



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 164
6010.54-M
AUGUST 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 PRACTICE 12-001

CONREQ: 16104

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: As indicated in the change.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 16 PAGE(S)
DISTRIBUTION: 6010.54-M**

CHANGE 164
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REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 1

Section 3.1, pages 1 and 2

Section 3.1, pages 1 and 2

CHAPTER 4

Section 2.1, page 3

Section 2.1, page 3

Section 6.1, page 3

Section 6.1, page 3

Section 20.1, pages 1 - 5

Section 20.1, pages 1 - 6

Section 21.1, pages 1 and 2

Section 21.1, pages 1 and 2

CHAPTER 5

Section 4.1, pages 1 - 4

Section 4.1, pages 1 - 4

SUMMARY OF CHANGES

CHAPTER 1

1. Section 3.1. Off-label use of rituximab for pediatric Immunoglobulin A (IgA) is unproven.

CHAPTER 4

2. Section 2.1. Maxillary transplant, face transplant, and facial Composite Tissue Allotransplantation (CTA) is unproven.
3. Section 6.1. Minimally Invasive Lumbar Decompression (mild®) for the treatment of Degenerative Disc Disease and/or spinal stenosis is unproven.
4. Section 20.1. Allows for off-label use of the vagus nerve stimulator for children with Lennox Gastaut Syndrome (LGS) (a rare disorder) refractory to medical treatment. Minimally Invasive Lumbar Decompression (mild®) for the treatment of Degenerative Disc Disease and/or spinal stenosis is unproven.
5. Section 21.1. Autologous serum eye drops for the treatment of dry eye syndrome, keratitis, or ocular hypertension is unproven.

CHAPTER 5

6. Section 4.1. Allows cost-sharing for the restaging of gastrointestinal stromal tumor (a rare disease).

