

**Department of
Veterans Affairs**

MEMORANDUM

Date posted _____ Initials _____

August 20, 2003

Chief, Policy and Compliance Division

Transmittal #60 CHAMPVA Policy Manual

See Transmittal Distribution List

1. Explanation of changes and related index updates of the CHAMPVA Policy Manual and filing instructions are in the following summary:

| <u>SUMMARY</u> | <u>REMOVE</u> | | <u>INSERT</u> | |
|---|---------------|--------------|---------------|--------------|
| | <u>C-S</u> | <u>Pages</u> | <u>C-S</u> | <u>Pages</u> |
| <u>Chapter 2, Section 3.2</u> , <i>Colorectal Cancer</i> . Removes 38 USC 1713 Authority reference and TRICARE Policy Manual reference; amends Procedure Codes; provides additional coverage for colonoscopy for individuals at increased risk for colon cancer; and under Policy Considerations corrects policy title reference. | 2-3.2 | 1 | 2-3.2 | 1-2 |
| <u>Chapter 2, Section 25.5</u> , <i>Transtracheal Oxygen</i> . Removes 38 USC 1713 Authority reference and TRICARE Policy Manual reference; removes Policy Considerations; and adds Exclusion regarding billing separately for patient education counseling. | 2-25.5 | 1 | 2-25.5 | 1 |
| <u>Chapter 2, Section 26.1</u> , <i>Bone Density Studies</i> . Removes 38 USC 1713 Authority reference and TRICARE Policy Manual reference and amends HCPCS code range. | 2-26.1 | 1-2 | 2-26.1 | 1-2 |
| <u>Chapter 2, Section 30.13</u> , <i>Stereotactic Radiosurgery/Radiotherapy</i> . Removes TRICARE Policy Manual reference; adds effective date January 1, 1990, for soft tissue sarcoma, and January 1, 1998, for lung carcinoma, and the date of FDA approval for frameless stereotaxy; amends procedure codes; under Policy adds additional | 2-30.13 | 1-4 | 2-30.13 | 1-5 |

SUMMARY

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C-S **Pages** **C-S** **Pages**

coverage for proton beam radiosurgery/
radiotherapy; adds coverage for extracrainal
stereotactic radiosurgery/radiotherapy for primary
and metastic lung carcinoma and adds indications
for coverage for frameless stereotaxy; and
removes from Exclusions glioblastoma multiforme.

Chapter 2, Section 30.14, Hyperbaric Oxygen Therapy. Removes 38 USC Authority reference and TRICARE Policy Manual reference; amends procedure codes; adds to Policy the role of the Hyperbaric Oxygen Therapy Committee; adds to Policy Considerations coverage of HBO for treatment of diabetic wounds of the lower extremities; and adds new Exclusions. 2-30.14 1-4 2-30.14 1-6

Chapter 2, Section 32.1, Ambulance Services. Amends Authority and Related Authority; amends procedure codes; and adds to Policy that services and supplies provided by ambulance personnel at an accident scene are covered when medically necessary to stabilize the patient for transfer to an inpatient acute care setting. 2-32.1 1-3 2-32.1 1-3

Chapter 2, Section 35.2, Papanicolaou (PAP) Tests. Amends Related Authority reference; removes TRICARE Policy Manual reference; amends procedure codes; and under Policy Considerations amends CPT code range references for reimbursement of cytopathology laboratory procedures associated with screening Pap tests. 2-35.2 1-3 2-35.2 1-3

Chapter 3, Section 9.1, Ambulance Services Reimbursement. Amends Related Authority; reference; removes TRICARE Policy Manual reference; amends procedure codes; and adds to Policy that services and supplies provided by ambulance personnel at an accident scene are covered when medically necessary to stabilize the patient for transfer to an inpatient acute care setting. 3-9.1 1-4 3-9.1 1-3

SUMMARY

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Codes Index. Amends index to add and delete codes referenced in policies.

5 - 6 5 - 6
13 - 14 13 - 14
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Subject Index. Amended to update and include policies referenced in this transmittal.

E - 1 thru E -7 E - 1 thru E - 7
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2. File this transmittal memorandum in the front of the CHAMPVA Policy Manual.

Susan Schmetzer
Chief, Policy & Compliance

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