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HEALTH AGENCY

MB&RS

CHANGE 146
6010.57-M
NOVEMBER 25, 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 15-003**

CONREQ: 17674

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds coverage for transpupillary thermotherapy in conjunction with plaque radiotherapy for the treatment of choroidal melanoma, for image-guided robotic linear accelerator-based stereotactic body radiation therapy for the treatment of prostate cancer, and for Orthotopic Liver Transplantation for the Treatment of Acute Intermittent Porphyria.

EFFECTIVE DATE: See page 3.

IMPLEMENTATION DATE: December 28, 2015.

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

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REMOVE PAGE(S)	INSERT PAGE(S)
CHAPTER 1	
Section 3.1, page 3	Section 3.1, page 3
CHAPTER 4	
Section 21.1, pages 1 and 2	Section 21.1, pages 1 and 2
Section 24.5, pages 3 and 4	Section 24.5, pages 3 - 5
CHAPTER 5	
Section 3.1, pages 1 - 4	Section 3.1, pages 1 - 5

SUMMARY OF CHANGES

CHAPTER 1

1. Section 3.1. This change adds coverage for Orthotopic Liver Transplantation for the Treatment of Acute Intermittent Porphyria. EFFECTIVE DATE: 02/01/2012.

CHAPTER 4

2. Section 21.1. This change adds coverage for transpupillary thermotherapy in conjunction with plaque radiotherapy for the treatment of choroidal melanoma. EFFECTIVE DATE: 01/01/2012.

3. Section 24.5. This change adds coverage for Orthotopic Liver Transplantation for the Treatment of Acute Intermittent Porphyria. EFFECTIVE DATE: 02/01/2012.

CHAPTER 5

4. Section 3.1. This change adds coverage for image-guided robotic linear accelerator-based stereotactic body radiation therapy (SBRT) for the treatment of prostate cancer. EFFECTIVE DATE: 10/24/2014.