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TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 49
6010.54-M
SEPTEMBER 13, 2006

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: CHANGES TO NEWLY PROVEN/UNPROVEN
HEALTHCARE SERVICES

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See the Summary of Changes on page 3.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.


Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Systems

ATTACHMENT(S): 13 PAGE(S)
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REMOVE PAGE(S)

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CHAPTER 4

Section 5.1, pages 1 and 2

Section 8.1, page 1

Section 14.1, pages 1 and 2

Section 20.1, pages 1 through 4

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CHAPTER 5

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SUMMARY OF CHANGES

CHAPTER 4

1. Section 5.1 (Integumentary System) and Section 8.1 (Surgery). This change adds a coverage exclusion for Endoscopic thoracic sympathectomy for treatment of hyperhidrosis because TMA has determined that the procedure is unproven.
2. Section 14.1 (Urinary System). This change adds a coverage exclusion for Laparoscopic radiofrequency ablation and percutaneous radiofrequency ablation for renal masses/tumors because TMA has determined that the procedure is unproven.
3. Section 20.1 (Nervous System). This change removes the coverage exclusion on magnetocephalography (MED) as TMA has determined that this procedure is now medically proven.

CHAPTER 5

4. Section 2.1 (Diagnostic Ultrasound). This change adds a coverage exclusion for ultrasound, spinal canal and contents because TMA has determined that the procedure is unproven.

CHAPTER 7

5. Section 15.1 (Neurology). This change adds the coverage exclusion for Botulinum toxin injections for palmar hyperhidrosis, urinary urge incontinence, lower back pain, migraine headaches and strabismus in patients under 12 as TMA has determined that these procedures are unproven.
6. Section 18.1 (Rehabilitation - General). This change adds a coverage exclusion for the use of a MIRE device for the treatment of diabetic peripheral neuropathy as TMA has determined that the procedure is unproven.

