

CY 2017 Cosmetic Surgery and Cosmetic Surgery Estimator (v14)

Presented by
DHA UBO Program Office Contract Support

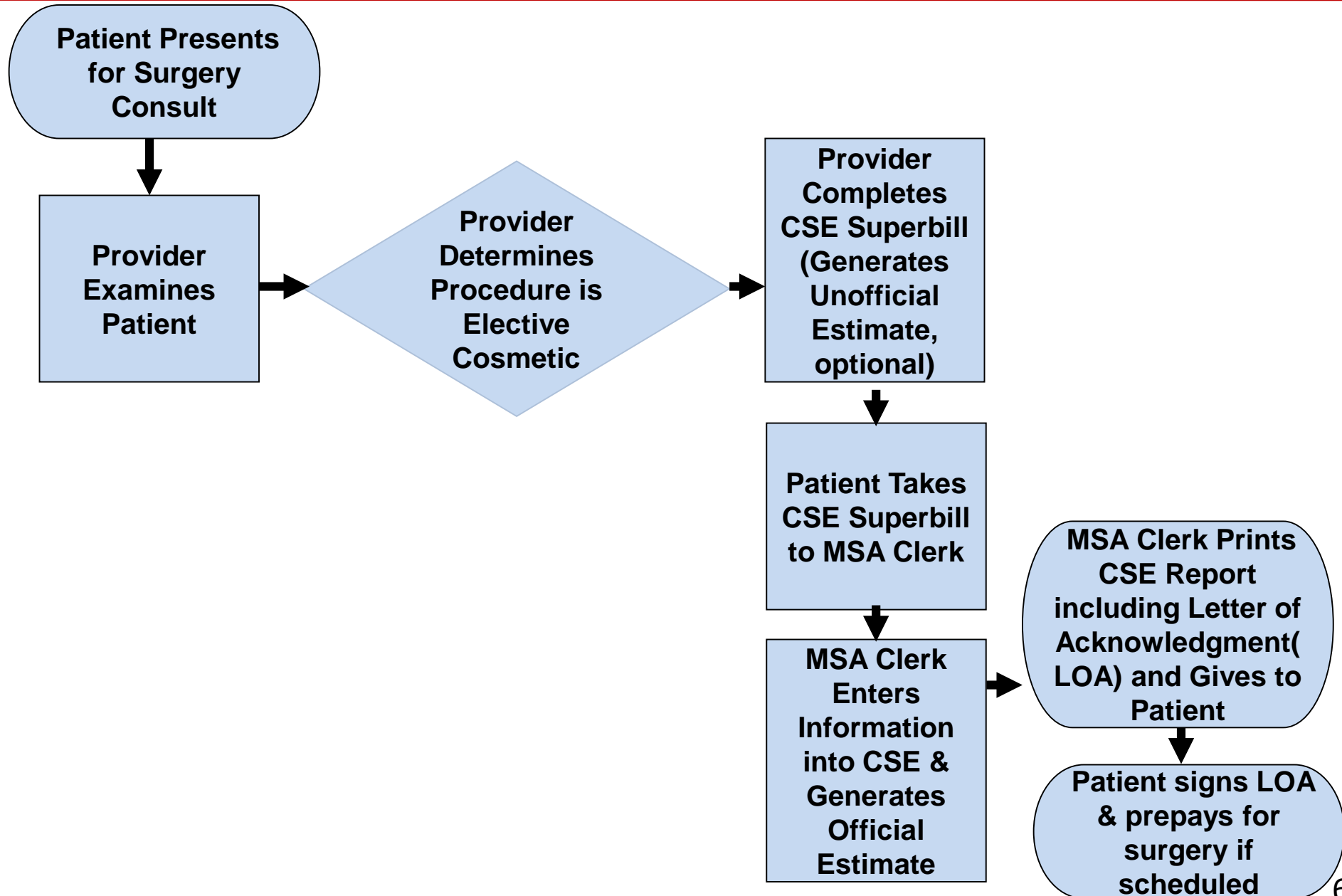
26 June 2018 0800 – 0900
28 June 2018 1400 – 1500

- Background
- CSE v14 Procedure Additions, Modifications, Deletions & Rate Methodology Update
- CSE v14 Functionality
- CSE v14 Practice Scenario
- CSE v14 Distribution & Effective Date
- Questions & Answers



- Per HA Policy 05-020, “Policy for Cosmetic Surgery Procedures in the Military Health System” (25 Oct 2005):
 - 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.**”
 - 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.”

- Elective cosmetic surgery is **not** a TRICARE covered benefit.
- **However**, DoD Health Affairs Policy 05-020 authorizes elective cosmetic surgery in military treatment facilities (MTFs) to “support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists.”
- Services are provided on a “space available” basis and limited to:
 - TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months.
 - Active duty personnel who have written permission from their unit commander.
- **All patients** are fully responsible for surgical fees, applicable institutional and anesthesia charges, as well as the cost of all implants, cosmetic injectables, and other separately billable items associated with elective cosmetic procedures. Patients may also be responsible for follow up care.



- LOA updated and incorporated into CSE cost report

Date of Estimate: 06/15/2018 11:44:26 AM
 Procedure Location: Provider's Office
 Military Treatment Facility (MTF): CSE Beta Test
 Combined with a Medically Necessary Procedure: No

CPT®/Procedure Code	Description	Bilateral	Qty	Cost
11950	Subcutaneous injection of filling material, 1 cc or less -- with no pharmaceuticals This procedure has a 0 day global period.	N/A	1	\$79.31

Anesthesia Type: Moderate Sedation Anesthesia Cost: \$85.43
 Implants/Supplies: None Implant/Supply Cost: \$0.00
 Combined with a Medically Necessary Procedure Discount: \$0.00
TOTAL COST: \$164.74

1) **Advance Payment Required:** Elective cosmetic procedures are not TRICARE covered benefits. I acknowledge and accept responsibility for all charges associated with the above listed procedure(s) including applicable professional, facility, and anesthesia fees plus the cost of any implants, pharmaceuticals, and other separately billable items provided by the MTF. I agree to pay estimated charges, in full, for all elective cosmetic procedures prior to receiving treatment.

6) **Follow-up Care:** I acknowledge that follow-up care after an elective cosmetic procedure is not guaranteed in an MTF because the care required may exceed the ability of the facility and/or there may not be appointments available when I need to be seen. Additionally, I understand that care for complications resulting from an elective cosmetic procedure is not a TRICARE covered benefit, and I may be financially responsible for such care whether I am treated at an MTF or an outside medical facility. If the complication occurs in the same body system or the same anatomical area of the non-covered treatment and the complication is one that commonly occurs (e.g., repair of facial scarring resulting from dermabrasion for acne), then the corresponding care is not a covered benefit. As stated in 32 CFR 199.4(e)(9) and TRICARE Policy Manual, Chapter 4, Section 1.1, Complications (Unfortunate Sequelae) Resulting from Non-Covered Surgery or Treatment: "Benefits are available for the otherwise covered treatment of complications resulting from a non-covered [elective cosmetic] surgery or treatment only when the complication represents a medical condition separate from the condition that the non-covered treatment or surgery was directed toward, and treatment of the complication is not essentially similar to the non-covered procedure. A complication may be considered a separate medical condition and thus is a covered benefit when it causes a systemic effect, occurs in a different body system from the non-covered treatment, or is an unexpected complication which is untoward based upon prior clinical experience with the procedure."

Providers exclusively determine medical necessity of treatment; only medically necessary procedures are covered for TRICARE beneficiaries.

 PATIENT'S SIGNATURE _____
 WITNESS SIGNATURE

 DATE _____
 DATE

1) Advance Payment Required

Estimated charges must be paid, in full, prior to receiving treatment.

2) Prices Subject to Change

Rates are not guaranteed until estimated charges have been paid in full.

3) Additional Charges May Apply

There may be additional charges for ancillary services, as well as unforeseen, but necessary, procedures undertaken during the procedure.

4) Global Periods

Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges.

5) Refunds

Refunds are processed for procedures not performed.

6) Follow-up Care

Follow-up care is not guaranteed in an MTF and in accordance with TPM Chapter 4, Section 1.1, complications of cosmetic surgery procedures are excluded from coverage.

- The DHA UBO Program Office is responsible for providing current rates for elective cosmetic procedures in the Military Health System (MHS)
- The DHA UBO Cosmetic Surgery Estimator (CSE) calculates charges for elective cosmetic procedures
 - Factors in all potential procedure costs, including professional, facility, anesthesia professional fees, and the cost of implants and pharmaceuticals
- Rates used in the CSE are updated annually and are based on what TRICARE will allow
- Released and effective once approved usually around 1 July



CSE v14 Procedure Additions, Modifications, Deletions & Rate Methodology Update

- Only procedures included in CSE can potentially be performed as elective cosmetic procedures
 - Procedures may be performed as medically necessary if documented as such
 - Medically necessary procedures are not priced in the CSE
- Many procedures added to CSE because of feedback from the field
 - If you have any suggested elective cosmetic procedures, contact the DHA UBO Helpdesk at ubo.helpdesk@altarum.org
 - DHA review and approval necessary



New CSE codes:

- There are no modifications, additions, or deletions of procedures in v14

Professional Fees

+

Facility Fees

+

Anesthesia Fees

+

Cost of Implants & Pharmaceuticals

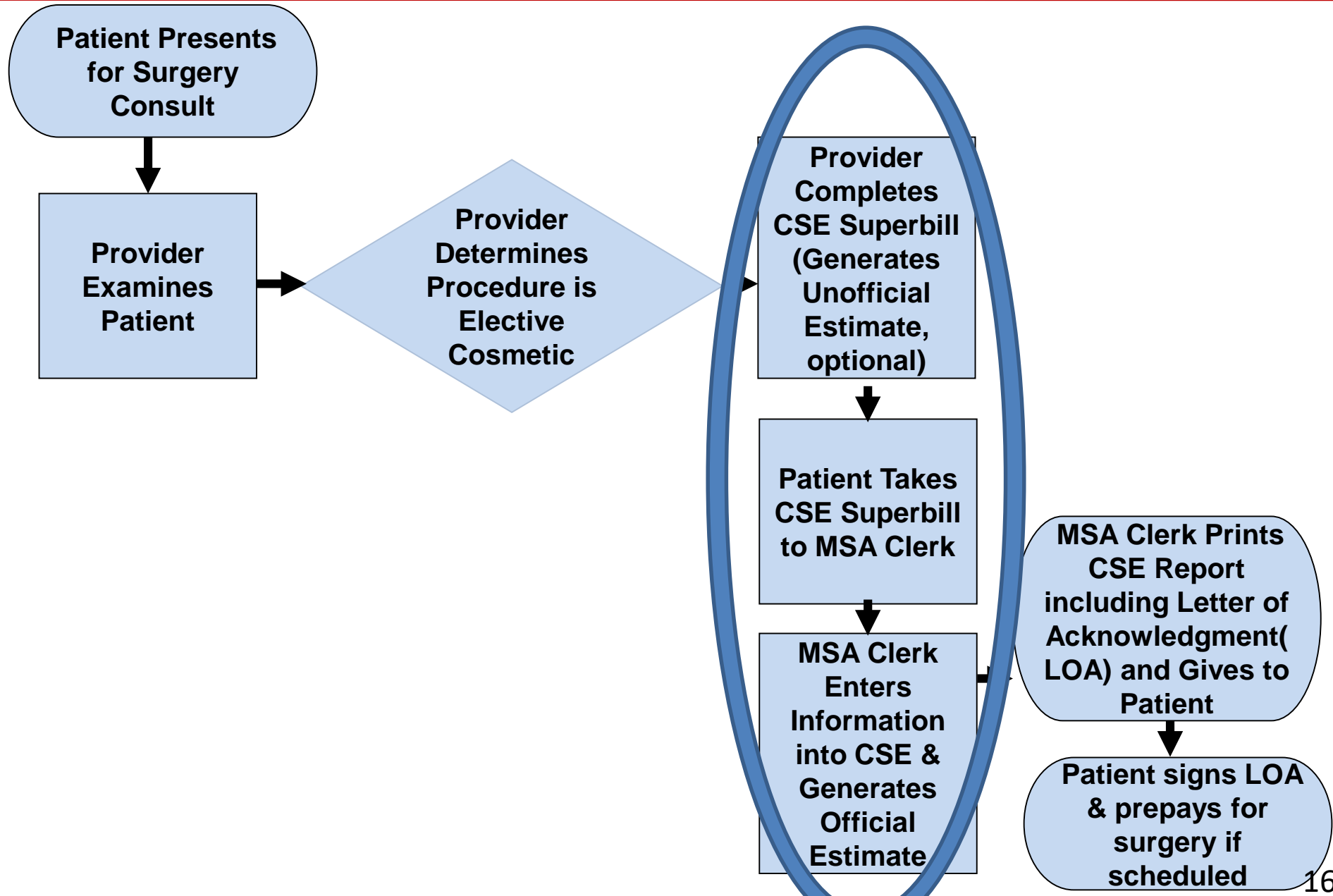
(e.g., Breast Implants, Chin Implants, Botox[®], Restylane[®])

=TOTAL COST

- CSE v14 contains two types of rates for the institutional cost of a procedure performed in an outpatient setting:
 - Ambulatory Payment Classification (APCs)
 - Used for bedded facilities (Hospitals)
 - Ambulatory Surgical Center (ASCs)
 - Used for non-bedded facilities (Clinics)
- The rates used are determined by DMIS ID
- For some procedures, the cost of the device is included in the APC charge
 - This applies to 9 CSE procedures: *19325, 19342, 19357, 17999-Y2189, 17999-5835, 17999-5837, 65760, 65765, and 65767*
 - When generating estimates for these procedures, do not charge for additional devices or implants

- Pharmaceutical prices pre-populated for: Botox[®], Dysport[®], and Xeomin[®]
 - Botox[®] CY18 TRICARE Allowable Price: **\$6.15/unit** (was \$5.94 in CY17)
 - Dysport[®] CY18 TRICARE Allowable Price: **\$1.65/unit** (was 1.59/unit in CY17)
 - Xeomin[®] CY18 TRICARE Allowable Price: **\$5.08/unit** (was \$4.93 in CY17)
- Ability to override the pre-populated prices if the local MTF pharmacy provides a price for the pharmaceutical
- Unit price needs to be populated for fillers/injectables based on MTF's cost
- Field for input of chemodenervation pharmaceutical units to allow for more than 50







Cosmetic Surgery Superbill 2018

INSTRUCTIONS: (1) Fill in top of form. (2) Circle or highlight Procedure Description. (3) Check Bilateral column (optional). (4) Enter the quantity of each procedure (optional).

MTF: Patient Name:

Provider's Name and Phone: Visit Date: / / Surgery Date: / /

ICD-10 Code 1: Z41.1 Encounter for cosmetic surgery ICD-10 Code 2: Anesthesia: Local Block
 Monitored/General Anesthesia Care Topical
 Moderate Sedation None

Location: Provider's Office Operating Room Inpatient Operating Room Outpatient

Will this procedure be combined with a medically necessary procedure? Yes No

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL				RHYTIDECTOMY				CORNEA REFRACTION			
Removal of skin tags, up to 15 lesions	11200			Rhytidectomy, forehead	15824			Keratomileusis	65760		
Removal of skin tags, ea add'l 1-10 lesions	11201 +			Rhytidectomy, neck w/P-Flap tightening	15825			Keratophakia	65765		
LESION REMOVAL				Rhytidectomy, glabellar frown lines	15826			Epikeratoplasty	65767		
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy, cheek, chin, & neck	15828			INJECTIONS			
Trunk, arms or legs				Rhytidectomy, SMAS flap	15829			Intralesional Injection			
≤ 0.5 cm lesion diameter	11300			BREAST / CHEST AUGMENTATION				Intralesional Injection; 7 or less	11900		
0.6 to 1.0 cm lesion diameter	11301			Mastectomy for Gynecomastia (Male)	19300			Intralesional Injection; 8 or more	11901		
1.1 to 2.0 cm lesion diameter	11302			Mastopexy (Breast Lift)	19316			Subcutaneous Injection of Filling Material			
> 2.0 cm lesion diameter	11303			Mammoplasty, reduction	19318			1.0 cc or less	11950		
Scalp, neck, hands, feet, genitalia				Mammoplasty, augmentation w/o implant	19324			1.1 - 5.0 cc	11951		
≤ 0.5 cm lesion diameter	11305			Mammoplasty, augmentation w/implant	19325			5.1 - 10.0 cc	11952		
0.6 to 1.0 cm lesion diameter	11306			Removal of intact mammary implant	19328			More than 10.0 cc	11954		
1.1 to 2.0 cm lesion diameter	11307			Removal of implant material	19330			Soft Tissue Fillers			
> 2.0 cm lesion diameter	11308			Immediate insertion of implant	19340			(Enter a pharmaceutical, price per unit and quantity)			
Face, ears, eyelids, nose, lips, mucous membrane				Delayed insertion of implant	19342			Name	Price	Qty	
≤ 0.5 cm lesion diameter	11310			Nipple / areola reconstruction	19350						
0.6 to 1.0 cm lesion diameter	11311			Correction of inverted nipples	19355						
1.1 to 2.0 cm lesion diameter	11312			Breast reconstr, immed / delayed	19357						
> 2.0 cm lesion diameter	11313			Open periprosthetic capsulotomy, breast	19370			SKIN RESURFACING			
Excision of Benign Lesion (including margins)				Periprosthetic capsulectomy, breast	19371			Dermabrasion			
Trunk, arms or legs				Revision of reconstructed breast	19380			Total face	15780		

INSTRUCTIONS: Circle/highlight Procedure Description; check Bilateral (Bi) column; and enter the Quantity (Qty) of each procedure.



- Users required to input DMIS ID:
 - To download CSE files from ubocse.org
 - To use CSE v14
 - Only users from facilities that have indicated they allow/perform cosmetic procedures can access CSE.
 - Submit requests to DHA UBO for access: ubo.helpdesk@altarum.org



Cosmetic Surgery Estimator



Cosmetic Surgery Estimator v14.0 - Effective July 2018



Health Budgets & Financial Policy

Uniform Business Office
Elective Cosmetic Surgery Estimator

Enter your DMIS ID

DMIS ID:

DMIS Facility Name

OK Cancel

- New in CSE v14: Provider Access to CSE
 - MSA staff provide to providers upon request
 - MSA staff enter DMIS ID, then password supplied by DHA UBO
 - Providers enter “PROV” when prompted for DMIS ID, no password required
 - Estimates generated by Provider clearly marked
 - Official cost estimate must be generated by MSA Office
 - Note: Provider access continues with all subsequent versions



Elective Cosmetic Surgery Cost Estimate

****For Discussion Purposes Only****

Note to the Patient: This estimate was generated by your provider for discussion purposes only. Official cosmetic surgery estimates must be generated by the MSA office. If you would like to schedule a cosmetic procedure, please take the Cosmetic Surgery Superbill supplied by your provider to the MSA office. You must pay in full and provide proof of payment before the clinic can schedule your procedure. Please see below for other important patient information.

Patient Name: TESTING
Date of Estimate 06/15/2018 11:44:26 AM
Procedure Location: Provider's Office
Military Treatment Facility (MTF): CSE Provider Mode
Combined with a Medically Necessary Procedure: No



Cosmetic Surgery Estimator v14.0 - Effective July 2018 (1362x701) - Cosmetic Surgery Estimator

DHA UBO Cosmetic Surgery Estimator v14.0

CPT®/Procedure Glossary

Description

1* Primary CPT®/Procedure:

2* Procedure Location: Provider's Office OR/Outpatient (APV) OR/Inpatient

3* Will this procedure be combined with a medically necessary procedure? Yes No

4 Will this procedure be performed by a dermatology resident? N/A

5 Will this procedure be bilateral? N/A

6 Quantity/Number of Sessions: N/A

7 Add-on Code: N/A

8* Anesthesia: None Topical Local Moderate Sedation General/Monitored

9 What pharmaceuticals will be provided by the MTF: N/A

Professional Fee: \$0.00

Facility Fee: \$0.00

Medically Necessary Discount: \$0.00

Resident Discount: \$0.00

Bilateral Cost: \$0.00

Additional Quantity/Session Cost: \$0.00

Add-on Cost: \$0.00

Anesthesia Fee: \$0.00

Pharmaceutical Cost: \$0.00

Additional Procedure Cost: \$0.00

Implant/Supply Cost: \$0.00

Total Cost: \$0.00

View/Edit Implants and Supplies

Clear Estimate

View/Print Cost Report

Save Cost Report

Exit Estimator

Section 3:

- Edit Estimate Entries
- View, Print, Save a Cost Report



Section 1: Additional Procedure Entry Form

Procedures

Press F1 for Help

CPT®/Procedure Glossary

Code	Description		
1* Additional CPT®/Procedure:		Professional Fee + Facility Fee:	\$0.00
2 Will this procedure be performed by a dermatology resident?	N/A	Resident Discount:	\$0.00
3 Will this procedure be bilateral?	N/A	Bilateral Cost:	\$0.00
4 Quantity/Number of Sessions:	N/A	Additional Qty/Ses Cost:	\$0.00
5* Anesthesia: <input type="radio"/> None <input type="radio"/> Topical <input type="radio"/> Local <input type="radio"/> Moderate Sedation <input type="radio"/> General/Monitored		Anesthesia Fee:	\$0.00
6 Pharmaceuticals provided:	N/A	Pharmaceutical Cost:	\$0.00

Add Procedure

Total Cost: \$0.00

CPT Code	CPT Description	Qty	Pro Fee	Facility Fee	Bilat Fee	Anest. Fee	Pharm	Pharm Fee	Total Cost
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Section 2: List of Additional Procedures Added to the Estimate

Total Additional Procedures Cost: \$0.00

Line 1: Primary Procedure

Code	Description	Professional Fee
1	Primary CPT®/Procedure:	\$0.00
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof	
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 2.0 cm	
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 3.0 cm	
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs	
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs	

Selecting a Primary Procedure

Price estimates for elective cosmetic surgery depend on the procedure(s) chosen. To begin, select a primary procedure from one of the two drop-down menus available on Line 1. You can search for a procedure by:

- CPT®/Procedure Code (listed in numerical order), or
- CPT®/Procedure Description (listed in alphabetical order).

NOTE: The professional fee for an elective cosmetic procedure is based on both the procedure chosen and the location of service. Therefore, the professional fee for the primary procedure will only be populated in the cost column after both the primary procedure (Line 1) and procedure location (Line 2) are selected.

Line 1: Primary Procedure is a required field for all elective cosmetic procedure estimates. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear. You may change your selection(s) at any time prior to generating the estimate.

CSE Superbill: CPT®/Procedure Codes and Descriptions

The DHA Elective Cosmetic Surgery Superbill ("Superbill") is a two page document that lists CPT®/Procedure codes for all elective cosmetic procedures available in the MHS. The Superbill is completed by the provider and used by Medical Services Account (MSA) staff to enter data into the CSE to generate a cost estimate. The Superbill is prepared and distributed by the DHA UBO Program Office with each version of the CSE. Use of alternate Superbills is not authorized. The Superbill contains all required information to generate a complete cost estimate for elective cosmetic procedures.

Procedure Description	Code	B	Q
99M F99.9PAC992			
Debridement			
Total Debr	15700		
Debridement, facial	15701		
Debridement, non-facial	15702		
Superficial, any site (e.g. tattoo removal)	15703		
Abrasion, single lesion	15708		
Abrasion, each add 1-4 lesions	15707*		

Refer to Appendix B for a full view of the DHA UBO Cosmetic Surgery Superbill.

- Guide provides line-by-line “how-to” instructions
- Available as a PDF and as the Help function in the CSE
 - Press F1 in the CSE to access the User Guide
- Includes quick reference tables that summarize various categories of procedures
- Added a list of cost ranks to Appendix of User Guide



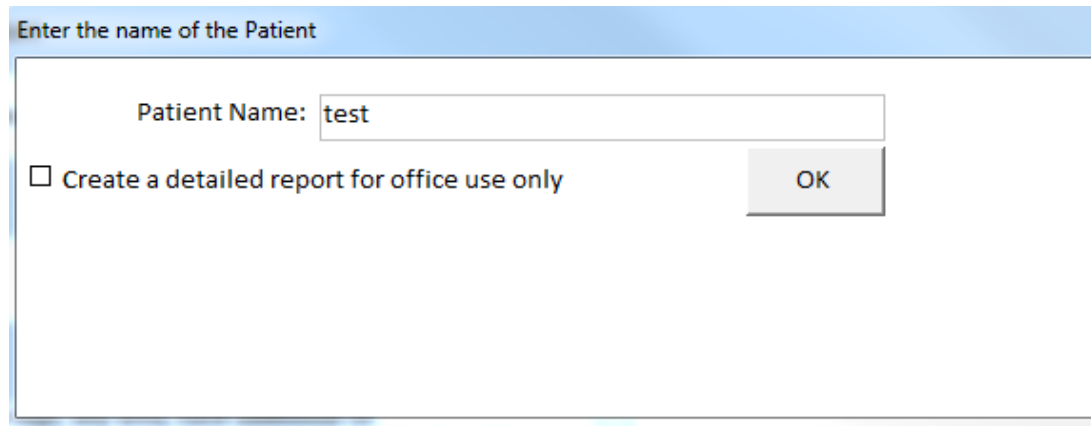


- A patient is having three (3) .3cm trunk lesions removed (CPT® 11300). A patient is also scheduled to have 28 skin tags removed (CPT® 11200 and 11201). The procedures will be performed:

- In Provider's Office setting
- With local anesthesia

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL				RHYTIDECTOMY				INJECTIONS			
Removal of skin tags, up to 15 lesions	11200		1	Rhytidectomy; forehead	15824			Intralesional Injection			
Removal of skin tags, ea addl 1-10 lesions	11201 +		2	Rhytidectomy; neck w/P-Flap tightening	15825			Intralesional Injection; 7 or less	11900		
LESION REMOVAL				Rhytidectomy; glabellar frown lines	15826			Intralesional Injection; 8 or more	11901		
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy; cheek, chin, & neck	15828			Subcutaneous Injection of Filling Material			
Trunk, arms or legs				Rhytidectomy; SMAS flap	15829			1.0 cc or less	11950		
≤ 0.5 cm lesion diameter	11300			BREAST / CHEST AUGMENTATION				1.1 - 5.0 cc	11951		
0.6 to 1.0 cm lesion diameter	11301			Mastectomy for Gynecomastia	19300			5.1 - 10.0 cc	11952		
1.1 to 2.0 cm lesion diameter	11302			Mastopexy (Breast Lift)	19316			More than 10.0 cc	11954		

- Once the estimate is generated, print a cost estimate and internal detail report



Enter the name of the Patient

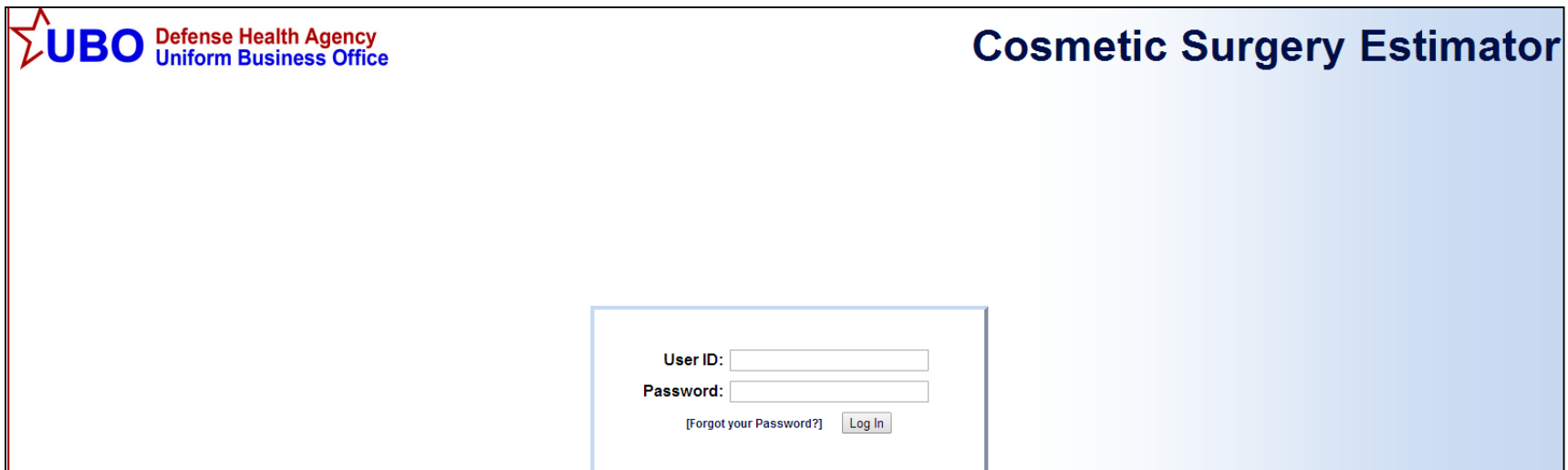
Patient Name:

Create a detailed report for office use only

OK



- The CSE v14 application and all associated materials will be available for download from the DHA UBO CSE Web site at:
<https://www.ubocse.org>
- Files will be password protected for controlled access
- User ID and password will be distributed to UBO Service and NCR MD Program Managers who will disseminate information to MTF staff



The screenshot shows the login interface for the Cosmetic Surgery Estimator. In the top left corner, there is the UBO logo (a red star with 'UBO' in blue) and the text 'Defense Health Agency Uniform Business Office'. In the top right corner, the title 'Cosmetic Surgery Estimator' is displayed in a large, dark blue font. The main content area is a light blue gradient. At the bottom center, there is a white login box containing the following elements: 'User ID:' followed by a text input field, 'Password:' followed by a text input field, a link '[Forgot your Password?]', and a 'Log In' button.

- Items included in CSE v14 package:
 - CSE v14 Access database
 - CSE v14 User Guide
 - CSE v14 Superbill
 - CSE v14 Provider's Guide to the Superbill
 - CSE v14 Glossary
 - CSE v14 Patient Guide

- Updated “Elective Cosmetic Procedures” section of UBO User Guide
 - Revised April 2018
- Available at UBO Web site: <https://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Policy-and-Guidance>
- 2017 version of the Defense Health Agency Procedures Manual is the most current version
 - Upcoming Manual updates do not change cosmetic surgery policy
 - Still reiterates and reinforces requirements in the 2005 HA Policy 05-020 memorandum

- Code Additions, Modifications, Deletions
- CSE v14 Rates
- Letter of Acknowledgment
- Provider Version
- APC and ASC Guidance Reminder
- CSE v14 Distribution and Effective Date



Questions?



Access Questions

1. My CSE Login/Password is not working, how do I obtain a new one?
2. I keep getting an error message when I try to open the CSE, what do I do?
3. How do I obtain access to the CSE for my MTF?

Patient Questions

4. Patient has complication from cosmetic surgery procedure performed in our facility and requests treatment of these areas. Pay vs not?

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

- **Live broadcast webinar (post-test not required)**
 - Login prior to the broadcast with your: 1) full name; 2) Service affiliation; and 3) e-mail address
 - View the entire broadcast
 - After completion of both of the live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be sent via e-mail to participants who logged in or e-mailed as required. This may take several business days.

- **Archived webinar (post-test required)**
 - View the entire archived webinar (free and available on demand at <https://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars>)
 - Complete a post-test available *within* the archived webinar
 - E-mail answers to UBO.LearningCenter@federaladvisory.com
 - If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number

- The original Certificate of Approval may not be altered except to add the participant's name and webinar date or the date the archived Webinar was viewed. Certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC

- For additional information or questions regarding AAPC CEUs, please contact the AAPC.

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