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**CHANGE 142  
6010.57-M  
AUGUST 28, 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 PRACTICES 15-002**

**CONREQ: 17497**

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

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

**EFFECTIVE DATE: See page 3.**

**IMPLEMENTATION DATE: September 28, 2015.**

FAZZINI.ANN.  
NOREEN.1199  
802271

Digitally signed by  
FAZZINI.ANN.NOREEN.1199802271  
DN: c=US, o=U.S. Government,  
ou=DoD, ou=PKI, ou=DHA,  
cn=FAZZINI.ANN.NOREEN.1199802  
271  
Date: 2015.08.25 11:29:43 -06'00'

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**ATTACHMENT(S): 11 PAGE(S)  
DISTRIBUTION: 6010.57-M**

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**CHANGE 142**  
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**REMOVE PAGE(S)**

**CHAPTER 1**

Section 3.1, pages 1 - 3

**CHAPTER 4**

Section 6.1, pages 3 and 4

Section 9.1, pages 5 and 6

Section 20.1, pages 3 and 4

Section 21.1, pages 1 and 2

**INSERT PAGE(S)**

Section 3.1, pages 1 - 3

Section 6.1, pages 3 and 4

Section 9.1, pages 5 and 6

Section 20.1, pages 3 and 4

Section 21.1, pages 1 and 2

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 3.1.
  - a. This change adds coverage for the off-label use of rituximab for the treatment of neuromyelitis optica (NMO). EFFECTIVE DATE: 03/26/2010.
  - b. This change confirms that photodynamic therapy with the off-label use of Visudyne may be used in the treatment of Retinal Astrocytic Hamartoma in Tuberous Sclerosis. EFFECTIVE DATE: 02/01/2008.
  - c. This change allows, and removes the exclusion of, intracranial angioplasty with stenting (CPT procedure code 61635) of the venous sinuses to be considered for cost-sharing for the treatment of pseudotumor cerebri (also known as idiopathic intracranial hypertension and benign intracranial hypertension). EFFECTIVE DATE: 06/25/2014.

### **CHAPTER 4**

2. Section 6.1. This change confirms that athletic pubalgia surgery is unproven. EFFECTIVE DATE: As stated in the issuance.
3. Section 9.1. This change allows, and removes the exclusion of, intracranial angioplasty with stenting (CPT procedure code 61635) of the venous sinuses to be considered for cost-sharing for the treatment of pseudotumor cerebri (also known as idiopathic intracranial hypertension and benign intracranial hypertension). EFFECTIVE DATE: 06/25/2014.
4. Section 20.1. This change adds a reference for coverage policy regarding treatment of pseudotumor cerebri. EFFECTIVE DATE: 06/25/2014.
5. Section 21.1. This change confirms that photodynamic therapy with the off-label use of Visudyne may be used in the treatment of Retinal Astrocytic Hamartoma in Tuberous Sclerosis. EFFECTIVE DATE: 02/01/2008.

