



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 127  
6010.54-M  
AUGUST 9, 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:** CODING AND CLARIFICATION UPDATES APRIL 2010

**CONREQ:** 15020

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** See page 3.

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

**This change is made in conjunction with Aug 2002 TOM, Change No. 99, and Aug 2002 TRM, Change No. 118.**

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

**ATTACHMENT(S): 15 PAGE(S)  
DISTRIBUTION: 6010.54-M**

**CHANGE 127**  
**6010.54-M**  
**AUGUST 9, 2010**

**REMOVE PAGE(S)**

**CHAPTER 1**

Section 1.1, page 7

**CHAPTER 4**

Section 5.1, pages 1 and 2

Section 5.2, pages 1 and 2

Section 5.3, pages 1 and 2

Section 5.8, pages 1 - 3

Section 20.1, pages 1 and 2

**CHAPTER 7**

Section 7.1, pages 1 and 2

**INSERT PAGE(S)**

Section 1.1, page 7

Section 5.1, pages 1 and 2

Section 5.2, pages 1 and 2

Section 5.3, pages 1 and 2

Section 5.8, pages 1 - 4

Section 20.1, pages 1 and 2

Section 7.1, pages 1 and 2

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 1.1. Repositioned the word "institutionalized".

### **CHAPTER 4**

2. Section 5.1. Deleted all paragraphs/text related to AlloDerm and moved them to Chapter 4, Section 5.2, paragraph IV.H.
3. Section 5.2. Added HCPCS Code Q4116. Added AlloDerm related text.
4. Section 5.3. Paragraphs clarified coverage for bilateral prophylactic mastectomies when there is a history of breast cancer in multiple first-degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer (Family Cancer Syndrome). A positive genetic test is not necessary.
5. Section 5.8. Addressed contraindications and patient risk factors associated with Negative Pressure Wound Therapy (NPWT).
6. Section 20.1. Updated the list of CPT procedure codes.

### **CHAPTER 7**

7. Section 7.1. Clarified speech - language pathology services that are eligible for coverage.

