



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 10-038

MCHO-CL-C

Expires 2 June 2012

02 JUN 2010

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL
COMMANDS

SUBJECT: Implementation Guidance: Policy for Cosmetic Surgery Procedures in the
Military Health System

1. References:

a. Memorandum, ASD(HA), 25 Oct 05, HA Policy 05-020, subject: Policy for
Cosmetic Surgery Procedures in the Military Health System.

b. Title 32 Code of Federal Regulations, Section 199.4.

2. Purpose: To provide implementation guidance for HA Policy 05-020.

3. Proponent: The proponent for this implementation guidance is Clinical Services
Division, Assistant Chief of Staff for Health Policy and Services.

4. Responsibilities:

a. All clinical specialties performing cosmetic and reconstructive surgical procedures
will comply with this policy.

b. The Surgeon General (TSG) and military treatment facility (MTF) Commanders
are responsible for ensuring this policy is implemented and for regular monitoring and
evaluation. The Services have primary responsibility for audits of MTFs within their
Service for adherence to this policy, including audits of procedure fee collection.

c. The TRICARE Management Activity (TMA) will conduct periodic audits of MTFs
performing cosmetic surgery procedures for adherence to this policy, including audits of
surgery procedure fee collection. This audit will include data calls to the Services and
review and analysis of centrally available data via the M2-bridge.

5. Policy:

a. Definitions for terms used in this policy are provided in Appendix A.

*This policy memo supersedes OTSG/MEDCOM Policy Memo 08-008, 17 Apr 08, subject as above.

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b. The Military Health System (MHS) has ongoing requirements for surgeons capable of performing reconstructive surgery as well as manpower authorizations for plastic surgery and other surgical specialties that perform reconstructive plastic surgery. It is critical that the MHS be able to recruit and retain these uniformed specialists to assure our men and women receive the highest quality care. Since the skills used in performing cosmetic surgery procedures are often the same skills required to obtain optimal results in reconstructive surgery, these surgeons have a valid need to perform cosmetic surgery cases to maintain their specialty surgical skills. Additionally, performance of cosmetic surgery procedures in the direct care system is warranted because specialists in plastic surgery, dermatology, otorhinolaryngology, ophthalmology, and oral-maxillofacial surgery must meet board certification, recertification, and graduate medical education program requirements for specialties requiring training in cosmetic surgery.

c. Availability of cosmetic surgery at Army MTFs is not guaranteed and is dependent upon the educational and clinical skill maintenance needs of the Army, availability of surgeons privileged to perform such surgeries, and availability of operating room time.

d. Each MTF Commander, based upon skills maintenance needs and training program needs, must determine the MTF's ability to provide cosmetic surgery procedures equitably to all beneficiary populations. Guidelines for cosmetic and reconstructive surgeries in the Army MTFs are as follows:

(1) Cosmetic surgery procedures may be performed on a "space-available" basis only. Cosmetic surgery cases shall not be performed if they would cause other medically necessary and/or reconstructive surgery cases to be cancelled, rescheduled, or sent to the managed care contractor support network.

(2) Cosmetic surgery procedures may not exceed 20 percent of any privileged provider's case load.

(3) In general, only privileged staff and residents/fellows in the specialties of plastic surgery, dermatology, otorhinolaryngology, ophthalmology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. This restriction excludes the excision or destruction of minor benign dermatologic lesions, which may be performed by qualified and privileged providers in any specialty. Civil service providers in these specialties may perform cosmetic surgery procedures only if they are employed full time by the MTF with no other opportunity to maintain their skills in cosmetic surgery. Waivers to the previous restrictions can only be granted by TSG.

(a) TSG delegates to MTF commanders the responsibility to review requests for waivers as listed above and to approve/disapprove those requests.

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(b) Waivers are not automatic. For physicians whose specialties are not cited in para 5.d.(3) or who are employed fulltime and will request privileges to perform cosmetic surgery procedures, an application for a waiver (MEDCOM Form 771-R) must be completed and approved by the MTF Credentials Office for processing and MTF Commander approval. A denial of a waiver request is not considered to be a denial of a request for clinical privileges and is not an adverse clinical privileging action.

(4) Providers contracted to perform medically necessary surgery will not perform cosmetic surgery procedures. Providers contracted as Graduate Medical Education staff are exempt from this provision although waivers may be required as per para 5.d.(3)(b.).

(5) Cosmetic surgery procedures will be restricted to Title 10 USC/TRICARE-eligible beneficiaries (including TRICARE for Life beneficiaries) who will not lose Title 10 USC/TRICARE eligibility for at least six months.

(6) Cosmetic surgery procedures can impact unit readiness. Therefore, active duty personnel undergoing cosmetic surgery procedures must have written permission from their unit commanders, which must include Soldiers' expected separation dates. Furthermore, active duty personnel undergoing cosmetic surgery procedures at facilities other than MTFs must, prior to undergoing surgery, have their Commander's written permission, which must include the Soldier's expected separation date.

(7) Soldiers will be afforded convalescent leave and will not be required to use regular leave for their post-operative recovery.

(8) There will be no discrimination in patient selection based on the rank of the patient or the rank of the sponsor. Cosmetic procedures will be considered only for those individuals who, in the judgment of the surgeon, are good candidates medically and have a reasonable understanding of the risks, benefits, and results of the planned procedure.

(9) All patients including active duty personnel, undergoing cosmetic surgery procedures (regardless of whether the procedures are performed in a clinic, an exam room, an office, or an operating room) must pay the surgical fee, plus any applicable institutional and anesthesia fee, for the procedures in accordance with the fee schedule published annually by the Office of the Secretary of Defense Comptroller. These charges, estimated by the MTF, must be paid in advance. The initial amount billed usually will not constitute payment in full since there may be additional charges for service such as laboratory, radiology, and pharmacy, as well as any unforeseen necessary procedures undertaken during the surgery. These additional charges must be paid within 30 calendar days of presentation of the final bill. Additionally, patients must reimburse the MTF for any cosmetic implants.

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(10) Patients who undergo cosmetic surgery procedures in the MTF must be permitted to obtain necessary post-operative care within the MTF unless the care required exceeds MTF capabilities. Patients will not be charged for follow-up care at the MTF including any care provided for complications of cosmetic surgery procedures. All cosmetic surgery patients must be informed prior to surgery that the availability of long-term follow-up care including revision surgery, is not guaranteed in the direct care system and that complications of cosmetic surgery are excluded from coverage under TRICARE in accordance with Title 32, Code of Federal Regulations (CFR), Section 199.4(e)(9), and clarified in the TRICARE Policy manual, Chapter 4, Section 1.1. The patient must acknowledge this disclosure and a copy of the signed acknowledgment, must be filed in the patient's medical record. Prior to signing the acknowledgment, the patient must review the refund policy (set by TMA) and the Title 32 CFR citation and TRICARE policy on exclusions for complications resulting from a non-covered surgery or treatment after reviewing the document with the patient, the MTF's Medical Services Account Office is responsible for ensuring each patient signs a Letter of Acknowledgment (MEDCOM Form 772-R).

(11) Procedures deemed by the surgeon as medically necessary should have the rationale for medical necessity well documented within the medical record. If a patient will undergo surgery when a portion of it is reconstructive but other portions are cosmetic, the medical record must clearly articulate which portion is reconstructive and which is cosmetic so that the billing office can properly calculate the charges for the patient.

(12) Refractive eye surgery for the Warfighter is not considered a cosmetic procedure.

(13) Botox injections may be considered a cosmetic procedure (therefore, charges will be accrued) or a therapeutic procedure (therefore, no charges will be accrued) when used for treatment, for example, of migraines or hyperhidrosis (profuse perspiration). The diagnosis code used determines whether or not charges are accrued.

e. As with all coding within the MHS, inpatient, outpatient and ambulatory plastic surgery procedures will be coded in accordance with applicable national and DoD coding standards, including current versions of appropriate International Classification of Diseases (ICD-(-CM) and Current Procedural Terminology codes.

(1) The V-codes found in the DoD Coding Guidance should be used to identify cosmetic surgery procedures. At present, the appropriate ICD-(-CM) codes are in the V50 series: "Elective surgery for purposes other than remedying health status." Code V50.1, "Other plastic surgery for unacceptable cosmetic appearance," is the proper code unless a more specific code exists in this series. Code V51; Aftercare involving the use of plastic surgery (excludes cosmetic surgery) may be used to indicate that a

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procedure is not cosmetic plastic surgery but is aftercare associated with an injury or operation. It should be noted that the use of code V51 is inappropriate for medical conditions that are not associated with an injury or operation.

(2) Procedural coding associated with any reconstructive surgery must be accompanied by applicable diagnosis codes that reflect the defect developmental abnormality, trauma, infection, tumor, or disease impacting the need for reconstructive surgery. Additionally, the medical record must clearly indicate the medical necessity for the reconstructive surgery. Likewise for cosmetic surgery cases, the medical record must clearly reflect the rationale for the procedure being performed.

f. Cosmetic surgery procedures are not a covered benefit under TRICARE; Title 32 CFR, 199.4(e)(8)(i).

g. Monitoring of compliance with the requirement of the referenced ASD (HA) Cosmetic Surgery Policy will primarily be the responsibility of the MTF Commanders and RMC Commanders. It is recommended that each MTF/RMC develop a mechanism to review the data to monitor compliance quarterly. This data should minimally include the number of cosmetic procedures performed by each provider to ensure the 20 percent limit is not breached; cosmetic procedures performed by beneficiary category; cosmetic procedures performed by procedure code; and, cosmetic procedures performed by collections (by fee type); the number and types of post-operative care visits provided in conjunction with the performance of cosmetic surgery procedures (by visit/procedure codes); and the number, types, and costs of post-operative care visits provided in conjunction with the performance of cosmetic surgery procedures but obtained through the civilian sector of another MTF.

FOR THE COMMANDER:

Encl


HERBERT A. COLEY
Chief of Staff

APPENDIX A

TERMS

American Society of Plastic Surgeons

http://www.plasticsurgery.org/public_education/procedures/index.cfm

Cosmetic Surgery

Any elective plastic surgery or laser procedure performed to reshape normal structures of the body in order to improve the patient's appearance of self-esteem.

Reconstructive Surgery

Any Plastic surgery performed on abnormal structures of the body which are caused by congenital defects, developmental abnormalities, trauma, infections, tumors or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate a normal appearance.