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TRICARE
MANAGEMENT ACTIVITY

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CHANGE 81
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Section 24.5, pages 1 through 4

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 3.1. Proton Beam Therapy for the treatment of thymoma is unproven.

CHAPTER 4

2. Section 8.1. Bronchial thermoplasty for the treatment of asthma is unproven.
3. Section 24.5. Liver Transplantation for the treatment of pediatric Ornithine Transcarbamylase Deficiency is considered safe and effective with an effective date of April 5, 2010.

CHAPTER 5

4. Section 1.1. Magnetic Resonance Spectroscopy of the brain is unproven.
5. Section 3.1.
 - a. Proton Beam Therapy for the treatment of thymoma is unproven.
 - b. Deletes brachytherapy and adds a cross reference to the reinserted brachytherapy/radiation therapy policy.
6. Section 3.2. Reinserts the policy issuance on Brachytherapy/Radiation Therapy and adds Electronic HDR Brachytherapy, as an adjunct to, or for the sole treatment of patients with breast cancer, as unproven.
7. Section 3.3. Section 3.2 renumbered to Section 3.3.

