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TRICARE
MANAGEMENT ACTIVITY

MB&RB

CHANGE 98
6010.54-M
JUNE 16, 2009

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 - MARCH 2009**

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See pages 3 and 4.

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Reta Michak
Acting Chief, Medical Benefits and Reimbursement Branch

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 2.1. Paragraph I.5. Added canaloplasty in the treatment of glaucoma as an exclusion because it is unproven. Paragraph I.20. Intracavitary administration of cisplatin for malignant disease remains unproven.

2. Section 16.1. Category III Code 0073T is proven and is a covered service, and is added as an exception. Category III Codes 0075T and 0076T are proven and are added as exceptions due to coverage for percutaneous angioplasty of the carotid artery with stenting and embolic protection for beneficiaries at high risk for Carotid Endarterectomy, while keeping all other PTA procedures of the carotid as unproven.

3. Section 17.1. Paragraph III.B.2. HCPCS Codes S2235 and S8030 are proven and are reimbursable.

CHAPTER 2

4. Section 2.1. Paragraph IV.D. Reference added for sleep studies in the home.

CHAPTER 4

5. Section 5.1. CPT procedure codes 15400 - 15431 for xenograft skin and acellular xenograft implants are proven technologies and are removed from the exclusion list. Removed the exclusion of endoscopic thoracic sympathectomy which is proven when performed for the treatment of hyperhidrosis.

6. Section 9.1. Paragraph III.J. Added primary percutaneous transluminal mechanical thrombectomy and secondary percutaneous transluminal mechanical thrombectomy are proven and are covered for the treatment of acute limb ischemia due to peripheral arterial occlusion, effective March 21, 2006. Paragraph III.K. Added percutaneous Transluminal Angioplasty (PTA) of the carotid artery with stenting in beneficiaries at high risk for Carotid Endarterectomy (CEA) is proven and covered when certain criteria are met. Added to EXCLUSIONS, Paragraph IV.E.: PTA of the carotid artery without stenting is unproven. PTA of the carotid artery with stenting but without embolic protection (CPT procedure code 37216) is unproven.

7. Section 13.1. Paragraph III.C. Added coverage for radiofrequency ablation which is proven for liver cancers when certain criteria are met, effective April 28, 2004.

SUMMARY OF CHANGES (Continued)

CHAPTER 4 (Continued)

8. Section 20.1. Paragraph IV.R. Radiofrequency ablation for the treatment of chronic spinal pain is unproven. Pulsed radiofrequency ablation for spinal pain is unproven. Paragraph IV.S. Cryoablation of Occipital Nerve (CPT procedure code 64640) for the treatment of chronic intractable headache is unproven.

9. Section 23.1. Paragraph III.Q. Added to the EXCLUSIONS, immunoablative therapy with bone marrow or peripheral stem cell transplantation is unproven and not covered for the treatment of rheumatoid arthritis and juvenile idiopathic arthritis.

CHAPTER 5

10. Section 3.1. CPT code 0073T is proven and added.

CHAPTER 6

11. Section 1.1. Paragraph III.F. Deletes the Nuclear Magnetic Resonance (NMR) LipoProfile-2 test from the EXCLUSIONS section and since it is proven, allows TRICARE cost-sharing for the management of lipoprotein disorders associated with cardiovascular disease, effective July 23, 2008.

CHAPTER 7

12. Section 6.1. Paragraph IV.D. Canaloplasty in the treatment of glaucoma is unproven and is added as an exclusion.

13. Section 18.1. Paragraph III.I. Low level laser therapy in the treatment of soft tissue injuries, pain or inflammation is unproven and is added to the exclusion list.

14. Section 18.2. Paragraph IV.16. Low level laser therapy in the treatment of soft tissue injuries, pain or inflammation is unproven and is added to the exclusion list.

15. Section 19.1. Paragraph IV.F. Adds coverage for a home/portable sleep study as an alternative to in-facility polysomnography for the diagnosis of obstructive sleep apnea in adults when certain criteria are met, is proven and covered effective May 29, 2008.