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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 22
6010.57-M
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**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
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The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: EVOLVING PRACTICES - OCTOBER 2009

CONREQ: 14899

PAGE CHANGE(S): See pages 2 and 3.

SUMMARY OF CHANGE(S): See pages 4 and 5.

EFFECTIVE AND IMPLEMENTATION DATE: As indicated, otherwise upon direction of the Contracting Officer.


**John A. D'Alessandro
Chief, Medical Benefits and
Reimbursement Branch**

ATTACHMENT(S): 59 PAGE(S)
DISTRIBUTION: 6010.57-M

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 1.2. Corrected a typographical error in the NOTE under paragraph 1.1.67.
2. Section 13.1. Added S1040 code in paragraph 3.2.2.

CHAPTER 4

3. Table of Contents. Added new Section 5.8.
4. Section 5.1.
 - a. Added language that allows the use of AlloDerm (acellular dermal allograft) when used in a covered breast reconstruction surgery, effective July 8, 2008.
 - b. Added coverage for Negative Pressure Wound Therapy (NPWT) when specific criteria are met, effective November 9, 2007.
5. Section 5.3. Added CPT code 58720. Effective January 1, 2006, added coverage for prophylactic oophorectomy for women meeting certain criteria and removed requirement for a positive BRCA genetic test.
6. Section 5.8. Added a new section for Negative Pressure Wound Therapy (NPWT). Added coverage for NNPWT when specific criteria are met, effective November 9, 2007.
7. Section 6.1. Relocated "botox" (paragraph 5.8) to new botulinum section, Chapter 7, Section 27.1.
8. Section 8.1. Uvulopalatopharyngoplasty (UPPP) for treatment of Upper Airway Resistance Syndrome (UARS) is unproven and was added as an exclusion.
9. Section 21.1, Paragraph 3.6. Changed the status from unproven to proven for Intrastromal Corneal Ring Segments, and allows coverage for certain indications (keratoconus refractory to lens treatment and for beneficiaries for whom corneal transplant is the only remaining option), effective July 17, 2005.

CHAPTER 5

10. Section 4.1. PET and PET/CT for the diagnosis, staging, restaging, and monitoring of the treatment of gastric cancer are unproven and were added as exclusions.

SUMMARY OF CHANGES (Continued)

CHAPTER 7

11. Table of Contents. Added new Section 27.1.
12. Section 8.1. Uvulopalatopharyngoplasty (UPPP) for treatment of Upper Airway Resistance Syndrome (UARS) is unproven and was added as an exclusion.
13. Section 15.1. Relocated botulinum exclusions (paragraphs 4.1 and 4.2) to Chapter 7, Section 27.1.
14. Section 27.1. This is a new section specifically for Botulinum Toxin A Injections. Consolidated all references to botulinum in this section.

CHAPTER 8

15. Table of Contents. Added new Section 5.3.
16. Section 3.1. Effective December 17, 2004, added coverage for Dynamic Orthotic Cranioplasty (DOC) Band Post-Op device for infants from three to eighteen months of age, meeting certain criteria.
17. Section 5.3. Added a new section for Continuous Glucose Monitoring System (CGMS) Devices. Effective December 1, 2008, these devices may be covered when specific criteria are met.

APPENDIX A

18. Updated Appendix with new acronyms.

INDEX

19. Added Botulinum Toxin A Injections, Continuous Glucose Monitoring System (CGMS) Devices, and Negative Pressure Wound Therapy (NPWT).

