



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

OCT 25 2005

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)  
DIRECTOR, JOINT STAFF

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

The Cosmetic Surgery Policy implemented in the Military Health System (MHS) in 1992 permitted limited numbers of cosmetic surgery cases, while emphasizing that cosmetic surgery was not a covered benefit under TRICARE. The policy outlined cosmetic surgery procedures permitted in support of graduate medical education training, board eligibility and certification, and skill maintenance for certified specialists in plastic surgery, ears, nose and throat, ophthalmology, dermatology, and oral surgeries. This also includes the circumstances under which such procedures were to be done. Since 1992, the MHS has undergone considerable changes including the elimination of plastic surgery residencies in the Department of Defense (DoD). The attached policy supersedes the 1992 memorandum and provides updated guidance (Attached) for the provision of cosmetic surgery procedures in the MHS.

As in 1992, cosmetic surgery procedures are not a covered benefit under TRICARE. The Services have requirements for surgeons capable of performing reconstructive surgery and have manpower authorizations for plastic surgery and other surgical specialties that perform reconstructive plastic surgery. It is critical the MHS be able to recruit and retain these uniformed specialists to assure our men and women will 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, otorhinolaryngology, ophthalmology, dermatology, and oral surgery must meet board certification, recertification, and graduate medical education program requirements for specialties requiring training in cosmetic surgery.

Since accomplishment of our wartime mission demands specialists skilled in reconstructive plastic surgery, limited volumes of cosmetic surgery procedures are authorized in the direct care system, provided there is adherence to the attached guidelines.

**HA POLICY: 05-020**

Please provide this office with a copy of your implementing guidance within 90 days of the date of this policy memorandum. My points of contact are Dr. Benedict Diniega at (703) 681-1703, Benedict.Diniega@ha.osd.mil; and Captain Patricia Buss at (703) 681-0064, Patricia.Buss@tma.osd.mil.

  
William Winkenwerder, Jr., MD

Attachments:

As stated

cc:

General Counsel, DoD

Deputy Director, TMA

Surgeon General, US Army

Surgeon General, US Navy

Surgeon General, US Air Force

Joint Staff Surgeon

Medical Officer, Marine Corps

Director of Health and Safety, US Coast Guard

## **Policy for Cosmetic Surgery Procedures in the Military Health System**

a. For purposes of this policy, cosmetic surgery terms are defined as follows:

1) Cosmetic surgery – “Any elective plastic surgery performed to reshape normal structures of the body in order to improve the patient’s appearance or self-esteem.<sup>1</sup>”

2) Reconstructive surgery – “Any plastic surgery performed on abnormal structures of the body which are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate a normal appearance.<sup>1</sup>”

b. Only privileged staff and residents in the specialties of plastic surgery, otorhinolaryngology, ophthalmology, dermatology, 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 medical treatment facility (MTF) with no other opportunity to maintain their skills in cosmetic surgery. Waivers to the previous restrictions can only be granted by the respective Service Surgeon General. Providers contracted to perform medically necessary surgery are NOT to perform cosmetic surgery procedures.

c. Cosmetic surgery procedures may be performed on a “space-available” basis only, and cosmetic surgery procedures may not exceed 20 percent of any privileged provider’s case load.

d. Cosmetic surgery procedures will be restricted to TRICARE-eligible beneficiaries, including TRICARE for Life, who will not lose TRICARE eligibility for at least six months. Active duty personnel undergoing cosmetic surgery procedures must have written permission from their unit commander.

e. All patients, including active duty personnel, undergoing cosmetic surgery procedures 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. Additionally, the patient must reimburse the MTF for any cosmetic implants.

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<sup>1</sup> American Society of Plastic Surgeons,  
[http://www.plasticsurgery.org/public\\_education/procedures/index.cfm](http://www.plasticsurgery.org/public_education/procedures/index.cfm)

f. There will be no discrimination in patient selection based on rank of the patient or the rank of the sponsor.

g. 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.

h. 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. All cosmetic surgery patients must be informed prior to surgery that the availability of long-term follow-up, including revision surgery, is not guaranteed in the direct care system and that complications of cosmetic surgery procedures are excluded from coverage under TRICARE in accordance with the TRICARE Policy Manual (August 2002 edition, Chapter 4, Section 1.1). The patient must acknowledge this disclosure and a copy of the signed acknowledgement must be filed in the patient's medical record.

i. As with all coding in the MHS, all inpatient, outpatient and ambulatory plastic surgery procedures will be coded in accordance with applicable national and Department of Defense (DoD) coding standards, including current versions of appropriate International Classification of Diseases (ICD-9-CM) and Current Procedural Terminology codes.

1) The V-codes found in the DoD Coding Guidance will be used to identify cosmetic surgery procedures. At present, the appropriate ICD-9-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 plastic surgery)" may be used to indicate that a procedure is not cosmetic plastic surgery but is aftercare associated with an injury or operation. It should be noted that the use of the V51 code is not appropriate 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.

j. The Surgeons General and MTF commanders are responsible for ensuring this policy is implemented and for regular monitoring and evaluation of this policy. The Services have primary responsibility for accountability audits of MTFs within their Service for

adherence to this policy, including audits of collection for cosmetic surgery procedures fees.

k. TMA will conduct periodic DoD-wide accountability audits of MTFs performing cosmetic surgery procedures for adherence to this policy, including audits of collection for cosmetic surgery procedures fees. The audit will minimally consist of data calls to the Services and review and analysis of centrally available data via the M2-bridge. The first TMA audit will be conducted 12 months after implementation of this policy.