



DEFENSE
HEALTH AGENCY

MB&RO

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**CHANGE 133
6010.57-M
MARCH 23, 2015**

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

CHANGE TITLE: CY15 REIMBURSEMENT AND CODING UPDATES 14-002

CONREQ: 17307

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: See page 3.

IMPLEMENTATION DATE: April 23, 2015.

This change is made in conjunction with Feb 2008 TRM, Change No. 112.

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**ATTACHMENT(S): 1 PAGE(S)
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REMOVE PAGE(S)

CHAPTER 7

Section 15.1, page 1

INSERT PAGE(S)

Section 15.1, page 1

SUMMARY OF CHANGES

CHAPTER 7

1. Section 15.1. This change removes exclusionary language, and clarifies what services and codes are specifically excluded, to ensure correct claims processing for Topographic Brain Mapping.
EFFECTIVE DATE: As stated in the issuance.

Neurology And Neuromuscular Services

Issue Date: April 19, 1983

Authority: [32 CFR 199.4\(b\)\(2\)\(vii\)](#) and [\(b\)\(3\)\(v\)](#)

1.0 CPT¹ PROCEDURE CODES

20552, 20553, 95812 - 95999

2.0 DESCRIPTION

The diagnosis and treatment of muscle and nerve disorders.

3.0 POLICY

3.1 Neurology and neuromuscular services are covered.

3.2 The Epley Canalith Repositioning Procedure (CRP) is covered for the treatment of Benign Paroxysmal Positional Vertigo (BPPV) with an effective date of June 13, 2012.

4.0 EXCLUSIONS

4.1 Topographic brain mapping ([HCPCS S8040](#)) is unproven.

4.2 Microcurrent Electrical Therapy (MET), Cranial Electrotherapy Stimulation (CES), or any therapy that uses the non-invasive application of low levels of microcurrent stimulation to the head by means of external electrodes for the treatment of anxiety, depression or insomnia, and electrical stimulation devices used to apply this therapy, are unproven.

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