



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 141
6010.54-M
JUNE 6, 2011**

**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 - MAY 2011

CONREQ: 15379

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

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

ATTACHMENT(S): 10 PAGE(S)
DISTRIBUTION: 6010.54-M

CHANGE 141
6010.54-M
JUNE 6, 2011

REMOVE PAGE(S)

CHAPTER 4

Section 8.1, pages 1 and 2

Section 18.5, pages 1 and 2

CHAPTER 7

Section 14.1, pages 1 and 2

CHAPTER 8

Section 2.3, pages 1 - 4

INSERT PAGE(S)

Section 8.1, pages 1 and 2

Section 18.5, pages 1 and 2

Section 14.1, pages 1 and 2

Section 2.3, pages 1 - 4

SUMMARY OF CHANGES

CHAPTER 4

1. Section 8.1. Nitric oxide expired gas determination (CPT procedure code 95012) for asthma is unproven.
2. Section 18.5.
 - a. Added HCPCS Procedure Code S2404 to the range, and added coverage for prenatal surgical repair of myelomeningocele when the gestational age of the fetus is 19.0 to 25.9 weeks and myelomeningocele is present with an upper boundary located between T1 through S1 with evidence of hindbrain herniation. Prenatal fetal surgery in the treatment of myelomeningocele is proven, effective February 9, 2011.
 - b. Noted that enrollment in the In-Utero Fetal Surgical Repair of Myelomeningocele Clinical Trial Demonstration Project terminated on December 7, 2010.
 - c. Added to EXCLUSIONS: The in-utero surgical repair of myelomeningocele in patients who have one or more of the following: (1) fetal anomaly unrelated to myelomeningocele; (2) severe kyphosis; (3) risk of pre-term birth (e.g., short cervix or previous pre-term birth); or (4) maternal body mass index of 35 or more.

CHAPTER 7

3. Section 14.1. CPT Procedure Code Ranges clarified as follows: 95004-95010, 95015-95199. Nitric oxide expired gas determination for asthma is unproven and added to the EXCLUSIONS listing.

CHAPTER 8

4. Section 2.3. Added coverage for the use of FDA-approved External Infusion Pumps (EIPs) for Type 2 diabetes mellitus when there is documentation by the physician of poor diabetic control and the patient has failed to achieve glycemic control after six months of Multiple Daily Injection (MDI). External insulin infusion pumps for Type 2 diabetes mellitus are proven, effective August 1, 2010.

