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HEALTH AGENCY

MB&RO

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**CHANGE 135
6010.57-M
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The TRICARE Management Activity has authorized the following addition(s)/revision(s).

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SUMMARY OF CHANGE(S): See page 3.

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 3.1.
 - a. This change confirms that off-label use of intravenous immune globulin for the treatment of Hashimoto's Encephalopathy may be considered in exceptional circumstances where there is progressive neurologic decline despite appropriate steroid therapy or where steroid therapy is contraindicated. EFFECTIVE DATE: 06/05/2013.
 - b. This change confirms that Crigler-Najjar Type I is a rare disease and that Orthotopic liver transplantation is considered safe and effective and may be considered for cost-sharing. EFFECTIVE DATE: 11/27/1995.
 - c. This change confirms that Allogeneic Hematopoietic Cell Transplant may be used in the treatment of Primary Plasma Cell Leukemia. EFFECTIVE DATE: 01/04/2013.

CHAPTER 4

2. Section 6.1.
 - a. This change confirms that sufficient reliable evidence exists to support the determination that High Energy Extracorporeal Shock Wave Therapy (HE ESWT) for the treatment of plantar fasciitis is a safe and effective alternative to surgery for patients after at least six months' failure of appropriate conservative therapy. EFFECTIVE DATE: 12/02/2013.
 - b. This change adds iFuse Implant System (CPT procedure code 27279) for treatment of sacroiliac joint pain as unproven. EFFECTIVE DATE: As indicated in the issuance.
3. Section 9.1. Paragraphs 3.13 and 5.13. This change confirms that Transcatheter Aortic Valve Replacement (TAVR) for the treatment of severe symptomatic aortic stenosis in high-risk operative patients is considered proven safe and effective. EFFECTIVE DATE: 07/27/2012.
4. Section 23.1. This change confirms that Allogeneic Hematopoietic Cell Transplant may be used in the treatment of Primary Plasma Cell Leukemia. EFFECTIVE DATE: 01/04/2013.

