



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 v11 (Effective date July 1, 2015).

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Cosmetic Surgery Superbill 2015 (continued)

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Procedure Description	Code	Qy	Procedure Description	Code	Qy	Procedure Description	Code	Qy
<b>Genitourinary</b>			<b>Genitourinary</b>			<b>Genitourinary</b>		
Genitourinary augmentation	21100		Penile prostheses, inflatable, subcutaneous	21900		Penile, 2.5 cm or less	21901	
Genitourinary, sliding, scrotal, single	21121		On genitourinary, inflatable, subcutaneous, w/graft	21901		Genital, 2.6 cm to 7.5 cm	21902	
Genitourinary, sliding, scrotal, 2 or more	21122		On genitourinary, inflatable, subcutaneous approach	21908		Genital, 7.6 cm to 12.5 cm	21904	
Genitourinary, sliding augmentation without grafts	21123		Male augmentation, subcutaneous method	21919		Genital, 12.6 cm to 20.0 cm	21915	
<b>Head/Neck</b>			<b>Head/Neck</b>			<b>Head/Neck</b>		
Augmentation, mandibular body	21200		Secondary reconstruction, subcutaneous incision	21215		Genital, 20.1 cm to 30.0 cm	21916	
Augmentation, mandibular body & angle without graft	21201		Double chin procedure	21220		Genital, over 30.0 cm	21917	
Reconstruct, mandibular body w/ bone graft	21202		<b>Other Face</b>			<b>Face, neck, eyelids, nose, lips, and/or ear/mastoid/membrane</b>		
Reconstruct, mandibular body without graft	21203		Chin/lip/lip	21202		Genital, 2.5 cm or less	21911	
Reconstruct, mandibular body w/ bone graft	21204		Facial masseter muscle, external	21205		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, mandibular body w/ internal lip graft	21206		Facial masseter muscle, internal	21206		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, mandibular body w/ external lip graft	21208		Double lip reconstruction	21208		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, mandibular, external, w/ external bone plate	21209		<b>Other</b>			Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, mandibular, subcutaneous, implant, partial	21240		Chin/lip/lip	21210		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, mandibular, subcutaneous, implant, complete	21241		<b>Chin/Lip/Lip</b>			<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, mandibular, external, w/ cartilage, subcutaneous	21242		Chin/lip/lip	21210		Genital, 2.5 cm or less	21911	
Reconstruct, mandibular, external, w/ cartilage, implant	21243		Chin/lip/lip	21210		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, mandibular, external, w/ cartilage, implant, complete	21244		Chin/lip/lip	21210		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, mandibular, external, w/ cartilage, implant, partial	21245		Chin/lip/lip	21210		Genital, 7.6 cm to 12.5 cm	21915	
<b>Forehead/Reduction</b>			<b>Forehead/Reduction</b>			<b>Forehead/Reduction</b>		
Reduction forehead, containing only	21127		Genitourinary, each patient	41000		Forehead, 2.5 cm or less	41001	
Reduction forehead, w/ external or bone graft	21128		Genitourinary, each patient	41001		Forehead, 2.6 cm to 5.0 cm	41002	
Reduction forehead, w/ external & subcutaneous frontal area	21129		Genitourinary, each patient	41002		Forehead, 5.1 cm to 7.5 cm	41003	
<b>Facial Reconstruction</b>			<b>Facial Reconstruction</b>			<b>Facial Reconstruction</b>		
Reconstruct, Midface, Lateral, 1 piece	21411		Genitourinary, each patient	41003		Forehead, 7.6 cm to 12.5 cm	41004	
Reconstruct, Midface, Lateral, 2 pieces	21412		Genitourinary, each patient	41004		Forehead, 12.6 cm to 20.0 cm	41005	
Reconstruct, Midface, Lateral, 3 pieces	21413		Genitourinary, each patient	41005		Forehead, 20.1 cm to 30.0 cm	41006	
Reconstruct, Midface, Lateral, 1 piece without grafts	21414		Genitourinary, each patient	41006		Forehead, over 30.0 cm	41007	
Reconstruct, Midface, Lateral, 1 piece without grafts	21415		Genitourinary, each patient	41007		<b>Face, neck, eyelids, nose, lips, and/or ear/mastoid/membrane</b>		
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21416		Genitourinary, each patient	41008		Genital, 2.5 cm or less	21911	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21417		Genitourinary, each patient	41009		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21418		Genitourinary, each patient	41010		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21419		Genitourinary, each patient	41011		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21420		Genitourinary, each patient	41012		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21421		Genitourinary, each patient	41013		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21422		Genitourinary, each patient	41014		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21423		Genitourinary, each patient	41015		Genital, 2.5 cm or less	21911	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21424		Genitourinary, each patient	41016		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21425		Genitourinary, each patient	41017		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21426		Genitourinary, each patient	41018		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21427		Genitourinary, each patient	41019		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, Midface, Lateral, 1 piece, anterior situation	21428		Genitourinary, each patient	4102		Genital, 20.1 cm to 30.0 cm	21917	
<b>Other Facial Reconstruction or Reduction</b>			<b>Other Facial Reconstruction or Reduction</b>			<b>Other Facial Reconstruction or Reduction</b>		
Reconstruct, maxilla, subcutaneous, implant, partial	21300		Genitourinary, each patient	41020		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, subcutaneous, implant, complete	21301		Genitourinary, each patient	41021		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, subcutaneous	21302		Genitourinary, each patient	41022		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant	21303		Genitourinary, each patient	41023		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, complete	21304		Genitourinary, each patient	41024		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21305		Genitourinary, each patient	41025		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21306		Genitourinary, each patient	41026		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21307		Genitourinary, each patient	41027		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21308		Genitourinary, each patient	41028		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21309		Genitourinary, each patient	41029		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21310		Genitourinary, each patient	41030		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21311		Genitourinary, each patient	41031		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21312		Genitourinary, each patient	41032		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21313		Genitourinary, each patient	41033		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21314		Genitourinary, each patient	41034		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21315		Genitourinary, each patient	41035		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21316		Genitourinary, each patient	41036		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21317		Genitourinary, each patient	41037		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21318		Genitourinary, each patient	41038		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21319		Genitourinary, each patient	41039		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21320		Genitourinary, each patient	41040		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21321		Genitourinary, each patient	41041		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21322		Genitourinary, each patient	41042		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21323		Genitourinary, each patient	41043		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21324		Genitourinary, each patient	41044		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21325		Genitourinary, each patient	41045		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21326		Genitourinary, each patient	41046		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21327		Genitourinary, each patient	41047		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21328		Genitourinary, each patient	41048		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21329		Genitourinary, each patient	41049		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21330		Genitourinary, each patient	41050		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21331		Genitourinary, each patient	41051		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21332		Genitourinary, each patient	41052		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21333		Genitourinary, each patient	41053		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21334		Genitourinary, each patient	41054		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21335		Genitourinary, each patient	41055		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21336		Genitourinary, each patient	41056		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21337		Genitourinary, each patient	41057		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21338		Genitourinary, each patient	41058		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21339		Genitourinary, each patient	41059		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21340		Genitourinary, each patient	41060		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21341		Genitourinary, each patient	41061		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21342		Genitourinary, each patient	41062		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21343		Genitourinary, each patient	41063		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21344		Genitourinary, each patient	41064		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21345		Genitourinary, each patient	41065		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21346		Genitourinary, each patient	41066		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21347		Genitourinary, each patient	41067		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21348		Genitourinary, each patient	41068		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21349		Genitourinary, each patient	41069		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21350		Genitourinary, each patient	41070		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21351		Genitourinary, each patient	41071		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21352		Genitourinary, each patient	41072		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21353		Genitourinary, each patient	41073		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21354		Genitourinary, each patient	41074		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21355		Genitourinary, each patient	41075		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21356		Genitourinary, each patient	41076		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21357		Genitourinary, each patient	41077		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21358		Genitourinary, each patient	41078		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21359		Genitourinary, each patient	41079		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21360		Genitourinary, each patient	41080		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21361		Genitourinary, each patient	41081		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21362		Genitourinary, each patient	41082		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21363		Genitourinary, each patient	41083		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21364		Genitourinary, each patient	41084		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21365		Genitourinary, each patient	41085		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21366		Genitourinary, each patient	41086		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21367		Genitourinary, each patient	41087		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21368		Genitourinary, each patient	41088		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21369		Genitourinary, each patient	41089		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21370		Genitourinary, each patient	41090		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21371		Genitourinary, each patient	41091		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21372		Genitourinary, each patient	41092		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21373		Genitourinary, each patient	41093		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21374		Genitourinary, each patient	41094		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21375		Genitourinary, each patient	41095		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21376		Genitourinary, each patient	41096		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21377		Genitourinary, each patient	41097		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21378		Genitourinary, each patient	41098		Genital, 2.6 cm to 5.0 cm	21913	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21379		Genitourinary, each patient	41099		Genital, 5.1 cm to 7.5 cm	21914	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21380		Genitourinary, each patient	41100		Genital, 7.6 cm to 12.5 cm	21915	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21381		Genitourinary, each patient	41101		Genital, 12.6 cm to 20.0 cm	21916	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21382		Genitourinary, each patient	41102		Genital, 20.1 cm to 30.0 cm	21917	
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21383		Genitourinary, each patient	41103		<b>Chin, lip, neck, hand, foot, and/or external genitalia</b>		
Reconstruct, maxilla, external, w/ cartilage, implant, partial	21384		Genitourinary, each patient	41104		Genital, 2.5 cm or less	21911	
Reconstruct, maxilla, external, w/ cartilage, implant, partial								

NOTES:

Effective 1 July 2015



## 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 2015

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

- 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
<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) v11.0 Glossary- July 2015 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.

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

### 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 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 \$5.35/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"/>	
Muscle(s) innervated by facial nerve	64612		
Neck muscles, excluding larynx, unilateral	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 muscles+	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 price per unit and qty below)		Price	Qty
Botox®		\$5.35	
Dysport®			
Xeomin®			
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
<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>			
(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
<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.

<b>PHARMACEUTICAL ONLY</b>		Price	Qty
Name:	J9999		
<b>IMPLANT/SUPPLY ONLY</b>		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 2015. **New to 2015: There is a provider version of the CSE available for use and download. Please contact your MSA representative for information and download instructions.** For CSE assistance, please reference the User Guide available in the CSE using the F5 command.

#### **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.