



TRICARE
MANAGEMENT ACTIVITY

MB&RB

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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

CHANGE TITLE: EVOLVING PRACTICES 13-002

CONREQ: 16507

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: See the Summary of Changes (page 3).

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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REMOVE PAGE(S)

CHAPTER 1

Section 12.1, pages 1 and 2

CHAPTER 4

Section 13.1, pages 1 - 3

Section 20.1, pages 1 - 5

CHAPTER 7

Section 2.8, pages 1 and 2

APPENDIX A

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INSERT PAGE(S)

Section 12.1, pages 1 and 2

Section 13.1, pages 1 - 3

Section 20.1, pages 1 - 5

Section 2.8, pages 1 and 2

pages 1 - 33

SUMMARY OF CHANGES

CHAPTER 1

1. Section 12.1. This change adds language to indicate that ultrasound guided facet joint injection is unproven.

CHAPTER 4

2. Section 13.1. This change deletes the limitation that restricts care when “the patient has not undergone preoperative systemic chemotherapy.” EFFECTIVE DATE: 05/19/2009.
3. Section 20.1. This change adds coverage for sacral nerve stimulation (SNS) for treating chronic fecal incontinence for patients. EFFECTIVE DATE: 03/14/2011.

CHAPTER 7

4. Section 2.8. This change allows coverage for the off-label use of Xolair for the treatment of chronic urticaria. EFFECTIVE DATE: 07/01/2011.

APPENDIX A

5. Added new acronyms.

