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**CHANGE 168
6010.57-M
AUGUST 12, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: EVOLVING PRACTICES 16-004

CONREQ: 18099

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: See page 3.

IMPLEMENTATION DATE: September 12, 2016.

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AUGUST 12, 2016

REMOVE PAGE(S)

CHAPTER 1

Section 3.1, pages 3 and 4

Section 12.1, pages 1 and 2

CHAPTER 4

Section 6.1, pages 1 through 4

Section 13.1, pages 1 through 3

Section 21.1, pages 1 and 2

CHAPTER 5

Section 1.1, pages 5 through 8

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CHAPTER 7

Section 6.1, pages 1 and 2

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Section 3.1, pages 3 and 4

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 3.1. This change confirms the Off Label Use of Rituximab Injections for the Treatment of Stiff Person Syndrome. EFFECTIVE DATE: 03/31/2005.
2. Section 12.1.
 - a. This change adds Category III codes 0249T as covered services for Transanal Hemorrhoidal Dematerialization to be used in the treatment of hemorrhoids. EFFECTIVE DATE: 10/28/2013.
 - b. This change adds Category III 0346T for the use of transient elastography in the detection and monitoring of hepatic cirrhosis for patients with chronic hepatitis. EFFECTIVE DATE: 12/09/2014.

CHAPTER 4

3. Section 6.1. This change establishes two-level cTDR for the treatment of DDD, intractable radiculopathy, and/or myelopathy is proven safe and effective. EFFECTIVE DATE: 07/27/2015.
4. Section 13.1. This change confirms that Transanal Hemorrhoidal Dematerialization may be used as an alternative to conventional internal hemorrhoidectomy for the treatment of grade II to IV hemorrhoids. EFFECTIVE DATE: 10/28/2013.
5. Section 21.1. This change confirms Canaloplasty for the treatment of primary open-angle glaucoma is covered, and removes the previous procedure codes for Canaloplasty for the treatment of glaucoma. EFFECTIVE DATE: 02/14/2015.

CHAPTER 5

6. Section 1.1. This change confirms that the use of transient elastography for the detection and monitoring of hepatic cirrhosis in patients with chronic hepatitis C is covered. EFFECTIVE DATE: 12/09/2014.
7. Section 4.1. This change clarifies that PET and PET/CT for the initial diagnosis, staging, and monitoring of treatment of ovarian cancer is covered. EFFECTIVE DATE: 02/01/2015.

CHAPTER 7

8. Section 6.1. This change removes language regarding Canaloplasty in the treatment of glaucoma being unproven. EFFECTIVE DATE: 02/14/2015.
9. Section 15.1. This change confirms the Off label-use of Rituximab Injections for the Treatment of Stiff Person Syndrome. EFFECTIVE DATE: 03/31/2005.

