



DEFENSE  
HEALTH AGENCY

**MB&RO**

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**  
16401 EAST CENTRETECH PARKWAY  
AURORA, CO 80011-9066

**CHANGE 125  
6010.57-M  
JANUARY 6, 2015**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

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

**CHANGE TITLE: EVOLVING PRACTICE 14-004**

**CONREQ: 17276**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): See page 3.**

**EFFECTIVE DATE: See page 3.**

**IMPLEMENTATION DATE: February 6, 2015.**

**CORN.GLENN  
.J.1157445967**

Digitally signed by  
CORN:GLENN.J.1157445967  
DN: c=U.S, o=U.S. Government,  
ou=DoD, ou=PKI, ou=TMA,  
cn=CORN.GLENN.J.1157445967  
Date: 20 14.12.31 08:05:38 -07'00'

**Ann N. Fazzini  
Team Chief, Medical Benefits &  
Reimbursement Office (MB&RO)  
Defense Health Agency (DHA)**

**ATTACHMENT(S): 9 PAGE(S)  
DISTRIBUTION: 6010.57-M**

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

**CHANGE 125**  
**6010.57-M**  
**JANUARY 6, 2015**

**REMOVE PAGE(S)**

**CHAPTER 1**

Section 3.1, pages 1 through 3

**CHAPTER 4**

Section 8.1, pages 1 and 2

Section 21.1, pages 1 and 2

**CHAPTER 5**

Section 3.2, pages 1 and 2

**INSERT PAGE(S)**

Section 3.1, pages 1 through 3

Section 8.1, pages 1 and 2

Section 21.1, pages 1 and 2

Section 3.2, pages 1 and 2

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 3.1. This change confirms that Laryngeal cleft has been found as a rare disease and Radiesse Voice injection laryngoplasty may be cost-shared as a treatment of type 1 laryngeal clefts.  
EFFECTIVE DATE: 02/04/2011.

### **CHAPTER 4**

2. Section 8.1. This change confirms that Radiofrequency Ablation of the tongue base to treat Obstructive Sleep Apnea is considered unproven. EFFECTIVE DATE: As indicated in the issuance.
3. Section 21.1. This change confirms that Visudyne Photodynamic Therapy is considered unproven. EFFECTIVE DATE: As indicated in the issuance.

### **CHAPTER 5**

4. Section 3.2. This change confirms that Electronic Brachytherapy as unproven. EFFECTIVE DATE: As indicated in the issuance.

