

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 27.4
TITLE: COSMETIC, RECONSTRUCTIVE AND PLASTIC SURGERY -
GENERAL GUIDELINES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(19)

RELATED AUTHORITY: 32 CFR 199.2(b); 199.4(e)(8) and (g)(24)

I. EFFECTIVE DATE

October 22, 1985

II. DEFINITIONS

A. Hypertrophic scars are the most common type of burn scar occurring mainly in people with fair complexions. These scars occur within the boundaries of the incision or wound and are generally thick, red, and raised in appearance.

B. Contracture scars are the most severe forms of scar and usually occur as a result of a loss of a large area of skin. These forms of scars are most commonly found in patients that have experienced burn injuries. These scars cause the edges of skin to pull together affecting the adjacent muscles and tendons, which in turn causes the restriction of normal movement.

C. Keloids are red thick puckered itchy clusters of scar tissue that grow beyond the wound or incision. They are often red or darker in color than the surrounding skin.

D. A neoplasm is abnormal tissue that grows by cellular proliferation more rapidly than normal and continues to grow after the stimuli that initiated new growth ceases. They usually form a distinct mass of tissue that may be either benign or malignant.

E. Cosmetic, reconstructive, and/or plastic surgery is surgery which can be expected primarily to improve the physical appearance of a beneficiary, and/or which is performed primarily for physiological purposes, and/or which restores form, but does not correct or materially improve a bodily function.

III. POLICY

Benefits are generally not available for cosmetic, reconstructive and/or plastic surgery except under certain limited circumstances. Benefits may be provided for otherwise covered services and supplies provided in connection with cosmetic, reconstructive, and/or plastic surgery, as outlined in this policy.

IV. POLICY CONSIDERATIONS

A. Preauthorization is not required for plastic surgery benefits. Benefits may be provided for cosmetic, reconstructive, and/or plastic surgery, including otherwise covered services and supplies under the following circumstances:

1. Correction of a congenital anomaly, i.e., a condition that exists from birth and that is a significant deviation or departure from the norm and is other than a common racial or ethnic feature (examples of such conditions include, cleft lip/cleft palate, birthmarks, webbed fingers or webbed toes, or **surgery to correct pectus excavatum is covered as correction of a congenital anomaly when the defect is more than a minor anatomical anomaly**).

2. Restoration of body form (including revision of scars) following an accidental injury.

3. Revision of disfiguring and extensive scars resulting from hypertrophic contractures, keloids, and neoplastic surgery.

Note: Keloid revision requires medical review of medical documentation that includes history, size, location, and symptoms.

4. Panniculectomy performed in conjunction with other abdominal or pelvic surgery is covered when medical review determines that the procedure significantly contributes to the safe and effective correction or improvement of bodily function. (See Exclusions).

5. **Penile implants and testicular prostheses for conditions resulting from organic origins or organic impotency.**

6. **Liposuction when used as a substitute for the scalpel is covered when medically necessary, appropriate, and the standard of care.**

7. **Augmentation mammoplasty, reduction mammoplasty, and mastopexy surgery performed on one breast for contralateral symmetry to bring it into symmetry with a post-mastectomy reconstructed breast (see Chapter 2, Section 2.4, Post-mastectomy Reconstructive Breast Surgery).**

B. **Benefits Related to Accidental Injury.** These benefits are generally limited to procedures performed no later than December 31 of the year following the year in which the related accidental injury occurred, except for authorized postmastectomy reconstructive breast surgery for which there is no time limitation between mastectomy and reconstruction (see [Chapter 2, Section 2.4, Postmastectomy Reconstructive Breast Surgery](#)). Special consideration will be given to cases involving children who may require a growth period.

C. Benefits are authorized for other surgeries when the surgery is determined to be a medically necessary procedure, integral to the restoration of an individual function.

D. The following information must be submitted with claims for cosmetic, reconstructive, disfiguring scar revision, hypertropic, neoplastic, and plastic surgery. Beneficiaries are not required to submit this documentation with each claim submitted for the same episode of care. Standard development procedures to determine if this information has previously been submitted will be used.

1. A medical statement by the physician which includes the following:
 - a. brief medical history,
 - b. condition,
 - c. date of injury,
 - d. symptoms,
 - e. length of time symptoms were present,
 - f. other forms of treatment attempted, and
 - g. an operative report.
2. Photographs, if available.

E. Submission of the above information is not required on each claim for the same episode of care, i.e., anesthesia, radiology, etc. CHAMPVA will use standard development procedures to determine if previous claims for the same procedure have been submitted which contain the above information.

F. The above listed criteria/guidelines are general guidelines. Additional guidelines applicable to specific procedures are discussed throughout this chapter under the title of the procedure.

V. EXCLUSIONS

A. The following is a partial list of cosmetic, reconstructive, and/or plastic surgery procedures, which do not qualify for benefits under CHAMPVA. This list is for example purposes only and is not to be construed as being all inclusive:

1. **Insertion of prosthetic testicles for transsexualism**, or other conditions as gender dysphoria except for surgery and unrelated medically necessary services performed to correct sex gender confusion, i.e., ambiguous genitalia, which has been documented to be present at birth (see [Chapter 2, Section 29.6](#), *Intersex Surgery and Chapter 2, Section 35.1*, *Female Genital System*).

2. **Dental congenital anomalies such as absent tooth buds or malocclusions.**

3. Cosmetic, reconstructive, and/or plastic surgery procedures performed primarily for psychological reasons or as a result of the aging process are also excluded.

4. Procedures performed for elective correction of minor dermatological blemishes and marks or minor anatomical anomalies are also excluded.

5. Breast augmentation mammoplasty, except as indicated in this policy.

6. Any procedure performed for personal reasons, to improve the appearance of an obvious feature of part of the body which would be considered by an average observer to be normal and acceptable for the patient's age and/or ethnic and/or racial background.

7. Cosmetic, reconstructive and/or plastic surgical procedures which are justified primarily the basis of a psychological or psychiatric need.

8. Face-lifts and other procedures related to the aging process.

9. Reduction mammoplasties (unless there is medical documentation of intractable pain not amendable to other forms of treatment, as the result of increasingly large pendulous breasts) (see [Chapter 2, Section 2.5](#), *Reduction Mammoplasty*).

10. Panniculectomies primarily performed for body sculpture procedures or reasons of cosmesis (**unless it is medically necessary and an integral part of the restoration of the patient's bodily function**).

11. Repair of sagging eyelids (without demonstrated and medically documented significant impairment of vision) (see [Chapter 2, Section 10.10](#), *Blepharoplasty*).

12. Rhinoplasties, except as detailed in [Chapter 2, Section 7.8](#), *Rhinoplasty*.

13. Chemical peeling (exfoliation) for the following:

a. Treatment or removal of facial wrinkles, and treatment of acne or of acne scars.

Dermabrasion of the face, except as outlined in [Chapter 2, Section 27.5](#), *Dermabrasion*.

14. Revision of scars resulting from surgery and/or a disease process, except disfiguring and extensive scars resulting from neoplastic surgery.

15. Removal of tattoos.

16. Hair transplants.

17. Electrolysis.

18. Penile implant procedure for impotence resulting from psychological or psychiatric reasons (**non-organic**) (see [Chapter 2, Section 36.1](#), *Male Genital System*).

B. When it is determined that a cosmetic, reconstructive and/or plastic surgery procedure does not qualify for CHAMPVA benefits, **the beneficiary will be responsible for all related services and supplies, to include any institutional costs associated with the non-covered procedure.**

END OF POLICY