



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 131  
6010.54-M  
NOVEMBER 3, 2010**

## **CORRECTED COPY**

**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 - OCTOBER 2010

**CONREQ:** 15220

**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.

**Ann N. Fazzini  
Acting Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S): 19 PAGE(S)  
DISTRIBUTION: 6010.54-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

**CHANGE 131**  
**6010.54-M**  
**NOVEMBER 3, 2010**

**REMOVE PAGE(S)**

**CHAPTER 1**

Section 2.1, pages 3 through 5

Section 3.1, pages 1 and 2

**CHAPTER 4**

Section 6.1, page 3

Section 9.1, pages 1, 2, 5, and 6

**CHAPTER 7**

Section 3.13, pages 1 through 3

**CHAPTER 8**

Section 2.3, pages 1 through 4

**INDEX**

pages 7 and 8

**INSERT PAGE(S)**

Section 2.1, pages 3 through 5

Section 3.1, pages 1 and 2

Section 6.1, page 3

Section 9.1, pages 1, 2, 5, and 6

Section 3.13, pages 1 through 3

Section 2.3, pages 1 through 4

pages 7 and 8

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 2.1. Eye Movement Desensitization and Reprocessing (EMDR) removed from the unproven list.
2. Section 3.1. External Infusion Pumps (EIPs) for insulin may be considered for cost-sharing when the diagnosis is Cystic Fibrosis-Related Diabetes (CFRD) with fasting hyperglycemia. Effective January 21, 2009.

### **CHAPTER 4**

3. Section 6.1. Total hip resurfacing for treatment of degenerative hip disease is unproven and added as an exclusion.
4. Section 9.1.
  - a. Endovenous Radiofrequency Ablation (RFA)/obliteration and endovenous laser ablation/therapy for the treatment of saphenous venous reflux with symptomatic varicose veins is covered under certain conditions.
  - b. Endovenous RFA for the treatment of incompetent perforator veins is unproven and is added as an exclusion. Endovenous laser ablation/therapy for the treatment of incompetent perforator veins is excluded on the basis that this is off-label use of a device and is unproven.

### **CHAPTER 7**

5. Section 3.13. Eye Movement Desensitization and Reprocessing (EMDR) is covered for the treatment of Post-Traumatic Stress Disorder (PTSD) in adults, effective April 16, 2007.

### **CHAPTER 8**

6. Section 2.3. Added coverage for Insulin for Cystic Fibrosis-Related Diabetes (CFRD) under the rare disease policy as described in Chapter 1, Section 3.1.

### **INDEX**

7. Added EMDR.

