



DEFENSE
HEALTH AGENCY

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The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: UNFORTUNATE SEQUELAE (CLARIFICATION CHANGES)

CONREQ: 16943

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change clarifies that continued treatment of a complication (unfortunate sequelae) and/or medically necessary follow-on care, subsequent to noncovered initial surgery or treatment authorized by an MTF Commander, is covered; it also clarifies the effective date.

EFFECTIVE DATE: October 17, 2011.

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6010.57-M
NOVEMBER 17, 2014

REMOVE PAGE(S)

CHAPTER 4

Table of Contents, pages 1 and 2

Section 1.2, page 1

INDEX

pages 5 and 6

INSERT PAGE(S)

Table of Contents, page 1 and 2

Section 1.2, page 1

pages 5 and 6

Chapter 4

Surgery

Section/Addendum	Subject/Addendum Title
1.1	Complications (Unfortunate Sequelae) Resulting From Noncovered Surgery Or Treatment
1.2	Treatment Of Unfortunate Sequelae And/Or Medically Necessary Follow-On Care Subsequent To Authorized Noncovered Initial Surgery Or Treatment In A Military Treatment Facility (MTF)
2.1	Cosmetic, Reconstructive, And Plastic Surgery - General Guidelines
2.2	General Surgery
3.1	Laser Surgery
4.1	Assistant Surgeons
5.1	Integumentary System
5.2	Post-Mastectomy Reconstructive Breast Surgery and Breast Prostheses
5.3	Prophylactic Mastectomy, Prophylactic Oophorectomy, And Prophylactic Hysterectomy
5.4	Reduction Mammoplasty For Macromastia
5.5	Silicone Or Saline Breast Implant Removal
5.6	Breast Reconstruction As A Result Of A Congenital Anomaly
5.7	Gynecomastia
5.8	Negative Pressure Wound Therapy (NPWT)
6.1	Musculoskeletal System
6.2	Electrical Stimulation Of Bone
7.1	Oral Surgery
8.1	Respiratory System
8.2	Lung Volume Reduction Surgery (LVRS)
9.1	Cardiovascular System
9.2	Photopheresis
9.3	Intracoronary Stents
9.4	Therapeutic Apheresis
10.1	Transjugular Intrahepatic Portosystemic Shunt (TIPS)
11.1	Hemic And Lymphatic Systems

TRICARE Policy Manual 6010.57-M, February 1, 2008
Chapter 4, Surgery

Section/Addendum	Subject/Addendum Title
12.1	Mediastinum And Diaphragm
13.1	Digestive System
13.2	Surgery For Morbid Obesity
14.1	Urinary System
15.1	Male Genital System
16.1	Intersex Surgery
17.1	Female Genital System
18.1	Maternity Care
18.2	Antepartum Services
18.3	Abortions
18.4	Cesarean Sections
18.5	Fetal Surgery
19.1	Endocrine System
20.1	Nervous System
20.2	Stereotactic Radiofrequency Pallidotomy With Microelectrode Mapping For Treatment Of Parkinson's Disease
20.3	Stereotactic Radiofrequency Thalamotomy
21.1	Eye And Ocular Adnexa
22.1	Auditory System
22.2	Cochlear Implantation
23.1	High Dose Chemotherapy (HDC) And Stem Cell Transplantation
24.1	Heart-Lung And Lung Transplantation
24.2	Heart Transplantation
24.3	Combined Heart-Kidney Transplantation (CHKT)
24.4	Small Intestine (SI), Combined Small Intestine-Liver (SI/L), And Multivisceral Transplantation
24.5	Liver Transplantation
24.6	Combined Liver-Kidney Transplantation (CLKT)
24.7	Simultaneous Pancreas-Kidney (SPK), Pancreas-After-Kidney (PAK), And Pancreas-Transplant-Alone (PTA), And Pancreatic Islet Cell Transplantation
24.8	Kidney Transplantation
24.9	Donor Costs

Treatment Of Unfortunate Sequelae And/Or Medically Necessary Follow-On Care Subsequent To Authorized Noncovered Initial Surgery Or Treatment In A Military Treatment Facility (MTF)

Issue Date: February 28, 2012
Authority: 32 CFR 199.4(e)(9)(ii)

1.0 POLICY

1.1 Benefits are available for otherwise covered **drugs**, services and supplies required in the treatment of unfortunate sequelae **and/or medically necessary follow-on care subsequent to an authorized** noncovered **initial surgery or treatment** provided in a MTF, when the noncovered **initial surgery or treatment is** authorized by the MTF Commander and the MTF is unable to provide the treatment of **unfortunate sequelae and/or medically necessary follow-on care**.

1.2 Documentation must be submitted by the provider or the beneficiary with the claim to provide evidence that:

1.2.1 **The noncovered initial surgery or treatment** was provided in a MTF and authorized by the MTF Commander; and

1.2.2 MTF was unable to provide the **subsequent treatment of unfortunate sequelae and or medically necessary follow-on care related to the non-covered initial surgery or treatment**.

1.3 Treatment of unfortunate sequelae and medically necessary follow-on care includes otherwise covered services such as drugs, supplies, Physical Therapy (PT), and office visits.

Note: Coverage for treatment of unfortunate sequelae includes expected and unexpected complications.

2.0 EFFECTIVE DATE

For treatment of unfortunate sequelae **and/or necessary follow-on care subsequent to an authorized** noncovered **initial surgery or treatment occurring on or after October 17, 2011**.

- END -

TRICARE Policy Manual 6010.57-M, February 1, 2008

Index

R (CONTINUED)	Chap	Sec/Add	T	Chap	Sec/Add
Routine Physical Examinations	7	2.6	Telemental Health (TMH)/Telemedicine	7	22.1
			Therapeutic Apheresis	4	9.4
			Therapeutic Shoes For Diabetics	8	8.2
			Thermography	5	5.1
			Transcranial Magnetic Stimulation (TMS)	7	3.10
			Transfusion Services For Whole Blood, Blood Components, And Blood Derivatives	6	2.1
			Transitional Assistance Management Program (TAMP)	10	5.1
			Transitional Survivor Status And Survivor Status	10	7.1
			Transjugular Intrahepatic Portosystemic Shunt (TIPS)	4	10.1
			Transplant		
			Combined Heart-Kidney (CHKT)	4	24.3
			Combined Liver-Kidney (CLKT)	4	24.6
			Donor Costs	4	24.9
			Heart	4	24.2
			Heart-Lung	4	24.1
			Kidney	4	24.8
			Liver	4	24.5
			Living Donor Liver (LDLT)	4	24.5
			Lung	4	24.1
			Multivisceral	4	24.4
			Pancreas-After-Kidney (PAK)	4	24.7
			Pancreas-Transplant-Alone (PTA)	4	24.7
			Pancreatic Islet Cell	4	24.7
			Simultaneous Pancreas-Kidney (SPK)	4	24.7
			Small Intestine (SI)	4	24.4
			Small Intestine-Liver (SI/L) Combined	4	24.4
			Treatment Of Mental Disorders	7	3.10
			Treatment Of Unfortunate Sequelae And/Or Medically Necessary Follow-On Care Subsequent To Authorized Noncovered Initial Surgery Or Treatment In A Military Treatment Facility (MTF)	4	1.2
			TRICARE Certified Mental Health Counselor (TCMHC)	11	3.11
			TRICARE For Life (TFL) And Other Medicare-Eligible Beneficiaries	10	6.1
			TRICARE Overseas Program (TOP)	12	1.1
			Medical Benefit Variations	12	1.2
			Outside The 50 United States And The District Of Columbia Locality-Based Reimbursement Rate Waiver	12	1.3
			TRICARE Reserve And National Guard (NG) Family Member Benefits	10	8.1
S	Chap	Sec/Add			
Sensory Evoked Potentials (SEP)	7	15.2			
Services Rendered By Employees Of Authorized Independent Professional Providers	11	10.1			
Sexual Dysfunctions, Paraphilias, And Gender Identity Disorders	7	1.1			
Silicone Or Saline Breast Implant Removal	4	5.5			
Simultaneous Pancreas-Kidney (SPK) Transplant	4	24.7			
Single Photon Emission Computed Tomography (SPECT)	5	4.1			
Skilled Nursing Facility (SNF) Visits	2	3.1			
Small Intestine (SI) Transplant	4	24.4			
Small Intestine-Liver (SI/L) Transplant	4	24.4			
Smoking Cessation Counseling	8	19.1			
Special Authorization Requirements	1	7.1			
Special Education And Other Services	9	9.1			
Special Otorhinolaryngologic Services	7	8.1			
Speech Services	7	7.1			
Standards					
Inpatient Rehabilitation And Partial Hospitalization For The Treatment Of Substance Use Disorders	11	F			
Psychiatric Partial Hospitalization Programs (PHPs)	11	A			
Residential Treatment Centers (RTCs) Serving Children And Adolescents	11	H			
State Licensure And Certification	11	3.2			
Stereotactic Radiofrequency Pallidotomy With Microelectrode Mapping For Treatment Of Parkinson's Disease	4	20.2			
Stereotactic Radiofrequency Thalamotomy	4	20.3			
Substance Use Disorder Rehabilitation Facilities (SUDRFs) Certification Process	11	8.1			
Substance Use Disorders	7	3.7			
Supervised Mental Health Counselor (SMHC)	11	3.11			
Surgery For Morbid Obesity	4	13.2			

TRICARE Policy Manual 6010.57-M, February 1, 2008

Index

U	Chap	Sec/Add
----------	-------------	----------------

Ultrasound	5	2.1
Unauthorized Institution - Related Professional Services	11	4.1
Unauthorized Provider - Emergency Services	11	4.2
Unproven Drugs, Devices, Medical Treatments, And Procedures	1	2.1
Urinary System	4	14.1

V	Chap	Sec/Add
----------	-------------	----------------

Veterans Affairs (VA) Health Care Facilities	11	2.1
--	----	-----

W	Chap	Sec/Add
----------	-------------	----------------

Waiver Of Liability	1	4.1
Initial Denial Determination	1	4.1
MCSC Reconsideration Determinations	1	4.1
TQMC Reconsideration Determinations	1	4.1
Well-Child Care	7	2.5
Wigs Or Hairpiece	8	12.1

- END -