



TRICARE
MANAGEMENT ACTIVITY
MB&RB

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

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**CHANGE 85
6010.57-M
FEBRUARY 22, 2013**

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FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

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

CHANGE TITLE: EVOLVING PRACTICE 13-001

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PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

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

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**ATTACHMENT(S): 42 PAGE(S)
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CHANGE 85
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REMOVE PAGE(S)

CHAPTER 1

Section 3.1, pages 1 and 2

CHAPTER 4

Section 6.1, page 3

Section 20.1, pages 1 - 4

CHAPTER 5

Section 3.1, pages 3 and 4

CHAPTER 7

Section 15.1, page 1

APPENDIX A

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Section 3.1, pages 1 and 2

Section 6.1, page 3

Section 20.1, pages 1 - 4

Section 3.1, pages 3 and 4

Section 15.1, page 1

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 3.1.
 - a. The off-label use of Selective Internal Radiation Therapy (SIRT) with 90Y microspheres (resin or glass) for the treatment of unresectable liver metastases from neuroendocrine tumors is safe and effective under the rare disease policy, and coverage may be granted to this specific class of beneficiaries. Effective Date is May 1, 2008.
 - b. Off-label use of rituximab for the treatment of pediatric linear Immunoglobulin A (IgA) dermatosis is unproven and excluded from coverage.

CHAPTER 4

2. Section 6.1. Autologous Chondrocyte Implantation (ACI) surgery with Carticel™ for the repair of patellar cartilage lesions is unproven and is excluded from coverage.
3. Section 20.1. Allows coverage of a Vagus Nerve Stimulator as adjunctive therapy in reducing the frequency of seizures that are refractory to anti-epileptic medications in beneficiaries under the age of 12. Effective Date is July 27, 2012.

CHAPTER 5

4. Section 3.1.
 - a. Image-guided robotic linear accelerator-based stereotactic radiosurgery (CyberKnife) for the treatment of prostate cancer is unproven and excluded from coverage.
 - b. The off-label use of SIRT, also known as radioembolization, with 90Y microspheres (resin or glass) for the treatments of unresectable liver tumors from metastatic breast cancer is unproven and is excluded from coverage.

CHAPTER 7

5. Section 15.1. This change will update policy language to cover the Epley Canalith Repositioning Procedure under TRICARE Policy. Effective Date is June, 13, 2012.

APPENDIX A

6. Addition of new acronyms.

