



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 59
6010.54-M
JULY 3, 2007

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: EVOLVING PRACTICES CHANGE JULY 2007

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change addresses several evolving practices to
include intraperitoneal cisplatin, cryoablation for renal cell carcinoma, progesterone
therapy, and liver transplantation for treatment of MSUP.

EFFECTIVE AND 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): 43 PAGE(S)
DISTRIBUTION: 6010.54-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 1

Section 2.1, pages 3 and 4

Section 2.1, pages 3 and 4

CHAPTER 4

Section 6.1, pages 1 and 2

Section 6.1, pages 1 and 2

Section 8.1, page 1

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Section 9.1, pages 1 through 3

Section 9.1, pages 1 through 4

Section 14.1, pages 1 and 2

Section 14.1, pages 1 and 2

Section 18.1, pages 1 and 2

Section 18.1, pages 1 and 2

Section 21.1, pages 1 and 2

Section 21.1, pages 1 and 2

Section 23.1, pages 3 through 10

Section 23.1, pages 3 through 10

Section 24.5, pages 1 through 4

Section 24.5, pages 1 through 5

CHAPTER 5

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Section 1.1, pages 1 through 4

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CHAPTER 8

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Section 2.7, pages 1 and 2

INDEX

pages 17, 18, 21, and 22

pages 17, 18, 21, and 22

SUMMARY OF CHANGES

CHAPTER 1

1. Section 2.1, page 4. A recently published randomized controlled trial established the safety and efficacy of intraperitoneal (IP) cisplatin in patients with optimally debulked Stage III ovarian cancer. Therefore, the general exclusion for IP cisplatin therapy as unproven must be modified so that payment may be made for this group of patients.

CHAPTER 4

2. Section 6.1, page 2. Added hip core decompression and XSTOP to the list of EXCLUSIONS.
3. Section 8.1, page 1. Added Pillar Palatal Implant Systems to EXCLUSIONS.
4. Section 9.1.
 - a. Pages 2 - 4. Adds coverage of endovascular radiofrequency ablation/obliteration (CPT¹ procedure codes 36475 and 36476) for the treatment of saphenous venous reflux with symptomatic varicose veins as this treatment is now proven.
 - b. Page 3. Adds pulmonary vein antrum isolation/ablation for the treatment of atrial fibrillation to EXCLUSIONS.
5. Section 14.1, pages 1 and 2. Deleted HCPCS code for Peri-urethral Teflon injection. Adds cryoablation coverage for renal cell carcinoma.
6. Section 18.1, pages 1 and 2. Adds coverage of progesterone therapy for the prevention of preterm birth under certain conditions.
7. Section 21.1, page 1. Adds CPT¹ procedure codes for Transpupillary Thermotherapy, a proven technology.
8. Section 23.1, pages 3 and 10. Adds coverage of tandem autologous peripheral stem cell transplantation for high-risk neuroblastoma.
9. Section 24.5, page 2. Adds coverage of liver transplantation for MSUD as a proven technology.

1. CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

SUMMARY OF CHANGES (Continued)

CHAPTER 5

10. Table of Contents, page i. Added Section 5.1.
11. Section 1.1, pages 2 through 4. Adds covered indications for breast MRI and revises the EXCLUSIONS to MRIs.
12. Section 4.1, page 3. Adds PET for the diagnosis and monitoring of treatment of Alzheimer's disease, fronto-temporal dementia or other forms of dementia to EXCLUSIONS.
13. Section 5.1, page 1. New issuance on Thermography, an unproven technology.

CHAPTER 8

14. Table of Contents, page i. Adds Section 2.7, Pulsed Irrigation Evacuation (PIE).
15. Section 2.7. Adds coverage for PIE as a proven technology for treatment of patients with neurogenic bowel.