



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 129  
6010.54-M  
SEPTEMBER 2, 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: RADIOFREQUENCY (RF) DENERVATION - NERVOUS SYSTEM**

**CONREQ: 15163**

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

**SUMMARY OF CHANGE(S):** This evolving practice change adds coverage provisions for RF denervation as proven for treatment of chronic cervical and lumbar facet pain. The exclusion is revised to RF denervation as unproven for treatment of thoracic facet pain. Pulsed Radiofrequency Ablation (RFA) remains excluded as unproven. This also adds exclusion of Thermal Intradiscal Procedures (TIPs) as unproven. The separate exclusion for Intradiscal Electrothermal Therapy (IDET) is removed and added into the TIPs exclusion.

**EFFECTIVE DATE: January 1, 2009.**

**IMPLEMENTATION DATE: Upon direction of the Contracting Officer.**

*John A. D'Alessandro*  
John A. D'Alessandro  
Chief, Medical Benefits and  
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**ATTACHMENT(S): 8 PAGE(S)  
DISTRIBUTION: 6010.54-M**

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**REMOVE PAGE(S)**

**CHAPTER 4**

Section 6.1, pages 1 - 3

Section 20.1, pages 1 - 5

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