



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 123  
6010.54-M  
MAY 20, 2010**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

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

**CHANGE TITLE:** EVOLVING PRACTICES - MARCH 2010

**CONREQ:** 15013

**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.

  
**John A. D'Alessandro  
Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S):** 22 PAGE(S)  
**DISTRIBUTION:** 6010.54-M

**CHANGE 123  
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**REMOVE PAGE(S)**

**CHAPTER 1**

Section 3.1, pages 1 and 2  
Section 16.1, pages 1 and 2

**CHAPTER 4**

Section 6.1, page 3  
Section 9.1, pages 5 and 6  
Section 20.1, pages 3 and 4  
Section 24.1, pages 3 and 4

**CHAPTER 5**

Section 1.1, pages 7 and 8

**CHAPTER 7**

Table of Contents, pages i through iii  
Section 2.8, page 1  
Section 16.3, pages 1 and 2

**CHAPTER 8**

Section 16.1, page 1

**INSERT PAGE(S)**

Section 3.1, pages 1 and 2  
Section 16.1, pages 1 and 2

Section 6.1, page 3  
Section 9.1, pages 5 and 6  
Section 20.1, pages 3 and 4  
Section 24.1, pages 3 and 4

Section 1.1, pages 7 and 8

Table of Contents, pages i through iii  
Section 2.8, pages 1 and 2  
Section 16.3, pages 1 through 3

Section 16.1, page 1

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 3.1. Intracranial angioplasty with stenting of the venous sinuses for treatment of pseudotumor cerebri is unproven and added as an exclusion.
2. Section 16.1. Computer-Aided Detection (CAD) with breast MRI is unproven and added as an exclusion.

### **CHAPTER 4**

3. Section 6.1. Femoroplasty for the treatment of Femoroacetabular Impingement Syndrome (FAI) is unproven and added as an exclusion. Osteochondral allograft of the humeral head with meniscal transplant and glenoid microfracture in the treatment of shoulder pain and instability is unproven and added as an exclusion.
4. Section 9.1. Intracranial angioplasty with stenting of the venous sinuses for treatment of pseudotumor cerebri is unproven and added as an exclusion. Editorial correction provided.
5. Section 20.1. Editorial corrections.
6. Section 24.1. Removed age greater than or equal to 65 years from the list of contraindications for heart-lung and lung transplantation.

### **CHAPTER 5**

7. Section 1.1. Computer-Aided Detection with breast MRI is unproven and added as an exclusion.

### **CHAPTER 7**

8. Table of Contents. Subject title of Section 2.8 changed.
9. Section 2.8. Removed "Excludes Chemotherapy" from title. Allows for off-label use of zoledronic acid (Zometa) for treatment of breast cancer.
10. Section 16.3. Adds covered indications for paclitaxel (Taxol) and paclitaxel protein-bound particles (Abraxane) for the treatment of breast cancer.

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**SUMMARY OF CHANGES (Continued)**

**CHAPTER 8**

11. Section 16.1. Intrapulmonary Percussive Ventilation (IPV) for the treatment of Cystic Fibrosis (CF) is unproven and added as an exclusion.