

Policy Key: Unproven Services

TriWest Clinical Operations – TRICARE West Region

SCOPE

This Policy Key provides a partial listing of services (drugs, devices, medical treatments, and procedures) considered unproven because of safety and efficacy. Per the TRICARE Policy Manual, they have not been proven to be comparable to or superior to conventional services. Any drug, device, medical treatment, or procedure whose safety and efficacy has not been established is unproven and is excluded from coverage. ^[1]

For Active-Duty Service Members (ADSM) and TRICARE Prime Remote (TPR) beneficiaries, reviewers must first apply guidance outlined in TRICARE Operations Manual Chapter 17, Section 3, Supplemental Health Care Program (SHCP). If a service is excluded under ADSM/TPR provisions, no further policy review is required under this or any other Policy Key. ^[55]

NOT COVERED

General Information ^[1]

A drug, device, medical treatment, or procedure is unproven if:

- the drug or device cannot be lawfully marketed without the approval or clearance of the United States (US) Food and Drug Administration (FDA), and approval or clearance for marketing has not been given at the time the drug or device is furnished to the patient,
- a medical device with an Investigational Device Exemption (IDE) approved by the FDA is categorized by the FDA as experimental/investigational (FDA Category A),
- reliable evidence has not shown that any medical treatment or procedure has been the subject of well-controlled studies of clinically meaningful endpoints, which have determined maximum tolerated dose, toxicity, safety, and efficacy, as compared with standard means of treatment or diagnosis, or
- reliable evidence shows that the consensus among experts regarding the medical treatment or procedure is that further studies or clinical trials are necessary to determine maximum tolerated dose, toxicity, safety, or effectiveness, as compared with the standard means of treatment or diagnosis.

Allergy Testing and Treatment

- The following are examples of unproven allergy **testing** (not intended to be an all-inclusive list) ^[8]:
 - In vitro histamine release
 - Provocative and neutralization testing for food, environmental chemicals, inhalant allergens, and endogenous hormones

- Sublingual testing
 - Cytotoxic leukocyte test for food and inhalant allergies
 - Rebeck skin window test
 - Passive transfer (Prausnitz-Küstner) test
 - Serial skin test end point titration for routine testing
 - Kinesiology testing.
 - Reagin Pulse test
 - Enzyme-Linked Immunosorbent Assay (ELISA)
 - Electrodermal diagnosis
 - Chemical analysis of body tissue
 - Recall skin tests
 - In vitro lymphocyte proliferation
 - Food challenge testing performed in connection with clinical ecology programs
 - Nitric oxide expired gas determination CPT 95012 for asthma
- The following are examples of unproven allergy treatments (not intended to be an all-inclusive list): [8]
 - Sublingual antigen therapy/Oral Immunotherapy (OIT)
 - Sublingual neutralization therapy for food and inhalant allergy
 - Urine auto injection (autogenous urine immunization)
 - Intracutaneous (intradermal) and subcutaneous neutralization therapy for food allergies
 - Immunotherapy involving any injection of a food antigen
 - Chemical exposure avoidance, special diet therapy, drug therapy, and neutralization therapy for environmental allergies
 - Total serum IgE concentration in cord blood

Cardiovascular System

- Thermogram; cephalic CPT 93760; peripheral CPT 93762 [4]
- Percutaneous Myocardial Laser Revascularization (PMR) [4]
- Cardiomyoplasty (Cardiac Wrap) for treatment of heart failure [4]
- Port Access Coronary Artery Bypass (PACAB) [4]
- Percutaneous Transluminal Angioplasty (PTA) in the treatment of obstructive lesions of the vertebral and cerebral arteries [4]
- PTA of the carotid artery without stenting [4]
- PTA of the carotid artery with stenting but without embolic protection CPT 37216 [4]
- Signal-Average Electrocardiography CPT 93278 [4]
- Percutaneous transluminal mechanical thrombectomy vein(s) including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance CPT 37187 [4]

- Percutaneous transluminal mechanical thrombectomy, vein(s) including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy CPT 37188 [4]
- Left Atrial Appendage closure using the LARIAT® Suture Delivery Device is excluded as the LARIAT® device fails to meet the off-label device requirements [4]
- Baroreflex activation therapy (BAT) for the treatment of heart failure [4]
- Leadless pacemakers for the treatment of illness or injury involving the cardiovascular system [4]

Diagnostic Radiology (Diagnostic Imaging)

- 3D rendering CPT 76376 and 76377 for monitoring coronary artery stenosis activity in patients with angiographically confirmed CAD [11]
- 3D rendering CPT 76376 and 76377 for evaluating graft patency in individuals who have undergone revascularization procedures [11]
- 3D rendering CPT 76376 and 76377 for use as a screening test for CAD in healthy individuals or in asymptomatic patients who have one or more traditional risk factors for CAD [11]
- Computer Aided Detection with breast MRI
- Magnetic Resonance Spectroscopy (MRS) of the brain **EXCEPT for the following indications:**[11]
 - Distinguishing low grade from high grade gliomas
 - Evaluating a brain lesion of indeterminate nature when MRS findings will impact the medical management of the patient
 - Distinguishing recurrent brain tumor from radiation-induced tumor necrosis

Digestive System

- Gastric bubble or balloon for treatment of morbid obesity [20]
- Gastric wrapping/open gastric banding for treatment of the morbid obesity [20]
- The Stretta System (Curon Medical, Sunnyvale, CA), Bard Endoscopic Suturing System, and Transoral Incisionless Fundoplication using EsophyX (EndoGastric Solutions, Redmond, WA) for the treatment of refractory Gastro-Esophageal Reflux Disease (GERD) CPT codes 43201 and 43257 [21]
- Magnetic sphincter augmentation with the LINX™ Reflux Management System for the treatment of GERD [21]
- Histotripsy, using the Edison System or future similar sound wave devices, for the treatment of liver tumors [21] (This does not apply to radiofrequency ablation [RFA] or microwave ablation [MWA])

Eye

- Epikeratophakia for treatment of aphakia and myopia [17]
- Transpupillary thermotherapy CPT 67299 as primary treatment of choroidal melanoma [17]
- Autologous serum eye drops for the treatment of dry eye syndrome, keratitis, or ocular hypertension [17]

- Thermal pulsation devices, including but not limited to the LipiFlow™ device for the treatment of meibomian gland dysfunction and associated dry eye disease [17]
- Non-biodegradable eye implants for the delivery of medications. (Biodegradable implants are authorized.)

Genital and Urinary Systems

- Cervicography (CPT category III code 0003T) [18]
- Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance CPT 0071T in the treatment of uterine leiomyomata [18]
- Percutaneous transcatheter embolization of ovarian and/or internal iliac veins for the treatment of Pelvic Congestion Syndrome (PCS) [18]
- Peri-urethral Teflon injection [19]
- Transurethral balloon dilation of the prostate CPT 52510 [19]
- Cryoablation for the treatment of renal angiomyolipoma [19]
- Cryosurgery for prostate metastases M (other body parts) or N (nearby lymph nodes have cancer) [34]
- High-Intensity Focused Ultrasound (HIFU) for the treatment of prostate cancer [34]

Hyperbaric Oxygen Therapy

- Traumatic Brain Injury [6]
- Stroke [6]
- Cerebral palsy [6]
- Autism [6]
- Adjunctive therapy for treatment of thermal burns [6]

Maternity Care

- Home Uterine Activity Monitoring (HUAM), telephonic transmission of HUAM data, or HUAM related telephonic nurse or physician consultation for the purpose of monitoring suspected or confirmed pre-term labor [15]
- Subcutaneous terbutaline pump and home use of maintenance subcutaneous terbutaline to suppress labor [15]
- Lymphocyte or paternal leukocyte immunotherapy in the treatment of recurrent spontaneous fetal loss [15]
- Salivary estriol test for preterm labor CPT 82677 [15]
- Intraoperative monitoring of SEPs to define conceptional or gestational age in pre-term infants [43]
- 3D and 4D rendering CPT 76376 and 76377 with maternity ultrasound [46]

Miscellaneous

- Implantable infusion pumps in thromboembolic disease and diabetes treatment [37]
- Chelation Therapy for any on the following conditions: [39]
 - Multiple Sclerosis

- Arthritis
- Hypoglycemia
- Diabetes
- Arteriosclerosis
- Malaria
- Cancer
- Alzheimer's disease
- Autism Spectrum Disorders
- Other off-label uses of FDA approved chelating agents
- The Dermoscopy technique for diagnosing and monitoring dysplastic and atypical nevi for early detection of malignant cutaneous melanoma in patients with suspicious pigmented skin lesions [40]
- The use of tests to diagnose CFS since such tests do not aid in diagnosis or management of CFS
 - **Examples** of specific tests that do not confirm or exclude the diagnosis of CFS include:
 - serologic tests for Epstein-Barr virus, enteroviruses, human herpesvirus 6, and Candida albicans
 - tests of immunologic function, including cell population and function studies, and
 - imaging studies, including magnetic resonances imaging scans and radionuclide scans (such as single-photon emission computed tomography and positron emission tomography) [41]
- Vestibular rehabilitation therapy HCPCS code S9476 for the treatment of benign paroxysmal positional vertigo [23]
- Botulinum toxin A injections for [24]
 - Lower back pain/lumbago
 - Episodic migraine, chronic daily headache, cluster headache, cervicogenic headache, and tension-type headache
 - Treatment of myofascial pain dysfunction syndrome, also known as temporomandibular joint (TMJ) syndrome
- Botox® (OnabotulinumtoxinA-chemodeneration-CPT 64612) for the treatment of muscle spasms secondary to cervical degenerative disc disease and spinal column stenosis [24]
- Somnoplasty system for Obstructive Sleep Apnea Syndrome (OSAS) [25]
- Electrosleep Therapy [25]
- Whole body hyperthermia in cancer treatment [26]
- Hyperthermia for recurrent breast cancer [26]
- The off-label use of rituximab for pediatric linear Immunoglobulin A (IgA) dermatosis treatment [35]
- Thermography for any indication [44]
- Therapeutic apheresis for desmoplastic small, round-cell tumor treatment [47]

- Topical oxygen therapy using topical oxygen devices, continuous oxygen devices, topical oxygen hyperbaric chambers, or similar devices that apply oxygen directly to the skin (but not including medical supplies such as oxygen emitting bandages and dressings) ^[48]
- The use of a Stellate Ganglion Block (SGB) CPT 64510 for Post-Traumatic Stress Disorder (PTSD) treatment ^[50]
- Mobile Medical Applications (MMAs) and other digital therapeutics are excluded unless listed as covered by the TRICARE Program in Chapter 8, section 2.1 ^[53]
- Prescription digital therapeutics (EndeavorRx), including associated devices and mobile medical applications, for the treatment of ADHD ^[52]
- Prescription digital therapeutics (NightWare), including the associated devices and mobile medical applications, for the treatment of nightmares associated with PTSD ^[52]

Musculoskeletal System

- Ligament replacement with absorbable copolymer carbon fiber scaffold ^[3]
- Prolotherapy, joint sclerotherapy, and ligamentous injections with sclerosing agents (HCPCS code M0076) ^[3]
- Trigger point injection (CPT codes 20552 and 20553) for migraine headaches ^[3]
- Cervical Total Disc Replacement, (TDR) three or more levels CPT 0375T ^[3]
- Removal or cervical TDR, three or more levels CPT 0095T ^[3]
- Lumbar TDR, two or more levels CPT 0163T and 0165T ^[3]
- Removal of lumbar TRD, each additional level CPT 0164T ^[3]
- Low Energy (LE) or radial Extracorporeal Shock Wave Therapy (ESWT) for the treatment of plantar fasciitis ^[3]
- Any form of ESWT for lateral epicondylitis treatment ^[3]
- Interlaminar/interspinous process devices CPT 22867-22870, and HCPCS C1821, including, but not limited to, interspinous distraction devices and interspinous stabilizers, for the treatment of neurogenic claudication and/or lumbar spinal stenosis ^[3]
- Osteochondral allograft of the humeral head with meniscal transplant and glenoid microfracture in shoulder pain and instability treatment ^[3]
- Thermal Intradiscal Procedures (TIPs) CPT 22526, 22527, 62287, and HCPCS S2348. Note: TIPs are also known as: Intradiscal Electrothermal Annuloplasty (IEA), Intradiscal Electrothermal Therapy (IDET), Intradiscal Thermal Annuloplasty (IDTA), Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), Coblation Percutaneous Disc Decompression (CPDD), Nucleoplasty (also known as Percutaneous RF thermomodulation or Percutaneous Plasma Discectomy), Radiofrequency Annuloplasty (RA), Intradiscal Biacuplasty (IDB), Percutaneous (or Plasma) Disc Decompression (PDD), Targeted Disc Decompression (TDD), Cervical Intradiscal RF Lesioning. ^[3]
- Spinal manipulation under anesthesia CPT 00640 and 22505 for back pain treatment ^[3]
- Minimally Invasive Lumbar Decompression (mild ®) for degenerative disc disease and/or spinal stenosis treatment ^[3]
- Athletic pubalgia surgery ^[3]

- Transcutaneous Electrical Nerve Stimulation (TENS) for acute, subacute, and chronic low back pain (LBP) treatment [3]
- Neuromuscular stimulators used on denervated muscle [22]
- The treatment of scoliosis with implanted electrical muscle stimulation [22]
- Dynamic Posturography CPT 92548 [23]
- Platelet-rich plasma (PRP) is unproven for all indications. [3]
- Intradiscal fibrin sealant, including but not limited to the DISCSEEL® procedure, is unproven for the treatment of discogenic back pain. [56]

Nervous System

- Transcutaneous, percutaneous, functional dorsal column electrical stimulation in the treatment of multiple sclerosis or other motor function disorders [2]
- Deep brain neurostimulation in the treatment of insomnia, depression, anxiety, and substance abuse [2]
- Dorsal Root Entry Zone (DREZ) thermocoagulation or microcoagulation neurosurgical procedure [2]
- Extraoperative electrocortigraphy for stimulation and recording in order to determine electrical thresholds of neurons as an indicator of seizure focus [2]
- Neuromuscular Electrical Stimulation (NMES) for denervated muscle treatment [2]
- Stereotactic cingulotomy [2]
- Transcatheter placement of intravascular stent(s) intracranial (e.g., atherosclerotic or venous sinus stenosis), including angioplasty (CPT code 61635). See Rare Disease Policy Key for coverage policy regarding treatment of pseudotumor cerebri. [2]
- Balloon dilation of intracranial vasospasm, initial vessel (CPT code 61640) each additional vessel in same family (CPT code 61641) or different vascular family (CPT code 61642) [2]
- The following treatments for chronic intractable headache or migraine pain
 - Trigger point injection
 - Sphenopalatine ganglion block CPT 64505
 - Cryoablation of Occipital Nerve CPT 64640
 - Deep brain stimulation
 - Spinal cord neurostimulation
 - Implantation of Occipital Nerve Stimulator
- Sphenopalatine ganglion block (CPT code 64505) for neck pain treatment [2]
- Radio Frequency denervation (CPT codes 64633, 64634) for thoracic facet pain treatment [2]
- Pulsed Radiofrequency Ablation (RFA) for spinal pain [2]
- Thermal Intradiscal Procedures (TIPs) CPT 22526, 22527, 62287, and HCPCS S2348 [2]
Note: TIPs are also known as: Intradiscal Electrothermal Annuloplasty (IEA), Intradiscal Electrothermal Therapy (IDET), Intradiscal Thermal Annuloplasty (IDTA), Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), Coblation Percutaneous Disc Decompression (CPDD), Nucleoplasty (also known as Percutaneous RF thermomodulation or

Percutaneous Plasma Discectomy), Radiofrequency Annuloplasty (RA), Intradiscal Biacuplasty (IDB), Percutaneous (or Plasma) Disc Decompression (PDD), Targeted Disc Decompression (TDD), Cervical Intradiscal RF Lesioning.

- Laser ablation of paravertebral facet joint nerves CPT 64622 and 64623 (**This applies only to laser ablation and should not be applied to RFA.**) [2]
- Minimally Invasive Lumbar Decompression (mild®) for Degenerative Disc Disease (DDD) and/or spinal stenosis treatment [2]
- RFA of the genicular nerves of the knee for osteoarthritis treatment [2]
- RFA for sacroiliac joint (SI joint) denervation for low back pain treatment [2]
- Transcutaneous Electrical Nerve Stimulation (TENS) for acute, subacute, and chronic low back pain (LBP) treatment [2]
- Topographic brain mapping HCPCS S8040 [13]
- Microcurrent Electrical Therapy (MET), Cranial Electrotherapy Stimulation (CES) (e.g. AlphaStim), or any therapy that uses the non-invasive application of low levels of microcurrent stimulation to the head by means of external electrodes for the treatment of anxiety, depression, insomnia, Post-Traumatic Stress Disorder (PTSD), pain, or migraines and electrical stimulation devices used to apply this therapy [13]
- External trigeminal nerve stimulation (eTNS), also referred to as transcutaneous supraorbital neurostimulation (t-SNS), for the prevention and/or treatment of migraines [13]
- Thalamotomy for the following indications for Parkinsonian tremor, intention tremor, or dystonia treatment [14]
 - Muscle resection
 - Rhizotomy
 - Selective peripheral denervation
 - Fetal tissue transplantation (embryonic mesencephalic transplantation)
- Off-label use of external trigeminal nerve stimulation (eTNS) for the treatment of PTSD is excluded [52]
- Non-invasive vagus nerve stimulation (nVNS), also referred to as transcutaneous vagus nerve stimulation (tVNS), for the preventive and acute treatment of migraine and cluster headache [52]
- Functional Electrical Stimulation (FES) for the treatment of foot drop in Multiple Sclerosis (MS) and post stroke patients [2]
- FES for the treatment of non-traumatic spinal cord injury from Transverse Myelitis (TM) in children and adolescents [2]
- Monoclonal antibodies (such as aducanumab) for the prevention, treatment, or mitigation of symptoms related to Mild Cognitive Impairment (MCI) or Alzheimer's disease (AD) is unproven [13]

Nuclear Medicine

- PET scan for the diagnosis and monitoring of treatment of Alzheimer's disease, frontotemporal dementia, or other forms of dementia [9]
- PET and PET/CT scan for:

- The diagnosis, staging, restaging, and monitoring of gastric cancer treatment [9]
- The initial diagnosis and monitoring of colorectal cancer treatment [9]
- The diagnosis of renal mass or possible Renal Cell Carcinoma (RCC) recurrence [9]
- Ultrasound ablation (destruction of uterine fibroids) with Magnetic Resonance Imaging (MRI) guidance CPT 0071T in uterine leiomyomata treatment [9]
- Scintimammography HCPCS S8080, Breast-Specific Gamma Imaging (BSGI) CPT 78800, 78801, and Molecular Breast Imaging (MBI) for all indications [9]

Pathology and Laboratory

- Hair analysis to identify mineral deficiencies from the chemical composition of hair [16]
- In-vitro chemoresistance and chemosensitivity assays (stem cell assay, differential staining cytotoxicity assay, and thymidine incorporation assay) [16]
- The Pathwork® Tissue of Origin Test to assist in identifying the origin of poorly differentiated, undifferentiated, or metastatic tumors [16]

Therapy and Rehabilitation

- Dry needling [7]
- Low Level Laser Therapy (LLLT) (also known as low level light therapy or cold laser therapy) for treatment of soft tissue injuries, pain, or inflammation [7, 36]
- Nonsurgical spinal decompression therapy (including Internal or Intervertebral Disc Decompression (IDD), Decompression Reduction Stabilization (DRS), or Vertebral Axial Decompression (VAX-D) therapy) provided by mechanical or motorized traction for the treatment of low back and/or neck pain [7]
- The use of powered traction devices (including, but not limited to, the Accu-SPINA™, VAX-D, and DRX9000) [7]
- Sensory integration therapy CPT 97533 that may be considered a cognitive rehabilitation component [7, 36, 42]
- Self-administered computer-based cognitive rehabilitation therapy [36]
- Sensory Integration Therapy (SIT) (CPT code 97533) [7,36]

Transplants

- Immunosuppressant drugs that are not FDA approved [5, 27,28,29,30,31,32,33,]
- Autologous Umbilical Cord Blood Stem Cell Transplantation (UCBT) therapy, where stem cells are harvested from the umbilical cord and placenta, then later infused into the bloodstream [5]
- Allogeneic Bone Marrow Transplant for neuroblastoma [5]
- Allogeneic donor Bone Marrow Transplant (infusion) performed with or after organ transplants for the purpose of increasing tolerance of the organ transplant [5]
- Myeloablative and non-myeloablative therapy with Bone Marrow Transplant or Peripheral Stem Cell Transplantation (PSCT) for the treatment of multiple sclerosis [5]
- Immunoablative therapy with Bone Marrow Transplant or Peripheral Stem Cell Transplantation (PSCT) for rheumatoid arthritis and juvenile idiopathic arthritis treatment. [5]

Radiation Treatments

- Helium ion beam radiosurgery/radiotherapy for AVMs and ependymoma ^[10]
- High energy neutron radiation treatment delivery, single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking CPT 77422 **EXCEPT for treatment of adenoid cystic carcinoma** ^[10]
- High energy neutron radiation treatment delivery, single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking one or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) CPT 77423 **EXCEPT** for treatment of adenoid cystic carcinoma, ^[10]
- Proton Beam Therapy (PBT) radiosurgery/radiotherapy for the treatment of inoperable nonsmall cell lung cancer ^[10]
- PBT for the treatment of recurrent squamous cell carcinoma of the neck ^[10]
- Proton Beam Radiation Therapy (PBRT) for the treatment of juvenile nasal angiofibroma ^[35]
- Brachytherapy, when administered through a high-dose-rate electronic brachytherapy system ^[45]

Respiratory System

- Pillar palatal implant system for the treatment of obstructive sleep apnea (OSA) ^[12]
- Nitric Oxide expired gas determination CPT 95012 for asthma ^[12]
- Uvulopalatopharyngoplasty (UPPP) CPT 42145 for Upper Airway Resistance Syndrome (UARS)treatment ^[12]
- Bronchial Thermoplasty (BT) CPT codes 31660 and 31661 for asthma treatment ^[12]
- Radiofrequency Ablation (RFA) of the tongue base to treat OSA ^[12]
- Carotid body resection CPT 60600 and 60605 when done solely to relieve the symptoms of pulmonary dyspnea, including chronic obstructive pulmonary disease ^[49]

COVERAGE CRITERIA

General Information: ^[1]

By law, TRICARE can only cost-share medically necessary supplies and services. TRICARE regulations and program policies restrict benefits to those drugs, devices, treatments, or procedures for which the safety and efficacy have been proven to be comparable or superior to conventional therapies.

Cost-sharing may be allowed for services or supplies when there is no logical or causal relationship between the unproven drug, device, treatment, or procedure and the treatment at issue or where such a logical or causal relationship cannot be established with a sufficient degree of certainty. This cost-sharing is authorized in the following circumstances:

- Treatment that is not related to the unproven drug, device, treatment, or procedure, e.g., medically necessary treatment the beneficiary would have received in the absence of the unproven drug, device, treatment, or procedure

- Treatment which is a necessary follow-up to the unproven drug, device, treatment, or procedure but which might have been necessary in the absence of the unproven treatment

In making a determination that a drug, device, medical treatment, or procedure has moved from the status of unproven to the position of nationally accepted medical practice, TRICARE uses the following hierarchy of reliable evidence. These are in order of the relative weight given to the source.

- Well controlled studies of clinically meaningful endpoints, published in refereed medical literature
- Published formal technology assessments
- The published reports of national professional medical associations
- Published national medical policy organization positions
- The published reports of national expert opinion organizations

NOTE: Specifically excluded from the meaning of reliable evidence are reports, articles, or statements by providers or groups of providers containing only abstracts, anecdotal evidence, or personal professional opinions. Also not included in the meaning of reliable evidence is when a provider or providers have elected to adopt a drug or device, medical treatment, or procedure as their personal treatment of procedure of choice or standard of practice or community standard of practice.

DEFINITIONS

NA

CODES

NA

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 1, Section 2.1, Unproven Drugs, Devices, Medical Treatments, and Procedures,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C1S2_1.html

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 25, (November 20, 2024), Chapter 4, Section 20.1, Nervous System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S20_1.html

[3] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 6.1, Musculoskeletal System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S6_1.html

[4] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 9.1, Cardiovascular System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S9_1.html



[5] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 23.1, High Dose Chemotherapy (HDC) And Stem Cell Transplantation.

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S23_1.html

[6] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 20.1, Hyperbaric Oxygen (HBO) Therapy,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S20_1.html

[7] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 18.2, Physical Medicine/Therapy,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S18_2.html

[8] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 14.1, Allergy Testing and Treatment,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S14_1.html

[9] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 5, Section 4.1, Nuclear Medicine, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C5S4_1.html

[10] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 5, Section 3.1, Radiation Oncology, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C5S3_1.html

[11] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 5, Section 1.1, Diagnostic Radiology (Diagnostic Imaging),

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C5S1_1.html

[12] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 8.1, Respiratory System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S8_1.html

[13] TRICARE Policy Manual 6010.63-M, April 2021, Change 25, (November 7, 2024), Chapter 7, Section 15.1, Neurology and Neuromuscular System,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S15_1.html

[14] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 20.3, Stereotactic Radiofrequency Thalamotomy,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S20_3.html

[15] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 18.1, Maternity Care, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S18_1.html



[16] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 6, Section 1.1, General (pathology and laboratory),

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C6S1_1.html

[17] TRICARE Policy Manual 6010.63-M, April 2021, Change 36, (July 18, 2025), Chapter 4, Section 21.1, Eye and Ocular Adnexa, https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-08-15/AsOf/TPT5/C4S21_1.html

https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-08-15/AsOf/TPT5/C4S21_1.html

[18] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 17.1, Female Genital Systems,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S17_1.html

[19] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 14.1, Urinary System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S14_1.html

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S14_1.html

[20] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 13.2, Surgery for Morbid Obesity,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S13_2.html

[21] TRICARE Policy Manual 6010.63-M, April 2021, Change 36, (July 18, 2025), Chapter 4, Section 13.1, Digestive System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-08-15/AsOf/TPT5/C4S9_1.html

https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-08-15/AsOf/TPT5/C4S9_1.html

[22] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 8, Section 5.2, Neuromuscular Electrical Stimulation (NMES) Devices,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C8S5_2.html

[23] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 9.1, Electronystagmography (ENG),

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S9_1.html

[24] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 27.1, Botulinum Toxin Injections,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S27_1.html

[25] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 19.1, Diagnostic Sleep Studies,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S19_1.html

[26] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 5, Section 3.3, Hyperthermia, https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-06-24/AsOf/TPT5/C5S3_3.html

https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-06-24/AsOf/TPT5/C5S3_3.html



- [27] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 24.7, Simultaneous Pancreas-Kidney (SPK), Pancreas-After-Kidney (PAK), And Pancreas-Transplant-Alone (PTA), And Pancreatic Islet Cell Transplantation, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S24_7.html
- [28] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 24.6, Combined Liver-Kidney Transplantation (CLKT), https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S24_6.html
- [29] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 24.5, Liver Transplantation, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S24_5.html
- [30] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 24.4, Small Intestine (SI), Combined Small Intestine-Liver (SI/L), And Multivisceral (MV) Transplantation, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S24_4.html
- [31] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 24.3, Combined Heart-Kidney Transplantation (CHKT), https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S24_3.html
- [32] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 24.2, Heart Transplantation, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S24_2.html
- [33] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 24.1, Heart-Lung and Lung Transplantation, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S24_1.html
- [34] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 15.1, Male Genital System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S15_1.html
- [35] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 1, Section 3.1, Rare Disease, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C1S3_1.html
- [36] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 18.1, Rehabilitation-General, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S18_1.html



[37] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 8, Section 2.3, External And Implantable Infusion Pumps,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C8S2_3.html

[38] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 8.1, Special Otorhinolaryngological Services,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S8_1.html

[39] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 2.6, Chelation Therapy, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S2_6.html

[40] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 25.1, Dermoscopy, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S25_1.html

[41] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 21.1, Chronic Fatigue Syndrome (CFS),

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S21_1.html

[42] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 18.3, Occupational Therapy, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S18_3.html

[43] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 7, Section 15.2, Sensory Evoked Potentials (SEP),

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C7S15_2.html

[44] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 5, Section 5.1, Thermography, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C5S5_1.html

[45] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 5, Section 3.2, Brachytherapy/Radiation Therapy,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C5S3_2.html

[46] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 5, Section 2.1, Diagnostic Ultrasound, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C5S2_1.html

[47] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 9.4, Therapeutic Apheresis, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S9_4.html



[48] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 5.1, Integumentary System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S5_1.html

[49] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 4, Section 19.1, Endocrine System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-10-31/AsOf/TPT5/C4S19_1.html

[50] TRICARE Policy Manual 6010.63-M, April 2021, Change 17, (September 20, 2024), Chapter 3, Section 1.1, Anesthesia, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C3S1_1.html

[51] TRICARE Policy Manual 6010.63-M, April 2021, Change 15, (September 6, 2024), Chapter 1, Section 1.2, Exclusions, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-06/ChangeOnly/TPT5/C1S1_2.html

[52] TRICARE Policy Manual 6010.63-M, April 2021, Change 25, (November 7, 2024), Chapter 7, Section 3.7, Treatment of Mental Disorders-General, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-13/ChangeOnly/TPT5/C7S3_7.html

[53] TRICARE policy manual: Durable medical equipment, supplies, and devices (TPM Chapter 8, Section 2.1). Retrieved July 22, 2025, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-08-06/AsOf/tp15/c8s2_1.html

[54] TRICARE Policy Manual, Chapter 7, Section 3.8: Treatment of mental disorders – external trigeminal nerve stimulation (eTNS). Retrieved July 22, 2025, https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-04-28/AsOf/tp15/c7s3_8.html

[55] TRICARE Operations Manual (TOM) 6010.62-M, Chapter 17, Section 3 — Supplemental Health Care Program (SHCP) Contractor Responsibilities, Retrieved 01/02/2026 <https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-12-19/AsOf/TOT5/C17S3.html>

[56] TRICARE Policy Manual, Chapter 4, Section 6.1: Musculoskeletal System. Retrieved March 09, 2026, https://manuals.health.mil/pages/DisplayManualHtmlFile/2026-03-05/AsOf/TPT5/C4S6_1.html