



Provider's Guide to the Elective Cosmetic Surgery Superbill

Standard Cosmetic Surgery Process

Step 1: Consultation

The patient will contact you to schedule a consultation. At the consultation, determine if the procedure is medically necessary or elective cosmetic. If the surgery is determined elective cosmetic, complete and provide the patient with a Cosmetic Surgery Superbill 2013.

Step 2: Procedure Estimate and Payment

The patient presents the completed Cosmetic Surgery Superbill to the MSA office. The MSA clerk enters the information from the completed Superbill into the Cosmetic Surgery Estimator and generates an estimated bill of the total cost of the procedure(s) for the patient. If the patient chooses to undergo the procedure(s), they must pay for all services, in full, prior to scheduling the procedure(s). In addition to paying for the procedure(s), the patient is required to sign a letter of acknowledgment before the surgery can be scheduled and performed. In the letter of acknowledgment, the patient agrees to pay for any additional fees for services rendered. Upon receipt of the signed letter of acknowledgment, the MSA clerk can notify you that payment has been received.

Step 3: Schedule and Undergo Procedure

The patient presents the receipt provided at the MSA office to the Surgery Clinic. The procedure is scheduled and performed as scheduled.

Step 4: Post-Procedure

After the procedure is completed, the MSA clerk reviews the documentation of the event to ensure that paid procedures were performed and to determine whether additional or alternate procedures were performed. The patient is responsible for any additional fees incurred. If no additional procedures, services, or supplies were performed or used, no additional bill will be generated.



Provider's Guide to the Elective Cosmetic Surgery Superbill

The TMA Elective Cosmetic Surgery Superbill lists CPT®/Procedure codes for all elective cosmetic procedures available in the MHS. The Superbill is completed by you, the provider, and used by MSA staff to enter data into the Cosmetic Surgery Estimator (CSE) to generate a cost estimate. The Superbill is prepared and distributed by the TMA UBO Program Office. Use of alternate Superbills is not authorized.

Your MTF's UBO office will provide you with a supply of new Elective Cosmetic Surgery Superbills to be used in accordance with the CSE v9 (Effective date July 1, 2013).

Elective Cosmetic Surgery Superbill 2013

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

Cosmetic Surgery Superbill 2013 Page 1 of 2

Provider's Name and Phone: _____ Patient Name: _____
 Address: _____ Visit Date: / / Surgery Date: / /
 Location: Provider's Office Operating Room Inpatient Local Block
 Operating Room Outpatient Monitored General Anesthesia Care Topical
 Moderate Sedation None

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

Procedure Description	Code	Bl	Qy	Procedure Description	Code	Bl	Qy
SKIN TAG REMOVAL				HAIR REMOVAL			
Removal of skin tags, up to 15 lesions	11200			Electrolysis, forehead	11900		
Removal of skin tags, ea add 150 lesions	11201			Electrolysis, neck w/Flap lightning	11902		
				Electrolysis, glabella between brows	11905		
LESION REMOVAL				Electrolysis, cheek, chin, & neck	11908		
Shaving of Epidermal or Dermal Lesions (single lesion)	11300			Electrolysis, 360-degree face	11909		
0.5 cm lesion diameter	11301			EXCESS SKIN & SUBCUTANEOUS TISSUE			
0.6 to 1.0 cm lesion diameter	11302			Excision of redundant skin	11700		
1.1 to 2.0 cm lesion diameter	11303			Excision of redundant skin w/Flap lightning	11701		
> 2.0 cm lesion diameter	11304			Excision of redundant skin w/Flap lightning	11702		
Scalp, neck, hands, feet, genitalia	11305			Excision of redundant skin w/Flap lightning	11703		
0.5 cm lesion diameter	11306			Excision of redundant skin w/Flap lightning	11704		
0.6 to 1.0 cm lesion diameter	11307			Excision of redundant skin w/Flap lightning	11705		
1.1 to 2.0 cm lesion diameter	11308			Excision of redundant skin w/Flap lightning	11706		
> 2.0 cm lesion diameter	11309			Excision of redundant skin w/Flap lightning	11707		
Scalp, neck, hands, feet, genitalia	11310			Excision of redundant skin w/Flap lightning	11708		
0.5 cm lesion diameter	11311			Excision of redundant skin w/Flap lightning	11709		
0.6 to 1.0 cm lesion diameter	11312			Excision of redundant skin w/Flap lightning	11710		
1.1 to 2.0 cm lesion diameter	11313			Excision of redundant skin w/Flap lightning	11711		
> 2.0 cm lesion diameter	11314			Excision of redundant skin w/Flap lightning	11712		
Scalp, neck, hands, feet, genitalia	11315			Excision of redundant skin w/Flap lightning	11713		
0.5 cm lesion diameter	11316			Excision of redundant skin w/Flap lightning	11714		
0.6 to 1.0 cm lesion diameter	11317			Excision of redundant skin w/Flap lightning	11715		
1.1 to 2.0 cm lesion diameter	11318			Excision of redundant skin w/Flap lightning	11716		
> 2.0 cm lesion diameter	11319			Excision of redundant skin w/Flap lightning	11717		
Scalp, neck, hands, feet, genitalia	11320			Excision of redundant skin w/Flap lightning	11718		
0.5 cm lesion diameter	11321			Excision of redundant skin w/Flap lightning	11719		
0.6 to 1.0 cm lesion diameter	11322			Excision of redundant skin w/Flap lightning	11720		
1.1 to 2.0 cm lesion diameter	11323			Excision of redundant skin w/Flap lightning	11721		
> 2.0 cm lesion diameter	11324			Excision of redundant skin w/Flap lightning	11722		
Scalp, neck, hands, feet, genitalia	11325			Excision of redundant skin w/Flap lightning	11723		
0.5 cm lesion diameter	11326			Excision of redundant skin w/Flap lightning	11724		
0.6 to 1.0 cm lesion diameter	11327			Excision of redundant skin w/Flap lightning	11725		
1.1 to 2.0 cm lesion diameter	11328			Excision of redundant skin w/Flap lightning	11726		
> 2.0 cm lesion diameter	11329			Excision of redundant skin w/Flap lightning	11727		
Scalp, neck, hands, feet, genitalia	11330			Excision of redundant skin w/Flap lightning	11728		
0.5 cm lesion diameter	11331			Excision of redundant skin w/Flap lightning	11729		
0.6 to 1.0 cm lesion diameter	11332			Excision of redundant skin w/Flap lightning	11730		
1.1 to 2.0 cm lesion diameter	11333			Excision of redundant skin w/Flap lightning	11731		
> 2.0 cm lesion diameter	11334			Excision of redundant skin w/Flap lightning	11732		
Scalp, neck, hands, feet, genitalia	11335			Excision of redundant skin w/Flap lightning	11733		
0.5 cm lesion diameter	11336			Excision of redundant skin w/Flap lightning	11734		
0.6 to 1.0 cm lesion diameter	11337			Excision of redundant skin w/Flap lightning	11735		
1.1 to 2.0 cm lesion diameter	11338			Excision of redundant skin w/Flap lightning	11736		
> 2.0 cm lesion diameter	11339			Excision of redundant skin w/Flap lightning	11737		
Scalp, neck, hands, feet, genitalia	11340			Excision of redundant skin w/Flap lightning	11738		
0.5 cm lesion diameter	11341			Excision of redundant skin w/Flap lightning	11739		
0.6 to 1.0 cm lesion diameter	11342			Excision of redundant skin w/Flap lightning	11740		
1.1 to 2.0 cm lesion diameter	11343			Excision of redundant skin w/Flap lightning	11741		
> 2.0 cm lesion diameter	11344			Excision of redundant skin w/Flap lightning	11742		
Scalp, neck, hands, feet, genitalia	11345			Excision of redundant skin w/Flap lightning	11743		
0.5 cm lesion diameter	11346			Excision of redundant skin w/Flap lightning	11744		
0.6 to 1.0 cm lesion diameter	11347			Excision of redundant skin w/Flap lightning	11745		
1.1 to 2.0 cm lesion diameter	11348			Excision of redundant skin w/Flap lightning	11746		
> 2.0 cm lesion diameter	11349			Excision of redundant skin w/Flap lightning	11747		
Scalp, neck, hands, feet, genitalia	11350			Excision of redundant skin w/Flap lightning	11748		
0.5 cm lesion diameter	11351			Excision of redundant skin w/Flap lightning	11749		
0.6 to 1.0 cm lesion diameter	11352			Excision of redundant skin w/Flap lightning	11750		
1.1 to 2.0 cm lesion diameter	11353			Excision of redundant skin w/Flap lightning	11751		
> 2.0 cm lesion diameter	11354			Excision of redundant skin w/Flap lightning	11752		
Scalp, neck, hands, feet, genitalia	11355			Excision of redundant skin w/Flap lightning	11753		
0.5 cm lesion diameter	11356			Excision of redundant skin w/Flap lightning	11754		
0.6 to 1.0 cm lesion diameter	11357			Excision of redundant skin w/Flap lightning	11755		
1.1 to 2.0 cm lesion diameter	11358			Excision of redundant skin w/Flap lightning	11756		
> 2.0 cm lesion diameter	11359			Excision of redundant skin w/Flap lightning	11757		
Scalp, neck, hands, feet, genitalia	11360			Excision of redundant skin w/Flap lightning	11758		
0.5 cm lesion diameter	11361			Excision of redundant skin w/Flap lightning	11759		
0.6 to 1.0 cm lesion diameter	11362			Excision of redundant skin w/Flap lightning	11760		
1.1 to 2.0 cm lesion diameter	11363			Excision of redundant skin w/Flap lightning	11761		
> 2.0 cm lesion diameter	11364			Excision of redundant skin w/Flap lightning	11762		
Scalp, neck, hands, feet, genitalia	11365			Excision of redundant skin w/Flap lightning	11763		
0.5 cm lesion diameter	11366			Excision of redundant skin w/Flap lightning	11764		
0.6 to 1.0 cm lesion diameter	11367			Excision of redundant skin w/Flap lightning	11765		
1.1 to 2.0 cm lesion diameter	11368			Excision of redundant skin w/Flap lightning	11766		
> 2.0 cm lesion diameter	11369			Excision of redundant skin w/Flap lightning	11767		
Scalp, neck, hands, feet, genitalia	11370			Excision of redundant skin w/Flap lightning	11768		
0.5 cm lesion diameter	11371			Excision of redundant skin w/Flap lightning	11769		
0.6 to 1.0 cm lesion diameter	11372			Excision of redundant skin w/Flap lightning	11770		
1.1 to 2.0 cm lesion diameter	11373			Excision of redundant skin w/Flap lightning	11771		
> 2.0 cm lesion diameter	11374			Excision of redundant skin w/Flap lightning	11772		
Scalp, neck, hands, feet, genitalia	11375			Excision of redundant skin w/Flap lightning	11773		
0.5 cm lesion diameter	11376			Excision of redundant skin w/Flap lightning	11774		
0.6 to 1.0 cm lesion diameter	11377			Excision of redundant skin w/Flap lightning	11775		
1.1 to 2.0 cm lesion diameter	11378			Excision of redundant skin w/Flap lightning	11776		
> 2.0 cm lesion diameter	11379			Excision of redundant skin w/Flap lightning	11777		
Scalp, neck, hands, feet, genitalia	11380			Excision of redundant skin w/Flap lightning	11778		
0.5 cm lesion diameter	11381			Excision of redundant skin w/Flap lightning	11779		
0.6 to 1.0 cm lesion diameter	11382			Excision of redundant skin w/Flap lightning	11780		
1.1 to 2.0 cm lesion diameter	11383			Excision of redundant skin w/Flap lightning	11781		
> 2.0 cm lesion diameter	11384			Excision of redundant skin w/Flap lightning	11782		
Scalp, neck, hands, feet, genitalia	11385			Excision of redundant skin w/Flap lightning	11783		
0.5 cm lesion diameter	11386			Excision of redundant skin w/Flap lightning	11784		
0.6 to 1.0 cm lesion diameter	11387			Excision of redundant skin w/Flap lightning	11785		
1.1 to 2.0 cm lesion diameter	11388			Excision of redundant skin w/Flap lightning	11786		
> 2.0 cm lesion diameter	11389			Excision of redundant skin w/Flap lightning	11787		
Scalp, neck, hands, feet, genitalia	11390			Excision of redundant skin w/Flap lightning	11788		
0.5 cm lesion diameter	11391			Excision of redundant skin w/Flap lightning	11789		
0.6 to 1.0 cm lesion diameter	11392			Excision of redundant skin w/Flap lightning	11790		
1.1 to 2.0 cm lesion diameter	11393			Excision of redundant skin w/Flap lightning	11791		
> 2.0 cm lesion diameter	11394			Excision of redundant skin w/Flap lightning	11792		
Scalp, neck, hands, feet, genitalia	11395			Excision of redundant skin w/Flap lightning	11793		
0.5 cm lesion diameter	11396			Excision of redundant skin w/Flap lightning	11794		
0.6 to 1.0 cm lesion diameter	11397			Excision of redundant skin w/Flap lightning	11795		
1.1 to 2.0 cm lesion diameter	11398			Excision of redundant skin w/Flap lightning	11796		
> 2.0 cm lesion diameter	11399			Excision of redundant skin w/Flap lightning	11797		
Scalp, neck, hands, feet, genitalia	11400			Excision of redundant skin w/Flap lightning	11798		
0.5 cm lesion diameter	11401			Excision of redundant skin w/Flap lightning	11799		
0.6 to 1.0 cm lesion diameter	11402			Excision of redundant skin w/Flap lightning	11800		
1.1 to 2.0 cm lesion diameter	11403			Excision of redundant skin w/Flap lightning	11801		
> 2.0 cm lesion diameter	11404			Excision of redundant skin w/Flap lightning	11802		
Scalp, neck, hands, feet, genitalia	11405			Excision of redundant skin w/Flap lightning	11803		
0.5 cm lesion diameter	11406			Excision of redundant skin w/Flap lightning	11804		
0.6 to 1.0 cm lesion diameter	11407			Excision of redundant skin w/Flap lightning	11805		
1.1 to 2.0 cm lesion diameter	11408			Excision of redundant skin w/Flap lightning	11806		
> 2.0 cm lesion diameter	11409			Excision of redundant skin w/Flap lightning	11807		
Scalp, neck, hands, feet, genitalia	11410			Excision of redundant skin w/Flap lightning	11808		
0.5 cm lesion diameter	11411			Excision of redundant skin w/Flap lightning	11809		
0.6 to 1.0 cm lesion diameter	11412			Excision of redundant skin w/Flap lightning	11810		
1.1 to 2.0 cm lesion diameter	11413			Excision of redundant skin w/Flap lightning	11811		
> 2.0 cm lesion diameter	11414			Excision of redundant skin w/Flap lightning	11812		
Scalp, neck, hands, feet, genitalia	11415			Excision of redundant skin w/Flap lightning	11813		
0.5 cm lesion diameter	11416			Excision of redundant skin w/Flap lightning	11814		
0.6 to 1.0 cm lesion diameter	11417			Excision of redundant skin w/Flap lightning	11815		
1.1 to 2.0 cm lesion diameter	11418			Excision of redundant skin w/Flap lightning	11816		
> 2.0 cm lesion diameter	11419			Excision of redundant skin w/Flap lightning	11817		
Scalp, neck, hands, feet, genitalia	11420			Excision of redundant skin w/Flap lightning	11818		
0.5 cm lesion diameter	11421			Excision of redundant skin w/Flap lightning	11819		
0.6 to 1.0 cm lesion diameter	11422			Excision of redundant skin w/Flap lightning	11820		
1.1 to 2.0 cm lesion diameter	11423			Excision of redundant skin w/Flap lightning	11821		
> 2.0 cm lesion diameter	11424			Excision of redundant skin w/Flap lightning	11822		
Scalp, neck, hands, feet, genitalia	11425			Excision of redundant skin w/Flap lightning	11823		
0.5 cm lesion diameter	11426			Excision of redundant skin w/Flap lightning	11824		
0.6 to 1.0 cm lesion diameter	11427			Excision of redundant skin w/Flap lightning	11825		
1.1 to 2.0 cm lesion diameter	11428			Excision of redundant skin w/Flap lightning	11826		
> 2.0 cm lesion diameter	11429			Excision of redundant skin w/Flap lightning	11827		
Scalp, neck, hands, feet, genitalia	11430			Excision of redundant skin w/Flap lightning	11828		
0.5 cm lesion diameter	11431			Excision of redundant skin w/Flap lightning	11829		
0.6 to 1.0 cm lesion diameter	11432			Excision of redundant skin w/Flap lightning	11830		
1.1 to 2.0 cm lesion diameter	11433			Excision of redundant skin w/Flap lightning	11831		
> 2.0 cm lesion diameter	11434			Excision of redundant skin w/Flap lightning	11832		
Scalp, neck, hands, feet, genitalia	11435			Excision of redundant skin w/Flap lightning	11833		
0.5 cm lesion diameter	11436			Excision of redundant skin w/Flap lightning	11834		
0.6 to 1.0 cm lesion diameter	11437			Excision of redundant skin w/Flap lightning	11835		
1.1 to 2.0 cm lesion diameter	11438			Excision of redundant skin w/Flap lightning	11836		
> 2.0 cm lesion diameter	11439			Excision of redundant skin w/Flap lightning			



Provider's Guide to the Elective Cosmetic Surgery Superbill

Cosmetic Surgery Superbill Header

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).

Cosmetic Surgery Superbill 2013

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MTF: 1		Patient Name: 6	
Provider's Name and Phone: 2		Visit Date: / / 7	Surgery Date: / /
ICD-9 Code 1: 3	ICD-9 Code 2: 4	Anesthesia: 8	
<input type="checkbox"/> Provider's Office <input type="checkbox"/> Operating Room Inpatient <input type="checkbox"/> Operating Room Outpatient	5	<input type="checkbox"/> Local Block <input type="checkbox"/> Monitored/General Anesthesia Care <input type="checkbox"/> Topical <input type="checkbox"/> Moderate Sedation <input type="checkbox"/> None	
9 Will this procedure be combined with a medically necessary procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

- MTF:** Print the name of the MTF where the elective cosmetic surgery procedure(s) selected will be performed.
- Provider's Name and Phone:** Print your full name and office phone number.
- ICD -9-CM Code 1:** For all elective cosmetic procedures, the first listed diagnosis code must be from the V50.X series. For example:
 - V50.0 Hair transplant
 - V50.1 Other plastic surgery for unacceptable cosmetic appearance
 - V50.3 Ear piercing
 - V50.8 Other
- ICD-9-CM Code 2:** Enter a second ICD-9-CM code when applicable.
- Location:** Select one of the following procedure locations:
 - Provider's Office
 - Operating Room—Inpatient
 - Operating Room—Outpatient
- Patient Name:** Print the patient's full name.
- Visit Information:** Enter the elective cosmetic surgery consultation visit date and surgery date, if known.
 - Enter dates using the format: MM/DD/YYYY.
 - Consultation visit and surgery dates are used by the MSA clerk for post-procedure verification. Surgery cannot be performed without prior payment.
- Anesthesia:** Select one of the following anesthesia options:
 - Topical
 - Local
 - Moderate Sedation
 - General/Monitored Anesthesia Care
 - None
- Combined with Medically Necessary Procedure:** Indicate here whether or not the elective cosmetic procedure(s) selected will be performed during the same surgical encounter as a medically necessary procedure.



Provider's Guide to the Elective Cosmetic Surgery Superbill

Superbill Columns

Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL			
Removal of skin tags, up to 15 lesions	11200		
Removal of skin tags, ea addl 1-10 lesions	11201 +		
LESION REMOVAL			
Shaving of Epidermal or Dermal Lesions (single lesion)			
Trunk, arms or legs			
≤ 0.5 cm lesion diameter	11300		
0.6 to 1.0 cm lesion diameter	11301		
1.1 to 2.0 cm lesion diameter	11302		
> 2.0 cm lesion diameter	11303		

10. **Procedure Description:** Abbreviated procedure descriptions based on official American Medical Association (AMA) CPT® descriptions are provided on the Superbill. Your MTF's UBO can provide you with a copy of the Cosmetic Surgery Estimator (CSE) v9.0 Glossary- July 2013 for more detailed procedure descriptions.
11. **Code:** Where applicable, AMA CPT® codes are used to refer to elective cosmetic procedures.
 - However, some elective cosmetic procedures do not have an official CPT® code assigned to them. To generate pricing for these procedures, TMA UBO Y-codes are used to identify these procedures in the CSE.
 - TMA UBO Y-codes use the format: 17999-YXXXX.
12. **Bilateral:** Specify, where applicable, whether or not a procedure will be performed bilaterally.
 - = White boxes indicate procedures that are available for bilateral pricing. Enter an "X" or "✓" in the box provided to indicate a bilateral procedure.
 - = Grey boxes indicate that the bilateral option is not available. If multiple quantities are required, enter the number of procedures required in the "Qty" column.
13. **Quantity:** Specify, where applicable, the quantity or number of sessions required for each procedure.
 - = White boxes indicate procedures that can be priced in multiple quantities or generally require more than 1 session for optimal results. Enter the appropriate quantity or number of sessions in the box provided.
 - = Grey boxes indicate procedures that are generally performed with a quantity of 1 and do not require multiple sessions.



Provider's Guide to the Elective Cosmetic Surgery Superbill

Instructions for Specific Procedures

Injections of Chemodervation Agents

- Special pricing is available when a chemodervation procedure is performed by a Dermatology resident physician. Indicate here whether or not the chemodervation procedure selected will be performed by a Dermatology resident.
- Chemodervation procedures require billing for the professional service as well as the pharmaceutical used. In addition to selecting the code for procedure to be performed, please select the pharmaceutical that will be used and enter the number of units required in the "Qty" column. MSA staff will obtain the price per unit from the pharmacy and enter it into the CSE to generate a price estimate. Botox® is priced at \$5.36/unit and the price is prepopulated in the Superbill.
- If a pharmaceutical other than Botox® or Dysport® is used, select "Other" and write in the name of the pharmaceutical that will be used. This information will be included on the cost estimate report provided to the patient.

CHEMODENERVATION			
Performed by a Dermatology Resident?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Chemodervation; facial	64612		
Chemodervation; neck	64613		
Chemodervation; extremity or trunk	64614		
Chemodervation; both axillae	64650		
Chemodervation; eccrine glands other areas, per day	64653		
(Select a pharmaceutical; enter price per unit and qty below)			
		Price	Qty
Botox®		\$5.36	
Dysport®		\$0.99	
Xeomin®		\$3.03	
Other			

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Subcutaneous Injections of Filling Material

- Subcutaneous injection procedures require billing for the professional service, as well as the pharmaceutical used. Please write the pharmaceutical that will be used and enter the number of units required in the "Qty" column. MSA staff will obtain the price per unit from the pharmacy and enter it into the CSE to generate a price estimate.

Procedure Description	Code	Bi	Qty
INJECTIONS			
Intralesional Injection			
Intralesional Injection; 7 or less	11900		
Intralesional Injection; 8 or more	11901		
Subcutaneous Injection of Filling Material			
1.0 cc or less	11950		
1.1 - 5.0 cc	11951		
5.1 - 10.0 cc	11952		
More than 10.0 cc	11954		
Soft Tissue Fillers			
(Enter a pharmaceutical, price per unit and quantity)			
Name		Price	Qty

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Hair Transplants

- Micro/mini hair grafts (procedure code 17999-Y5775) are priced in blocks of 500 hairs. Enter the quantity based on blocks of 500 hairs.
- For example:
 - 501 hairs would be entered as a quantity of 2
 - 1,001 hairs would be entered as a quantity of 3.

Procedure Description	Code	Bi	Qty
HAIR TRANSPLANT			
Punch transplant; 1-15 hair grafts	15775		
More than 15 punch hair grafts	15776		
Micro / mini grafts; 1-500 hairs	17999-Y5775		

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Biologic Implants

- 15777 (implantation of biologic implant) was a new CPT® code introduced for 2012. 15777 is an add-on code that may be used with any of the skin substitute graft procedures and/or the 14 breast procedures listed below:

Procedure Description	Code	Bi	Qty
BREAST / CHEST AUGMENTATION			
Mastopexy (Breast Lift)	19316		
Mammoplasty; reduction	19318		
Mammoplasty; augmentation w/o implant	19324		
Mammoplasty; augmentation w/implant	19325		
Removal of intact mammary implant	19328		
Removal of implant material	19330		
Immediate insertion of implant	19340		
Delayed insertion of implant	19342		
Nipple / areola reconstruction	19350		
Correction of inverted nipples	19355		
Breast reconstr; immed / delayed	19357		
Open periprosthetic capsulotomy; breast	19370		
Periprosthetic capsulectomy; breast	19371		
Revision of reconstructed breast	19380		
BIOLOGIC IMPLANT (May be used w/any of the above breast procedures)			
Implantation of biologic implant	15777 +		

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Procedure Description	Code	Bi	Qty
SKIN SUBSTITUTE GRAFT			
Trunk, arms, legs			
Wound area ≤ 100 sq cm; first 25 sq cm	15271		
Wound area ≤ 100 sq cm; ea add'l 25 sq cm	15272 +		
Wound area ≥ 100 sq cm; first 100 sq cm	15273		
Wound area ≥ 100 sq cm; ea add'l 100 sq cm	15274 +		
Face, scalp, eyelids, mouth, neck, ears, genitalia, hands, feet			
Wound area ≤ 100 sq cm; first 25 sq cm	15275		
Wound area ≤ 100 sq cm; ea add'l 25 sq cm	15276 +		
Wound area ≥ 100 sq cm; first 100 sq cm	15277		
Wound area ≥ 100 sq cm; ea add'l 100 sq cm	15278 +		
BIOLOGIC IMPLANT			
(May be used w/ any of the above skin graft procedures)			
Implantation of biologic implant	15777 +		

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Pharmaceutical or Implant/Supply Only

- Please complete this section of the Superbill when a cost estimate for pharmaceuticals, implants, or supplies is required without a corresponding procedure.
- Enter the name and quantity of the item needed in space provided. MSA staff will obtain the price per unit and enter it into the CSE to generate a price estimate.

PHARMACEUTICAL ONLY		Price	Qty
Name:	J9999		
IMPLANT/SUPPLY ONLY		Price	Qty
Name:	C9999		

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Additional Information

Global Periods

Cosmetic surgery global periods refer to the time frame immediately following surgery during which routine post operative follow-up care (e.g., replacing stitches or treating infected wounds) is provided without additional charge to the patient. Professional services related to the original procedure should not be re-coded during the global period. Instead, CPT® code 99024 is used for a post operative visit to indicate that an evaluation and management service was performed related to the original procedure. CPT® code 99024 does not generate professional or facility fees for the patient. However, all additional implants, pharmaceuticals, and separately billable supplies utilized during the global period must be billed to the patient at the full reimbursement rate.

Most cosmetic surgeries have a global period of 0, 10, 30, or 90 days. Ninety day global periods are assigned to major surgeries and 10 day global periods are assigned to minor surgeries. Procedures that have a global period of 0 days are not subject to the global period packaging and applicable rates would apply to the procedure for every date of service performed. Laser tattoo removal procedures (17999-Y0030-Y0033) have global periods of 30 days.

Post-operative global periods start the first day following surgery. All post-operative care/services provided are included in the global package if they do not require additional trips to the operating room.

Note: This rule does not apply if the visit is for a problem unrelated to the diagnosis for which the surgery was performed or is for an added course of treatment other than the normal recovery from surgery.

-TRICARE Reimbursement Manual 6010.58-M, Chapter 1, Section 16

Example:

Most chemodenervation procedures have a 10-day global period. There should be no additional professional fee for “touch-ups” performed during this period. However, there is a charge for any additional pharmaceutical used. The Cosmetic Surgery Superbill should be completed to indicate the additional units of pharmaceutical required and MSA staff will generate a cost estimate report for the patient.

Complications from Surgery

Benefits are available for the otherwise covered treatment of complications resulting from a non-covered 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 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.

Exclusions:

1. The complication occurs in the same body system or the same anatomical area of the non-covered treatment; and
2. The complication is one that commonly occurs.

An example of a complication that commonly occurs is one that occurs often enough that it is ordinarily disclosed during the process of informed consent.

-TRICARE Policy Manual 6010.57-M, Chapter 4, Section 1.1