



DEFENSE
HEALTH AGENCY

MB&RS

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
16401 EAST CENTRETECH PARKWAY
AURORA, CO 80011-9066**

**CHANGE 174
6010.57-M
NOVEMBER 3, 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 16-005

CONREQ: 18250

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: See page 3.

IMPLEMENTATION DATE: December 5, 2016.

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N.NOREEN. FAZZINI.ANN.NOR
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**Ann N. Fazzini
Team Chief, Medical Benefits &
Reimbursement Section (MB&RS)
Defense Health Agency (DHA)**

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REMOVE PAGE(S)

CHAPTER 4

Section 13.1, page 3

Section 14.1, pages 1 and 2

Section 19.1, page 1

Section 21.1, pages 1 and 2

CHAPTER 5

Section 1.1, pages 3, 4, 7, and 8

INSERT PAGE(S)

Section 13.1, page 3

Section 14.1, pages 1 and 2

Section 19.1, page 1

Section 21.1, pages 1 through 3

Section 1.1, pages 3, 4, 7, and 8

SUMMARY OF CHANGES

CHAPTER 4

1. Section 13.1. This change excludes LINX™ Reflux Management System for the treatment of gastroesophageal reflux disease. EFFECTIVE DATE: 08/16/2016.
2. Section 14.1. This change adds coverage of prostatic urethral lift for the treatment of urinary outflow obstruction secondary to benign prostatic hyperplasia. EFFECTIVE DATE: 09/16/2015.
3. Section 19.1. This change adds coverage for the Off-label use of Sandostatin LAR/octreotide for the treatment of autosomal dominant polycystic kidney disease. EFFECTIVE DATE: 08/31/2015.
4. Section 21.1. This change adds coverage for iStent® Trabecular Micro-Bypass Stent System for the treatment of primary open angle glaucoma and cataracts. EFFECTIVE DATE: 10/07/2015.

CHAPTER 5

5. Section 1.1.
 - a. This change excludes maternity ultrasound from three-dimensional (3D) rendering (CPT procedure codes 76376 and 76377) being medically necessary under certain circumstances. EFFECTIVE DATE: 09/13/2016.
 - b. This change excludes digital breast tomosynthesis (DBT) for the diagnosis of breast cancer. EFFECTIVE DATE: 09/13/2016.

