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CHANGE 163
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CHAPTER 1

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 3.1. This change confirms Intrapulmonary Percussive Ventilation (IPV) may be considered for cost-sharing when the diagnosis is Cystic Fibrosis (CF). EFFECTIVE DATE: 04/30/2009.

CHAPTER 3

2. Section 1.1. This change adds as exclusion, unproven, the use of a stellate ganglion block for the treatment of Post-Traumatic Stress Disorder. EFFECTIVE DATE: As stated in the issuance.

CHAPTER 4

3. Section 9.1. This change confirms Left Atrial Appendage (LAA) closure for the prevention of embolism in patients with non-valvular atrial fibrillation is covered when performed with an FDA approved device used according to labeled specifications (e.g. Watchman device). EFFECTIVE DATE: 07/02/2015.

CHAPTER 7

4. Section 27.1 This change allows Botox injections for the treatment of palmar hyperhidrosis. EFFECTIVE DATE: 01/01/2013.

CHAPTER 8

5. Section 16.1. This change confirms the use of Intrapulmonary Percussive Ventilation for the treatment of Cystic Fibrosis (CF). EFFECTIVE DATE: 04/30/2009.

2.13 Effective February 4, 2011, Radiesse® Voice laryngoplasty injections may be cost-shared for the treatment of type 1 laryngeal cleft (also described as supraglottic interarytenoid defects that extend no further than the true vocal folds).

2.14 Effective November 27, 1995, Orthotopic Liver Transplantation (OLT) may be cost-shared for the treatment of Crigler-Najjar Syndrome Type I. OLT may be performed both prior to the onset of neurological symptoms or after the onset of neurological symptoms.

2.15 Effective June 5, 2013, 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.

2.16 Effective April 30, 2009, Intrapulmonary Percussive Ventilation (IPV) may be considered for cost-sharing when the diagnosis is Cystic Fibrosis (CF). See Chapter 8, Section 16.1 for policy regarding IPVs.

2.17 Effective January 4, 2013, allogeneic hematopoietic cell transplant (CPT² procedure code 38240) for the treatment of primary plasma cell leukemia.

2.18 Off-label use of Photodynamic Therapy (CPT² procedure code 67221) with Visudyne (HCPCS J3396) may be considered for cost-sharing for the treatment of retinal astrocytic hamartoma in Tuberous Sclerosis. The effective date is February 1, 2008.

2.19 Effective June 25, 2014, intracranial angioplasty with stenting (CPT² procedure code 61635) of the venous sinuses may be considered for cost-sharing for the treatment of pseudotumor cerebri (also known as idiopathic intracranial hypertension and benign intracranial hypertension).

2.20 Effective February 1, 2012, OLT (CPT² procedure code 47135) for the treatment of Acute Intermittent Porphyria.

2.21 Effective December 1, 2014, Photodynamic Therapy for the treatment of Central Serous Chorioretinopathy.

3.0 EXCLUSIONS

3.1 The off-label use of rituximab for the treatment of pediatric linear Immunoglobulin A (IgA) dermatosis is unproven.

3.2 Proton Beam Therapy (PBT)/radiosurgery/radiotherapy for the treatment of thymoma is unproven.

- END -

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Chapter 3

Section 1.1

Anesthesia

Issue Date:

Authority: [32 CFR 199.4\(b\)\(2\)\(viii\)](#), [\(c\)\(2\)\(vii\)](#), [\(c\)\(3\)\(viii\)](#), and [\(g\)\(40\)](#)

1.0 CPT¹ PROCEDURE CODES

00100 - 01999, 99100, 99116, 99135, 99140

2.0 POLICY

2.1 Anesthesia services and supplies are covered.

2.2 See [Section 1.2](#) for conscious sedation.

2.3 See the TRICARE Reimbursement Manual (TRM), [Chapter 1, Section 9](#) for information on reimbursement of anesthesia.

3.0 EXCLUSIONS

3.1 Hypnotherapy.

3.2 A separate benefit is not payable for general anesthesia administered by the attending physician (surgeon or obstetrician) or dentist, or by the surgical, obstetrical or dental assistant. This exclusion does not apply to cases involving administration of local or regional anesthesia such as local anesthesia administered by a surgeon in the surgeon's office, by an obstetrician in a delivery room, or by an orthopedic surgeon in an operating room.

3.3 Acupuncture.

3.4 The use of a Stellate Ganglion Block (SGB) (CPT¹ procedure code 64510) for the treatment of Post-Traumatic Stress Disorder (PTSD) is unproven.

- END -

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3.11.7 All procedures are performed in a Centers for Medicare and Medicaid Services (CMS) approved facility that has been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes.

3.12 Transcatheter Aortic Valve Replacement (TAVR) for the treatment of severe symptomatic aortic stenosis is proven safe and effective for patients who are not candidates for Surgical Aortic Valve Replacement (SAVR).

3.13 Percutaneous transluminal mechanical thrombectomy (CPT⁴ procedure codes 37184, 37185, 37186) with stent retrievers for the treatment of adults with acute ischemic stroke is proven safe and effective.

3.14 TAVR for the treatment of severe symptomatic aortic stenosis in high-risk operative patients is considered proven safe and effective.

3.15 Intracranial angioplasty with stenting (CPT⁴ procedure code 61635) of the venous sinuses may be considered for cost-sharing for the treatment of pseudotumor cerebri (also known as idiopathic intracranial hypertension and benign intracranial hypertension).

3.16 Cardiography: electrocardiograms, rhythm strips, stress testing; Cardiovascular Monitoring: continuous ambulatory monitors (e.g., Holter monitor, Zio Patch), mobile cardiac telemetry, and event monitors; Implantable and Wearable Cardiac Devices: pacemakers, defibrillators, and loop recorders are covered when approved by the FDA and in accordance with [Chapter 8, Section 5.1](#).

3.17 Left Atrial Appendage (LAA) closure for the prevention of embolism in patients with non-valvular atrial fibrillation is covered when performed with an FDA approved device used according to labeled specifications (e.g., WATCHMAN™ device).

4.0 EXCLUSIONS

4.1 Thermogram; cephalic (CPT⁴ procedure code 93760); peripheral (CPT⁴ procedure code 93762) are unproven.

4.2 Percutaneous Myocardial Laser Revascularization (PMR) is unproven.

4.3 Cardiomyoplasty (Cardiac Wrap) for treatment of heart failure is unproven.

4.4 Minimally Invasive CABG surgery to include Minimally Invasive Direct Coronary Artery Bypass (MIDCAB) and Port Access Coronary Artery Bypass (PACAB) are unproven.

4.5 Percutaneous Transluminal Angioplasty (PTA) in the treatment of obstructive lesions of the vertebral and cerebral arteries is unproven. PTA of the carotid artery without stenting is unproven. PTA of the carotid artery with stenting but without embolic protection (CPT⁴ procedure code 37216) is unproven.

4.6 Signal-Average Electrocardiography (CPT⁴ procedure code 93278) is unproven.

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4.7 Percutaneous transluminal mechanical thrombectomy vein(s) including intraprocedural pharmacological thrombolytic injections and fluroscopic guidance (CPT⁵ procedure code 37187) is unproven.

4.8 Percutaneous transluminal mechanical thrombectomy, vein(s) including intraprocedural pharmacological thrombolytic injections and fluroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy (CPT⁵ procedure code 37188) is unproven.

4.9 LAA closure using the LARIAT® Suture Delivery Device is excluded as the LARIAT® device fails to meet the off-label device requirements in Chapter 8, Section 5.1.

5.0 EFFECTIVE DATES

5.1 March 1, 2001, for gamma and beta intracoronary radiotherapy (brachytherapy).

5.2 January 1, 2002, for TMR.

5.3 October 1, 2003, for VADs as destination therapy.

5.4 December 1, 2003, for endovenous RFA/obliteration.

5.5 January 1, 2005, for ABPM.

5.6 March 17, 2005, for PTA of the carotid artery with stenting in beneficiaries at high risk for CEA.

5.7 March 21, 2006, for percutaneous transluminal mechanical thrombectomy for acute limb ischemia.

5.8 January 1, 2007, for pulmonary vein isolation/ablation.

5.9 January 1, 2009, for endovenous laser ablation/therapy.

5.10 May 1, 2011, for endovenous RFA/obliteration for the treatment of incompetent perforator veins.

5.11 July 27, 2012, for endovenous laser ablation/therapy for the treatment of incompetent perforator veins.

5.12 February 8, 2012, for TAVR for the treatment of severe symptomatic aortic stenosis in patients who are not candidates for SAVR.

5.13 July 27, 2012, for TAVR, for the treatment of severe symptomatic aortic stenosis in high-risk operative patients.

5.14 June 25, 2014, for intracranial angioplasty with stenting of the venous sinuses for the treatment of pseudotumor cerebri.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 4, Section 9.1

Cardiovascular System

5.15 November 30, 2014, for continuous ambulatory Electrocardiogram (ECG) recording greater than 48 hours.

5.16 January 7, 2015, for percutaneous transluminal mechanical thrombectomy with stent retrievers.

5.17 July 2, 2015, for LAA closure for the prevention of embolism in patients with non-valvular atrial fibrillation.

- END -

Botulinum Toxin Injections

Issue Date: October 12, 1998

Authority: [32 CFR 199.4\(c\)\(2\)\(iii\)](#) and [\(c\)\(2\)\(iv\)](#)

1.0 CPT¹ PROCEDURE CODES

46505, 64611 - 64614, 64640, 64653, 67345

2.0 HCPCS PROCEDURE CODES

J0585 - J0588

3.0 DESCRIPTION

These procedures involve the injection of small amounts of botulinum toxin into selected muscles for the nonsurgical treatment of the conditions relating to spasticity, various dystonias, nerve disorders, and muscular tonicity deviations.

4.0 POLICY

4.1 Botulinum toxin A (AbobotulinumtoxinA/OnabotulinumtoxinA/IncobotulinumtoxinA), Botulinum toxin B (RimabotulinumtoxinB), and any other Federal Drug Administration (FDA) approved botulinum toxin injectable drugs may be considered for cost-sharing for their FDA approved indications, unless otherwise excluded by the program.

4.2 Botox[®] (OnabotulinumtoxinA-chemodenervation-CPT¹ procedure code 46505) may be considered for off-label cost-sharing for the treatment of chronic anal fissure unresponsive to conservative therapeutic measures, effective May 1, 2007.

4.3 Botulinum toxin A injections may be considered for off-label cost-sharing for the treatment of spasticity resulting from Cerebral Palsy (CP), effective November 1, 2008.

4.4 Botox[®] (OnabotulinumtoxinA) and Myobloc[®] (RimabotulinumtoxinB) injections may be considered for off-label cost-sharing for the treatment of sialorrhea associated with Parkinson's disease patients who are refractory to, or unable to tolerate, systemic anticholinergics, effective October 1, 2009.

4.5 Botox[®] (OnabotulinumtoxinA) injections for laryngeal dystonia (adductor spasmodic dysphonia) and oromandibular dystonia (jaw-closing dystonia) may be considered for cost-sharing.

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4.6 Botox® (OnabotulinumtoxinA) injections may be considered for off-label cost-sharing for the treatment of palmar hyperhidrosis that is refractory to topical and pharmacological therapies, effective January 1, 2013.

4.7 Off-label use. Effective July 27, 2012, off-label uses of Botulinum toxin A (AbobotulinumtoxinA/OnabotulinumtoxinA/IncobotulinumtoxinA), Botulinum toxin B (Rimabotulinumtoxin B), and any other FDA approved botulinum toxin injectable drugs may be approved for cost-sharing by the contractor in accordance with [Chapter 8, Section 9.1, paragraph 2.2.5](#).

5.0 EXCLUSIONS

5.1 Botulinum toxin A injections are unproven for the following indications:

- Lower back pain/lumbago.
- Episodic migraine, chronic daily headache, cluster headache, cervicogenic headache, and tension-type headache.

5.2 Botox® (OnabotulinumtoxinA-chemodenervation-CPT² procedure code 64612) for the treatment of muscle spasms secondary to cervical degenerative disc disease and spinal column stenosis is unproven.

5.3 Botulinum toxin A used for cosmetic indications (e.g., frown lines and brow furrows) is excluded from coverage.

6.0 EFFECTIVE DATES

6.1 May 1, 2007, for coverage of chronic anal fissure unresponsive to conservative therapeutic measures (CPT² procedure code 46505).

6.2 October 1, 2009, for coverage of sialorrhea associated with Parkinson's disease patients who are refractory to, or unable to tolerate, systemic anticholinergics (CPT² procedure code 64653). Effective January 1, 2011, use CPT² procedure code 64611.

6.3 November 14, 1990, for coverage of laryngeal or oromandibular dystonia.

6.4 January 1, 2013, for coverage of palmar hyperhidrosis that is refractory to topical and pharmacological therapies.

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Chapter 8

Section 16.1

Mucus Clearance Devices

Issue Date: June 5, 1995

Authority: [32 CFR 199.4](#)

1.0 HCPCS PROCEDURE CODES

A7025, A7026, E0480, **E0481** - E0484, S8185

2.0 DESCRIPTION

2.1 Mucus clearance devices are designed to clear mucus secretions from the lungs of patients with mucociliary clearance impairment.

2.2 Some mucus clearance devices resemble a combination of a smoker's pipe and a referee's whistle. It consists of a hardened plastic mouthpiece at one end, a plastic perforated cover at the opposite end, and a valve on the inside created by a high-density stainless steel ball resting in a plastic circular cone.

2.3 Other bronchial drainage systems include an air oscillator and an inflatable vest and uses high-frequency chest wall oscillations, which also clear mucus from the airway wall. This type of system is a mechanical form of Chest Physical Therapy (CPT) used as an alternative to conventional CPT in patients with Cystic Fibrosis (CF).

3.0 POLICY

3.1 Mucus clearance devices may be cost-shared for beneficiaries with mucus producing lung diseases, including, but not limited to CF and Chronic Obstructive Pulmonary Disease (COPD) (which encompasses both chronic bronchitis and emphysema), and for beneficiaries with secretory impairment that requires mucus clearance.

3.2 The mucus clearance device used must be U.S. Food and Drug Administration (FDA) approved. Coverage can only begin effective the date of FDA approval.

3.3 Intrapulmonary Percussive Ventilation (IPV) (Healthcare Common Procedure Coding System (HCPCS) code E0481) may be considered for cost-sharing when the diagnosis is CF.

- END -

