



DEFENSE
HEALTH AGENCY

MB&RO

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

**CHANGE 128
6010.57-M
JANUARY 16, 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: CONSOLIDATED CHANGE 14-008

CONREQ: 17180

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3

EFFECTIVE DATE: See page 3.

IMPLEMENTATION DATE: February 17, 2015.

**FAZZINI.ANN.NO
REEN.119980227
1**

Digitally signed by
FAZZINI.ANN.NOREEN.1199802271
DN: c=US, o=U.S. Government, ou=DoD,
ou=PKI, ou=TMA,
cn=FAZZINI.ANN.NOREEN.1199802271
Date: 2015.01.14 13:44:52 -07'00'

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

**ATTACHMENT(S): 36 PAGE(S)
DISTRIBUTION: 6010.57-M**

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

REMOVE PAGE(S)

CHAPTER 1

Table of Contents, page 1

★ ★ ★ ★ ★

CHAPTER 7

Section 3.15, page 1

CHAPTER 8

Table of Contents, pages 1 and 2

Section 2.3, pages 1 through 4

★ ★ ★ ★ ★

APPENDIX A

pages 11 through 26

INDEX

pages 1 through 6

INSERT PAGE(S)

Table of Contents, page 1

Section 15.1, pages 1 and 2

Section 3.15, page 1

Table of Contents, pages 1 and 2

Section 2.3, pages 1 through 5

Section 5.4, pages 1 through 3

pages 11 through 26

pages 1 through 6

SUMMARY OF CHANGES

CHAPTER 1

1. Section 15.1. This change provides coverage for Transition Care Management.
EFFECTIVE DATE: 01/01/2013. (Contractors shall search for and reprocess any claims that have been denied for Transitional Management Services.)

CHAPTER 7

2. Section 3.15. This change updates coding standards related to psychotropic pharmacologic management services rendered with or without psychotherapy services.
EFFECTIVE DATE: 01/01/2013.

CHAPTER 8

3. Section 2.3. This change clarifies transdermal insulin delivery systems, e.g., the Valeritas V-Go™ Insulin Delivery Device (V-Go), as a subset of the broader category of External Insulin Infusion Pumps and will include criteria for coverage of the V-Go under the medical benefit.
EFFECTIVE DATE: 02/26/1986.
4. Section 5.4. This change creates a new policy that delineates coverage criteria for Automated External Defibrillators. EFFECTIVE DATE: 02/26/1986.

