



TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

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**CHANGE 79  
6010.57-M  
SEPTEMBER 24, 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:** CONSOLIDATED CHANGE 12-002

**CONREQ:** 16092

**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 TRM, Change No. 73.**

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**ATTACHMENT(S): 6 PAGE(S)  
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**CHANGE 79**  
**6010.57-M**  
**SEPTEMBER 24, 2012**

**REMOVE PAGE(S)**

**CHAPTER 4**

Section 5.2, pages 1 and 2

**CHAPTER 10**

Section 5.1, page 3

**CHAPTER 11**

Section 3.5, pages 1 and 2

**INSERT PAGE(S)**

Section 5.2, pages 1 and 2

Section 5.1, pages 3 and 4

Section 3.5, pages 1 and 2

## **SUMMARY OF CHANGES**

### **CHAPTER 4**

1. Section 5.2. This change brings policy into compliance with regulation by deleting reference to the December 31 date and surgical criteria. See 32 CFR 199.4(e)(8)(i).

### **CHAPTER 10**

2. Section 5.1. This change provides dental coverage for Reserve Component members discharged from active duty after serving more than 30 days in support of a contingency operation in the same manner as a member on active duty. This allows for care in either a Dental Treatment Facility (DTF) or referral to private sector care. This care will run concurrently with the members TAMP coverage. See 32 CFR 199.13(c)(3)(ii)(E).

### **CHAPTER 11**

3. Section 3.5. This change inserts the correct regulatory reference, clarifies the current accrediting organization, and deletes outdated reference to Anesthesiologist Assistant programs per 32 CFR 199.6(c)(3)(iii)(I).



## Post-Mastectomy Reconstructive Breast Surgery and Breast Prosthesis

Issue Date: October 7, 1982

Authority: [32 CFR 199.4\(e\)\(8\)\(i\)\(D\)](#) and 10 USC 1079(a)(12)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

19160 - 19240, 19340 - 19499 (For post-mastectomy reconstruction surgery)

19316, 19318, 19324 - 19325 (For contralateral symmetry surgery)

### 2.0 HCPCS CODES

Q4116 (Alloderm®)

### 3.0 DESCRIPTION

Breast reconstruction consists of mound reconstruction, nipple-areola reconstruction and areolar/nipple tattooing.

### 4.0 POLICY

**4.1** Payment may be made for post-mastectomy reconstruction of the breast following a covered mastectomy.

**4.2** Payment may be made for contralateral symmetry surgery (i.e., reduction mammoplasty, augmentation mammoplasty, or mastopexy performed on the other breast to bring it into symmetry with the post-mastectomy reconstructed breast).

**Note:** Services related to the augmentation, reduction, or mastopexy of the contralateral breast in post-mastectomy reconstructive breast surgery are not subject to the regulatory exclusion for mammoplasties performed primarily for reasons of cosmesis.

**4.3** Treatment of complications following reconstruction (including implant removal) regardless of when the reconstruction was performed, and complications that may result following symmetry surgery, removal and reinsertion of implants are covered. See [Chapter 4, Section 5.5](#).

**4.4** External surgical garments (specifically designed as an integral part of an external prosthesis) are considered medical supply items and are covered in lieu of reconstructive breast surgery.

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<sup>1</sup> CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

**Note:** Benefits are subject to two initial mastectomy bras and two replacement mastectomy bras per calendar year.

**4.5** Breast prosthesis is limited to the first initial device per missing body part. Requests for replacements are subject to medical review to determine reason for replacement.

**4.6** U.S. Food and Drug Administration (FDA) approved implant material and customized external breast prostheses are covered.

**4.7** Breast Magnetic Resonance Imaging (MRI) to detect implant rupture is covered. The implantation of the breast implants must have been covered by TRICARE.

**4.8** Alloderm® (an acellular allograft) is a covered benefit, effective July 8, 2008, when used in a covered breast reconstruction surgery for women who have any of the following indications:

**4.8.1** Have insufficient tissue expander or implant coverage by the pectoralis major muscle and additional coverage is required; or

**4.8.2** There is viable, but compromised or thin post-mastectomy skin flaps that are at risk of dehiscence or necrosis; or

**4.8.3** The infra-mammary fold and lateral mammary folds have been undermined during mastectomy and re-establishment of these landmarks are needed.

- END -

day of the second month after the month in which the application was received by the contractor. See [Section 2.1](#) for further information on the effective date of enrollment.

**2.6.2.3** TAMP eligibles whose sponsor is called to active duty.

**2.6.2.3.1** TAMP eligible family members who were enrolled in Prime immediately prior to their sponsor's change in status to active duty may continue their reenrollment in TRICARE Prime with no break in coverage if they reenroll in TRICARE Prime within 30 days of the return to active duty status. If reenrollment is accomplished within 30 days of the return to active duty status, the reenrollment will be retroactive to the date of the change in status from TAMP to active duty. If reenrollment is not accomplished within 30 days of the return to active duty status, the twentieth of the month rule will apply.

**2.6.2.3.2** TAMP eligible family members not enrolled in Prime immediately prior to reactivation (i.e., return to active duty) may choose to enroll in Prime but such initial enrollment is subject to the twentieth of the month rule. That is, if an application for an initial enrollment in Prime is received after the twentieth of the month, Prime enrollment will begin on the first day of the second month after the month in which the application was received by the contractor. See [Section 2.1](#) for further information on effective date of initial enrollments and reenrollments.

**2.6.2.3.3** For information on the effective dates of enrollments for Active Duty Service Members (ADSMs) see the TRICARE Operations Manual (TOM), [Chapter 6, Section 1](#).

**2.6.2.4** While the TPR and TPRADFM are not available to TAMP eligibles, these programs are considered a "Prime-like" benefit and enrollment or reenrollment in Prime shall be available to them as stated above.

**2.7** The Continued Health Care Benefit Program (CHCBP) may be available to members (and their dependents) after the expiration of TAMP entitlement. The CHCBP is a program that requires enrollment and the payment of quarterly premiums. Application for CHCBP must occur within 60 days of loss of TAMP eligibility. See [Section 4.1](#) for further information.

## **2.8 Dental Coverage**

**2.8.1** Dental benefits for TAMP-eligibles are limited to space available care in the Dental Treatment Facility (DTF).

**2.8.2** Effective January 27, 2012, dental benefits for RC members discharged from active duty after more than 30 days in support of a contingency operation are available in the same manner as a member of the uniformed services on active duty for more than 30 days. This requires care to be provided in both military dental treatment facilities and authorized private sector dental care. This care will run concurrently with the member's TAMP coverage.

**2.8.3** The TRICARE Dental Program (TDP) is a voluntary dental insurance program that is available to ADFMs, Selected Reserve and Individual Ready Reserve members, and their eligible family members. The TDP is not part of the benefits offered under TAMP. Sponsors who were enrolled in the TDP prior to being activated, who then return to Reserve status, may be eligible to re-enroll in the TDP.

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 10, Section 5.1

Transitional Assistance Management Program (TAMP)

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**2.9** Demonstrations. TAMP eligibles with a DEERS indicator "B" for Bosnia shall retain the same special demonstration benefits available to them while on active duty during their TAMP eligibility.

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## Anesthesiologist Assistant (AA)

Issue Date: January 23, 1984

Authority: [32 CFR 199.6\(c\)\(3\)\(iii\)\(I\)](#)

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### 1.0 DESCRIPTION

Anesthesiologist Assistants (AAs) are highly skilled allied health professionals who work under the direction of licensed anesthesiologists to develop and implement anesthesia care plans. AAs work exclusively within the anesthesia care team environment as described by the American Society of Anesthesiologists (ASA). All AAs possess a premedical background, a baccalaureate degree, and also complete a comprehensive didactic and clinical program at the graduate school level. AAs are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques.

### 2.0 POLICY

The following criteria must be met for coverage of anesthesia services by an AA:

**2.1** The AA works under the direct supervision of an anesthesiologist who bills for the services. In addition, for each patient the anesthesiologist must:

**2.1.1** Perform a pre-anesthetic examination and evaluation;

**2.1.2** Prescribe the anesthesia plan;

**2.1.3** Personally participate in the most demanding aspects of the anesthesia plan including, if applicable, induction and emergence;

**2.1.4** The anesthesiologist ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified AA.

**2.1.5** Monitor the course of anesthesia administration at frequent intervals;

**2.1.6** Remain physically present and available for immediate personal diagnosis and treatment of emergencies. While it is not necessary that the anesthesiologist be personally present for all services, the anesthesiologist must be within the operating suite and available to provide immediate assistance.

**2.1.7** Provide indicated post anesthesia care; and

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 11, Section 3.5

Anesthesiologist Assistant (AA)

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**2.1.8** Perform no other services while he or she supervises no more than four AAs concurrently. If the state where the service is provided limits anesthesiologists to supervising fewer than four AAs concurrently, the limit established by the state is to be used.

**2.2** The AA is in compliance with all applicable requirements of state law, including any licensure requirements the state imposes on nonphysician anesthetists.

**2.3** The AA is a graduate of a Master's level anesthesiologist assistant educational program that is established under auspices of an accredited medical school and that:

**2.3.1** Is accredited by the **Commission on Accreditation of Allied Health Educational Programs (successor organization to the** Committee on Allied Health Education and Accreditation, or its successor organization; and

**2.3.2** Includes approximately two years of specialized basic science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background.

**3.0 EFFECTIVE DATE**

May 21, 2004.

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