



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 36
6010.57-M
SEPTEMBER 9, 2010**

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The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: EVOLVING PRACTICES - JUNE 2010

CONREQ: 15102

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See pages 3 and 4.

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



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Chief, Medical Benefits and
Reimbursement Branch**

ATTACHMENT(S): 33 PAGE(S)
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CHANGE 36
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SUMMARY OF CHANGES

CHAPTER 1

1. Section 12.1. Added coverage for Category III code 0184T.
2. Section 13.1. Added HCPCS code S2325.

CHAPTER 4

3. Section 6.1. Added core decompression of the femoral head (hip) for early (pre-collapse state I or II) avascular necrosis may be considered for cost-sharing, effective May 1, 2008.
4. Section 13.1. Added coverage for Transanal Endoscopic Microsurgery (TEM) for treatment of benign lesions or T1 tumors when certain conditions are met. Effective date of coverage is June 2, 2009. Radiofrequency Ablation (RFA) for treatment of liver metastases from primary sites other than colorectal metastases is unproven and added as an exclusion.
5. Section 14.1. Posterior Tibial Nerve Stimulation (PTNS) for treatment of overactive bladder, to include urinary frequency, urge and incontinence (CPT procedure code 64555) is unproven and added as an exclusion.
6. Section 20.1. Allows coverage for epidural steroid injections for the treatment of pain due to symptomatic thoracic disc herniation when: 1) pain is radicular and 2) pain is unresponsive to conservative treatment.
7. Section 24.5. Liver transplantation and LDLT is excluded when active alcohol or other substance abuse interferes with compliance to strict treatment regimen.
8. Section 24.6. Combined liver-kidney transplantation is excluded when active alcohol or other substance abuse interferes with compliance to strict treatment regimen.

CHAPTER 5

9. Section 4.1. PET and PET/CT for ruling out recurrence of ovarian cancer as a covered indication. PET and PET/CT for the initial diagnosis staging, and monitoring of treatment of ovarian cancer is added to Exclusions as unproven. PET and PET/CT for staging, restaging and detection of recurrence of colorectal cancer as covered indications. PET and PET/CT for the initial diagnosis and monitoring of treatment of colorectal cancer is added to Exclusions as unproven.

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SUMMARY OF CHANGES (Continued)

APPENDIX A

10. Added new acronyms.