



DEFENSE
HEALTH AGENCY

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**CHANGE 76
7950.2-M
AUGUST 24, 2015**

**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: REIMBURSEMENT AND CODING 15-001

CONREQ: 17372

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: See page 3.

IMPLEMENTATION DATE: September 24, 2015.

This change is made in conjunction with Feb 2008 TPM, Change No. 140 and Feb 2008 TRM, Change No. 115.

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97**

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**ATTACHMENT(S): 32 PAGES
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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

CHANGE 76
7950.2-M
AUGUST 24, 2015

REMOVE PAGE(S)

CHAPTER 2

Section 2.6, pages 1 through 6, 9, and 10

Section 2.7, pages 25 through 30

Addendum H, pages 19 and 20

Addendum N, pages 1, 2, 13, and 14

APPENDIX A

pages 1 through 4 and 27 through 34

INSERT PAGE(S)

Section 2.6, pages 1 through 6, 9, and 10

Section 2.7, pages 25 through 30

Addendum H, pages 19 and 20

Addendum N, pages 1, 2, 13, and 14

pages 1 through 4 and 27 through 34

SUMMARY OF CHANGES

CHAPTER 2

1. Section 2.6. This change updates the status indicator of "X" as no longer active and adds new status indicator "J1." EFFECTIVE DATE: 01/01/2015.
2. Section 2.7.
 - a. This change updates the status indicator of "X" as no longer active and adds new status indicator "J1." EFFECTIVE DATE: 01/01/2015.
 - b. This change adds modifier "JF", between indicators "JA-JJ." EFFECTIVE DATE: 01/01/2015.
3. Addendum H. This change updates Revenue Code 086X Magnetoencephalography. EFFECTIVE DATE: 04/01/2010.
4. Addendum N. This change updates Revenue Code 086X Magnetoencephalography. EFFECTIVE DATE: 04/01/2010.

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: NATIONAL DRUG CODE			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-170	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Eleven (11) alphanumeric characters.			
DEFINITION Number assigned to pharmaceutical products by the FDA.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ Only required for Outpatient Drug claims. Blank fill for non-pharmacy TED records.			
This data element must be present for Mail Order Pharmacy (MOP) and Retail Pharmacy.			

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Chapter 2, Section 2.6

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: NUMBER OF SERVICES

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-175	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Three (3) signed numeric digits.			
DEFINITION Number of procedures performed/services or supplies rendered for medical, dental, and mental health care.			
CODE/VALUE SPECIFICATIONS N/A			
ALGORITHM Identical procedures must be combined when performed by the same provider, with the same charge for each, and within the same calendar month, provided the reason for allowance/denial is the same for each charge and combining procedures does not conflict with other TED record requirements (i.e., Number of Services field size). For ambulance services, allergy testing, DME rental, or POV mileage for ECHO, enter 01 for each service regardless of number of units or mileage. When multiple units are used in a single Episode Of Care (EOC), such as one box of twelve syringes, code only one (1) supply or service. Allowed prescription drugs must be combined separately from disallowed prescription drugs. Report the number of prescriptions (not pills or day's supply) for prescriptions.			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		

NOTES AND SPECIAL INSTRUCTIONS:
 Number of Services should be reported as 999 for HCPCS J-codes when the actual quantity of the services on the claim form exceeds 999.
 For a list of maximum number of services allowed for a procedure code per day, refer to the Maximum Number of Services by Procedure Code list on **DHA's** web site at <http://www.tricare.mil/tma/Rates.aspx>. These values conform to CMS' Medically Unlikely Edits (MUE) program for CPT/HCPCS codes that have been assigned a limit by CMS. Any CPT/HCPCS code not assigned a limit by CMS have been assigned a limit deemed reasonable by TRICARE. The edits for MUE program are published on the CMS web site at http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp.

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Chapter 2, Section 2.6

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OCCURRENCE/LINE ITEM NUMBER

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-380	Up to 450	Yes
Non-Institutional	2-145	Up to 99	Yes

PRIMARY PICTURE (FORMAT) Three (3) numeric digits.

DEFINITION A unique number for each utilization/revenue data occurrence within the TED record. Occurrence/line item number must be assigned in sequential ascending order.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OPPS PAYMENT STATUS INDICATOR CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-331	Up to 99	Yes ¹
PRIMARY PICTURE (FORMAT) Two (2) alphanumeric characters.			
DEFINITION Identifies how a service or procedure is paid under OPPS.			
CODE/VALUE SPECIFICATIONS	A	Services paid under some payment method other than OPPS (e.g., payment for non-implantable prosthetic and orthotic devices, DME, ambulance services, and individual professional services).	
	B	More appropriate code required for TRICARE OPPS.	
	C	Inpatient services.	
	E	Items or services not covered by TRICARE.	
	F	Acquisition of corneal tissue and certain CRNA services and Hepatitis B vaccines.	
	G	Pass-through drugs and biologicals.	
	H	<ol style="list-style-type: none"> 1. Pass-through device categories. 2. Therapeutic radiopharmaceuticals. 	
	K	Non-pass-through drugs and biologicals.	
	N	Items and services packaged into APC rates.	
	P	Partial hospitalization service.	
	Q	Packaged services subject to separate payment based on payment criteria. See codes Q1 through Q3 listed below.	
	R	Blood and blood products.	
	S	Significant procedures not subject to multiple procedure discounting.	
	T	Significant procedures subject to multiple procedure discounting.	
	U	Brachytherapy sources.	
	V	Clinic or ED visits.	
	W	Invalid HCPCS or invalid revenue code with blank HCPCS.	
	X	Ancillary services. ²	
	Z	Valid revenue code with blank HCPCS and no other SI assigned.	
	TB	TRICARE reimbursement not allowed for CPT/HCPCS code submitted.	

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required on all TED records reimbursed under OPPS.

² Effective January 1, 2015, SI of X is no longer recognized.

Refer to the TRM for additional information and more complete definitions of the OPPS Payment SI Codes. Must be left justified and blank filled.

The list of Payment SIs For Hospital OPPS and OPPS Payment Status can be found at <http://www.tricare.mil/opps>.

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Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OPPS PAYMENT STATUS INDICATOR CODE (Continued)

CODE/VALUE SPECIFICATIONS (CONTINUED)		
	J1	Hospital outpatient department services paid through a comprehensive APC.
	Q1	STVX-packaged codes.
	Q2	T-packaged codes.
	Q3	Codes that may be paid through a composite APC.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required on all TED records reimbursed under OPPS.

² Effective January 1, 2015, SI of X is no longer recognized.

Refer to the TRM for additional information and more complete definitions of the OPPS Payment SI Codes. Must be left justified and blank filled.

The list of Payment SIs For Hospital OPPS and OPPS Payment Status can be found at <http://www.tricare.mil/opps>.

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Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

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

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-132	1	Yes ¹
Non-Institutional	2-192	Up to 99	Yes ¹

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION The code that indicates the reason that the person's period of eligibility for a non-DoD OGP began. The OGP begin reason code only applies to OGP type codes of 'A' or 'B' only. Download field from DEERS.

CODE/VALUE SPECIFICATIONS	LOCATOR#	DESCRIPTION
	A	Eligible for Medicare. Eligibility began after age 65 (the person did not have enough quarters of Social Security contributions to qualify at age 65). This value applies to Medicare Part A.
	B	Enrollment in Medicare Part B, C or D; over or under age 65. Medicare Part B can only be obtained by payment of monthly premiums. This value applies to Medicare Part B, C or D.
	D	Eligible for Medicare because of disability. This value applies to Medicare Part A.
	E	Eligible for Medicare at age 65. This value applies to Medicare Part A.
	F	Eligibility for Medicare defaulted at age 65; verification not received from Center for Medicare and Medicaid Services (CMS). Applies to Medicare Part A only.
	G	Enrollment in Medicare Part B declined by beneficiary.
	N	Not eligible for Medicare. Under age 65 this is the default value. At age 65 this indicates eligibility could not begin because the person did not have enough quarters of Social Security contributions to qualify. This value applies to Medicare Part A.
	P	Eligible for Medicare at or after 65 because of purchase. This value applies to Medicare Part A.
	R	Eligible for Medicare because of end-stage renal disease. This value applies to Medicare Part A.
	V	Eligible for the CHAMPVA.
	W	Not applicable.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

¹ If the DEERS response does not contain an OGP BEGIN REASON CODE, report 'W' in this field.

If person not on DEERS but claim is payable (i.e., government liability), report 'W' in this field.

Note: For MOP use the data element Medicare Begin Reason Code from the DEERS inquiry/response to report this information. If the DEERS response does not contain an OGP BEGIN REASON CODE, report 'W' in this field.

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Chapter 2, Section 2.6

Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OVERRIDE CODE

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-160	3	Yes ¹
Non-Institutional	2-095	3	Yes ¹

PRIMARY PICTURE (FORMAT) Six (6) alphanumeric characters.

DEFINITION A code which indicates that certain questionable data has been identified and approved by the contractor and the normal editing and processing rules should be bypassed for this record.

CODE/VALUE SPECIFICATIONS	LOCATOR#	DESCRIPTION
	11	Claims retained by the contractor for development (information not available from in-house sources). (Effective 02/01/2000)
	12	TPL claims requiring development. (Effective 02/01/2000)
	13	Government intervention claims - pending up to 60 calendar days. (Benefit Changes, CMAC updates, etc.) (Effective 02/01/2000)
	14	Claims requiring intervention by another contractor. (Effective 02/01/2000)
	15	Claims pending at government direction 60 calendar days and over. (Effective 02/01/2000)
	A	Patient is over 65. (Terminated 06/01/2003)
	B	Patient is a spouse under 12 years of age.
	C	Good faith claim; payment has been made.
	D	Patient is family member 21 years or older and over 18 for VA (over 18 for VA is no longer effective after 01/01/1996).
	E	Diagnosis is maternity; patient is under 12 years of age.
	F	Claim was filed after the filing deadline.
	G	Diagnosis/procedure code for female; sex indicates male.
	H	Diagnosis/procedure code for male, sex indicates female.
	I	Patient is a former spouse under 34 years of age.
	J	Successive admission (patient is family member of an active duty sponsor and cost-share is based on both current and prior admission). (Institutional Only)
	K	Catastrophic loss protection limit reached, patient cost-share and deductible rules do not apply.
	M	NATO, SSN not applicable.

NOTES AND SPECIAL INSTRUCTIONS:

¹ Required if override code is applicable to override **DHA** edit checking. Each occurrence is two characters, left justify and blank fill each. Can report 1 to 3 codes, do not duplicate.

² Override codes '**H1**' and '**H2**' can only be reported by the following contracts: MDA906-02-C-0013 (TMOP), MDA906-03-C-0009 (WEST), MDA906-03-C-0010 (SOUTH), MDA906-03-C-0011 (NORTH), MDA906-03-C-0015 (TDEFIC), and MDA906-03-C-0019 (TRRx).

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Data Requirements - Institutional/Non-Institutional Record Data Elements (M - O)

DATA ELEMENT DEFINITION

ELEMENT NAME: OVERRIDE CODE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)		
N		Retrospective payment - Inpatient Mental Health (Institutional Only)
P		Reserved (to be used only with DHA authorization)
Q		Former Spouse with Pre-Existing Condition
R		Person birth calendar date (patient) is not consistent with diagnosis/procedure code age restricting; procedure performed due to medical necessity.
S		Zip code override to be used when: <ol style="list-style-type: none"> 1. A beneficiary has moved out of a region and the contractor is still responsible for the care claimed; or 2. If a beneficiary resides in a region different from the region they are enrolled in, but are within the same contract jurisdiction.
U		Beneficiary indemnification payment
V		ADFM, services provided in TRICARE Eurasia-Africa, Pacific or Latin America & Canada including the Caribbean Basin. (Effective 06/28/1996)
Y		Newborn in mother's room without nursery charges. (Institutional Only)
Z		Enhanced benefit
H1 ²		Benefit payment made using incorrect BATCH/VOUCHER ASAP Number, contractor error.
H2 ²		Benefit payment made using incorrect BATCH/VOUCHER ASAP Number, Government caused error.
NC		Non-Certified Providers (does not include sanctioned/suspended providers) (Effective 08/01/2003)
NS		Contractor has determined that number of services is medically necessary.
ALGORITHM N/A		
SUBORDINATE AND/OR GROUP ELEMENTS		
SUBORDINATE		GROUP
N/A		PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

- ¹ Required if override code is applicable to override **DHA** edit checking. Each occurrence is two characters, left justify and blank fill each. Can report 1 to 3 codes, do not duplicate.
- ² Override codes '**H1**' and '**H2**' can only be reported by the following contracts: MDA906-02-C-0013 (TMOP), MDA906-03-C-0009 (WEST), MDA906-03-C-0010 (SOUTH), MDA906-03-C-0011 (NORTH), MDA906-03-C-0015 (TDEFIC), and MDA906-03-C-0019 (TRRx).

- END -

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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)

ALGORITHM N/A

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](#).

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-345	1	Yes ¹
PRIMARY PICTURE (FORMAT) Seven (7) alphanumeric characters.			
DEFINITION The code that identifies the principal procedure performed during the period reported on the TED record as submitted on the UB-04/UB-92.			
CODE/VALUE SPECIFICATIONS Use the most current procedure code edition (ICD-9-CM or ICD-10-PCS) as directed by DHA . Must provide the most detailed code. Do not code the decimal point.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS:			
¹ Required if one of the following Revenue Codes are present 036X or 072X.			

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS/PRESENT ON ADMISSION (POA) INDICATOR

RECORD NAME	RECORDS/LOCATOR NUMBERS		REQUIRED
	LOCATOR#	OCCURRENCES	
Institutional	1-300	1	Yes
Non-Institutional	2-115	1	Yes

PRIMARY PICTURE (FORMAT) Eight (8) alphanumeric characters.

DEFINITION Principal Treatment Diagnosis: The condition established, after study, to be the major cause for the patient to obtain medical care as submitted on the claim form or otherwise indicated by the provider.

POA Indicator: Diagnosis present at the time the order for inpatient admission occurs.

CODE/VALUE SPECIFICATIONS Principal Treatment Diagnosis (Positions 1 through 7): Use the most current diagnosis code edition (ICD-9-CM or ICD-10-CM), as directed by **DHA**. Must provide the most detailed code. Do not code the decimal point.

POA Indicator (Position 8):

Valid POA values are:

b	Not reported
1	Unreported/Not Used - Exempt from POA reporting
N	No - Not present at time of admission
U	Unknown - Documentation insufficient to determine if the condition was present at time of admission
W	Clinically Undetermined - The provider is unable to clinically determine if the condition was present at time of admission
Y	Yes - Present at time of admission

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

For MOP and Retail Pharmacy, if a more specific diagnosis code is not available, use ICD-9-CM 799.89 on or before September 30, 2015, and ICD-10-CM R68.89 on or after October 1, 2015.

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE

RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-160	Up to 99	Yes
PRIMARY PICTURE (FORMAT) Five (5) alphanumeric characters.			
DEFINITION The code that identifies the procedure performed or describes the care received as submitted on the claim form.			
CODE/VALUE SPECIFICATIONS Refer to Physician's Current Procedure Terminology, 4th Edition ¹ (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes or DHA approved codes (Addendum E, Figure 2.E-2). For Dental Services, use HCPC or ADA Dental procedure codes.			
ALGORITHM N/A			
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		

NOTES AND SPECIAL INSTRUCTIONS:

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For MOP report procedure code ¹98800 for all drug prescriptions and procedure code ¹99070 for all supplies. The first line item must report the information on the prescription and the second line item to report corresponding supplies that are issued such as alcohol pads, lancets, etc. The procedure code on the second occurrence/line item on MOP records must be procedure code 99070.

For Mail Order and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews report 000PA or 000MN.

For the list of the No Government Pay Procedure Codes that are excluded from TRICARE coverage and are not payable under TRICARE, refer to the No Government Pay Procedure Code list on **DHA's** web site at <http://tricare.mil/nogovernmentpay>.

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE MODIFIER			
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	4/Up to 99	No
PRIMARY PICTURE (FORMAT) Four (4) occurrences of two (2) alphanumeric characters per occurrence/line item.			
DEFINITION	Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. (Refer to Physician's Current Procedure Terminology, 4th Edition ¹ (CPT-4) or Healthcare Common Procedure Coding System (HCPCS) National Level II Medicare Codes.)		
CODE/VALUE SPECIFICATIONS	Must be 21-27, 32, 33, 47, 50-59, 62, 63, 66, 73-82, 90-92, 99, 0A-0P, 0Z, 1A-1J, 1P, 1Z, 2A-2T, 2Z, 3A-3I, 3K, 3P, 3Z, 4A-4U, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7F, 7Z, 8A-8C, 8P, 8Z, 9A-9D, 9L-9Q, 9Z, A1-A9, AA, AD-AK, AM, AO-AZ, BA, BL, BO-BR, BU, CA-CN, CR, CS, DA, DE, DG-DJ, DN, DP, DR, DS, DX, E1-E4, EA-EE, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA-FC, FP, G1-G9, GA-GZ, H9, HA-HZ, ID, IE, IG-IJ, IN, IR, IS, IX, J1-J4, JA-JJ, JN, JP, JR, JS, JW, JX, K0-K4, KA-KZ, L1, LC, LD, LL, LM, LR-LT, M2, MR, MS, NB, ND, NE, NG-NJ, NN, NP, NR-NU, NX, P1-P6, PA-PE, PG, PI, PJ, PL-PN, PP, PR-PT, PX, Q0-Q9, QA-QH, QJ-QZ, RA-RE, RG-RJ, RN, RP-RT, RX, SA-SN, SQ-SZ, T1-T9, TA, TC-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, V5-V9, VP, XD, XE, XG-XJ, XN, XR, XS, or blank.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE	GROUP		
N/A	N/A		
NOTES AND SPECIAL INSTRUCTIONS:			
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Note: Can report from zero to four codes. Each occurrence consists of two characters left justified and blank filled. Do not duplicate.			

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Chapter 2, Section 2.7

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

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCESSING INFORMATION

		RECORDS/LOCATOR NUMBERS		
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED	
Institutional	1-155	1	Yes	
PRIMARY PICTURE (FORMAT) Group				
DEFINITION		Field containing multiple elements that describe processing related to the TED record.		
CODE/VALUE SPECIFICATIONS		N/A		
ALGORITHM		N/A		
SUBORDINATE AND/OR GROUP ELEMENTS				
SUBORDINATE			GROUP	
OVERRIDE CODE			N/A	
TYPE OF SUBMISSION				
CA/NAS NUMBER				
CA/NAS REASON FOR ISSUANCE				
CA/NAS EXCEPTION REASON				
SPECIAL PROCESSING CODE				
PRICING RATE CODE				
HEALTHCARE DELIVERY PROGRAM SPECIAL ENTITLEMENT CODE				

NOTES AND SPECIAL INSTRUCTIONS:

N/A

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Chapter 2, Addendum H

Data Requirements - Revenue Codes

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
080X	Inpatient Renal Dialysis
	A waste removal process performed in an inpatient setting, that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis).
	Subcategory
	0 General Classification
	1 Inpatient Hemodialysis
	2 Inpatient Peritoneal (non-CAPD)
	3 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
	4 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
	9 Other Inpatient Dialysis
081X	Acquisition of Body Components
	The acquisition and storage costs of body tissue, bone marrow, organs and other components not otherwise identified used for transplantation.
	Subcategory
	0 General Classification
	1 Living Donor
	2 Cadaver Donor
	3 Unknown Donor
	4 Unsuccessful Organ Search - Donor Bank Charges
	5 Cadaver Donor - Heart (Terminated 10/01/2000)
	6 Other Heart Acquisition (Terminated 10/01/2000)
	7 Donor - Liver (Terminated 10/01/2000)
	9 Other Donor
082X	Hemodialysis - Outpatient or Home (To be submitted on Non-Institutional TED)
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood.
	Subcategory
	0 General Classification
	1 Hemodialysis/Composite or Other Rate
	2 Home Supplies
	3 Home Equipment
	4 Maintenance/100%
	5 Support Services
	9 Other Outpatient Hemodialysis

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Chapter 2, Addendum H

Data Requirements - Revenue Codes

CODES	MAJOR/SUB-CATEGORY (CONTINUED)
083X	Peritoneal Dialysis - Outpatient or Home (to be submitted on Non-Institutional TED)
	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.
	Subcategory
	0 General Classification
	1 Peritoneal/Composite or Other Rate
	2 Home Supplies
	3 Home Equipment
	4 Maintenance/100%
	5 Support Services
	9 Other Outpatient Peritoneal Dialysis
084X	Cont. Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home (To be submitted on Non-Institutional TED)
	A continuous dialysis process performed in an outpatient or home setting which uses the patient peritoneal membrane as a dialyzer.
	Subcategory
	0 General Classification
	1 CAPD/Composite or Other Rate
	2 Home Supplies
	3 Home Equipment
	4 Maintenance/100%
	5 Support Services
	9 Other Outpatient CAPD
085X	Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home (to be submitted on Non-Institutional TED)
	A continuous dialysis process performed in an outpatient or home setting which uses a machine to make automatic exchanges at night.
	Subcategory
	0 General Classification
	1 CCPD/Composite or Other Rate
	2 Home Supplies
	3 Home Equipment
	4 Maintenance/100%
	5 Support Services
	9 Other Outpatient CCPD
086X	Magnetoencephalography (MEG)
	An imaging technique that identifies brain activity to pinpoint the source of seizures.
	Subcategory
	0 General Classification
	1 Magnetoencephalography (MEG)
087X	RESERVED for Dialysis (National Assignment)

UB-04/UB-92 Conversion Table - To Be Used For Reporting Non-Institutional TED Records

Note: Providers are not to use this addendum for billing purposes. The contractors shall use the following codes for reporting purposes only and only in those rare occurrences where an appropriate CPT/HCPCS code is not available. If a hospital outpatient claim is submitted by the provider with a level III HCPCS code, the claim shall be rejected as these codes are not Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant.

The revenue codes listed below are authorized by the National Uniform Billing Committee (NUBC). See the National Uniform Billing Data Element specifications-Form Locator 42 for UB-04/UB-92. The codes are required for reporting to **DHA**, but do not indicate TRICARE payment policy. Refer to the 32 CFR 199, the TRICARE Policy Manual (TPM), the Reimbursement Manual (TRM), or TRICARE Operations Manual (TOM) to determine the TRICARE payment policy.

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
0001-0239	Not Valid For Reporting	
024X	All Inclusive Ancillary	
0240	General Classification	99499
0241	Basic	
0242	Comprehensive	
0243	Specialty	
0249	Other Inclusive Ancillary	
025X	Pharmacy	
0250	General Classification	99070
0251	Generic Drugs	
0252	Non-Generic Drugs	
0253	Take Home Drugs	
0254	Drugs Incident to Other Diagnostic Services	
0255	Drugs Incident to Radiology	
0256	Experimental Drugs	T5999
0257	Non-Prescription	99070
0258	IV Solutions	
0259	Other Pharmacy	

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** Must use appropriate CPT/HCPCS Codes.

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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
026X	IV Therapy	
0260	General Classification	99070
0261	Infusion Pump	99499
0262	IV Therapy/Pharmacy Services	99070
0263	IV Therapy/Drug/Supply Delivery	
0264	IV Therapy/Supplies	
0269	Other IV Therapy	
027X	Medical/Surgical Supplies and Devices	
0270	General Classification	99070
0271	Non-Sterile Supply	
0272	Sterile Supply	
0273	Take Home Supplies	
0274	Prosthetic/Orthotic Devices	99499
0275	Pacemaker	99070
0276	Intraocular Lens	
0277	Oxygen - Take Home	
0278	Other Implants	
0279	Other Supplies/Devices	
028X	Oncology	
0280	General Classification	99420
0289	Other Oncology	
029X	Durable Medical Equipment (Other Than Renal)	
0290	General Classification	99499
0291	Rental	
0292	Purchase of New DME	
0293	Purchase of Used DME	
0294	Supplies/Drugs for DME Effectiveness (Home Health Agency only)	
0299	Other Equipment	
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REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
085X	Cont. Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home	
0850	General Classification	99499
0851	CCPD/Composite or Other Rate	
0852	Home Supplies	
0853	Home Equipment	
0854	Maintenance/100%	
0855	Support Services	
0859	Other Outpatient CCPD	
086X	Magnetoencephalography (MEG) - An imaging technique that identifies brain activity to pinpoint the source of seizures.	
0860	General Classification	99070
0861	Magnetoencephalography (MEG)	
087X	RESERVED for Dialysis (National Assignment)	
088X	Miscellaneous Dialysis	
0880	General Classification	99499
0881	Ultrafiltration	
0882	Home Dialysis Aid Visit	
0889	Other Miscellaneous Dialysis	
089X	RESERVED (Other Donor Bank was terminated on 04/01/1994)	
090X	Behavioral Health Treatments/Services	
0900	General Classification	99499
0901	Electroshock Treatment	
0902	Milieu Therapy	T5999
0903	Play Therapy	
0904	Activity Therapy	
0905	Intensive Outpatient Services - Psychiatric (Effective 10/16/2003)	99499
0906	Intensive Outpatient Services - Clinical Dependency (Effective 10/16/2003)	
0907	Community Behavioral Health Program (Day Treatment) (Effective 10/16/2003)	
0908	RESERVED for National Use (Effective 10/16/2003)	
0909	RESERVED for National Use	
091X	Behavioral Health Treatments/Services	
0910	RESERVED for National Use	99499
0911	Rehabilitation	
0912	Partial Hospitalization - Less Intensive	H0035
0913	Partial Hospitalization - Intensive	H0037

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UB-04/UB-92 Conversion Table - To Be Used For Reporting Non-Institutional TED Records

REVENUE CODE	DESCRIPTION	VALUE IF APPROPRIATE CPT*/ HCPCS CODE IS NOT AVAILABLE
091X	Behavioral Health Treatments/Services (cont)	
0914	Individual Therapy	99499
0915	Group Therapy	
0916	Family Therapy	
0917	Biofeedback	
0918	Testing	
0919	Other Behavioral Health Treatments/Services	
092X	Other Diagnostic Services	
0920	General Classification	99499
0921	Peripheral Vascular Laboratory	
0922	Electromyogram	
0923	Pap Smear	
0924	Allergy Test	
0925	Pregnancy Test	
0929	Other Diagnostic Services	
093X	Medical Rehabilitation Day Program	
0931	Half Day	T5999
0932	Full Day	
094X	Other Therapeutic Services	
0940	General Classification	T5999
0941	Recreational Therapy	
0942	Education/Training	99499
0943	Cardiac Rehabilitation	T5999
0944	Drug Rehabilitation	
0945	Alcohol Rehabilitation	
0946	Complex Medical Equipment - Routine	
0947	Complex Medical Equipment - Ancillary	
0948	Pulmonary Rehabilitation	
0949	Other Therapeutic Service	
095X	Other Therapeutic Services (cont)	
0950	RESERVED for National Use	
0951	Athletic Training	T5999
0952	Kinesiotherapy	

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** Must use appropriate CPT/HCPCS Codes.

Acronyms And Abbreviations

AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAHC	Accreditation Association for Ambulatory Health Care, Inc.
AAFES	Army/Air Force Exchange Service
AAMFT	American Association for Marriage and Family Therapy
AAP	American Academy of Pediatrics
AAPC	American Association of Pastoral Counselors
AARF	Account Authorization Request Form
AATD	Access and Authentication Technology Division
ABA	American Banking Association Applied Behavior Analysis
ABAT	Applied Behavior Analysis Technician
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
AC	Active Component
ACA	Affordable Care Act
ACD	Augmentative Communication Devices
ACE	Angiotensin-Converting Enzyme
ACH	Automated Clearing House
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACOR	Administrative Contracting Officer's Representative
ACP	American College of Physicians
ACS	American Cancer Society
ACSC	Ambulatory Care Sensitive Condition
ACSP	Autism Demonstration Corporate Services Provider
ACTUR	Automated Central Tumor Registry
AD	Active Duty
ADA	American Dental Association American Diabetes Association Americans with Disabilities Act

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Acronyms And Abbreviations

ADAMHA	Alcohol, Drug Abuse, And Mental Health Administration
ADAMHRA	Alcohol, Drug Abuse, And Mental Health Reorganization Act
ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADDP	Active Duty Dental Program
ADFM	Active Duty Family Member
ADH	Atypical Ductal Hyperplasia
ADL	Activities of Daily Living
ADP	Automated Data Processing
ADSM	Active Duty Service Member
AF	Atrial Fibrillation
AFAP	Attenuated Familial Adenomatous Polyposis
AFB	Air Force Base
AFOSI	Air Force Office of Special Investigations
AFS	Ambulance Fee Schedule
AGR	Active Guard/Reserve
AHA	American Hospital Association
AHCB	American Hippotherapy Certification Board
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
AIF	Ambulance Inflation Factor
AIIM	Association for Information and Image Management
AIS	Ambulatory Infusion Suite Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
ALH	Atypical Lobular Hyperplasia
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMCB	American Midwifery Certification Board
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous [Myeloid] Leukemia

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Acronyms And Abbreviations

ANCC	American Nurses Credentialing Center
ANSI	American National Standards Institute
AOA	American Osteopathic Association
APA	American Psychiatric Association American Podiatry Association
APC	Adenomatous Polyposis Coli Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ARB	Angiotensin Receptor Blocker
ARCIS	Archives and Records Centers Information System
ART	Assisted Reproductive Technology
ARU	Automated Response Unit
ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ASRM	American Society for Reproductive Medicine
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BAA	Business Associate Agreement
BACB	Behavior Analyst Certification Board
BART	BRAC Analysis Large Rearrangement Test
BBA	Balanced Budget Act

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Acronyms And Abbreviations

BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center
BCaBA	Board Certified Assistant Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBA-D	Board Certified Behavior Analyst - Doctoral
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BE&SD	Beneficiary Education and Support Division
BH	Behavioral Health
BI	Background Investigation
BIA	Bureau of Indian Affairs
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation
BNAF	Budget Neutrality Adjustment Factor
BOS	Bronchiolitis Obliterans Syndrome
BP	Behavioral Plan
BPPV	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
BT	Behavior Technician
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

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Acronyms And Abbreviations

PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QABA	Qualified Applied Behavior Analysis
QASP	Qualified Autism Services Practitioner
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RARC	Remittance Advice Remark Code
RBT	Registered Behavior Technician
RC	Reserve Component
RCC	Recurring Credit/Debit Charge Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
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
RIA	Radioimmunoassay

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Acronyms And Abbreviations

RM	Records Management
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory
	Rough Order of Magnitude
ROMF	Record Object Metadata File
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RRS	Records Retention Schedule
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume
	Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
	Specified Authorization Staff (formerly Service Point of Contact (SPOC))
SAT	Service Assist Team
SAVR	Surgical Aortic Valve Replacement
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

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S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIRT	Selective Internal Radiation Therapy
SIT	Standard Insurance Table
SLP	Speech-Language Pathology
SMC	System Management Center
SME	Subject Matter Expert
SN	Skilled Nursing
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 System of Records
SORN	System of Records Notice
SP	Special Publication
SPA	Simple Power Analysis
SPC	Special Processing Code
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event

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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
SVP	State Vaccine Program State Vaccine Program entity
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
T-3	TRICARE Third Generation
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAH	Total Artificial Heart
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TAVR	Transcatheter Aortic Valve Replacement
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCMHC	TRICARE Certified Mental Health Counselor
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDR	Total Disc Replacement

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Acronyms And Abbreviations

TDRL	Temporary Disability Retired List
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
TN	Termination Notice
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

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TP	Treatment Plan
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)
TPSA	Transitional Prime Service Area
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRIP	Temporary Records Information Portal
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTOP	TRICARE Transitional Outpatient Payment
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter

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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
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
US-CERT	United States-Computer Emergency Readiness Team
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(r)
USCYBERCOM	United States Cyber Command
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force

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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
WDR	Written Determination Report
WebDOES	DEERS Online Enrollment System Web (application)
WEDI	Workgroup for Electronic Data Interchange
WHS	Washington Headquarters Services
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
WWW	World Wide Web
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer
2D	Two Dimensional
3D	Three Dimensional

- END -