



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 152  
6010.54-M  
FEBRUARY 15, 2012**

**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 - JANUARY 2012

**CONREQ:** 15845

**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.

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**ATTACHMENT(S):** 7 PAGE(S)  
**DISTRIBUTION:** 6010.54-M

**CHANGE 152**  
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**REMOVE PAGE(S)**

**CHAPTER 4**

Section 21.1, pages 1 and 2

**CHAPTER 5**

Section 4.1, pages 3 and 4

**CHAPTER 7**

Section 27.1, pages 1 - 3

**INSERT PAGE(S)**

Section 21.1, pages 1 and 2

Section 4.1, pages 3 and 4

Section 27.1, pages 1 - 3

## **SUMMARY OF CHANGES**

### **CHAPTER 4**

1. Section 21.1
  - a. Adds Canaloplasty for the treatment of glaucoma (CPT procedure codes 66174 and 66175) which remains unproven and is listed as an Exclusion.
  - b. Adds coverage for Optonal ExPress Mini Glaucoma Shunt (CPT procedure code 0192T) to reduce Intraocular Pressure (IOP) in the Treatment of Glaucoma, that cannot be controlled effectively with medications effective April, 1, 2011. Removes the exclusion for this treatment.

### **CHAPTER 5**

2. Section 4.1, Under Exclusions, added PET for the diagnosis of renal mass or possible Renal Cell Carcinoma (RCC) recurrence is unproven.

### **CHAPTER 7**

3. Section 27.1
  - a. Adds Botulinum toxin A (OnabotulinumtoxinA) injections for laryngeal dystonia (adductor spasmodic dysphonia) and oromandibular dystonia (jaw-closing dystonia) may be considered for cost-sharing.
  - b. Adds coverage for laryngeal dystonia (adductor spasmodic dysphonia) and oromandibular dystonia (jaw-closing dystonia) effective November 14, 1990. These two indications were inadvertently removed from the TPM.

