



TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

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**CHANGE 170  
6010.54-M  
NOVEMBER 5, 2012**

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The TRICARE Management Activity has authorized the following addition(s)/revision(s).

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**SUMMARY OF CHANGE(S):** See page 3.

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**CHANGE 170**  
**6010.54-M**  
**NOVEMBER 5, 2012**

**REMOVE PAGE(S)**

**CHAPTER 1**

Section 3.1, pages 1 and 2

**CHAPTER 4**

Section 8.1, pages 1 and 2

Section 24.5, pages 1 through 4

**CHAPTER 5**

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Section 1.1, pages 7 and 8

Section 3.1, pages 1 through 5

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**INDEX**

pages 1, 2, 21, and 22

**INSERT PAGE(S)**

Section 3.1, pages 1 and 2

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Section 1.1, pages 7 and 8

Section 3.1, pages 1 through 5

Section 3.2, pages 1 and 2

pages 1, 2, 21, and 22

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 3.1. Proton Beam Therapy for the treatment of thymoma is unproven.

### **CHAPTER 4**

2. Section 8.1. Bronchial thermoplasty for the treatment of asthma is unproven.
3. Section 24.5. Liver Transplantation for the treatment of pediatric Ornithine Transcarbamylase Deficiency is considered safe and effective with an effective date of April 5, 2010.

### **CHAPTER 5**

4. Section 1.1. Magnetic Resonance Spectroscopy (MRS) of the brain is unproven.
5. Section 3.1.
  - a. Proton Beam Therapy for the treatment of thymoma is unproven.
  - b. Deletes brachytherapy and adds a cross reference to the reinserted brachytherapy/radiation therapy policy.
6. Section 3.2. Reinserts the policy issuance on Brachytherapy/Radiation Therapy and adds Electronic HDR Brachytherapy, as an adjunct to, or for the sole treatment of patients with breast cancer, as unproven.

