

DEPARTMENT OF DERMATOLOGY
WALTER REED NATIONAL MILITARY MEDICAL CENTER
BETHESDA MARYLAND 20889-5600

04 October 2016

MEMORANDUM FOR DERMATOLOGY CLINIC PERSONNEL

SUBJECT: Standard Operating Procedure for performing cosmetic dermatologic procedures within the Dermatology Clinic

1) References:

- a) DoD Health Affairs Policy 05-020
- b) Tricare Management Activity Uniform Business Office Provider's Guide to the Elective Cosmetic Surgery Superbill
- c) Tricare Management Activity Uniform Business Office Cosmetic Surgery Estimator (CSE) – User's Guide (2015)
- d) Cosmetic Surgery Superbill 2015
- e) Tricare North Region Provider Handbook, 2016-2017
- g) Memorandum for Dermatology Clinic Personnel May 2015

2) Responsibilities:

a) Dermatology Service Chief: Assumes ultimate responsibility for management of the cosmetic procedure policy within the dermatology clinic. The service chief may designate a staff member to act on his behalf in all matters related to the cosmetic policy.

b) Staff physicians: Staff dermatologists may perform a range of procedures that fall within the dermatologist's scope of practice. Most cosmetic procedures will be deemed "cosmetic", however there are certain clinical scenarios that may be determined to be medically necessary. In these cases, staff physicians will adhere to the essential points of this document. Additionally, staff physicians will assume responsibility for teaching dermatologic procedures to resident dermatologists. In so doing, staff will provide residents with guidance for determining medical necessity, if and when appropriate, based upon their own clinical judgment.

c) Resident physicians: Under the supervision of staff dermatologists, residents may perform a range of procedures that fall within the dermatologist's scope of practice. Residents will use this document as a guide for appropriately documenting and administering cosmetic procedures. As with any other procedure, residents will discuss cosmetic cases with the responsible staff dermatologist prior to performing said procedure. When in doubt as to the cosmetic or medical indications for any procedure, residents should consult with the staff dermatologist prior to scheduling the procedure.

3) Determining cosmetic indications:

a) Cosmetic dermatologic surgery is defined as any elective procedure performed to reshape normal structures of the body or alter/enhance the skin's existing texture or appearance in order to improve the patient's appearance or self-esteem.

b) Dermatology staff and residents may decide, in consultation with their patients, whether a particular procedure is cosmetically indicated and appropriate. Very few cosmetic procedures have medical indications, and the procedure will therefor incur a cosmetic fee. Determining cosmetic versus medical indications will be based on the staff physician's clinical judgment, as noted above.

c) Cosmetic procedures commonly performed in the dermatology clinic are listed below. Note that this is not an exhaustive list, as some procedures are only rarely performed (autologous fat transfer, for example). Basic guidelines for deciding the cosmetic versus medical indication for each procedure are included.

i) Removal of Nevi, Seborrheic Keratoses, Sebaceous Cysts or Skin Tags: Unless the physician concludes that removing these lesions is a medical necessity (typically, the lesion is inflamed, repeatedly traumatized, or interferes with wear of required clothing/equipment), they are considered cosmetic and will incur a fee.

ii) Laser Hair Removal: Removal of facial hair is a cosmetic procedure. The only routine exception is for removal of beard hair in active duty patients (male and female) with pseudofolliculitis barbae that are required to shave for active duty. Removal of body hair is always considered a cosmetic procedure, although some exceptions are made when required for proper fit of prosthetics or for treatment of pilonidal cysts. Because of the quantity of laser hair removal performed for PFB, elective removal of hair is not currently offered as a cosmetic service.

iii) Chemical Peels, Laser Skin Resurfacing, and Microdermabrasion: These are all considered cosmetic procedures with very few medically necessary exceptions. Treating dyspigmentation, benign nevi, or lentigines is considered cosmetic. Acne scar treatment is a cosmetic indication and will incur a cosmetic fee. Utilizing these procedures in the treatment of nonmelanoma skin cancers or in the field treatment of actinic keratoses may be considered medically necessary. Treatment of severe, disfiguring scarring may be medically indicated, depending upon the clinical situation (e.g. secondary to blast injuries, scars causing restricted range of motion over joints, etc.).

iv) Laser therapy for benign vascular proliferations: Treatment of cherry hemangiomas, perioral or nasal telangiectases, rosacea, and superficial leg veins is considered cosmetic. Treatment of congenital vascular lesions may be considered cosmetic, depending on several factors, including location, type, size, and patient age. In general, treatment of hemangiomas and certain capillary malformations (excluding “stork bites” and “angel kisses”) in pediatric patients is medically indicated; it may be medically indicated in adults, depending on the clinical situation (enlarging, causing functional impairment, etc).

v) Botox and dermal/subcutaneous fillers: Almost always cosmetic in the dermatology setting. Botox injection for excess hand sweating may fall under medical readiness in the active duty population. If primary axillary hyperhidrosis refractory to topical treatment is demonstrated by starch iodine or vapometer, then botox injections may be a covered benefit under Tricare. The treating dermatologist is required to assess and demonstrate active hyperhidrosis before injections can be performed. Prophylactic injections without evidence of active hyperhidrosis will not be covered. Injectable filler material may be considered necessary in rare cases, usually as part of facial reconstruction following trauma or non-elective surgery.

vi) Tattoo removal: This is a cosmetic procedure requiring multiple visits and potential recurring fees. This treatment will not be routinely performed unless there is documentation stating that it is mandated by the member’s command. Command mandated tattoo removals are NOT exempt from the cosmetic fee.

4) Cosmetic fee assessment:

a) In accordance with the Tricare Management Activity Uniform Business office guidelines, any procedure determined to be cosmetic in nature will incur a fee, to be paid by the patient prior to said procedure. There is no discount for bundled or multiple-session procedures (laser hair removal, laser tattoo removal, etc.). Once effective therapeutic parameters have been determined for a particular treatment, each additional session must be billed individually.

b) The resident or staff physician performing a cosmetic procedure will provide the patient with a completed Cosmetic Surgery Superbill, including patient demographics, the physician’s name, location of procedure (provider’s office), planned date of surgery, any requirement for anesthesia (should almost always be “none” or “topical”), and whether the procedure is medically necessary or not (in general, this should be “no”). The appropriate procedure and the amount of product to be used (if needed) should be marked. If a resident is

injecting cosmetic botox, that needs to be clearly marked on the superbill, as the patient receives a substantial resident discount. The patient takes the completed superbill to the MSA office (near the command duty office), where he/she will pay the estimated cosmetic surgery fee and be provided with a receipt. Once the patient provides the dermatology clinic with a paid receipt, the physician may proceed with the planned procedure. If additional product is used or additional procedures are performed, the patient is responsible for any incurred fees. (NOTE: If additional botox is required for a “touch up” treatment during the 10-day global period, there is no procedure fee; the patient is only charged for additional product.).

c) In the event that a patient desires immediate cosmetic treatment of otherwise benign lesions, the physician may perform the procedure if time and space allow and then send the patient to the MSA office to pay. However, a copy of the completed superbill will be forwarded to the MSA office for billing (in the event the patient does not provide payment).

d) In certain instances, the service chief or designee may waive the cosmetic fee if a procedure is to be used primarily for teaching purposes. This will apply mainly to rarely performed procedures, in which the patient agrees to participation or observation by several trainees and understands the associated risks involved.

5) Cosmetic procedure scheduling:

- a) Click on the link to the WRNMMC Dermatology website (https://tricare.mil/mtf/WalterReed/Health-Services/A_F/Dermatology). Under the subtitle “Procedural Dermatology” is a link to the cosmetic procedure request form. Patients will be asked to complete this form to the best of their ability and click “Submit”.
- b) Each name will be added to a running list of patients requesting cosmetic treatment at WRNMMC. The list is sorted by date, and will be first come, first serve.
- c) When a patient is contacted for treatment, they will be contacted by phone or email- they will have 48 hours to respond before being taken off of the cosmetic list. The appropriate procedure will be determined by the resident at the time of contact, and instructions regarding the expectations and treatment will be discussed. Payment information will be delivered at that time, and a plan for the fee form will be discussed. Patients will be expected to provide proof of payment at the time of the treatment.
- d) Follow up related to the specific cosmetic treatment will be discussed (e.g. touch-up for asymmetry with botox, complication from dermal filler injection) at the time of the procedure. Patients will NOT RECEIVE FOLLOW-UP PRIORITY for

additional cosmetic treatment. They will be required to return to the website above and complete another request for treatment. The intention of this requirement is to maximize the resident exposure to a variety of patients and treatments, as well as to maintain equitable access to the cosmetic service by ALL patients.

- e) Cosmetic procedures are scheduled on a time and space available basis only. All of our medically necessary procedures (skin cancer excisions, electrodesiccation and curettage, ablative laser treatment for actinic damage, wounded warrior scars, congenital malformations, etc) always take priority.
- f) Patients should be counseled that cosmetic procedures may be cancelled in the event that clinic space is needed for medically indicated procedures.
- g) Our cosmetic list traditionally fills up very quickly. There is NO GUARENTEE that patients who sign up will be treated. NONE OF THESE PROCEDURES ARE MEDICALLY NECESSARY. There are numerous civilian dermatology and plastic surgery clinics that offer these same cosmetic treatment options and do not require a referral to be seen for consultation. Any patient is welcome to pursue treatment in the civilian sector.
- h) The cosmetic list will reset every January 1. This is performed to prevent the extraordinary long wait times often associated with the cosmetic requests and the administrative burden created in attempt to contact patients who PCS or move out of the area.

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