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TRICARE
MANAGEMENT ACTIVITY

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CHANGE 55
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The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: 2006 HCPCS/CPT UPDATES UNPROVEN

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): TRICARE Policy Manual changes for 2006 CPT
updates unproven.

EFFECTIVE DATE: January 1, 2006

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

A handwritten signature in black ink, appearing to read "Reta Michak".

Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Systems

ATTACHMENT(S): 24 PAGE(S)
DISTRIBUTION: 6010.54-M

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SUMMARY OF CHANGES

The 2006 CPT Annual Update identifies the new 2006 coding changes made by the American Medical Association (AMA) Current Procedural Terminology (CPT) for physicians and qualified non-physician practitioners.

CHAPTER 4

1. Section 1.1A (Category III Codes) 0001T, 0003T - 0024T, 0026T - 0088T.

Added new Category III codes 0089T - 0161T to code range. The following Category II codes were deleted effective January 1, 2006 (see assigned Category I codes): 0001T, 0002T, 0005T - 0007T, 0009T, 0012T - 0014T, 0018T, 0020T, 0023T, 0025T, 0033T - 0040T. New CPT procedure code range is 0003T, 0008T, 0016T - 0019T, 0021T, 0024T, 0026T - 0032T, and 0041T - 0161T. CPT procedure codes 0041T - 0061T are codes effective July 1, 2006.

2. Section 5.1 (Integumentary System). 10021, 10022, 10040 - 11977, 11981 - 11983, 12001 - 15770, 15840 - 15845, 15851 - 19499, 97601, and 97602.

New CPT procedure codes 15040, 15110, 15111, 15115, 15116, 15130, 15131, 15135, 15136, 15150 - 15152, 15155 - 15157, 15170, 15171, 15175, 15176, 15300, 15301, 15320, 15321, 15330, 15331, 15335, 15336, 15340, 15341, 15360, 15361, 15365, and 15366 were added to CPT procedure codes range as payable codes. New CPT procedure codes 15400, 15401, 15420, 15421, 15430 and 15431 were added to exclusions. The new CPT procedure code range is 10021, 10022, 10040 - 11977, 11981 - 11983, 12001 - 15366, 15570 - 15776, 15840 - 15845, 15851 - 19499, 97601, and 97602.

3. Section 6.1 (Musculoskeletal System). 20000 - 22505, 22532 - 22534, 22548 - 29863, 29870 - 29999.

CPT Procedure code range was unchanged. New CPT procedure codes 22010 and 22015 are within procedure code range. Charite artificial disc (spine arthroplasty new Category III codes 0090T - 0098T) was added to exclusions as unproven.

4. Section 9.1 (Cardiovascular System). 33010 - 33130, 33140, 33141, 33200 - 37799, 92950 - 93581, 93745, 93770, 93797 - 93799.

New CPT procedure codes 33507, 33548, 33768, 33880, 33881, 33883, 33884, 33886, 33889, 33891, 33925, 33926, 36598, 37718, and 37722 were added to procedure code range. CPT procedure codes 37184 - 37188 were added to exclusions as unproven. The new CPT procedure code range is 33010 - 33130, 33140, 33141, 33200 - 37183, 37195 - 37785, 92950 - 93581, 93745, 93770, 93797 - 93799.

SUMMARY OF CHANGES (Continued)

CHAPTER 4 (Continued)

5. Section 13.2 (Surgery For Morbid Obesity). 43644, 43842, 43846, and 43848.

No change. New CPT procedure codes were within procedure code range. We added the following to Exclusions: laparoscopy, gastric restrictive procedure (CPT procedure codes 43770 - 43774) and gastric restrictive procedure (CPT procedure codes 43886 - 43888) is unproven. Added "for gastric bypass procedures" for unlisted codes.

6. Section 20.1 (Nervous System). 61000 - 61860, 61863 - 63048, 63055 - 64999, 95961, 95962, 95970 - 95975, 95978, 95979.

Pulmonary arteriovenous malformation (PAVM) was removed from paragraph III.B. because it did not belong in this chapter. New CPT procedure codes 61630, 61635, 61640 - 61642 added to Exclusions. Deleted CPT procedure codes 64561 and 64580 from paragraph IV.J. because they were the wrong codes for this procedure. New CPT procedure code range is 61000 - 61626, 61680 - 61860, 61863 - 63048, 63055 - 64999, 95961, 95962, 95970 - 95975, 95978, 95979.

CHAPTER 5

7. Section 1.1 (Diagnostic Radiology (Diagnostic Imaging)). 70010 - 76083, 76086 - 76394, 76400, 76496 - 76499, 95965 - 95967. New CPT procedure codes 75958, 75959, 73676, and 76377 are within procedure code range.

TRICARE considers three-dimensional (3D) reconstruction (CPT procedure codes 76376 and 76377) medically necessary under certain circumstances. TRICARE does not provide separate reimbursement for 3D reconstruction. TRICARE considers 3D rendering an example of technology and technique improvement in which radiology practices invest as a standard approach to quality improvement.

The following were added to Exclusions:

3D rendering is unproven for the following indications:

Monitoring coronary artery stenosis activity in patients with angiographically confirmed CAD is unproven.

Evaluating graft patency in individuals who have undergone revascularization procedures is unproven.

Use as a screening test for CAD in healthy individuals or in asymptomatic patients who have one or more traditional risk factors for CAD is unproven.

Computed tomography angiography for acute ischemic stroke is unproven.

SUMMARY OF CHANGES (Continued)

CHAPTER 5 (Continued)

Section 1.1 (continued)

Computed tomography angiography for intracerebral aneurysm and subarachnoid hemorrhage is unproven.

Computed tomography, heart, without contrast, including image post processing and quantitative evaluation of coronary calcium (CPT procedure code 0144T) is unproven.

Computed tomography, heart, without contrast material followed by contrast, material(s) and further sections, including cardiac gating and 3D image post processing; cardiac structure and morphology (CPT procedure code 0145T) is unproven.

Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) without quantitative evaluation of coronary calcium (CPT procedure code 0146T). Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) with quantitative evaluation of coronary calcium (CPT procedure code 0147T) is unproven.

Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) without quantitative evaluation of coronary calcium (CPT procedure code 0148T). Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) with quantitative evaluation of coronary calcium (CPT procedure code 0149T) is unproven.

Cardiac structure and morphology in congenital heart disease (CPT procedure code 0150T). Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing, function evaluation (left and right ventricular function, ejection fraction and segmental wall (CPT procedure code 0152T)) is unproven.

8. Section 2.1 (Diagnostic Ultrasound).

3D and 4D rendering maternity ultrasound (CPT procedure codes 76376 and 76377) is unproven was added to Exclusions.

SUMMARY OF CHANGES (Continued)

CHAPTER 6

9. Section 1.1 (Pathology and Laboratory - General). 80048 - 807620, 87650 - 87999, 88104 - 89104, 89330 - 89399.

No change to CPT procedure code range. New CPT procedure codes 82271, 82272, 83037, 83631, 83695, 83700, 83701, 83704, 83900, 83907 - 83909, 83914, 86200, 86355, 86357, 86367, 86480, 86923, 87209, 87900, 88333, 88334, 88384 - 88386, 89049 are within procedure code range. Added to Exclusions: CPT procedure codes 83701 and 83704 are not covered for low density lipoprotein (LDL) subclass testing.

Added HPV testing as a covered procedure and deleted HPV testing as an exclusion.

Appendix A

10. New Category II CPT procedure codes include those codes that were effective January 1, 2006 and July 1, 2006. New CPT procedure codes 0001F, 0005F, 0012F, 0505F, 0507F, 1003F - 1008F, 1015F, 1018F, 1019F, 1022F, 1026F, 1030F, 1034F - 1036F, 1038F - 1040F, 2001F - 2004F, 2014F, 2018F, 2022F - 2024F, 2026F, 2028F, 2030F, 2031F, 3000F, 3002F, 3006F, 3011F, 3014F, 3017F, 3020F, 3025F, 3027F, 3028F, 3035F, 3037F, 3040F, 3042F, 3046F - 3050F, 3061F, 3062F, 3066F, 3072F, 3076F - 3080F, 3082F - 3085F, 3088F - 3093F, 4003F, 4012F, 4014F - 4018F, 4025F, 4030F, 4033F, 4035F, 4037F, 4040F, 4045F, 4050F - 4056F, 4059F, 4060F, 4062F, 4064F - 4067F, 6005F were added to procedure code range.

New CPT Procedure code range is: 0001F, 0005F, 0012F, 0500F - 0503F, 0505F, 0507F, 1000F - 1008F, 1015F, 1018F, 1019F, 1022F, 1026F, 1030F, 1034F - 1036F, 1038F - 1040F, 2000F - 2004F, 2010F, 2014F, 2018F, 2022F - 2024F, 2026F, 2028F, 2030F, 2031F, 3000F, 3002F, 3006F, 3011F, 3014F, 3017F, 3020F, 3025F, 3027F, 3028F, 3035F, 3037F, 3040F, 3042F, 3046F - 3050F, 3061F, 3062F, 3066F, 3072F, 3076F - 3080F, 3082F - 3085F, 3088F - 3093F, 4000F - 4003F, 4006F, 4009F, 4011F, 4012F, 4014F - 4018F, 4025F, 4030F, 4033F, 4035F, 4037F, 4040F, 4045F, 4050F - 4056F, 4059F, 4060F, 4062F, 4064F - 4067F, 6005F.