





# 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 2014

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

- 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.



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### Superbill Columns

| 10  | 11      | 12 | 13  |
|---|---------|----|-----|
| Procedure Description   | Code    | Bi | Qty |
| <b>SKIN TAG REMOVAL</b>                                       |         |    |     |
| Removal of skin tags, up to 15 lesions                        | 11200   |    |     |
| Removal of skin tags, ea addl 1-10 lesions                    | 11201 + |    |     |
| <b>LESION REMOVAL</b>   |         |    |     |
| <b>Shaving of Epidermal or Dermal Lesions (single lesion)</b> |         |    |     |
| <b>Trunk, arms or legs</b>                                    |         |    |     |
| ≤ 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   |    |     |

Please highlight or circle the procedure(s) selected.

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 CSE.
  - 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.



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### Instructions for Specific Procedures

#### Injections of Chemodeneration Agents

- Special pricing is available when a chemodeneration procedure is performed by a Dermatology resident physician. Indicate here whether or not the chemodeneration procedure selected will be performed by a Dermatology resident.
- In the 2014 version of the CSE, codes 64613 (chemodeneration of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia) and 64614 (chemodeneration 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?                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |                  |
| 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                      |                            |                  |
| <b>(Select a pharmaceutical; enter price per unit a</b> |                            |                            | <b>Price Qty</b> |
| Botox®  |                            | \$5.36                     |                  |
| Dysport®  |                            |                            |                  |
| Xeomin®   |                            |                            |                  |
| Other   |                            |                            |                  |

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- Chemodeneration 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.

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

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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 |
|------------------------------------|-------------|----|-----|
| <b>HAIR TRANSPLANT</b>             |             |    |     |
| 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 |
|--|---------|----|-----|
| <b>BREAST / CHEST AUGMENTATION</b>   |         |    |     |
| 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   |    |     |
| <b>BIOLOGIC IMPLANT (May be used w/any of the above breast procedures)</b> |         |    |     |
| Implantation of biologic implant   | 15777 + |    |     |

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| Procedure Description  | Code    | Bi | Qty |
|--|---------|----|-----|
| <b>SKIN SUBSTITUTE GRAFT</b>   |         |    |     |
| <b>Trunk, arms, legs</b>   |         |    |     |
| 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 + |    |     |
| <b>Face, scalp, eyelids, mouth, neck, ears, genitalia, hands, feet</b> |         |    |     |
| 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 + |    |     |
| <b>BIOLOGIC IMPLANT</b>  |         |    |     |
| <b>(May be used w/ any of the above skin graft procedures)</b>         |         |    |     |
| 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*



## Provider's Guide to the Elective Cosmetic Surgery Superbill

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### **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.