



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 74  
6010.57-M  
AUGUST 16, 2012**

**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:** EVOLVING PRACTICE 12-001

**CONREQ:** 16105

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** See page 3.

**EFFECTIVE DATE:** As indicated in the change.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

**Ann N. Fazzini  
Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S): 42 PAGE(S)  
DISTRIBUTION: 6010.57-M**

**CHANGE 74**  
**6010.57-M**  
**AUGUST 16, 2012**

**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 1**

Section 3.1, pages 1 and 2

Section 3.1, pages 1 and 2

**CHAPTER 4**

Section 2.1, page 3

Section 2.1, page 3

Section 6.1, page 3

Section 6.1, page 3

Section 20.1, pages 1 - 4

Section 20.1, pages 1 - 5

Section 21.1, pages 1 and 2

Section 21.1, pages 1 and 2

**CHAPTER 5**

Section 4.1, pages 1 - 4

Section 4.1, pages 1 - 4

**APPENDIX A**

pages 3, 4, 7 - 31

pages 3, 4, 7 - 31

## **SUMMARY OF CHANGES**

### **CHAPTER 1**

1. Section 3.1. Off-label use of rituximab for pediatric Immunoglobulin A (IgA) is unproven.

### **CHAPTER 4**

2. Section 2.1. Maxillary transplant, face transplant, and facial Composite Tissue Allotransplantation (CTA) is unproven.
3. Section 6.1. Minimally Invasive Lumbar Decompression (mild®) for the treatment of Degenerative Disc Disease and/or spinal stenosis is unproven.
4. Section 20.1. Allows for off-label use of the vagus nerve stimulator for children with Lennox Gastaut Syndrome (LGS) (a rare disorder) refractory to medical treatment. Minimally Invasive Lumbar Decompression (mild®) for the treatment of Degenerative Disc Disease and/or spinal stenosis is unproven.
5. Section 21.1. Autologous serum eye drops for the treatment of dry eye syndrome, keratitis, or ocular hypertension is unproven.

### **CHAPTER 5**

6. Section 4.1. Allows cost-sharing for the restaging of gastrointestinal stromal tumor (a rare disease).

### **APPENDIX A**

7. Added and deleted acronyms.

