

**Department of
Veterans Affairs**

MEMORANDUM

Date posted _____ Initials _____

July 15, 2003

Chief, Policy and Compliance Division

Transmittal #57 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>Master Table of Contents, (MTOC).</u> Changes policy title of Chapter 2, Section 2.2, to read <i>Breast Reconstruction As Result Of A Congenital Anomaly</i> and Chapter 2 Section 2.3, to read <i>Prophylactic Mastectomy and Prophylactic Oophorectomy</i> .	MTOC	1-18	MTOC	1-18
<u>Chapter 1, Section 2.5,</u> <i>Child.</i> Clarifies under Policy Considerations that when a student graduates from high school and provides a pre-enrollment letter, on school letterhead, of intent for fall enrollment, eligibility continues during the summer break.	1-2.5	1-5	1-2.5	1-6
<u>Chapter 2, Table of Contents.</u> Changes policy title of Chapter 2, Section 2.2 to read <i>Breast Reconstruction As Result Of A Congenital Anomaly</i> and Chapter 2 Section 2.3 to read <i>Prophylactic Mastectomy and Prophylactic Oophorectomy</i> .	TOC-2	1-13	TOC-2	1-13
<u>Chapter 2, Section 2.1,</u> <i>X-ray Mammography.</i> Under Policy expands coverage of screening mammography to one every 12 months for an asymptomatic woman 40 years and older.	2-2.1	1-3	2-2.1	1-3

<u>SUMMARY</u>	REMOVE		INSERT	
	<u>C-S</u>	<u>Pages</u>	<u>C-S</u>	<u>Pages</u>
<u>Chapter 2, Section 2.2</u> , <i>Breast Reconstruction as Result of a Congenital Anomaly</i> ; Changes the policy title; under Description clarifies congenital anomaly; under Policy clarifies breast reconstruction and provides examples of congenital anomalies that require breast reconstruction; and under Policy Considerations clarifies those cases where documentation may be required to verify the anomaly.	2-2.2	1-2	2-2.2	1-2
<u>Chapter 2, Section 2.3</u> , <i>Prophylactic Mastectomy and Prophylactic Oophorectomy</i> . Changes the policy title; amends procedure codes; adds to Description prophylactic oophorectomy; and adds to Policy criteria coverage for prophylactic mastectomy and prophylactic oophorectomy.	2-2.3	1-2	2-2.3	1-3
<u>Chapter 2, Section 12.1</u> , <i>Well-Child Care</i> . Amends procedure codes; under Policy clarifies that the physician will determine when immunizations are appropriate for the patient based on CDC recommendations and other specific factors; and adds coverage for two phenylketonuria (PKU) tests, one prior to hospital discharge or transfer and one within 1 to 2 weeks after hospital discharge.	2-12.1	1-5	2-12.1	1-5
<u>Chapter 2, Section 22.1</u> , <i>Pharmacy</i> . Adds to Policy that no prescription may be filled until 75 percent of the prior prescription is expended unless the patient or doctor provides a suitable explanation of necessity; adds to Exclusions a note that although the investigational drug isn't covered, medical treatment for the condition the investigational drug is being used for may be cost shared.	2-22.1	1-6	2-22.1	1-6
<u>Chapter 2, Section 23.1</u> , <i>Preventive Services</i> . Adds effective date for genetic testing of breast cancer for beneficiaries with known high-risk; amends procedure codes; links to Chapter 2, Section 2.3, <i>Prophylactic Mastectomy and Prophylactic Oophorectomy</i> ; adds website for the Center for Disease Control (CDC); clarifies that the physician will determine the appropriateness of immunizations; and that catch-up immunizations	2-23.1	1-6	2-23.1	1-7

SUMMARY

REMOVE
C-S Pages

INSERT
C-S Pages

should be done during any physician visit when feasible.

Chapter 2, Section 23.2, *Routine Physical Examinations*. Adds effective date for school-required physical examinations; amends procedure codes; adds under Policy that physical examinations are covered when school-required and when performed in connection with well-baby examinations, immunizations, specific cancer screenings (Pap test, mammograms, colon and prostate); clarifies under Policy Considerations that a physical examination for the purpose of diagnosing a medical condition is not considered a routine physical exam and is covered; and adds Exclusions.

2-23.2 1-2 2-23.2 1-2

Chapter 2, Section 23.3, *Immunization Injections*. Adds to Policy Considerations a link to the Center for Disease Control (CDC) website as a reference to current immunization recommendations; clarifies that the physician will determine the appropriateness of immunizations; and that catch-up immunizations should be done during any physician visit when feasible.

2-23.3 1-1 2-23.3 1-1

Chapter 2, Section 31.6, *Pancreas Transplantation*. Policy was deleted. Pancreas transplantation alone (PTA), is now a covered benefit. PTA was incorporated into Chapter 2, Section 31.5, *Simultaneous Pancreas-Kidney (SPK), Pancreas After Kidney (PAK) and Pancreas Performed Alone (PTA) Transplantation*.

2-31.6 1-1

Chapter 3, Section 6.2, *Hospital Reimbursement-DRG-Based Payment System*. Clarifies within Policy Considerations that all claims reimbursed under the DRG-based payment system are priced as of the date of discharge by removing exception for those claims with qualifying outliers and adds that when a patient is admitted to the hospital through the emergency room, the entire episode of care will be billed under the DRG and that the emergency room services cannot be billed separately.

3-6.2 1-8 3-6.2 1-8

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

1-28

1-28

Subject Index. Amended to update and include policies referenced in this transmittal.

P - 1 thru P - 12
S - 1 thru S - 8

P -1 thru E- 7
S -1 thru S - 8

2. File this transmittal memorandum in the front of the CHAMPVA Policy Manual.

Susan Schmetzer
Chief, Policy & Compliance

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