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TRICARE  
MANAGEMENT ACTIVITY

MB&RB

CHANGE 79  
6010.54-M  
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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 PRACTICE CHANGE 2008

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): Changes to the TRICARE Policy Manual to implement several policy determinations on evolving health care technologies including off-labeled use of Rituximab. Added coverage for proven treatment for endoscopic thoracic sympathectomy; laparoscopic and percutaneous radiofrequency ablation, CT angiography; PET and PET CT; and computed tomographic colonography. Excluded coverage for unproven treatment for Stretta system, spenopalatine block, Allopmar and dermoscopy for early detection of malignant cutaneous lesions).

EFFECTIVE DATE: As per date on individual issuance.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

  
Reta Michak  
Chief, Office of Medical Benefits  
and Reimbursement Branch

ATTACHMENT(S): 46 PAGE(S)  
DISTRIBUTION: 6010.54-M

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