



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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TRICARE
MANAGEMENT ACTIVITY

MB&RB

CHANGE 100
6010.54-M
JUNE 24, 2009

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: EVOLVING PRACTICES - JUNE 2009

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See pages 3 and 4.

EFFECTIVE AND IMPLEMENTATION DATE: As indicated, otherwise upon
direction of the Contracting Officer.

A handwritten signature in black ink, appearing to read "Reta Michak".

Reta Michak
Acting Chief, Medical Benefits and
Reimbursement Branch

ATTACHMENT(S): 32 PAGE(S)
DISTRIBUTION: 6010.54-M

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CHANGE 100
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Section 16.1, pages 1 and 2

Section 16.1, pages 1 and 2

CHAPTER 4

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CHAPTER 8

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 16.1. Paragraph V.B. Added ultrasound ablation as an exclusion as it is unproven.

CHAPTER 4

2. Section 17.1. CPT Code 37210 added. Ultrasound ablation with MRI guidance in treatment of uterine leiomyomata is unproven and added to the exclusion list.
3. Section 20.1. CPT codes 64554, 64556 – 64639, 64641 – 64999 are proven and were added as payable. Implantation of Occipital Nerve Stimulator is unproven and added as an exclusion.
4. Section 21.1. Transpupillary thermotherapy for treatment of coroidal melanoma is unproven and was added as an exclusion.
5. Section 23.1. Immunoablation therapy for autologous bone marrow or autologous peripheral stem cell transplant for systemic lupus erythematosus refractory to conventional treatment is proven and added as covered treatment. Immunoablation therapy with allogenic bone marrow or allogenic peripheral stem cell transplant for the treatment of systemic lupus erythematosus not refractory to conventional treatment is unproven and was added as an exclusion.
6. Section 24.1. AlloMap molecular expression testing for cardiac transplant rejection surveillance is unproven and is added as an exclusion.
7. Section 24.2. AlloMap molecular expression testing for cardiac transplant rejection surveillance is unproven and is added as an exclusion.
8. Section 24.3. AlloMap molecular expression testing for cardiac transplant rejection surveillance is unproven and is added as an exclusion.

CHAPTER 5

9. Section 4.1. Ultrasound ablation with Magnetic Resonance Imaging guidance in the treatment of leiomyomata is unproven and added as an exclusion.

CHAPTER 6

10. Section 1.1. Oncotype Dx is not covered due to US FDA status and is added as an exclusion.

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SUMMARY OF CHANGES (Continued)

CHAPTER 7

11. Section 6.1. Paragraph III.D. Heidelberg Retina Tomograph, Optical Coherence Tomograph, and Scanning laser polarimetry to diagnose progression of suspected glaucoma is proven and may be considered for cost-sharing. Effective October 28, 2008.

CHAPTER 8

12. Section 9.1. Irinotecan for treatment of metastatic esophageal cancer is unproven and is added as an exclusion.