

The DHA 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 DHA 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 v10 (Effective date July 1, 2014).

2014 Elective Cosmetic Surgery Superbill

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ITF:				Patient Nar	ne:			1	rocedure Description	Code	B: 100	Procedure Description	Code	I av I o	ty Procedure Description	Code
rovider's Name and Phone:	77.			Visit Date:	1	/ Surgery Date:	1 1		ACIAL RECONSTRUCTION/REVISION/AUGMENTATIO	W	DI QU	FACIAL RECONSTRUCTION/REVISION (co		01 9	WOUND REPAIR	Code
:D-9 Code 1:	ICD-9 Co	de 2:		Anesthesia			☐ Local	Block	lenioplasty			Other Facial Reconstruction or Revision			Scalp, neck, axillae, external genitalia, tru	ink, and for
ocation: Provider's Office	☐ Ope	rating Roo	om Inpatient	☐ Moni	ored/Gene	eral Anesthesia Care	☐ Topica	al	lenioplasty; augmentation	21120	E 100	A DESCRIPTION OF THE PROPERTY	21263	- 8	Simple, 2.5 cm or leas	12001
			om Outpatient	☐ Mode			☐ None		enioplasty, skiding osteotomy, single lenioplasty, skiding osteotomies, 2 or more	21121		Orbinspositions extra/intractorial approach	21257		Simple, 26 cm to 7.5 cm Simple, 7.6 cm to 12.5 cm	12002
			be combined with a medically neces	sary procedu	re?	Yes No	27.	10-0	serrography, swaing assessomen, 2 or more Seriopisely, sliding supmerfishing with one grafts	21122		Malar augmentation, whoresthetic material	21200	1 1	Simple 12.6 cm to 12.0 cm	12004
ocedure Description	Code		Procedure Description	Code	Bi (Ity Procedure Description CORNEA REFRACTION	Code	Bi Qty	fandibular Augmentation	OPER SER	No.	Secondary revision, orbifocrariofacial record	21275		Simple, 20.1 cm to 30.0 cm	12006
movel of skin tags, up to 15 lesions	11200		RHYTIDECTOMY Rhytidectomy, furehead	15824		CORNEA REFRACTION	65760		ugmentation, mandibular body	21125	85 =	Medial carthopexy	21290	- 8	Simple, over 30.0 cm	12007
moval of skin tags, ea addl 1-10 lesions	11201+		Rhytidectomy, neck wP-Flap tightening	15825		Keratophakia	65765		ugmentation, mandibular body or angle wibone graft	21127		Other Facial	Tourse.		Face, ears, eyelids, nose, lips, and for mu	12011
SION REMOVAL			Rhytidectomy, glabellar frown lines	15826		Epikeratoplasty	65767		leconst, mandbular rami w/o bone graft leconst, mandbular rami w/bone graft	21193		Canthopexy; lateral Reduct masseter musc/bne extraoral	21282	1 1	Simple, 25 cm or less Simple, 26 cm to 5.0 cm	12011
aving of Epidermal or Dermal Lesions (single lesions) ink, arms or legs	on)		Rhytidectomy, cheek, chin, & neck Rhytidectomy, SMAS fluo	15828	_	INJECTIONS Intrafesional Injection			lecoret, mandibular rami w/o internal noid fixation	21195		Reduct massater musc/bne, intracral	21296	1 1	Simple, 51 cm to 75 cm	12014
5 cm lesion diameter	11300		BREAST / CHEST AUGMENTATION	10823		Intraksional Injection, 7 or less	11900		leconst, mandbular rami w/internal rigid fixation	21196	500 C	Otoplasty (ear reconstruction)	63300		Simple, 7.6 cm to 12.5 cm	12015
to 1.0 cm lesion diameter	11301		Mastectomy for Gynecomastia	19300	-	Intralegional Injection, 8 or more	11901	C 1	reconst, mandible, extraoral, wifiransisteal bone piske	21244	1000	NECK			Simple; 12.6 cm to 20.0 cm	12016
to 2.0 cm lesion diameter	11302		Mastopexy (Breast Lift)	19316					leconst, mand or maxilla, subperiosteal implant, partial	21245	7/2 (2)	Cervicoplasty	15819	3723	Simple; 20.1 cm to 30.0 cm Simple: over 30.0 cm	12017
O cm lesion diameter ilp, neck, hands, feet, genitalia	11303		Mammaplasty, reduction Mammaplasty, augmentation w/o implant	19318	_	Subcutaneous Injection of Filling Material 1.0 cc or less	I11950	200	teconst, mand or maxilla, subperiosteal implant, complete teconst mandble condule, without & cartilage autografts	21246		OTHER REVISIONS	10006	1000H	Scalp, axillae, trunk, and I or extremities	12018
5 cm lesion diameter	11305		Mammaplasty, augmentation wimplant	19325		1.1 - 5.0 cc	11961		records, mandate corraye, woone a cantage autogration records, mandate or maxilla, endosteal implant, partial	21248		Destruction, lesion/scar, vestibule of mouth	40820		Intermed, 2.5 cm or less	12031
to 1.0 cm lesion diameter	11306	8	Removal of intact mammary implant	19328		5.1 - 10.0 cc	11952		teconst, mandble or maxita, endosteal implant, complete	21249		Vestibuloplasty, complex	40845	200	Intermed, 2.6 cm to 7.5 cm	12032
to 2.0 cm lesion dameter Com lesion dameter	11307		Removal of implant material Immediate insertion of implant	19330	-	More than 10.0 cc Soft Tissue Fillers	11954		orehead Reduction	A Hillian		Gingwectomy, each quadrant	41820	1000	Intermed, 7.6 cm to 12.5 cm	12034
e, ears, eyelids, nose, lips, mucous membrane	11000		Delayed insertion of implant	19340		(Enter a pharmaceutical, price per unit and	quantity)		teduction forehead, contouring only teduction forehead, wibrosthesis or bone graff	21137		Excision, alveolar mucosa, each quadrant	41828	2000	Intermed, 12.6 cm to 20.0 cm Intermed, 20.1 cm to 30 cm	12035
5 cm lesion diameter	11310		Nipple / areola reconstruction	19350		Name	Price	Qty	teduction forehead, wiprosthesis or bone graft teduction forehead, countour & sethack and, frontal sinus	21138		Gingwoolasty, each quadrant Puttock Ausmentation w/ instant	41872 17999-V5838		Intermed, 20.1 cm to 30 cm	12036
to 1.0 cm lesion diameter	11311		Correction of inverted nipples	19355	- 8				acial Reconstruction	21130	III KSOVITE	Buttock Augmentation w/o implant	17999-Y5838		Neck, hands, feet, and J or external genita	
to 2.0 cm lesion diameter Occur lesion diameter	11312		Breast reconstr; immed / delayed Open penprosthetic capaulotomy; breast	19357	-		+	+	leconst, Midface, LeFort I, 1 piece	21141		Call Augmentation	17999-Y5837		Intermed, 2.5 cm or less	12041
cision of Benign Lesion (including margins)	11010		Penprosthetic capsulectomy, breast	19371	_	SKIN RESURFACING			reconst; Midface, LeFort I, 2 pieces	21142		Umblicoplasty	17999-Y5838		Intermed, 2.6 cm to 7.5 cm	12042
unk, arms or legs	- 22	as 10 3	Revision of reconstructed breast	19380		Demsabrasion	100	2.0	leconst, Midface, LeFort I, 3 pieces leconst, Midface, LeFort I, 1 piece wilhone grafts	21143		Repair of brow ploats	67900	- 2	Intermed, 7.6 cm to 12.5 cm	12044
1.5 cm excised diameter to 1.0 cm excised diameter	11400		Pectoral Augmentation wimplant, male BIOLOGIC IMPLANT (May be used winny or	17999-Y2189	restelures)	Total face	15780		seconst, Midface, LeFort I, 1 piece withone grafts seconst: Midface, LeFort I, 2 pieces withone grafts	21146		Excision, transverse wedge wiprimary close	40510	1000	Intermed, 12.6 cm to 20.0 cm Intermed, 20.1 cm to 30.cm	12046
to 1.0 cm excised diameter to 2.0 cm excised diameter	11402		Implentation of biologic implant	15777 +	orest G (UT 19)	Segment, facial Regions, non-facial	15782		teconst, Midface, LeFort I, ≥ 3 preces withone grafts	21147		V-Excision; wildirect linear closure	40520	13.11	Intermed, over 30 cm	12047
to 3.0 cm excised dameter	11403		EXCISION EXCESS SKIN & SUBCUTANEO	USTISSUE		Superficial, any site (e.g. fattoo removal)	15783		Reconst, Midface, LeFort II, anterior intrusion	21150		Excision, full thickness reconst willocal flap	40525		Face, ears, eyelids, nose, lips, and for mi	ucous memb
to 4.0 cm excised diameter	11404		Abdominoplasty only (mini tuck)	17999-Y5831		Abrasion, single lesion	15796		leconst, Midface, LeFort II, any direction, withorn grafts	21151		Excision, full thickness records wicross lip fla	40527	-	Intermed, 2.5 cm or less	12051
0 cm excised diameter	11406		Panniculectomy	15830		Abrasion, each add 1-4 lesions	15787 +		reconst, Midface, LeFort III, any direction, withone grafts	21154		Resection, > one fourth, w/o reconstruction	40530		Intermed, 2.6 cm to 5.0 cm	12052
alp, neck, hands, feet, genitalia 5 cm excised dameter	11420		Abdominoplasty w/umblical transposition and fascial plication (enter15830 first.)	15847 +		Microdermabrasion total face	17999-Y0001		econst; Midface, LeFort III withore grafts, & LeFort II eFort III withorshead advancement & hone graft, no Lefort I	21155		Repair, full thickness, vermition only Repair full thickness, < half vertical height	40650		Intermed, 5.1 cm to 7.5 cm Intermed, 7.6 cm to 12.5 cm	12053
to 1.0 cm excised diameter	11421		Thigh Lift	15832		Microdermabrasion, segment, facial	17999-Y0002		eFort III wiforehead advancement, bone graft & Lefort I	21160		Repair, full thickness; > half vertical height	40654	100	Intermed, 12.6 cm to 20.0 cm	12055
to 2.0 cm excised diameter	11422		Leg Lift	15833		Chemical Peel			reconst, superior lateral orbital nm & lwr forehead	21172		Lip Augmentation; upper or lower, unpaired	17999-1583	200	Intermed; 20.1 cm to 30 cm	12056
to 3.0 cm excised diameter to 4.0 cm excised diameter	11423		Hip Lift Buttook Lift	15834	-	Chem Peel, facial, epidermal Chem Peel, facial, dermal	15788		leconst, bifrontal, superior lateral orbital rim & lwr forehead	21175		HAIR REMOVAL			Intermed, over 30 cm	12067
Ocm excised diameter	11426		Prachicolasty (Am Liff)	15836	_	Chem Peel: nonfacial epidermal	15792		leconst, entire or majority forehead wislingrafts leconst, entireor majority forehead wisut ografts	211/9		Electrolysis Epilation; 3U min session Laser hair re-moval, chest	17999-V0019	1000	Trunk Complex 1.1 cm to 2.5 cm	Isasm
ce, ears, eyelids, nose, lips, mucous membrane		100	Forearm or Hand Lift	15837		Chem Peel, nonfacial, dermal	15793		second, contouring of cranial bones, extracranial	21181		Laser hair removal, to	17399-10012		Complex 26 cm to 7.5 cm	13101
5 cm excised dismeter	11440		Submental Fat Pad (chin)	15838		Laser Skin Resurfacing; Ablative	T		leconst, orb walls, rims, forehead, withone grif < 40 sq cm	21182		Laser hair removal, lip and chin	17999-Y002		Complex; ea addl 5 cm or less	13102 +
to 1.0 cm excised diameter to 2.0 cm excised diameter	11441		Lift, Other Area LIPOSUCTION — SUCTION ASSISTED LIP	15839 ECTOMY		Laser skin resurfacing total face Laser skin resurfacing segment, facial	17999-Y0003 17999-Y0004		leconst, orb walls, rims, forehead, wilbone grif 41-79 sq cm	21183	100 (2)	Laser hair removal, back	17999-Y0022		Scalp, arms, and I or legs	200
to 3.0 cm excised diameter	11443		Head & Neck	15876		Laser Skin Resurfacing; Non-Ablative	11000 10004		leconst, orb walls, nms, forehead, withone grill > 80 sq.cm. Reconst, Midface, not LeFort type	21184		Laser hair removal, arms Laser hair removal, underarms	17999-Y002	4 +	Complex, 1.1 cm to 2.5 cm	13120
to 4.0 cm excised diameter	11444		Trunk	15877		Laser skin resurfacing, total face	17999-Y0005		seconds, Mistrace, Not Let-off type Selections	21188		Laser hair removal, underarms	17999-Y002		Complex, 2.6 cm to 7.5 cm Complex, ea add 5 cm or less	13121 +
O cm excised diameter struction; Cutaneous Vascular Proliferative Lesion	11446		Upper Extremity	15878	_	Laserakin resurfacing, segment, face Laserakin resurfacing, neck	17999-Y0006 17999-Y0007		Isterfomy, mandable, segmental	21198		Laser hair removal, legs	17999-Y0029		Forehead, cheeks, chin, mouth, neck, axil	ilse, hands,
aruction; Cutaneous vasculai Proliterative Lesion Dog cm	17106		FAT TRANSFER	108/9	- 8	Laser skin resurfacing neck Laser skin resurfacing chest	17999-Y0007		Istertomy, wigeringlossus advancement	21199		Laser hair removal, beard	17999-Y0027		Complex, 1.1 cm to 2.5 cm	13131
)-50 sqcm	17107		Fat transfer; lips	17999-Y5000		Laser skin resurfacing, back/shoulder area	17999-Y0009		Isteotomy, segmental (e.g., wassmund, schuchard)	21206		Laser hair removal, ears	17999-Y0028		Complex; 2.6 cm to 7.5 cm	13132
er 50 aq cm	17108		Fal transfer; melolabial folds	17999-Y5001 17999-Y5002		Lazer skin resurfacing, arms	17999-Y0010 17999-Y0011	\perp	Isteoplasty, facial bones, augmentation Isteoplasty, facial bones, reduction	21208		HAIR TRANSPLANT Punch transplant, 1-15 hair grafts	15775	SHOW NO	Complex, ea add 5 cm or less Eyelids, nose, ears and/or lips	13133 +
struction; Benign Lesions (not skin tags or cutane druction, 1-14 benign lesions	eous proliferativ	e lesions)	Fal transfer, manonette lines Fal transfer, forehead	17969-Y5002 17969-Y5003		Laser skin resurfacing, hands	17999-Y0011	+	rate opiany, racial pones, reduction	21200		More than 15 ounch hair grafts	15776		Complex: 1.0 cm or less	13150
struction, 15 or more benign legions	17111		Fat transfer, glabella	17999-75004		LASER VEIN TREATMENT	11000-10012		iraff, bone, maiar/maxilla/nasai augmentation	21210	B 100	Micro / mini grafts, 1-500 hairs	17999-Y5775		Complex, 1.1 cm to 2.5 cm	13151
emical Cauterization			Fat transfer, tear troughs	17999-Y5005		Lasertreatment, leg veins	17999-Y0050		iraft, bone; mandible (incligraft)	21215		SKIN SUBSTITUTE GRAFT			Complex; 2.6 cm to 7.5 cm	13152
dery, granulation tissue (proud flesh, sinus or fistula) EPHAROPLASTY, BLEPHAROPTOSIS, CANTHOP	17250		Fat transfer, crows feet CHEMOCENERVATION	17999-1/5006		SCLEROTHERAPY Sclerosing, each limb or trunk	36468		iraff, nb to face/chin/hose/ear	21230		Trunk, arms, legs		Town In	Complex, ea add 5 cm or less	13153 +
charcolasty, lower eyelid	15820		Performed by a Dermatology Resident?	YII N		Scientising, each limb of trurk. Scientising, face	36469		inst, ear cartilage to nose or ear inthropiasty	21235	1752	Wound area ≤ 100 sqcm, first 25 sqcm Wound area ≤ 100 sqcm, ea addi25 sqcm	15271 15272 +	200	Wound Closure Superficial wound dehiscence, simple close	Franco
pharoplasty, lower eyelid w/edensive hemisted fat po	nd 15821		Muscle(s) innervated by facial nerve	64612		Sclerosing single vein	36470		othropiasty. TMJ, w/ or w/o autooff!	21240	1	Wound area ≥ 100 socm first 100 socm	15273	200	Superficial wound debiasence withacking	12021
haroplasty, upper eyelid	15822		Neck muscles, excluding larynx, unfateral	64616		Scientising multi veira, same leg	36471		irthroplanty, TMJ, w/allograft	21242	1 18	Wound area ≥ 100 sqcm, ea addit00 sqcm	15274+		2nd closure surg wound, extensive	13160
haroplasty, upper eyelid włocessive skin	15823		1 extremity, 1-4 muscles	64642		PIERCING	69090		cthroplasty, TMJ, w/prostbetic joint replacement	21243	100	Face, scalp, eyelids, mouth, neck, ears, ge	nitalia, hands	feet	DENTAL	
haroptosis; internal approach haroptosis; external approach	67903		Each add extremity, 1-4 muscles+	64643		Ear pierong, each pierong Other body location, each pierong	17999.V6001		EIN STRIPPING			Wound area ≤ 100 sqcm, first 25 sqcm	15275	2000	External Bleaching, per arch	D9972
hoplasty	67950		Each add, extremity, 5 or more muscles+	64646		TATTOO REMOVAL			igation of long saph vein @ saphenolemoral junct hort saph veins	37700 37718	1 =	Wound area ≤ 100 sqcm, ea add125 sqcm Wound area ≥ 100 sqcm, first 100 sqcm	15276 +		External Bleaching, per tooth Internal Bleaching, per tooth	D9973
IOPLASTY	20.000		Trunk, 1-5 muscle(s)	64646 64647		Laser tattoo rmvt, ≤ 30 sq cm, initial session	17999-Y0030		ong saph veins; to knee or below	37722	1 1	Wound area ≥ 100 sq.cm; rear 100 sq.cm Wound area ≥ 100 sq.cm; ea add1 100 sq.cm	15278+		Laser Whitening per treatment	D8899
rary (lateral & alar cartileges or elevation of tip) nary, complete	30400 30410		Trunk, 6 or more muscleib). Both sullne	64647		Lasertaticormvt, ≤ 30 sq.cm, ea addisession Lasertaticormvt, ≥ 31 sq.cm, initial session	17999-Y0031 4 17999-Y0032		Rab philebectomy; one extremity < 10 stab incisions	17999-1/37	9	BIOLOGIC IMPLANT			OTHER SUPPLIES	
nary, wimajor septat repair	30420		Econne glands other areas, per day	64663		Lasertation rmv(≥31 sqcm, ea addisession			Sab phielectomy, one extremity 10-20 stab incisions	37765	100	(May be used of any of the above skin graff proc			Name:	
ondary, minor revision	30430		(Select a pharmaceutical; enter price per unit as	nd qty belea)	Price (Rty			Rab philebectomy, one extremity 20+stab incisions	37766		Implantation of biologic implant	15777+	Sec. 10	Name:	
ondary, intermediate revision	30435		Botox® DusnodR		\$5.36	-			Other Facial Reconstruction or Revision	D1255		PHARMACEUTICAL ONLY	19999	Price Qt	Name:	
ondary, major revision ondary to cleft lip/palate; tip only	30490		Dysport8 Xeomin®	+	\vdash	┥			reconst, zygomatic arch & glen foss wibone reconst: orbit wisotracranial osteofomies	21256	1 1	IMPLANT/SUPPLY ONLY	4,55353	Price Qt	Name	
condary to cleff in/balate: tip, septum, osteoformes	30462		Other			Bi = Bilateral			Penorb asteotomies: extracranial wignaft	21260	1 1	None	C9999	1		
indary to cleft lipipalate; tip, septum, osseotomies						Otv = Overtity										

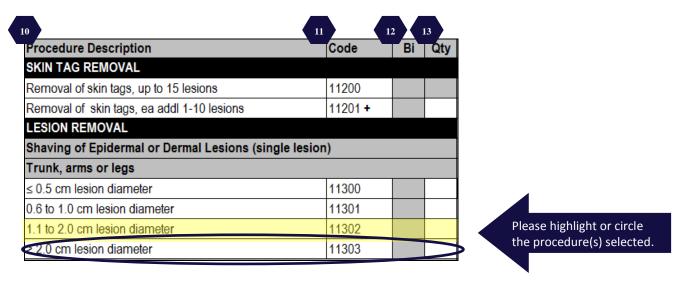


Cosmetic Surgery Superbill Header

INSTRUCTIONS: (1) Fill in top of form. (2) Circle or h Description. (3) Check Bilateral column (optional). (4 each program optional).		ry Superbill 2014		Page 1 of
MTF: 1		Patient Name:		
Provider's Name and Proper 2		Visit Date: / / 7	Surgery Date: /	I
ICD-9 Code 1: 3	ICD-9 Code 2:	Anesthesia:		Local Block
Location: Provider's Office	☐ Operating Room Inpatient	☐ Monitored/General Anesthesia Care	8	l Topical
	☐ Operating Room Outpatient	☐ Moderate Sedation		None
	Will this procedure be combined with a medica	ally necessary procedure? Yes No	9	

- 1. **MTF:** Print the name of the MTF where the elective cosmetic surgery procedure(s) selected will be performed.
- 2. **Provider's Name and Phone:** Print your full name and office phone number.
- 3. **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
- 4. **ICD-9-CM Code 2:** Enter a second ICD-9-CM code when applicable.
- 5. **Location:** Select one of the following procedure locations:
 - Provider's Office
 - Operating Room—Inpatient
 - Operating Room—Outpatient
- 6. Patient Name: Print the patient's full name.
- 7. 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.
- 8. **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.

Superbill Columns



- 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) v10.0 Glossary- July 2014 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, DHA UBO Y-codes are used to identify these procedures in the CSF
 - DHA 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.



Instructions for Specific Procedures

Injections of Chemodenervation Agents

- Special pricing is available when a chemodenervation procedure is performed by a Dermatology resident physician. Indicate here whether or not the chemodenervation procedure selected will be performed by a Dermatology resident.
- In the 2014 version of the CSE, codes 64613 (chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia) and 64614 (chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis) were replaced with more specific codes (64616 through 64647). Select the appropriate code from the list.

CHEMODENERVATION			
Performed by a Dermatology Resident?	ΥΠ	N	
Muscle(s) innervated by facial nerve	64612		
Neck muscles, excluding larynx,	64616		
1 extremity, 1-4 muscles	64642		
Each add. extremity, 1-4 muscles+	64643		
1 extremity; 5 or more muscles	64644		
Each add. extremity, 5 or more	64645		
Trunk; 1-5 muscle(s)	64646		
Trunk; 6 or more muscle(s)	64647		
Both axillae	64650		
Eccrine glands other areas, per day	64653		
(Select a pharmaceutical; enter p	orice per unit a	Price	ф
Botox®		\$5.36	
Dy sport®		1	
Xeomin®			
Other		1	
	•		

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- Chemodenervation 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.

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.

11900 11901 11950 11951		
11901		
11901		
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11951		_
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(uantity)		
Price	Q	lty
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	11952 11954 juantity)	11952 11954 Juantity)

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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) 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		
Mammaplasty; reduction	19318		
Mammaplasty; augmentation w/o implant	19324		
Mammaplasty; 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 bre	east proce	dures)
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 c	m 15274 +		
Face, scalp, eyelids, mouth, neck, ears, g	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 c	m 15278 +		
BIOLOGIC IMPLANT			
(May be used w/ any of the above skin graft pro	cedures)		
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 <u>only</u> 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.



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 2014.

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), he or she 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, such as laboratory, radiology, and pharmacy, as well as unforeseen, but necessary, procedures undertaken during the procedure. 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.

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.