



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 35
6010.57-M
SEPTEMBER 3, 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: RADIOFREQUENCY (RF) DENERVATION - NERVOUS SYSTEM

CONREQ: 15164

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This evolving practice change adds coverage provisions for RF denervation as proven for treatment of chronic cervical and lumbar facet pain. The exclusion is revised to RF denervation as unproven for treatment of thoracic facet pain. Pulsed Radiofrequency Ablation (RFA) remains excluded as unproven. This also adds exclusion of Thermal Intradiscal Procedures (TIPs) as unproven. The separate exclusion for Intradiscal Electrothermal Therapy (IDET) is removed and added into the TIPs exclusion.

EFFECTIVE DATE: January 1, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

for Ann A. Fazzini
John A. D'Alessandro
Chief, Medical Benefits and
Reimbursement Branch

**ATTACHMENT(S): 28 PAGE(S)
DISTRIBUTION: 6010.57-M**

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APPENDIX A

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