OR**

000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**

000PA PRESCRIPTION PRIOR AUTHORIZATIONS

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: NUMBER OF SERVICES (2-175)

VALIDITY EDITS

2-175-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-175-01R	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 NUMBER OF SERVICES FOR EACH OCCURRENCE MUST BE > ZERO

UNLESS TYPE OF SERVICE (SECOND POSITION) =

M MOP DRUGS, SUPPLIES, PRESCRIPTION, AUTHORIZATIONS, AND REVIEWS

AND OCCURRENCE/LINE ITEM NUMBER = 002

THEN NUMBER OF SERVICES ON THIS LINE ITEM MUST = ZERO

2-175-02R² • SURGERY PROCEDURE CODES

IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO

AND PROCEDURE CODE¹ = 10000-36399 **OR** 36800-69999 (SURGERY)

THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM CANNOT EXCEED 10 PER DAY

UNLESS PROCEDURE CODE = 11201, 11721, 13102, 13122, 13133, 13153, 15001, 15003, 15101, 15201, 15221, 15241, 15261, 15301, 15321, 15331, 15341, 15343, 15361, 15366, 15401, 15421, 15431, 17003, 17004, 17110, 17111, OR 17310

OR ANY OCCURRENCE OF OVERRIDE CODE =

NS CONTRACTOR HAS DETERMINED THA NUMBER OF SERVICES IS MEDICALLY NECESSARY

2-175-03R² • E/M PROCEDURE CODES

IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO

AND PROCEDURE CODE¹ = 99201-99205 (OFFICE VISITS - NEW PATIENTS) **OR**

99211-99215 (OFFICE VISITS - ESTABLISHED PATIENTS) **OR**

99217 (DISCHARGE SERVICES) **OR**

99221-99233 (HOSPITAL CARE PER DAY) **OR**

99234-99236 (OBSERVATION OR IMPATIENT CARE SERVICES) **OR**

99238-99239 (HOSPITAL DISCHARGE SERVICES) **OR**

99241-99245 (OFFICE CONSULTATIONS) **OR**

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² EDITS 2-175-02R, 2-175-03R, 2-175-04R, AND 2-175-06R ARE ONLY EXECUTED FOR FILING DATES < 02/01/2010.

³ EDIT 2-175-07R IS ONLY EXECUTED FOR FILING DATES ≥ 02/01/2010. PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-175-07R. BYPASS EDIT 2-175-07R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V.

⁴ TO DETERMINE MAXIMUM NUMBER OF SERVICES REFER TO THE MAXIMUM NUMBER OF SERVICES CODE LIST AT [HTTP://WWW.TRICARE.MIL/TMA/RATES.ASPX](http://www.tricare.mil/TMA/RATES.ASPX).

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: NUMBER OF SERVICES (2-175) (Continued)

	99251-99255 (INITIAL INPATIENT CONSULTATIONS) OR
	99261-99263 (FOLLOW-UP INPATIENT CONSULTATIONS) OR
	99271-99275 (CONFIRMATORY CONSULTATIONS) OR
	99281-99285 (EMERGENCY DEPARTMENT VISIT) OR
	99291 (CRITICAL CARE) (NOTE: CODE 99292 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 15 MINUTES OF CARE) OR
	99295-99298 (NEONATAL INTENSIVE CARE) OR
	99301-99315 (NURSING FACILITY CHARGES) OR
	99321-99333 (DOMICILIARY, REST HOME, OR CUSTODIAL CARE SERVICES) OR
	99341-99350 (HOME SERVICES) OR
	99354 (PROLONGED SERVICES) (NOTE: CODE 99355 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR
	99356 (PROLONGED SERVICES) (NOTE: CODE 99357 EXCLUDED BECAUSE UTILIZED TO REPORT FOR EACH ADDITIONAL 30 MINUTES OF CARE) OR
	99361-99373 (CASE MANAGEMENT SERVICES) OR
	99374-99380 (CARE PLAN OVERSIGHT) OR
	99381-99429 (PREVENTIVE MEDICINE SERVICES) OR
	99431-99440 (NEWBORN CARE) OR
	99450-99456 (SPECIAL EVALUATION AND MANAGEMENT SERVICES)

THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM **CANNOT** EXCEED 3 PER DAY

UNLESS ANY OCCURRENCE OF OVERRIDE

CODE =	NS	CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY
--------	----	--

2-175-04R² • MEDICAL PROCEDURE CODES

IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO

AND PROCEDURE CODE ¹ =	99500-99512 (HOME HEALTH VISIT) OR
--	---

99551-99568 (HOME INFUSION PER DIEM CODES)
--

THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM **CANNOT** EXCEED 3 PER DAY

UNLESS ANY OCCURRENCE OF OVERRIDE

CODE =	NS	CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY
--------	----	--

2-175-06R² • VACCINES (VACCINE PRODUCT ONLY) PROCEDURE CODES

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² EDITS 2-175-02R, 2-175-03R, 2-175-04R, AND 2-175-06R ARE ONLY EXECUTED FOR FILING DATES < 02/01/2010.
³ EDIT 2-175-07R IS ONLY EXECUTED FOR FILING DATES ≥ 02/01/2010. PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-175-07R. BYPASS EDIT 2-175-07R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V.
⁴ TO DETERMINE MAXIMUM NUMBER OF SERVICES REFER TO THE MAXIMUM NUMBER OF SERVICES CODE LIST AT [HTTP://WWW.TRICARE.MIL/TMA/RATES.ASPX](http://www.tricare.mil/TMA/RATES.ASPX).

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: NUMBER OF SERVICES (2-175) (Continued)

IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO

AND PROCEDURE CODE¹ = 90476-90479 (VACCINES, TOXOIDS)

THEN NUMBER OF SERVICES PER PROCEDURE CODE ON A LINE ITEM **CANNOT** EXCEED 3 PER DAY

UNLESS ANY OCCURRENCE OF OVERRIDE

CODE = NS CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY

2-175-07R³ IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO

THEN NUMBER OF SERVICES **CANNOT** EXCEED THE MAXIMUM ALLOWED NUMBER OF SERVICES PER DAY FOR THE PROCEDURE CODE ON THIS LINE ITEM⁴

UNLESS ANY OCCURRENCE OF OVERRIDE

CODE = NS CONTRACTOR HAS DETERMINED THAT NUMBER OF SERVICES IS MEDICALLY NECESSARY

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² EDITS 2-175-02R, 2-175-03R, 2-175-04R, AND 2-175-06R ARE ONLY EXECUTED FOR FILING DATES < 02/01/2010.

³ EDIT 2-175-07R IS ONLY EXECUTED FOR FILING DATES ≥ 02/01/2010. PROCEDURE CODE RECORD MATCH MADE IN 2-160-01V OR 2-160-02V WILL BE USED IN EDIT 2-175-07R. BYPASS EDIT 2-175-07R IF RECORD FAILS EDIT 2-160-01V OR 2-160-02V.

⁴ TO DETERMINE MAXIMUM NUMBER OF SERVICES REFER TO THE MAXIMUM NUMBER OF SERVICES CODE LIST AT [HTTP://WWW.TRICARE.MIL/TMA/RATES.ASPX](http://www.tricare.mil/tma/rates.aspx).

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE (2-180)

VALIDITY EDITS

2-180-01V MUST BE NUMERIC.

2-180-02V IF CONTRACT NUMBER = MDA906-02-C-0013
THEN IF PROCEDURE CODE = 000MN PRESCRIPTION MEDICAL NECESSITY REVIEWS **OR**
 000PA PRESCRIPTION PRIOR AUTHORIZATIONS

THEN AMOUNT BILLED BY PROCEDURE CODE MUST > ZERO

ELSE IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION TO TED RECORD DATA
OR ADJUSTMENT/DENIAL REASON CODE IS A DENIAL REASON CODE LISTED IN [FIGURE 2.G-1](#) FOR THAT OCCURRENCE/LINE ITEM

THEN AMOUNT BILLED BY PROCEDURE CODE MUST = ZERO

AND AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO

AND AMOUNT PAID BY OHI MUST = ZERO

AND AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO

AND AMOUNT PAITENT COST SHARE MUST = ZERO

ELSE IF OCCURRENCE/LINE ITEM NUMBER = 002

THEN AMOUNT BILLED BY PROCEDURE CODE MUST = ZERO

ELSE AMOUNT BILLED BY PROCEDURE CODE MUST BE \geq \$10.20 AND \leq \$11.48

2-180-03V IF CONTRACT NUMBER = MDA906-02-C-0013

AND AMOUNT BILLED BY PROCEDURE CODE = ZERO

THEN TYPE OF SUBMISSION MUST = C COMPLETE CANCELLATION TO TED RECORD DATA

OR OCCURRENCE/LINE ITEM NUMBER MUST = 002

OR ADJUSTMENT/DENIAL REASON CODE MUST BE A DENIAL REASON CODE LISTED IN [FIGURE 2.G-1](#) FOR THAT OCCURRENCE/LINE ITEM

RELATIONAL EDITS

2-180-00R IF TYPE OF SUBMISSION \neq D COMPLETE DENIAL

THEN TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT BILLED BY PROCEDURE CODE FOR THIS TED RECORD MUST NOT EXCEED TMA LIMIT OF \$1,000,000.00

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185)

VALIDITY EDITS

2-185-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-185-00R TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT ALLOWED BY PROCEDURE CODE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

2-185-01R IF TYPE OF SUBMISSION = C COMPLETE CANCELLATION **OR**
D COMPLETE DENIAL

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST = ZERO FOR ALL OCCURRENCES/LINE ITEMS

2-185-02R IF PRICING RATE CODE = ~~h~~ NO SPECIAL RATE **OR**
D DISCOUNT RATE **OR**
V MEDICARE REIMBURSEMENT RATE

AND NO OCCURRENCE OF SPECIAL PROCESSING CODE = T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**

FS TFL (SECOND PAYOR) **OR**

16 AMBULATORY SURGERY FACILITY CHARGE

AND TYPE OF SUBMISSION = A ADJUSTMENT **OR**

I INITIAL SUBMISSION **OR**

O ZERO PAYMENT WITH 100% OHI/TPL **OR**

R RESUBMISSION

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ AMOUNT BILLED BY PROCEDURE CODE FOR EACH OCCURRENCE/LINE ITEM

2-185-03R IF PRICING RATE CODE = 4 PAID AS BILLED **OR**

I CLAIM AUDITING SOFTWARE-ADDED PROCEDURE, PAID AS BILLED

AND TYPE OF SUBMISSION = A ADJUSTMENT **OR**

I INITIAL SUBMISSION **OR**

O ZERO PAYMENT WITH 100% OHI/TPL **OR**

R RESUBMISSION

THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = AMOUNT BILLED BY PROCEDURE CODE

2-185-04R IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO

THEN ADJUSTMENT/DENIAL REASON CODE FOR THAT OCCURRENCE/LINE ITEM MUST BE A CODE LISTED IN [ADDENDUM G, FIGURE 2.G-1](#) **OR** [FIGURE 2.G-2](#)

UNLESS TYPE OF SUBMISSION = B ADJUSTMENT NON-TED DATA (HCSR) DATA **OR**

E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

2-185-05R IF TYPE OF SUBMISSION = E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN AMOUNT ALLOWED BY PROCEDURE CODE ≤ ZERO

2-185-06R IF AMOUNT ALLOWED BY PROCEDURE CODE > ZERO

THEN TYPE OF SUBMISSION MUST = A ADJUSTMENT **OR**

B ADJUSTMENT TO NON-TED RECORD (HCSR) DATA **OR**

I INITIAL SUBMISSION **OR**

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT ALLOWED BY PROCEDURE CODE (2-185) (Continued)

	O	ZERO PAYMENT WITH 100% OHI/TPL OR
	R	RESUBMISSION
2-185-07R	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO	
	THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE MUST = ZERO	
	UNLESS TYPE OF SUBMISSION =	
	B	ADJUSTMENT NON-TED DATA (HCSR) DATA OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (2-190)

VALIDITY EDITS

2-190-01V MUST BE NUMERIC.

RELATIONAL EDITS

2-190-00R TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT PAID BY OTHER HEALTH INSURANCE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.

2-190-01R	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 AMOUNT PAID BY OTHER HEALTH INSURANCE MUST BE ≥ ZERO.

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) TYPE CODE (2-191)

VALIDITY EDITS

2-191-01V MUST BE A VALID OGP TYPE CODE LISTING IN [SECTION 2.6](#).

RELATIONAL EDITS

2-191-01R	IF OGP TYPE CODE =	
	V	CHAMPVA
	THEN TYPE OF SUBMISSION MUST =	
	C	COMPLETE CANCELLATION OR
	E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAME: OTHER GOVERNMENT PROGRAM (OGP) BEGIN REASON CODE (2-192)

VALIDITY EDITS

2-192-01V MUST BE A VALID OGP BEGIN REASON CODE LISTING IN [SECTION 2.6](#).

RELATIONAL EDITS

NONE

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Non-Institutional Edit Requirements (ELN 100 - 199)

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-195)	
VALIDITY EDITS	
2-195-01V	MUST BE NUMERIC.
RELATIONAL EDITS	
2-195-00R	TOTAL OF ALL OCCURRENCES/LINE ITEMS OF AMOUNT APPLIED TOWARD DEDUCTIBLE FOR THIS TED RECORD EXCEEDS TMA LIMIT OF \$1,000,000.00.
2-195-01R	IF TYPE OF SUBMISSION =
	A ADJUSTMENT OR
	I INITIAL SUBMISSION OR
	O ZERO PAYMENT WITH 100% OHI/TPL OR
	R RESUBMISSION
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO
2-195-02R	IF TYPE OF SUBMISSION =
	C COMPLETE CANCELLATION OR
	D COMPLETE DENIAL
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE = ZERO
2-195-03R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	NE OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM DEMONSTRATION
	AND BEGIN DATE OF CARE ≥ 09/14/2001 AND < 11/01/2008
	AND ENROLLMENT/HEALTH PLAN CODE =
	T TRICARE STANDARD PROGRAM OR
	V TRICARE EXTRA
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO
2-195-04R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =
	DE TDRL PHYSICAL EXAMS OR
	PF ECHO
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO

- END -

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Appendix A

Acronyms And Abbreviations

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
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center
BCaBA	Board Certified Assistant Behavior Analyst
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst - Doctoral
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association

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Appendix A

Acronyms And Abbreviations

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
PPV	Benign Paroxysmal Positional Vertigo
BPC	Beneficiary Publication Committee
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
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care
CAP	Competitive Acquisition Program
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

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Appendix A

Acronyms And Abbreviations

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
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

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Acronyms And Abbreviations

CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs
CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CID	Central Institute for the Deaf
CIF	Central Issuing Facility Common Intermediate Format
CIO	Chief Information Officer
CIPA	Classified Information Procedures Act
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CL	Confidentiality Level (Classified, Public, Sensitive)
CLIA	Clinical Laboratory Improvement Amendment
CLIN	Contract Line Item Number
CLKT	Combined Liver-Kidney Transplant
CLL	Chronic Lymphocytic Leukemia
CMAC	CHAMPUS Maximum Allowable Charge
CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMR	Cardiovascular Magnetic Resonance
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
CNM	Certified Nurse Midwife
CNS	Central Nervous System Clinical Nurse Specialist
CO	Contracting Officer
COB	Close of Business Coordination of Benefits
COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
CoCC	Certificate of Creditable Coverage
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States

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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
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

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CTEP	Cancer Therapy Evaluation Program
CTX	Corporate Trade Exchange
CUC	Chronic Ulcerative Colitis
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
DBA	Doing Business As
DBN	DoD Benefits Number
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index
DCIS	Defense Criminal Investigative Service Ductal Carcinoma In Situ
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination
DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
DCWS	DEERS Claims Web Service
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDD	Degenerative Disc Disease
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment
DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System
DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard Disability Evaluation System
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services

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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
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

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DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Versatile Disc (formerly Digital Video Disc)
DVD-R	Digital Versatile Disc-Recordable
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level