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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 34
6010.57-M
AUGUST 10, 2010**

**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: CODING AND CLARIFICATION UPDATES APRIL 2010

CONREQ: 15021

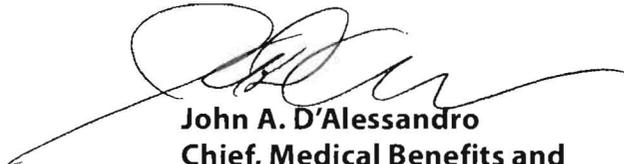
PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

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

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TOM, Change No. 21 and Feb 2008 TRM, Change No. 34.



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

**ATTACHMENT(S): 14 PAGE(S)
DISTRIBUTION: 6010.57-M**

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CHANGE 34
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REMOVE PAGE(S)

CHAPTER 4

Section 5.1, pages 1 and 2

Section 5.2, pages 1 and 2

Section 5.3, pages 1 and 2

Section 5.8, pages 1 through 3

Section 20.1, pages 1 and 2

CHAPTER 7

Section 7.1, pages 1 and 2

APPENDIX A

pages 3 and 4

INSERT PAGE(S)

Section 5.1, pages 1 and 2

Section 5.2, pages 1 and 2

Section 5.3, pages 1 and 2

Section 5.8, pages 1 through 4

Section 20.1, pages 1 and 2

Section 7.1, pages 1 and 2

pages 3 and 4

SUMMARY OF CHANGES

CHAPTER 4

1. Section 5.1. Deleted all paragraphs/text related to AlloDerm and moved them to Section 5.2, paragraph 4.8.
2. Section 5.2. Added HCPCS Code Q4116.
3. Section 5.3. Removed “or” at the end of paragraph 3.2.5.
4. Section 5.8. Addressed contraindications and patient risk factors associated with Negative Pressure Wound Therapy (NPWT).
5. Section 20.1. Updated the list of Current Procedural Terminology (CPT) procedure codes.

CHAPTER 7

6. Section 7.1. Clarified speech-language pathology services that are eligible for coverage.

APPENDIX A

7. Administrative changes.

