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Contact Us

We are here to help. If you have any questions, suggestions, or concerns about the Cosmetic Surgery Estimator or UBO Cosmetic Surgery Rates, please contact the UBO Helpdesk at: UBO.Helpdesk@altarum.org.

Introduction

The Military Health System (MHS) established a cosmetic surgery policy (DoD Health Affairs Policy 05-020) that allows limited numbers of elective cosmetic procedure cases for TRICARE-eligible beneficiaries. These procedures help certified specialists maintain the skills they need to do reconstructive work on service men and women who have been injured in the line of duty, and it is critical that the MHS be able to recruit and retain these specialists. In addition, elective procedures support graduate medical education training and board eligibility. However, because elective cosmetic procedures are not a covered benefit under TRICARE, all patients, including active duty personnel, must pay, in advance, all fees related to the procedures.

The Defense Health Agency (DHA) Uniform Business Office (UBO) Program Office is responsible for overseeing the MHS Cosmetic Surgery Program and ensuring proper rates for elective cosmetic procedures in the MHS. The Cosmetic Surgery Estimator (CSE) is a calculator designed to determine charges for elective cosmetic procedures. The CSE factors in all potential costs for elective cosmetic procedure(s) including professional, facility, and anesthesia fees and the cost of implants and pharmaceuticals.

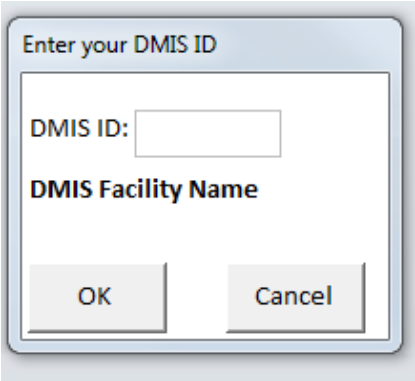
This User Guide is designed for use with the CSE v14.0. It provides step-by-step instructions for generating, saving, and printing an estimate in the CSE.

Accessing the CSE

The CSE and supporting documents can be downloaded at www.ubocse.org using distributed login credentials. Login credentials are only available to MSA staff and eligible providers and are distributed by UBO Service and National Capital Region Medical Directorate (NCR MD) Program Managers.

Access to the CSE is limited to facilities that have informed DHA that they perform or allow cosmetic procedures. Therefore, you will be required to enter your DMIS ID to gain access to the database. If you receive an error message indicating that your DMIS ID is not authorized to use the CSE, please contact UBO.Helpdesk@altarum.org.

All of the CSE materials are posted in a zip file on the UBOCSE website. You must download the zip file and save it to your computer before operating CSE v14.0. Each time you open CSE v14.0, you will once again be prompted to enter your DMIS ID.



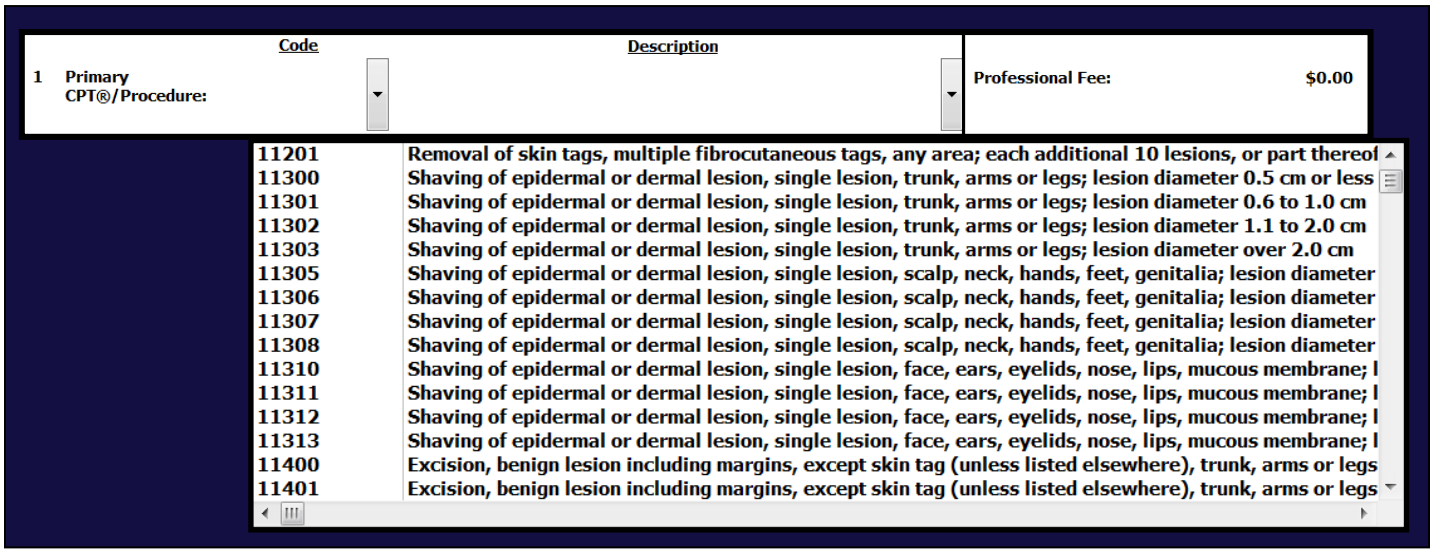
Maintaining a Current Version of the Database

You must use the most current version of the CSE to ensure the estimates you generate reflect the latest rates and procedure codes. In addition, the DHA UBO Program Office may make periodic updates to other aspects of the CSE.

When you are using the CSE on a computer that is connected to the Internet, the CSE will automatically check for any updates. You may receive pop-up messages informing you that updates have been made to your CSE database. In some instances, you may be prompted to return to www.ubocse.org to download a new version of the CSE.

If you use the CSE on a computer that is not always connected to the Internet, please be sure to connect at least once per month to check for any updates to the CSE.

Line 1: Primary Procedure



Selecting a Primary Procedure

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

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

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

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

CSE Superbill: CPT®/Procedure Codes and Descriptions

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

Procedure Description	Code	Bi	Qty
SKIN RESURFACING			
Dermabrasion			
Total face	15780		
Segment; facial	15781		
Regions; non-facial	15782		
Superficial; any site (e.g. tattoo removal)	15783		
Abrasion; single lesion	15786		
Abrasion; each addl 1-4 lesions	15787 +		

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

Identifying the Primary Procedure

When generating a cost estimate for more than one elective cosmetic procedure performed during the same surgical encounter, the procedure entered into the CSE first is designated the "primary procedure." The primary procedure is the procedure that has the highest cost rank among those selected for an estimate. Procedures are ranked based on their applicable professional fees from least expensive to most expensive: The higher the professional fee, the higher the cost rank.

To determine the cost rank of a procedure, select a CPT®/Procedure code or description on Line 1 and a procedure location on Line 2. The cost rank for the selected procedure is displayed in the red cost rank box in the upper right hand corner of the screen.

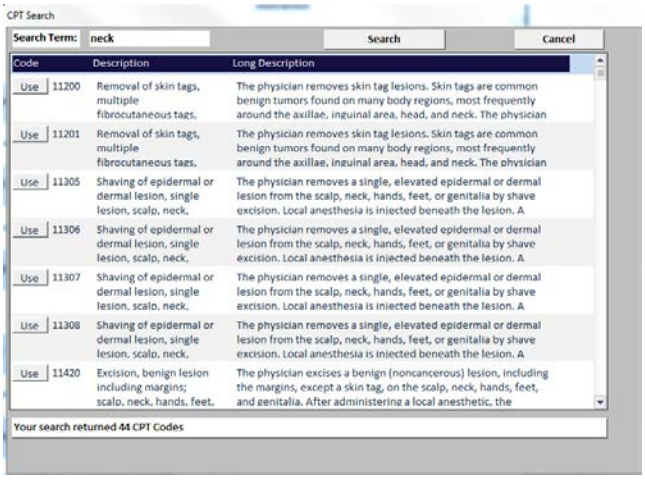
Appendix D lists all CSE procedures and cost ranks. Selecting the correct primary procedure is essential for proper calculation of applicable fees and discounts.

CPT®/Procedure Glossary

Due to space limitations, the Superbill and CSE drop-down menus contain abbreviated CPT®/Procedure descriptions. Many of the descriptions provided are similar in nature, and the difference between two CPT®/Procedure codes may not be clear based on the Superbill alone. See Appendix D for a list of CSE v14.0 cost rankings.

To assist with selecting the most appropriate CPT®/Procedure code for an estimate, the CSE contains a glossary of detailed procedure descriptions. Access the CPT®/Procedure Glossary by clicking the

button located at the top of both the primary and additional procedure screens. Clicking the "CPT®/Procedure Glossary" button will open a CPT® search. You can search by either keyword or CPT® code to help determine the appropriate CPT® code. When the "Search" button is selected, all available entries will be displayed and you can select the appropriate CPT® code from the list by selecting "Use" next to the corresponding CPT® code. This search function works for primary, additional, and add-on code procedures.



Basis for Charges: Professional Fees for Elective Cosmetic Procedures

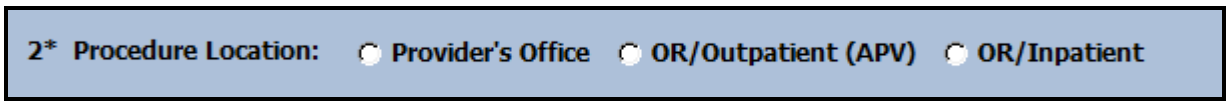
Professional fees for elective cosmetic procedures are based on the TRICARE Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge (CMAC) national average. When TRICARE CMAC allowable charges are not available, professional fees are determined based on estimates of the medical resources required relative to procedures that have TRICARE CMAC pricing. Charges are not adjusted for the treating MTF's geographic location.

TRICARE CMAC "facility physician" allowable rates are used for services furnished by a provider in a hospital operating room as outpatient or inpatient. TRICARE CMAC "non-facility physician" allowable rates are used for services furnished in a provider's office.

Professional Fees		
Provider's Office	**OR/Outpatient (Hospital and Clinic)**	**OR/Inpatient**
Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 Non Facility Physician, Category 2 rate Primary Procedure= 100% Additional Procedure= 50%	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 Facility Physician, Category 1 rate Primary Procedure= 100% Additional Procedure= 50%	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 Facility Physician, Category 1 rate Primary Procedure= 100% Additional Procedure= 50%
Exceptions: 1) There is no discount applied to additional sessions performed during separate surgical encounters. Each session is priced at 100% whether it is listed as a primary or additional procedure. 2) Add-on codes are never discounted. Each procedure is priced at 100% whether it is entered on the primary or additional procedure screen.		

To return to the Table of Contents, press Ctrl + Home.

Line 2: Procedure Location



Selecting a Procedure Location

Facility fees (i.e., institutional charges) for elective cosmetic procedures are based on the procedure(s) selected and the location where the procedure(s) will be performed.

Choose one of the following three procedure locations:

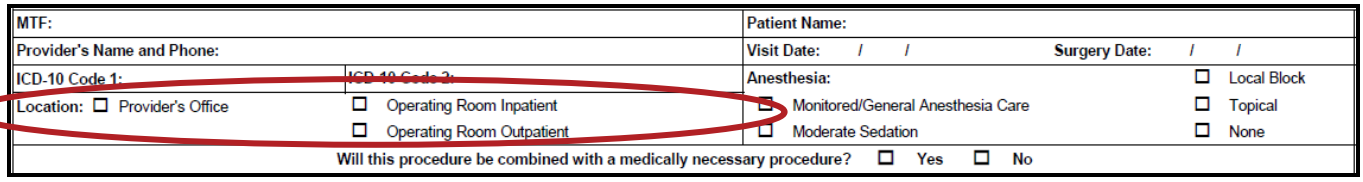
- Provider's Office
- OR/Outpatient (APV)
- OR/Inpatient

Only the locations of service that are applicable to the primary procedure chosen on Line 1 will be available to select. For example, some procedures are too complex to be performed safely in a provider's office or in a hospital outpatient setting and are therefore designated as "inpatient only." For these procedures, the only procedure location option that will be available to select is "OR/Inpatient." Conversely, some minor procedures pose such low risk that operating room resources are unwarranted. For these procedures, the only procedure location option that will be available to select is "Provider's Office."

Line 2: Procedure Location is a required field for all elective cosmetic procedure estimates. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

CSE Superbill: Procedure Location

The physician will indicate where the procedure(s) selected will be performed in the header of the Superbill as follows:



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

Basis for Charges: Facility Fees for Elective Cosmetic Procedures

Provider's Office: There are no facility fees for elective cosmetic procedures performed in a provider's office. Fees for facility resources are included in the professional fee for the procedure chosen. As a result, professional fees for procedures performed in a provider's office are generally higher than the professional fees applied to procedures in an operating room outpatient or inpatient setting.

OR/Outpatient (Clinic or Hospital): Facility fees for elective cosmetic procedures performed on an outpatient basis using a hospital operating room or ambulatory procedure unit (APU) are based on a TRICARE Ambulatory

Procedure Visit (APV) flat rate. There is no additional facility fee for additional outpatient elective cosmetic procedures performed during the same surgical encounter.

OR/Inpatient (Hospital): Facility fees for elective cosmetic procedures performed in a hospital operating room on an inpatient basis are calculated by multiplying the TRICARE Adjusted Standardized Amount (ASA) by the relative weighted product (RWP) associated with the Diagnosis Related Group (DRG) related to the procedure chosen. The facility fee for each additional inpatient elective cosmetic procedure performed during the same surgical encounter is reduced by 50% from the initial charge.

Facility Fees		
Provider's Office	**OR/Outpatient (Clinic or Hosp)**	**OR/Inpatient**
No Facility Fee There is no facility fee for procedures performed in a provider's office. Fees for facility resources are included in the applicable professional fee.	Facility Fee = TRICARE Ambulatory Procedure Visit (APV) rate	Facility Fee = Diagnostic Related Group (DRG) rate DRG Relative Weighted Product (RWP) x TRICARE MS-DRG Adjusted Standardized Amount (ASA)
Notes on Discounts: 1) There is no discount applied to additional sessions performed during separate surgical encounters. Each session is priced at 100% whether it is listed as a primary or additional procedure. Add-on codes are never discounted. Each procedure is priced at 100% whether it is entered on the primary or additional procedure screen.		

Restrictions on Procedure Location

The following procedures are currently categorized as "inpatient only":

Inpatient Only Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction; without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I

Inpatient Only Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, requiring bone grafts (includes obtaining autografts); with LeFort I
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach

The following procedures are currently designated as “provider’s office only”:

Provider’s Office Only Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
69090	Ear piercing
D9972	Teeth Whitening; external bleaching, per arch
D9973	Teeth Whitening; external bleaching, per tooth
D9974	Teeth Whitening; internal bleaching, per tooth
D9999	Laser Teeth Whitening, per treatment

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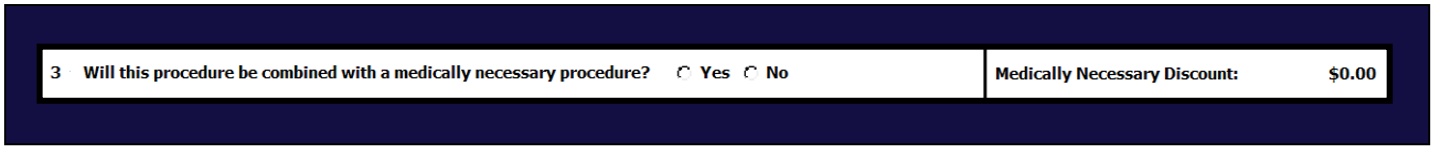
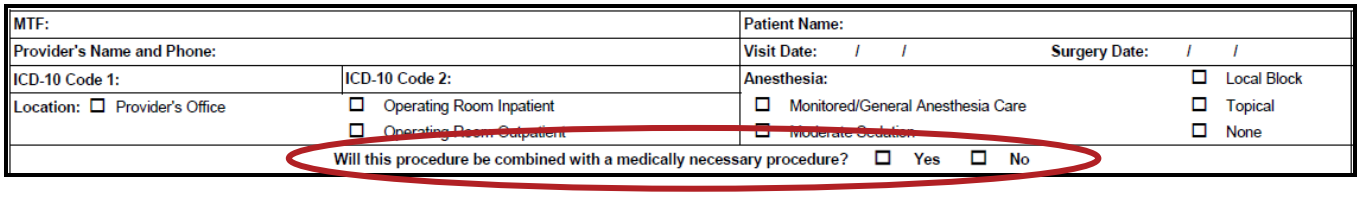
Line 3: Medically Necessary Discount



Combining an Elective Cosmetic Procedure with a Medically Necessary Procedure
Select "Yes" or "No" to indicate whether or not the procedure(s) selected for the estimate will be combined with a medically necessary procedure performed during the same surgical encounter.

Line 3: Medically Necessary Discount is a required field for all elective cosmetic procedure estimates. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

CSE Superbill: Medically Necessary Discount
The physician will indicate in the header of the Superbill whether or not the elective cosmetic procedure(s) selected will be combined with a medically necessary procedure as follows:



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

Basis for Discounting: Combining an Elective Cosmetic Procedure with a Medically Necessary Procedure
If an elective cosmetic procedure is combined with a medically necessary procedure during the same surgical encounter, charges for the primary elective cosmetic procedure are discounted to avoid duplicate facility and anesthesia charges. Facility and anesthesia fees for an elective cosmetic procedure, when combined with a medically necessary procedure, are reduced by 50% from the initial charge. The discount for combining an elective cosmetic procedure with medically necessary procedure applies only to the primary procedure. Additional procedures are priced as described in the section on additional procedures.

Discounts for Combining an Elective Cosmetic Procedure with a Medically Necessary Procedure		
Provider's Office	**OR/Outpatient (Clinic or Hosp)**	**OR/Inpatient**
Primary Procedure Professional Fee, 100% No Facility Fee Anesthesia, 50%	Primary Procedure Professional Fee, 100% Facility Fee (APV), 50% Anesthesia, 50%	Primary Procedure Professional Fee, 100% Facility Fee (DRG), 50% No Anesthesia Fee
The discount for combining an elective cosmetic procedure with medically necessary procedure applies only to the primary procedure. Additional procedures are priced as described in the section on additional procedures.		

How the Medically Necessary Discount Is Displayed

The discount for combining an elective cosmetic procedure with a medically necessary procedure is displayed in the cost column of the CSE as a negative number that represents half of the applicable facility and anesthesia fees.

Example: CPT® Code 19318 combined with a medically necessary procedure in an OR/Outpatient (Clinic or Hosp) setting

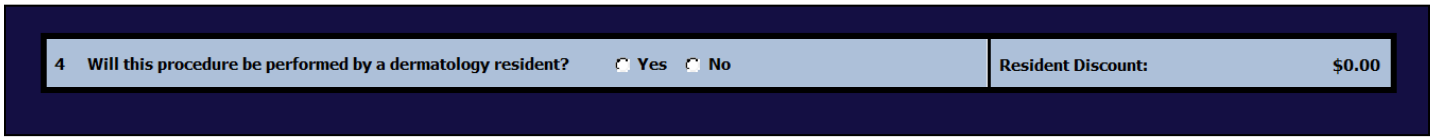
Facility Fee = $2,801.57
\+ Anesthesia = $348.81
$3,150.38
÷ 2

Amount of Medically Necessary Discount: $1,575.19

(This amount will be deducted from the initial fee for the procedure)

Professional Fee:	$1,139.75
Facility Fee:	$2,801.57
Medically Necessary Discount:	-$1,575.19
Resident Discount:	$0.00
Bilateral Cost:	$744.28
Additional Quantity Cost:	$0.00
Add-on Cost:	$0.00
Anesthesia Fee:	$348.81
Pharmaceutical Cost:	$0.00
Additional Procedure Cost:	$0.00
Implant/Supply Cost:	$0.00
Total Cost: $3,459.22	

Line 4: Dermatology Resident Discount



Selecting a Dermatology Resident Discount

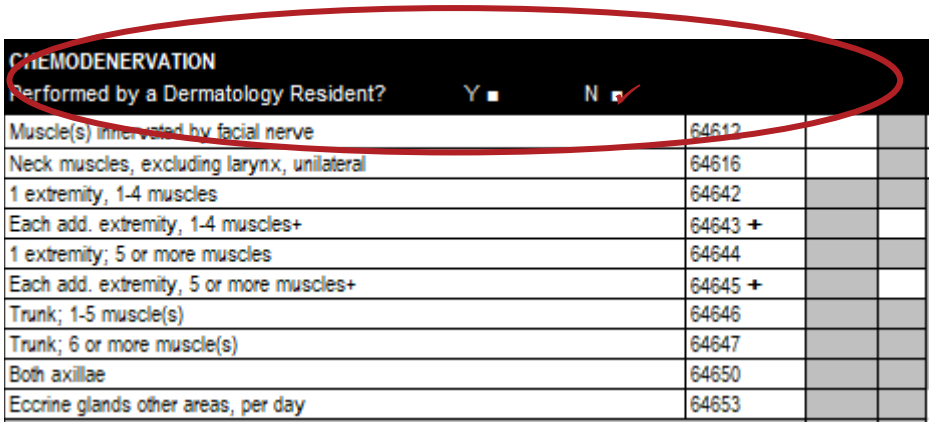
A reduced professional fee is available for chemodenervation procedures when they are performed by a Dermatology resident physician. The reduced fee is a professional fee flat rate of $50.00 for each procedure performed. Procedures performed bilaterally are charged $50.00 for each side for a total professional fee of $100.00.

Line 4: Dermatology Resident Discount becomes a required field when a chemodenervation procedure is selected on Line 1. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

If "N/A" is displayed on Line 4, the procedure selected in Line 1 is not eligible for a Dermatology resident discount.

CSE Superbill: Dermatology Resident Discount

The physician will indicate whether or not a Dermatology resident physician will be performing the elective cosmetic procedure(s) selected on the Superbill as follows:



CHEMODENERVATION Performed by a Dermatology Resident? Y ■ N ■			
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		

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

Basis for Discounting: Procedures Performed by a Dermatology Resident:

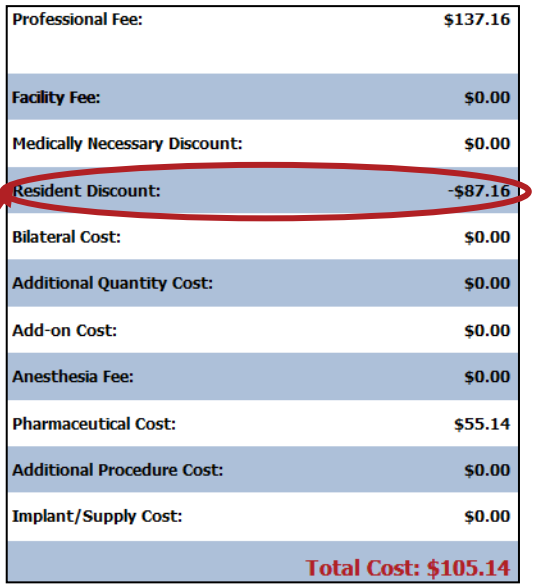
When a Dermatology resident physician performs a chemodenervation procedure, the following discount applies:

Dermatology Resident Discount		
Provider's Office	**OR/Outpatient (Clinic or Hosp)**	**OR/Inpatient**
Primary Procedure Professional Fee, $50.00 No Facility Fee	Primary Procedure Professional Fee, $50.00 Facility Fee (APV), 100%	Primary Procedure Professional Fee, $50.00 Facility Fee (DRG), 100%

Anesthesia, 100% Additional Procedure Professional Fee, $50.00 No Facility Fee Anesthesia, 50%	Anesthesia, 100% Additional Procedure Professional Fee, $50.00 No Facility Fee Anesthesia, 50%	No Anesthesia Fee Additional Procedure Professional Fee, $50.00 Facility Fee (DRG), 50% No Anesthesia Fee

How the Dermatology Resident Discount Is Displayed

The discount for chemodenervation procedures when performed by a Dermatology resident is displayed in the cost column of the CSE as a negative number that represents the difference between the published professional fee for the procedure selected and the reduced flat rate of $50.00.



Example: CPT® Code 64612 performed by a Dermatology Resident physician in a Provider's Office

CMAC Professional Fee= $137.16
\- Dermatology Resident Professional Fee= $50.00
Amount of Dermatology Resident Discount: $87.16
(This amount will be deducted from the initial fee for the procedure)

Restrictions on the Dermatology Resident Discount

The Dermatology resident discount *only* applies to the following procedures:

Chemodenervation Procedures Eligible for Dermatology Resident Discount	
CPT®/Procedure Code	**CPT®/Procedure Description**
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)
64616	Chemodenervation of muscle(s); neck muscle(s) excluding muscles of the larynx, unilateral (e.g. for cervical dystonia, spasmodic torticollis)
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	Chemodenervation of one extremity; 5 or more muscles
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles
64650	Chemodenervation of eccrine glands; both axillae
64653	Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck), per day

To return to the Table of Contents, press Ctrl + Home.

Line 5: Bilateral Procedures

Selecting a Bilateral Procedure

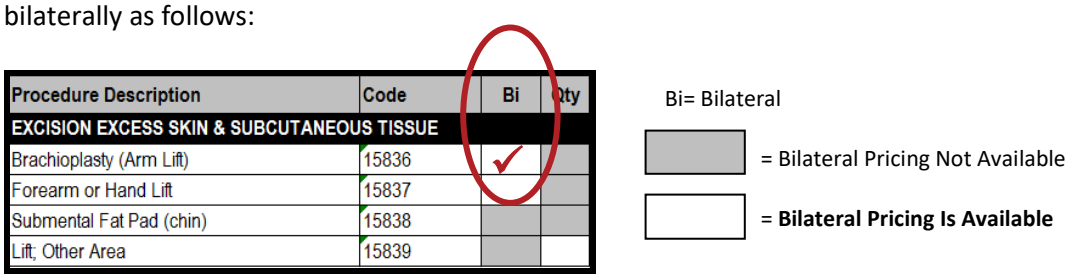
Select "Yes" or "No" to indicate whether or not the procedure selected on Line 1 will be performed bilaterally (i.e., on mirror image parts of the body). Not all procedures can be performed bilaterally; this box is only operational for procedures categorized as potentially bilateral.

Line 5: Bilateral Procedures becomes a required field when a procedure designated as possibly bilateral is selected on Line 1. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

If "N/A" is displayed on Line 5, the procedure selected in Line 1 is not categorized as bilateral, thus a bilateral discount does not apply. Check the Superbill to see if the "QTY" column indicates the procedure selected will be performed in multiple quantities. If so, enter the applicable quantity for the procedure on Line 6.

CSE Superbill: Bilateral Procedures

The physician will indicate whether or not the elective cosmetic procedure(s) selected will be performed bilaterally as follows:



Procedure Description	Code	Bi	Qty
EXCISION EXCESS SKIN & SUBCUTANEOUS TISSUE			
Brachioplasty (Arm Lift)	15836	✓	
Forearm or Hand Lift	15837		
Submental Fat Pad (chin)	15838		
Lift; Other Area	15839		

Bi= Bilateral

= Bilateral Pricing Not Available

= **Bilateral Pricing Is Available**

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

Basis for Discounting: Bilateral Procedures

The bilateral discount is applied to the second half of the procedure. The first procedure is charged at 100% and the second at 50% of the initial fee. The total charge for a bilateral procedure is 150% of the initial fee. The cost of a bilateral procedure (as displayed in the cost column of the CSE) includes applicable professional, facility, and anesthesia fees as described below:

Bilateral Procedure Discounts		
Provider's Office	**OR/Outpatient (Clinic or Hosp)**	**OR/Inpatient**
Primary Procedure = 100% Bilateral Procedure = 50% Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Bilateral Procedure = 50% Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Bilateral Procedure = 50% Professional Fee, 50% Facility Fee (DRG), 50% No Anesthesia Fee

Restrictions on Bilateral Discounting

Bilateral discounting only applies to the following procedures:

Bilateral Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid

Bilateral Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17999-Y0010	Laser skin resurfacing, non-ablative; arms
17999-Y0011	Laser skin resurfacing, non-ablative; hands
17999-Y0012	Laser skin resurfacing, non-ablative; legs
17999-Y0023	Laser hair removal; arms
17999-Y0024	Laser hair removal; underarms
17999-Y0026	Laser hair removal; legs
17999-Y0028	Laser hair removal; ears
17999-Y0050	Laser vein treatment of leg
17999-Y2189	Pectoral augmentation; male chest, with implant
17999-Y5000	Microlipoinjection/fat transfer; lips
17999-Y5001	Microlipoinjection/fat transfer; melolabial folds
17999-Y5002	Microlipoinjection/fat transfer; marionette lines
17999-Y5005	Microlipoinjection/fat transfer; tear troughs
17999-Y5006	Microlipoinjection/fat transfer; crow's feet
17999-Y5835	Buttock augmentation w/ implant
17999-Y5836	Buttock augmentation w/o implant
17999-Y5837	Calf augmentation
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Reduction mammaplasty
19324	Mammaplasty, augmentation; without prosthetic implant
19325	Mammaplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft

Bilateral Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone; extraoral approach
21296	Reduction of masseter muscle and bone; intraoral approach
36470	Injection of sclerosant, single incompetent vein (other than telangiectasia)
36471	Injection of sclerosant, multiple incompetent veins (other than telangiectasia), same leg
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
17999-Y3779	Stab phlebectomy of varicose veins, one extremity; less than 10 incisions
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve
64616	Chemodenervation of muscle(s); neck muscle(s) excluding muscles of the larynx, unilateral (e.g. for cervical dystonia, spasmodic torticollis)
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67950	Canthoplasty (reconstruction of canthus)
69300	Otoplasty, protruding ear, with or without size reduction

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Line 6: Multiple Quantities and Sessions

Selecting a Quantity or Number of Sessions

Some procedures can be performed in multiple quantities during a single surgical encounter (quantitative procedures). Other procedures generally require multiple sessions (separate surgical encounters) to achieve optimal results. Enter the number of procedures or sessions required for the primary procedure chosen on Line 1. As shown above, the text for Line 6 varies depending on whether the procedure selected on Line 1 is categorized as: (a) quantitative in nature, or (b) as a procedure generally performed in multiple sessions.

Line 6: Quantity or Number of Sessions becomes a required field when the procedure selected on Line 1 is quantitative in nature or generally requires multiple sessions to complete. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

If "N/A" is displayed on Line 6, the procedure selected in Line 1 is not generally performed in multiple quantities or sessions.

CSE Superbill: Quantity/Number of Sessions

The physician will indicate whether or not the elective cosmetic procedure(s) selected will be performed in multiple quantities or require multiple sessions as follows:

SKIN RESURFACING			Qty
Dermabrasion			
Total face	15780		
Segment; facial	15781		
Regions; non-facial	15782		2
Superficial; any site (e.g. tattoo removal)	15783		
Abrasion; single lesion	15786		
Abrasion; each addl 1-4 lesions	15787 +		
Chemical Peel			
Chem Peel; facial, epidermal	15788		
Chem Peel; facial, dermal	15789		

Qty= Quantity

= Quantity/Session Pricing Not Available

= **Quantity/Session Pricing Is Available**

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

Basis for Charges: Quantitative Procedures and Procedures Performed in Multiple Sessions

Charges for Multiple Quantities Performed During the Same Surgical Encounter		
Provider's Office	**OR/Outpatient (Clinic or Hosp)**	**OR/Inpatient**
Primary Procedure = 100% Additional Quantities Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Additional Quantities Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Additional Quantities Professional Fee, 50% Facility Fee (DRG), 50% No Anesthesia Fee

Charges for Additional Sessions (Separate Surgical Encounters)		
Provider's Office	**OR/Outpatient (Clinic or Hosp)**	**OR/Inpatient**
Multiple Sessions There is no discount applied to procedures requiring additional sessions or multiple visits. Each session is priced at 100% whether it is listed as a primary or additional procedure.	Multiple Sessions There is no discount applied to procedures requiring additional sessions or multiple visits. Each session is priced at 100% whether it is listed as a primary or additional procedure.	Multiple Sessions There is no discount applied to procedures requiring additional sessions or multiple visits. Each session is priced at 100% whether it is listed as a primary or additional procedure.

Creating an Estimate for Laser Tattoo Removal

Laser tattoo removal is a process that generally requires several sessions to achieve the desired outcome, and the number of sessions required varies by patient. Often times, information regarding the exact number of sessions required to receive an acceptable result from laser tattoo removal is not available at the time the cost estimate is generated for the initial procedure. To accommodate the variance of the procedure and maintain flexibility for patients who wish to pay for one session at a time, the following laser tattoo removal procedures can be priced individually or in multiple sessions. Costs are dependent on the size of the tattoo.

Laser Tattoo Removal	
CPT®/Procedure Code	**CPT®/Procedure Description**
17999-Y0030	Laser tattoo removal; <= 30 sq cm, single session
17999-Y0032	Laser tattoo removal; >= 31 sq cm, single session

Restrictions on Quantity/Session Pricing

Not all procedures can be priced in multiple quantities. Quantity pricing is restricted to the following procedures specifically categorized as quantitative and therefore subject to multiple procedure discounting:

Quantitative Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less

Quantitative Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins; trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous

Quantitative Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
	membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
12020	Treatment of superficial wound dehiscence; simple closure
12021	Treatment of superficial wound dehiscence; with packing
13102	Repair, complex, trunk; each additional 5 cm or less
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15787	Abrasion; each additional 4 lesions or less
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
17250	Chemical cauterization of granulation tissue (proud flesh)
17380	Electrolysis epilation, each 30 minutes
17999-Y0001	Microdermabrasion; total face
17999-Y0002	Microdermabrasion; segment, facial
17999-Y0003	Laser Skin Resurfacing, Ablative; total face
17999-Y0004	Laser Skin Resurfacing, Ablative; segment, facial
17999-Y0005	Laser Skin Resurfacing, Non-ablative; total face
17999-Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial
17999-Y0007	Laser Skin Resurfacing, Non-ablative; neck
17999-Y0008	Laser Skin Resurfacing, Non-ablative; chest
17999-Y0009	Laser Skin Resurfacing, Non-ablative; back and shoulder area
17999-Y0010	Laser Skin Resurfacing, Non-ablative; arms
17999-Y0011	Laser Skin Resurfacing, Non-ablative; hands
17999-Y0012	Laser Skin Resurfacing, Non-ablative; legs
17999-Y0019	Laser hair removal; chest

Quantitative Procedures	
CPT®/Procedure Code	**CPT®/Procedure Description**
17999-Y0020	Laser hair removal; lip, fingers, or toes
17999-Y0021	Laser hair removal; lip and chin
17999-Y0022	Laser hair removal; back
17999-Y0023	Laser hair removal; arms
17999-Y0024	Laser hair removal; underarms
17999-Y0025	Laser hair removal; bikini
17999-Y0026	Laser hair removal; legs
17999-Y0027	Laser hair removal; beard
17999-Y0028	Laser hair removal; ears
17999-Y0050	Laser Vein Treatment of Leg
17999-Y5775	Micro/mini grafts 1- 500 hairs
17999-Y5834	Lip Augmentation; upper or lower, unpaired
17999-Y6001	Piercing, each body location
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; V-excision with primary direct linear closure
40525	Excision of lip; full thickness, reconstruction with local flap
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	Resection of lip, more than 1/4, without reconstruction
40650	Repair lip, full thickness; vermilion only
40652	Repair lip, full thickness; up to half vertical height
40654	Repair lip, full thickness; over 1/2 vertical height, or complex
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)
41820	Gingivectomy, excision gingiva, each quadrant
41828	Excision of hyperplastic alveolar mucosa, each quadrant
41872	Gingivoplasty, each quadrant
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s)
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscle
69090	Ear piercing
D9972	Teeth Whitening; external bleaching, per arch
D9973	Teeth Whitening; external bleaching, per tooth
D9974	Teeth Whitening; internal bleaching, per tooth

Not all procedures can be priced in multiple sessions. Session pricing is restricted to the following procedures that are not subject to multiple procedure discounting:

Procedures Performed in Multiple Sessions (Separate Surgical Encounters)	
CPT®/Procedure Code	**CPT®/Procedure Description**
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
17380	Electrolysis epilation, each 30 minutes
17999-Y0001	Microdermabrasion; total face
17999-Y0002	Microdermabrasion; segment, facial
17999-Y0003	Laser skin resurfacing, ablative; total face
17999-Y0004	Laser skin resurfacing, ablative; segment, facial

Procedures Performed in Multiple Sessions (Separate Surgical Encounters)	
CPT®/Procedure Code	**CPT®/Procedure Description**
17999-Y0005	Laser skin resurfacing, non-ablative; total face
17999-Y0006	Laser skin resurfacing, non-ablative; segment, facial
17999-Y0007	Laser skin resurfacing, non-ablative; neck
17999-Y0008	Laser skin resurfacing, non-ablative; chest
17999-Y0009	Laser skin resurfacing, non-ablative; back and shoulder area
17999-Y0010	Laser skin resurfacing, non-ablative; arms
17999-Y0011	Laser skin resurfacing, Non-ablative; hands
17999-Y0012	Laser skin resurfacing, Non-ablative; legs
17999-Y0019	Laser hair removal; chest
17999-Y0020	Laser hair removal; lip, fingers, or toes
17999-Y0021	Laser hair removal; lip and chin
17999-Y0022	Laser hair removal; back
17999-Y0023	Laser hair removal; arms
17999-Y0024	Laser hair removal; underarms
17999-Y0025	Laser hair removal; bikini
17999-Y0026	Laser hair removal; legs
17999-Y0027	Laser hair removal; beard
17999-Y0028	Laser hair removal; ears
17999-Y0030	Laser tattoo removal; <= 30 sq cm, single session
17999-Y0032	Laser tattoo removal; >= 31 sq cm, single session
17999-Y0050	Laser Vein Treatment of Leg
D9999	Laser teeth whitening, per treatment

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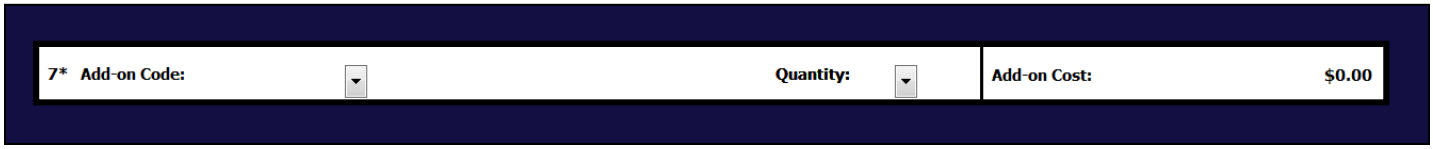
Line 7: Add-on Codes



Selecting an Add-on Code

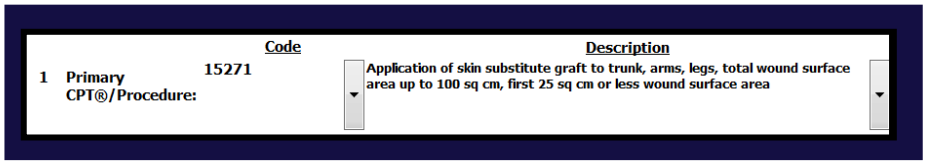
Select an add-on code to be performed in conjunction with the primary procedure selected on Line 1, if applicable.

Add-on codes are used to capture additional charges for secondary procedures that can only be done in conjunction with a specific primary procedure. Add-on codes describe additional intra-service work associated with the primary procedure. They are performed by the same physician during the same surgical encounter as the primary procedure and must never be billed as a stand-alone procedure. Add-on codes are not subject to multiple procedure discounting.

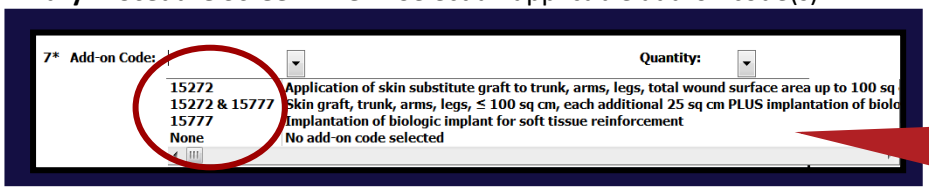
The parent procedure for an add-on code must be entered into the CSE before attempting to add the add-on code itself. Add-on codes cannot be separated from their designated parent codes in the operating room or on a bill. To ensure that add-on codes and their applicable parent codes stay together, the CSE requires entry of the parent code first.

Some CPT® codes have two applicable add-on codes. You can select one of the two codes as an additional procedure for the estimate, or you can select the two codes together as additional procedures. For example:

Primary Procedure Screen Line 1: Select a Primary CPT® Code or Description:



Primary Procedure Screen Line 7: Select an applicable add-on code(s):



Primary CPT® code 15271 has 3 options for add-on codes:
(1) 15272 only,
(2) 15777 only, and
(3) 15272 & 15277.

Line 7: Add-on Code becomes a required field when the procedure selected on Line 1 has an add-on code associated with it. If the physician has not selected an applicable add-on code on the Superbill, select "None" from the drop-down list of add-on code options. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

Not all primary CPT®/Procedure codes have add-on codes associated with them; Line 7 is only operational for select procedures. When available, only add-on codes applicable to the primary procedure selected on Line 1 will be displayed.

If "N/A" is displayed on Line 7, the procedure selected on Line 1 does not have an associated add-on code.
Enter any additional procedures indicated on the Superbill by selecting "Yes" on Line 10 and completing the additional procedures screen.

CSE Superbill: Add-on Codes

Add-on codes are marked with a plus sign (+) on the Superbill:

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 +		

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

Restrictions on Add-on Codes

The following table identifies available add-on codes and maps them to their primary procedures:

Add-On Code Map			
Primary CPT®/Procedure Code	**Primary Procedure Description**	**Add-On CPT®/Procedure Code**	**Add-On Code Description**
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)

Add-On Code Map			
Primary CPT®/Procedure Code	**Primary Procedure Description**	**Add-On CPT®/Procedure Code**	**Add-On Code Description**
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	15272 & 15777	Skin graft; trunk, arms, legs, ≤ 100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15274 & 15777	Skin graft; trunk, arms, legs, ≥100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	15276 & 15777	Skin graft; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, ≤ 100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

Add-On Code Map			
Primary CPT®/Procedure Code	**Primary Procedure Description**	**Add-On CPT®/Procedure Code**	**Add-On Code Description**
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	15278 & 15777	Skin graft; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, ≥ 100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement
15786	Abrasion; single lesion	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
19316	Mastopexy	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19318	Reduction mammaplasty	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19324	Mammaplasty, augmentation; without prosthetic implant	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19325	Mammaplasty, augmentation; with prosthetic implant	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19328	Removal of intact mammary implant	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19330	Removal of mammary implant material	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19370	Open periprosthetic capsulotomy, breast	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)

Add-On Code Map			
Primary CPT®/Procedure Code	**Primary Procedure Description**	**Add-On CPT®/Procedure Code**	**Add-On Code Description**
19371	Periprosthetic capsulectomy, breast	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
19380	Revision of reconstructed breast	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
64642	Chemodenervation of one extremity; 1-4 muscle(s)	64643	Chemodenervation of one extremity; each additional extremity; 1-4 muscle(s)
64644	Chemodenervation of one extremity; 5 or more muscle(s)	64643	Chemodenervation of one extremity; each additional extremity; 1-4 muscle(s)
64644	Chemodenervation of one extremity; 5 or more muscle(s)	64645	Chemodenervation of one extremity; each additional extremity; 5 or more muscle(s)

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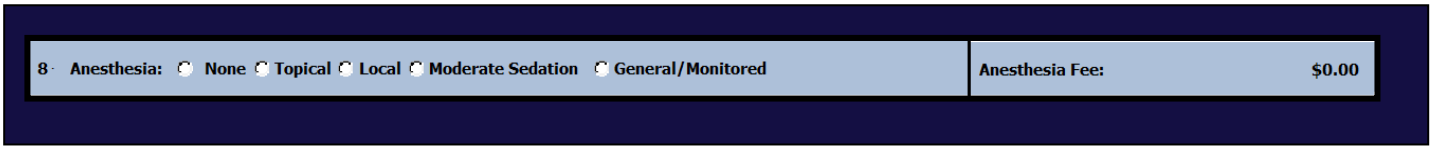
Line 8: Anesthesia



Selecting an Anesthesia Option

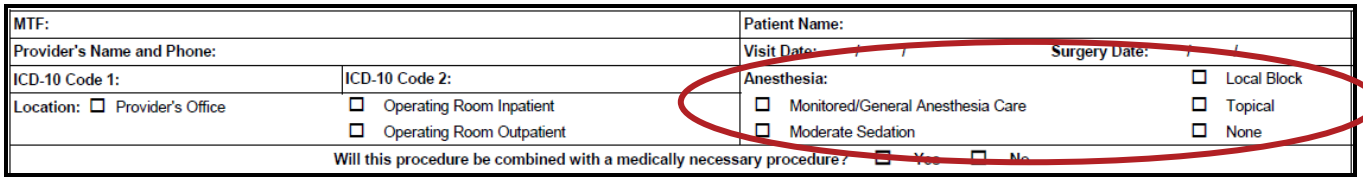
Select the type of anesthesia that will be used for the primary procedure selected on Line 1. Choose one of the following options:

- None
- Topical
- Local
- Moderate Sedation
- General/Monitored

Line 8: Anesthesia is a required field for all elective cosmetic procedure estimates. If no anesthesia will be used, select "None." You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

CSE Superbill: Anesthesia

The physician will indicate what type of anesthesia will be used in the header of the Superbill as follows:



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

Basis for Charges: Anesthesia for Elective Cosmetic Procedures

Anesthesia fees associated with elective cosmetic procedures include the cost of anesthesia pharmaceuticals, supplies, and the professional services of an anesthesiologist. Anesthesia fees are only applied to procedures performed in a provider's office or in a hospital outpatient setting. Anesthesia fees for procedures performed in a hospital inpatient setting are included in the DRG facility fee.

NOTE: Add-on codes do not generate additional anesthesia charges.

Charges for Anesthesia	
Topical	No charge. Topical anesthesia is included in the price of the procedure selected.
Local	No charge. Local anesthesia is included in the price of the procedure selected.
Moderate Sedation	The fee for moderate sedation is a flat fee based on the CMAC rate for CPT® code 99152. The moderate sedation fee for CSE v14.0 is $86.04.

Charges for Anesthesia	
General/Monitored	Fees for General/Monitored anesthesia care are calculated using the TRICARE national average anesthesia conversion factor, multiplied by the sum of anesthesia base units and national average time units (measured in 15 minute increments) of the primary procedure. An additional anesthesia charge, based on additional minutes of service is added for additional procedures performed during the same surgical encounter. **General/Monitored Care (Primary Procedure)** (Anesthesia Base Units + Time Units) * TRICARE Conversion Factor **General/Monitored Care (Additional Procedure)** (Time Units) * TRICARE Conversion Factor

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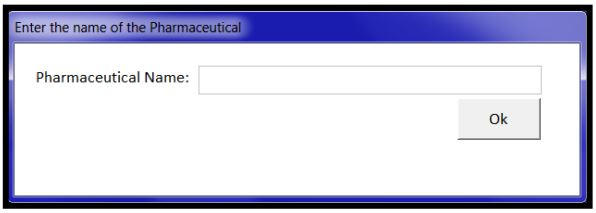
Line 9: Pharmaceuticals

Selecting a Cosmetic Pharmaceutical

If the physician has indicated that a pharmaceutical will be used for the procedure selected on Line 1, select the pharmaceutical name from the drop-down menu; enter the number of units prescribed in the quantity field, and the price per unit. Pharmaceutical options are available for subcutaneous injections (i.e., soft tissue fillers) and chemodenervation procedures.

If the specific pharmaceutical requested by the physician is not listed in the drop-down menu on Line 9, select "Other" from the list of available options. When prompted, enter the name of the unlisted pharmaceutical.



The pharmaceutical name entered in this field will appear on the cost estimate report in as part of the procedure description.

Line 9: Pharmaceuticals becomes a required field when either a subcutaneous injection or chemodenervation procedure is chosen. If the physician has not indicated which pharmaceutical will be used, select "None" from the list of pharmaceutical options. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

If "N/A" is displayed on Line 9, the procedure selected in Line 1 does not have a specific cosmetic pharmaceutical associated with it. To add a non-covered pharmaceutical for this procedure, select "Yes" on Line 11 and manually enter the pharmaceutical name, unit price, and quantity when prompted.

CSE Superbill: Pharmaceuticals

The physician will indicate what cosmetic pharmaceutical will be used with the elective cosmetic procedure(s) on the Superbill as follows:

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	

Price=Pharmaceutical price per unit

Qty= Number of units required for the procedure selected

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

Cosmetic Pharmaceutical Prices

The price of Botox® is pre-populated at the TRICARE allowable price of $6.15/unit. The price of Dysport is pre-populated at the TRICARE allowable price of $1.65/unit. The price of Xeomin® is pre-populated at the TRICARE allowable price of $5.08/unit. If the local pharmacy provides a purchase price for the pharmaceutical, you must override the pre-populated pharmaceutical charge by typing over the pre-populated unit price. All cosmetic pharmaceuticals are billed to the patient at the full cost paid by the MTF. Contact your MTF pharmacy to obtain the current price of a particular pharmaceutical requested by the physician.

Cosmetic Pharmaceuticals Used in the CSE	
Chemodenervation	
For CPT® Codes: 64612, 64616, 64642, 64643, 64644, 64645,64646, 64647, 64650, 64653 Choose from: • Botox® • Dysport® • Xeomin® • Other_____	
Subcutaneous Injection of Filling Material	
For CPT® Codes: 11950, 11951, 11952, 11954 Choose from: • Artecoll® • Artefil® • Captique® • Collagen • Cymetra® • CosmoDerm® • CosmoPlast® • Dermadeep® • Dermalive® • Evolence® • Fascian®	• Fat Transfer • Hylaform® • Juvederm® • Perlane® • Radiesse® • Restylane® • Sculptra® • Silicone • Zyderm® • Zyplast® Other_____

Creating an Estimate for a Pharmaceutical Without a Procedure

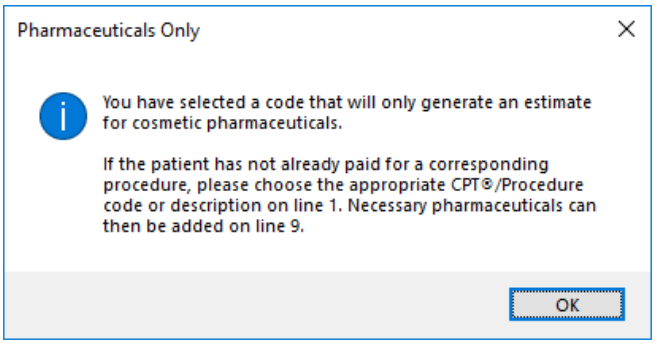
Most often pharmaceuticals are priced in the same estimate as the procedure requiring the pharmaceutical. Occasionally, however, there is a need to create an estimate for a pharmaceutical without a procedure attached. For example, if a patient returns to the MTF for a chemodenervation touch up within the 10 day global period, the patient would be responsible for the cost of the additional pharmaceutical used, but no additional procedure charges would apply.

A request for an estimate for a pharmaceutical only should be accompanied with a CSE Superbill completed as shown:

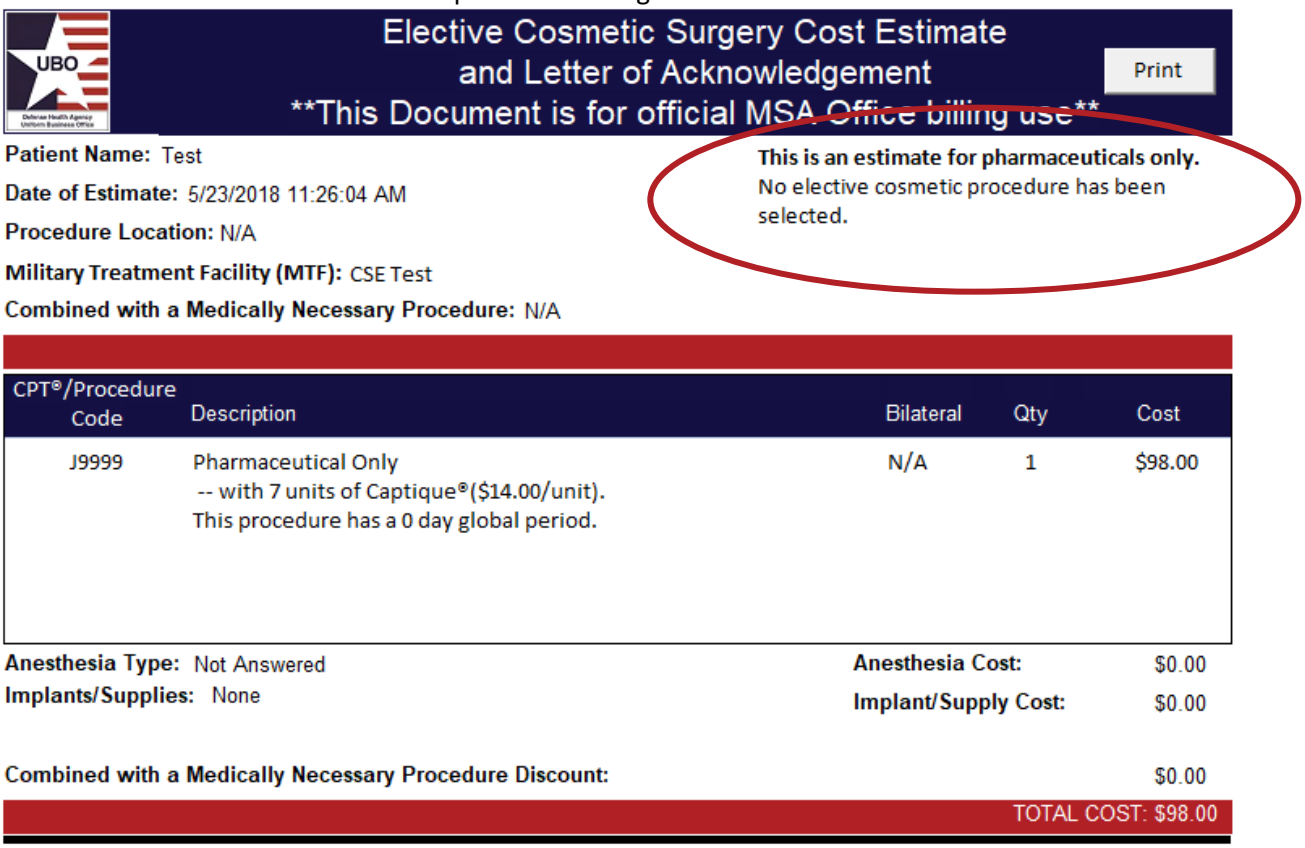
PHARMACEUTICAL ONLY		Pric	Qty
Name: Captique	J9999	$14	7

To create an estimate for a pharmaceutical without a procedure:

1. **Select code J9999** from the drop-down menu on Line 1 of the primary procedure screen.
2. You will receive the following message:



3. Click "OK" to continue.
4. The only CSE data entry line allowed for this type of estimate is Line 9 where the necessary pharmaceutical can be entered.
5. Select the pharmaceutical requested by the physician on the Superbill from the drop-down menu.
6. If the name of the pharmaceutical specified by the physician is not listed, select "Other" from the list of available options. When prompted, enter the name of the unlisted item.
7. Enter the price per unit and the number of units required as indicated by the physician on the Superbill.
8. View, print, or save the cost estimate report.
9. An estimate generated for a pharmaceutical will contain the following message to easily identify estimates that do not include procedure charges:



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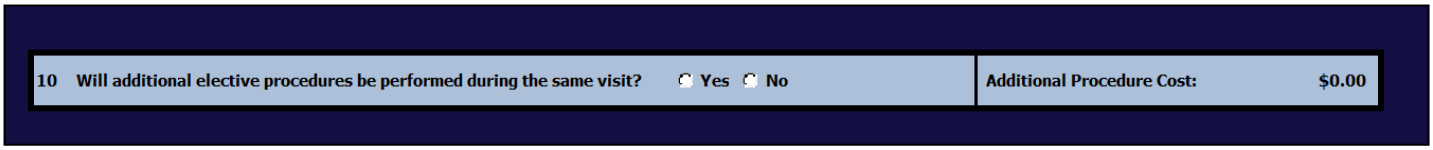
Line 10: Additional Procedures

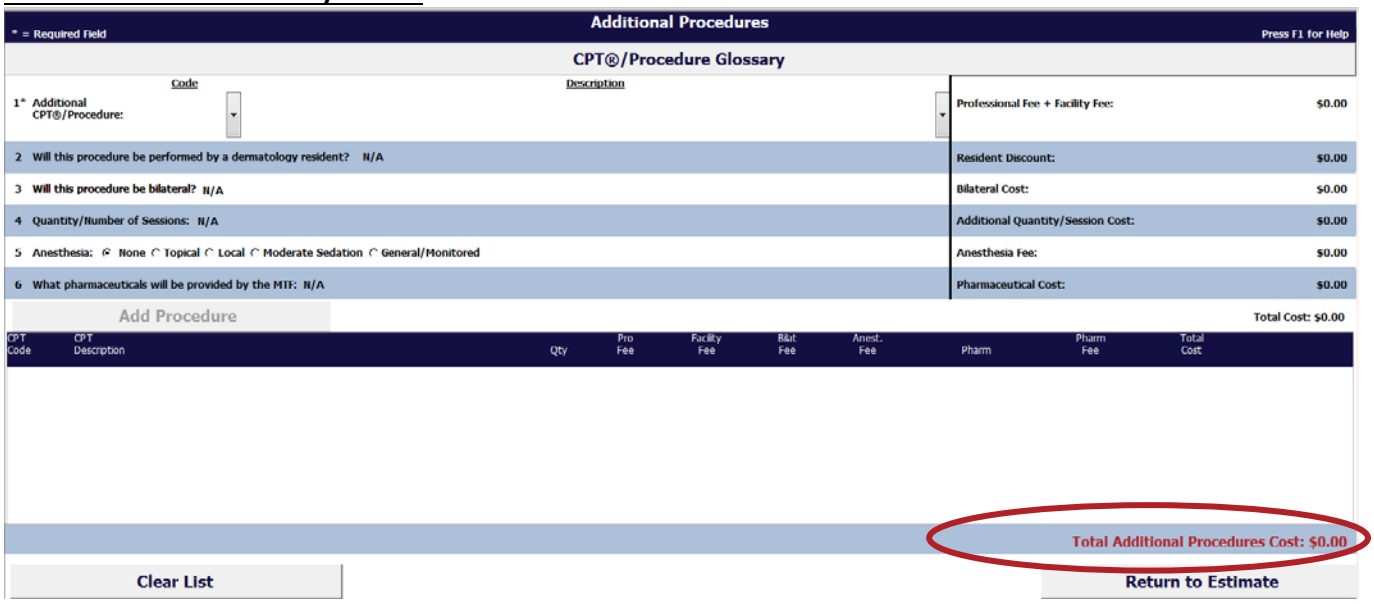


Selecting Additional Procedures

Select "Yes" or "No" to indicate whether more than one elective cosmetic procedure will be performed during the same surgical encounter. If "Yes" is selected, a new window will open where additional procedures may be added to the cost estimate.

Line 10: Additional Procedures is a required field for all elective cosmetic procedure estimates. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

Additional Procedure Entry Screen



The layout of the additional procedure screen is similar to the primary procedure screen:

Additional Procedure Screen Line 1: CPT®/Procedure Code and Description

Select an additional CPT®/Procedure code or description using the drop-down menus provided. Procedures entered here must have a cost rank lower than that of the primary procedure. (See discussion of Lines 1 and 2: Primary Procedure and Procedure Location for more information on professional and facility fees associated with elective cosmetic procedures.)

Additional Procedure Screen Line 2: Dermatology Resident Discount

If a chemodenervation procedure (CPT® code 64612, 64616, 64642, 64643, 64644, 64645, 64646, 64647, 64650, or 64653) is selected, select "Yes" or "No" to indicate whether a Dermatology resident will be performing the procedure. (See discussion of Line 4: Dermatology Resident Discount for more information.)

Additional Procedure Screen Line 3: Bilateral Procedures

Select "Yes" or "No" to indicate whether the additional procedure selected on Line 1 will be performed bilaterally (i.e., on mirror image body parts). (See discussion of Line 5: Bilateral Procedures for more information.)

Additional Procedure Screen Line 4: Multiple Quantities and Sessions

Select "Yes" or "No" to indicate whether or not the additional procedure selected on Line 1 will be performed either in multiple quantities during the same surgical session or multiple sessions. (See discussion of Line 6: Quantity/Number of Sessions for more information on quantitative procedures and procedures performed in multiple sessions.)

Additional Procedure Screen Line 5: Anesthesia

The CSE defaults the anesthesia selection for additional procedures to the same option chosen on Line 8 for the primary procedure. In the event that different types of anesthesia will be used, select the type of anesthesia that will be used for the additional procedure selected on Line 1. (See discussion of Line 8: Anesthesia for more information.)

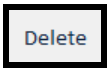
Additional Procedure Screen Line 6: Pharmaceuticals

If applicable, select the cosmetic pharmaceutical associated with the additional procedure selected on Line 1. (See discussion of Line 9: Pharmaceuticals in the primary procedure section for more information.)

Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear. You will not be able to add an additional procedure to the estimate until a selection has been made for all required fields.

Once selections for all required fields have been made:

- Click 

to include the selected additional procedure in the estimate. A table displaying information for each additional procedure selected will appear at the bottom of the screen.
- If you change your mind, you can delete an individual procedure from the list by clicking the 

button located at the end of the row for the procedure you want to delete.
- If you make a mistake, you can edit procedure details by clicking the 

button located at the end of the row for the procedure you want to update.
- To delete all of the additional procedures listed in the table, click 

.
- The total cost for all additional procedures entered will be displayed in the lower right corner of the additional procedure screen as shown above.
- Once all additional procedures have been added, click 

to return to the main screen and complete the estimate.

- If you wish to return to the additional procedure entry screen, click **View/Edit Additional Procedures** in the lower right corner of the main screen. This will let you view the current list of additional procedures, add more procedures, or delete a procedure already entered.

Basis for Discounting: Additional Elective Cosmetic Procedures

If multiple elective cosmetic procedures are performed during *the same* surgical encounter, a discount is applied. Professional and facility fees for additional elective cosmetic procedures are reduced by 50% from the initial charge (note the APV based facility fee is only charged once per surgical encounter). There is no discount applied to *additional sessions performed during separate surgical encounters*. Each additional session performed during a separate surgical encounter is priced at 100% whether it is listed as a primary or additional procedure. Add-on codes are never discounted. Each add-on procedure is priced at 100% whether it is entered on the primary or additional procedure screen.

Discounts for Additional Elective Cosmetic Procedures		
Provider's Office	**OR/Outpatient (Clinic or Hosp)**	**OR/Inpatient**
Primary Procedure= 100% Additional Procedure= 50% Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure= 100% Additional Procedure= 50% Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure= 100% Additional Procedure= 50% Professional Fee, 50% Facility Fee (DRG), 50% No Anesthesia Fee
Exceptions: 1) There is no discount applied to additional sessions performed during separate surgical encounters. Each session is priced at 100% whether it is listed as a primary or additional procedure. 2) Add-on codes are never discounted. Each procedure is priced at 100% whether it is entered on the primary or additional procedure screen.		

Restrictions on Adding Additional Procedures

When generating a cost estimate for more than one elective cosmetic procedure performed during the same surgical encounter, additional procedures must have a lower cost rank than the primary procedure entered on the main screen. Procedures are ranked based on their applicable professional fees. The procedures are ranked from least expensive to most expensive: the higher the cost rank, the higher the professional fee.

To determine the cost rank of a procedure, select a CPT®/Procedure code or description on Line 1 and a procedure location on Line 2. The cost rank for the selected procedure is displayed in the red cost rank box in the upper right hand corner of the screen. Please refer to Appendix D for a full list of CSE procedures and cost ranks.

The CSE will not allow an additional procedure to be entered if its cost rank is higher than the primary procedure. Should you encounter an error message, add the higher priced procedure on the main screen and the lower priced procedure on the additional procedure screen.

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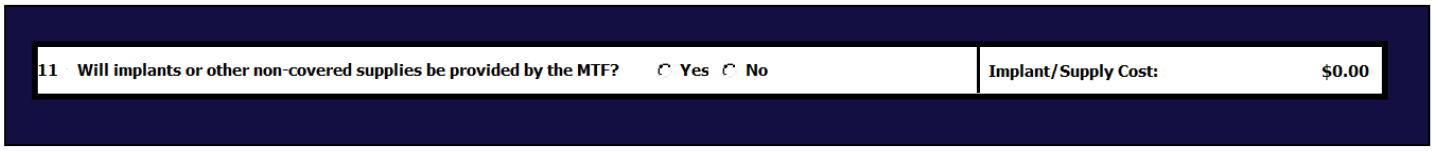
Line 11: Implants and Supplies



Selecting Implants and Non-Covered Supplies

Select "Yes" or "No" to indicate whether implants or other non-covered supplies will be supplied by the MTF. If "Yes" is selected, a new window will open where charges for cosmetic implants and other non-covered, separately billable supplies must be added to the cost estimate.

Exception: For outpatient procedures 19325, 19342, 19357, 17999-Y2189, 17999-5835, 17999-5837, 65760, 65765, and 65767, the cost of the device is included in the APV rate. Do not charge for additional devices or implants when these procedures are performed in an outpatient setting.

Line 11: "Implants and Non-Covered Supplies" is a required field for all elective cosmetic procedure estimates.

You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

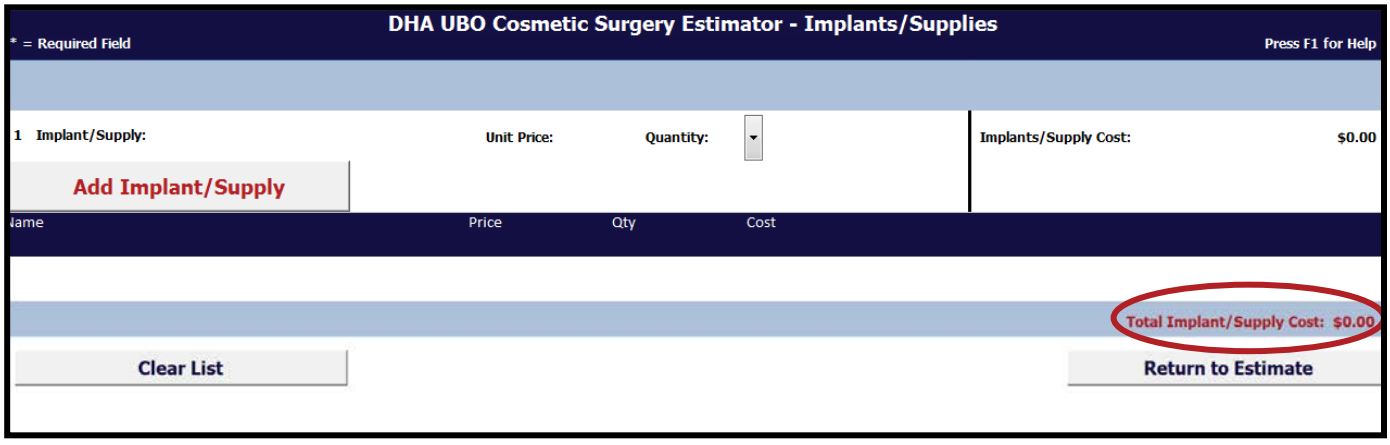
CSE Superbill: Implants and Non-Covered Supplies

The physician will indicate whether or not implants and/or non-covered supplies will be required for the procedure(s) selected on Superbill as follows:

OTHER SUPPLIES	Price	Qty
Name: Pectoral Implant #89776578	$572.00	2
Name:		

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

Implants/Supplies Entry Screen



Implants/Supplies Line 1: Implant and Supply Pricing Information

Enter the name, unit price, and quantity of cosmetic implants or other non-covered, separately billable supplies required for both the primary and additional procedures selected for this estimate.

- Click **Add Implant/Supply** to include the information entered in the estimate.
- To delete an individual implant or supply from the list, click the Delete button at the end of the row for the implant/supply you want to delete.
- To modify components of an individual implant or supply from the list, click the Edit button at the end of the row for the implant/supply you want to edit.
- To delete all of the implants and supplies listed in the table, click **Clear List**.
- The total cost for all implants and supplies entered will be displayed in the lower right corner of the screen as shown above.
- Once all necessary implants and supplies have been added, click **Return to Estimate** to return to the main screen.
- If you wish to return to the implant and supply entry screen, click **View/Edit Implants and Supplies** in the lower right corner of the main screen. This will let you view the current list of implants and supplies, add more implants and supplies, or edit/delete an implant or supply already entered.

Creating an Estimate for Implants and Supplies Without a Procedure

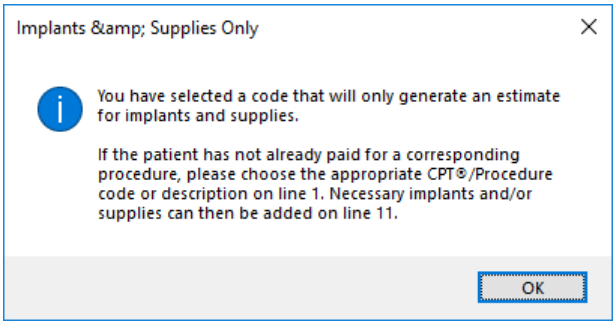
Most often, implants and supplies are priced in the same estimate as the procedure requiring the implant or supply. Occasionally, however, there is a need to create an estimate for implants and/or supplies without a procedure attached. For example, it may be necessary to price cosmetic implants after the preoperative visit with the physician—once the appropriate size and type are determined. Additionally, the CSE may be used to price an elective non-covered implant that will be used for a medically necessary procedure.

A request for an estimate for an implant/supply only should be accompanied with a CSE Superbill completed as shown:

IMPLANT/SUPPLY ONLY		Price	Qty
Name: Dental Implant #25669874	C9999	$346.00	1

To create an estimate for an implant or non-covered supply without a procedure:

1. **Select code C9999** from the drop-down menu on Line 1 of the primary procedure screen.
2. You will receive the following message:



3. Click “OK” to continue.
4. The only CSE data entry line allowed for this type of estimate is Line 11 where pricing information for the necessary implants and/or supplies can be entered. Selecting “Yes” will open a new window where pricing information can be entered.
5. Enter the name of the implant/supply, price per unit, and the number of units required as indicated by the physician on the Superbill.
6. Click **Add Implant/Supply** to include the information entered in the estimate.
7. To delete an individual implant or supply from the list, click the Delete button at the end of the row for the implant/supply you want to delete.
8. To modify components of an individual implant or supply from the list, click the Edit button at the end of the row for the implant/supply you want to edit.
9. Once all necessary implants and supplies have been added, click **Return to Estimate** to return to the main screen.
10. View, print, or save the cost estimate report.
11. An estimate generated for an implant or supply only will contain the following message to easily identify:

Elective Cosmetic Surgery Estimate

Name: Jane Doe
Date of Estimate: 6/24/2012 11:10:54 PM
Procedure Location: Not Answered
Combined with a Medically Necessary Procedure: Not Answered

This is an estimate for implants/supplies only.
No elective cosmetic procedure has been selected.

CPT®/Procedure Code	Description	Bilateral	Qty	Cost
C9999	Implant or Supply only	N/A	1	$0.00
	This procedure has a 0 day global period.			

Anesthesia Type: Not Answered
Anesthesia Cost: $0.00
Implants/Supplies: Supply1
Implant 1
Implant/Supply Cost: $1,400.00

TOTAL COST: $1,400.00

Implant and Supply Prices

All cosmetic implants and supplies are billed to the patient at the full cost paid by the MTF. The pharmacy or MTF clinic can provide you with the appropriate price to be entered into the CSE.

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Total Cost of Elective Cosmetic Procedures

In accordance with HA 05-020: "Policy for Cosmetic Surgery Procedures in the Military Health System" (see Appendix D), all patients, including active duty personnel, undergoing elective cosmetic surgery procedures must pay the full cost for all procedures in accordance with the fee schedule published annually by the Office of the Secretary of Defense Comptroller.

Each entry item of the CSE represents one portion of the total cost of an elective cosmetic procedure. Elective cosmetic procedure prices include charges for:

- Professional Services (Physician Providers)
- Facility/Institutional Resources
- Anesthesia
- Cosmetic Pharmaceuticals
- Cosmetic Implants
- Non-covered Supplies

In addition, depending on the combination of procedures chosen and the location of service, there may be discounts applied to the above charges based on:

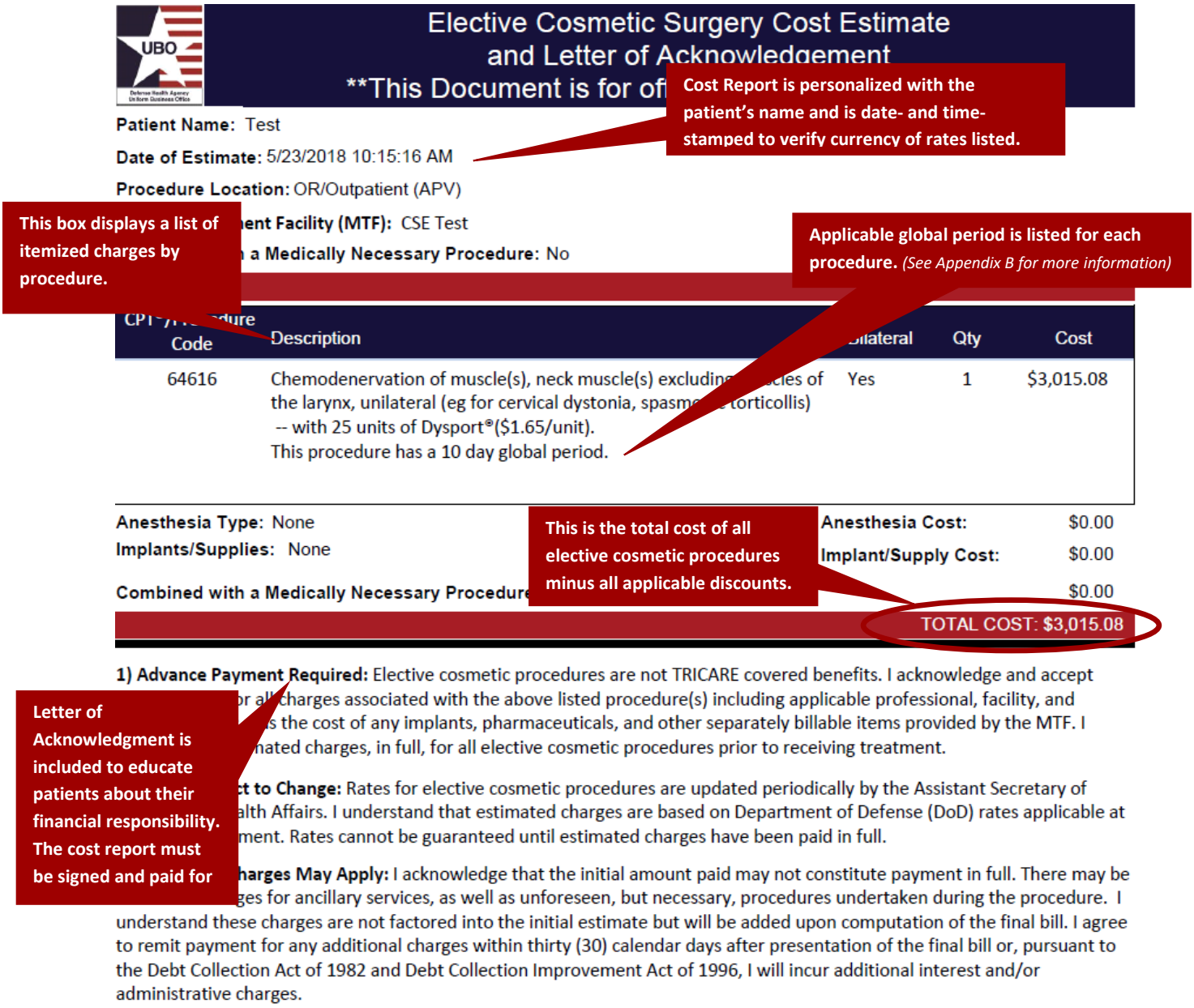
- Combining an elective cosmetic procedure with a medically necessary procedure
- Procedures performed by a Dermatology resident
- Multiple elective cosmetic procedures performed during the same surgical encounter.

To return to the Table of Contents, press Ctrl + Home.

Elective Cosmetic Surgery Cost Estimate Report

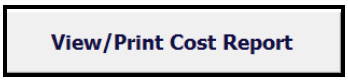
Once all necessary information for the procedure(s) selected on the Superbill has been entered, you may view, print, or save the completed estimate. The CSE automatically generates a cost estimate report that itemizes the estimated fee for each procedure entered as well as any applicable fees for anesthesia, implants, or other non-covered supplies. The CSE Cost Estimate Report also includes the patient's Letter of Acknowledgment (LOA), which was previously maintained as a standalone document. Upon agreement of all payment policies, a patient will sign and date the CSE Cost Estimate Report and LOA and return it to the MSA office. The combined CSE Cost Estimate Report and LOA must be kept in the patient's file along with other documentation related to the elective cosmetic procedure(s).

A sample CSE Cost Estimate Report is shown below:



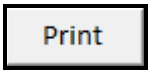
Before viewing, printing, or saving a cost estimate, you will be prompted to enter the patient's name. The patient's name will be displayed on the first line of the cost estimate report. If you do not want to enter the patient's name on the cost estimate report, you can click "OK" to bypass this prompt.

View a Completed Cost Estimate Report

To view a completed cost estimate, click 

located at the bottom of the main screen. When prompted, enter the patient's name, and click OK. A new window will open displaying the completed Cost Estimate Report.

Print a Completed Cost Estimate Report

To print a completed cost estimate report, follow the instructions above for viewing an estimate. You then have two options: you can use **'Ctrl P'** or you can click the 

button at the top of the Elective Cosmetic Surgery Estimate report. A copy of the completed estimate will be sent to your default printer.

Save a Completed Cost Estimate Report

To save a completed cost estimate, click 

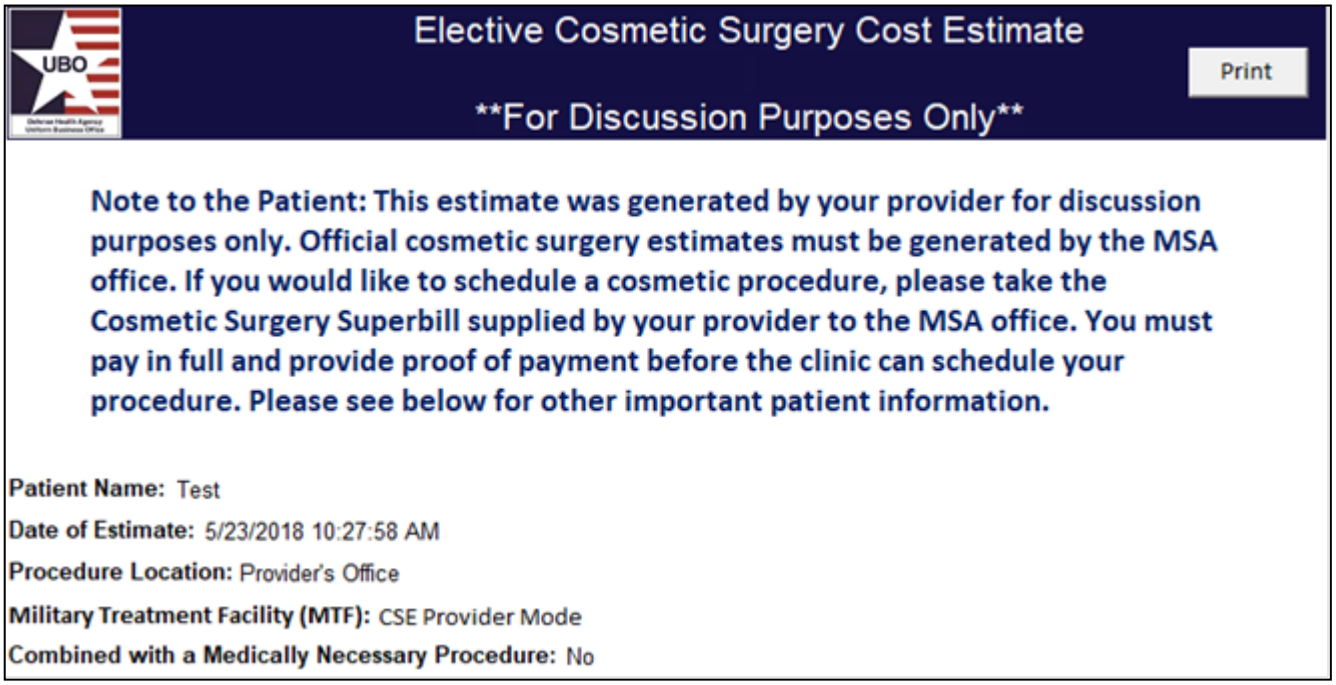
located at the bottom of the main screen. When prompted, enter the patient's name, and click "OK." A "file save" window will open. Specify to which computer directory and folder you would like to save your estimate and click "OK." The default file name is "CSE Report YYYYMMDD.pdf", but this can be updated easily by the user.

CSE cost estimate reports are saved as PDF documents and can be accessed by anyone with Adobe Reader or Adobe Acrobat software.

To return to the Table of Contents, press Ctrl + Home.

Provider Elective Cosmetic Surgery Cost Estimate Report

In addition to the CSE distributed to MSA staff, the DHA UBO also distributes a provider's version upon request so the physician may generate an estimate for their patients "**for discussion purposes only**." The cost estimate report generated by the provider's CSE version includes a prominent note to the patient at the top stating, *"Note to the Patient: This estimate was generated by your provider for discussion purposes only. Official cosmetic surgery estimates must be generated by the MSA office. If you would like to schedule a cosmetic procedure, please take the Cosmetic Surgery Superbill supplied by your provider to the MSA office. You must pay in full and provide proof of payment before the clinic can schedule your procedure. Please see below for other important patient information."*



The Provider Version cost report also includes the LOA language included on the official MSA cost report. However, Patients do not to sign the provider version cost report and LOA, as it is an estimate for informational and discussion purposes only. Official cost estimates/report may only be obtained from the MTF MSA office.

TOTAL COST: $2,035.88

All patients undergoing cosmetic procedures much sign a Letter of Acknowledgement that states the following:

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

2) Prices Subject to Change: Rates for elective cosmetic procedures are updated periodically by the Assistant Secretary of Defense for Health Affairs. I understand that estimated charges are based on Department of Defense (DoD) rates applicable at the time of payment. Rates cannot be guaranteed until estimated charges have been paid in full.

3) Additional Charges May Apply: I acknowledge that the initial amount paid may not constitute payment in full. There may be additional charges for ancillary services, as well as unforeseen, but necessary, procedures undertaken during the procedure. I understand these charges are not factored into the initial estimate but will be added upon computation of the final bill. I agree to remit payment for any additional charges within thirty (30) calendar days after presentation of the final bill or, pursuant to the Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996, I will incur additional interest and/or administrative charges.

4) Global Periods for Elective Cosmetic Procedures: Charges for some elective cosmetic procedures include a global period during which routine postoperative follow-up visits and treatment (e.g. removal of stitches or sutures, treating infected wounds, and dressing changes) are covered at no additional charge. Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges unless deemed medically necessary. Global periods are listed on the cost estimate report where applicable.

5) Refunds: I understand that if I decide, prior to my scheduled procedure date, not to have an elective cosmetic procedure, I am entitled to a refund of all monies paid for the cancelled procedure. If I change my mind after the procedure has started, applicable professional and ancillary fees will be deducted from the initial payment amount before a refund is issued. Refunds may take up to 8 weeks for processing.

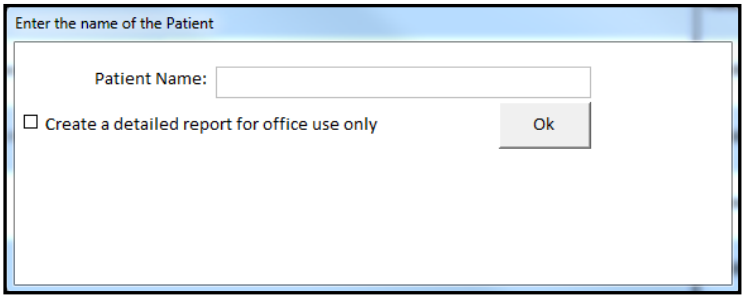
6) Follow-up Care: I acknowledge that follow-up care after an elective cosmetic procedure is not guaranteed in an MTF because the care required may exceed the ability of the facility and/or there may not be appointments available when I

Elective Cosmetic Surgery Estimator Detail Report

The Elective Cosmetic Surgery Estimator Detail Report is a separate CSE detail report for MSA internal use only that itemizes the individual price components for each procedure. This report is designed to assist in explaining estimate details to patients and facilitate data entry into the MTF's billing solution (e.g., Armed Forces Billing and Collection Utilization Solution (ABACUS or future billing solution). This document is intended "For Office Use Only- Not to be Issued to Patient." and is not available in the Provider's version of the CSE.

There are two ways in which to view the internal detail report: using **'Ctrl D'** or selecting "View/Print Cost Report."

When using '**Ctrl D**,' you will receive a prompt that says "Enter the name of the Patient." Before viewing or printing the Estimator Detail Report, you will be asked to enter the patient's name. The patient's name will be displayed on the first line of the Estimator Detail Report. (If you do not want to enter the patient's name on the cost estimate report, click "OK" to bypass this prompt.) Check the box "Create a detailed report for office use only." The Estimator Detail Report will appear on the screen and can be printed by using '**Ctrl P**.'



When generating the Estimator Detail Report by selecting 

at the bottom of the primary procedure screen, you will receive the same "Enter the name of the Patient" prompt as you would if you used **'Ctrl D'**. Before viewing or printing the Estimator Detail Report, you will be asked to enter the patient's name. The patient's name will be displayed on the first line of the Estimator Detail Report. (If you do not want to enter the patient's name on the cost estimate report, click "OK" to bypass this prompt.) Check the box "Create a detailed report for office use only." Once you select "Ok," you will be taken to the Elective Cosmetic Surgery Estimate. Print the Elective Cosmetic Surgery Estimate. Once you are finished, exit out of the Estimate using the 'X' in the top right hand corner of the estimate. This will bring you to the Estimator Detail Report. The Estimator Detail Report will appear on the screen and can be printed by using **'Ctrl P'**.

Following is a sample estimator detail report:

This Detail Report is for office use only. Do not distribute this report to the patient.

DHA UBO Cosmetic Surgery Estimator Detail Report
(For Office Use Only - Not to be issued to patient)

Detail Report is personalized with the patient's name (if included) and is date- and time-stamped to verify currency of rates

Name: Test
Date of Estimate: 5/23/2018 11:15:22 AM
Procedure Location: OR/Outpatient (APV)
Combined with a Medically Necessary Procedure: No

PRIMARY PROCEDURE

30430 Rhinoplasty, secondary, minor revision (small amount of nasal tip work)	Professional Fee: $943.55
	Facility Fee: $2,801.57
	Medically Necessary Discount: $0.00
Performed by a Dermatology Resident? N/A	Resident Discount: $0.00
Performed Bilaterally? N/A	Bilateral Discount: $0.00
Quantity/Number of Sessions? 1	Additional Quantity/Session Cost: $0.00
Anesthesia Selected? General/Monitored	Anesthesia Fee: $242.52
Pharmaceutical Provided by MTF?	Pharmaceutical Cost $0.00, /Unit, Unit(s)
	Total Cost (Primary Procedure): $3,987.64

These boxes display a list of itemized charges by procedure. The Detail Report breaks out fees and discounts for each procedure, unlike the Elective Cosmetic Surgery Estimate.

ADDITIONAL PROCEDURE

15820 Blepharoplasty, lower eyelid	Professional Fee: $257.58
	Facility Fee: $0.00
	Medically Necessary Discount: $0.00
Performed by a Dermatology Resident? N/A	Resident Discount: $0.00
Performed Bilaterally? Yes	Bilateral Discount: $361.97
Quantity/Number of Sessions? 1	Additional Quantity/Session Cost: $0.00
Anesthesia Selected? General/Monitored	Anesthesia Fee: $48.93
Pharmaceutical Provided	Pharmaceutical Cost $0.00, /Unit, Unit(s)
	Total Cost (Additional Procedure): $668.47

This is the total cost of additional elective cosmetic procedures minus all applicable discounts.

IMPLANTS/NON-COVERED SUPPLIES

Implant Name	Unit Cost	Quantity	Total
Rhinoplasty Implant	$250.00	1	$250.00
			Total Implant/Supply Cost: $250.00

This is the total cost of all elective cosmetic procedures minus all applicable discounts.

Total Estimate Cost: $4,906.12

About the CSE

In 2005, the Department of Defense (DoD) Office of Health Affairs (HA) published HA Policy 05-020 "Policy for Cosmetic Surgery Procedures in the Military Health System" (25 Oct 2005). (The entire policy is reprinted in Appendix A.) HA Policy 05-020 superseded and provided updated guidance on a 1992 HA policy that allowed a limited number of cosmetic surgery cases to "support graduate medical education training, board eligibility and certification, and skill maintenance for certified specialists in plastic surgery, ear, nose and throat, ophthalmology, dermatology, and oral surgeries."

The 2005 policy reinforced the following DoD HA policy:

- Elective cosmetic surgery is not a TRICARE covered benefit.
- A limited number of cosmetic surgery cases are permitted in Military Treatment Facilities (MTFs) to support graduate medical education training, skill maintenance, certification, and recertification for qualified specialists.
- A provider may not spend more than 20 percent of his or her case load on cosmetic surgery procedures.
- Elective cosmetic surgery is performed on a "space-available" basis only. Elective cosmetic surgery cases will not be performed if they would cause other medically necessary and/or reconstructive surgery cases to be cancelled or rescheduled.
- Elective cosmetic surgery procedures are restricted to TRICARE-eligible beneficiaries as defined in 10 USC Chapter 55, including TRICARE for Life participants who will not lose TRICARE eligibility for at least 6 months.
- Active Duty personnel must have written permission from their unit commander before undergoing an elective cosmetic surgery procedure.
- All patients, including active duty personnel, must pay estimated costs (i.e., applicable professional, facility, and anesthesia fees plus the costs of any implants, injectables, and other separately billable items), in full for all elective cosmetic procedures before surgery is scheduled. Pre-payment is based on services such as laboratory, radiology, pharmacy, and performance of additional unforeseen necessary procedures may apply. Additional fees must be paid within thirty (30) calendar days after receiving a final bill.
- A letter of acknowledgement of financial responsibility to cover the cost of any unanticipated services (e.g., long term follow-up care and revision surgeries) must be signed prior to scheduling and performing the elective cosmetic surgery.

References

Code of Federal Regulations, Title 32, Part 199.4, CHAMPUS "Basic Program Benefits"

DoD 6010.15-M, "Military Treatment Facilities Uniform Business Office (UBO) Manual," November 2006

Health Affairs Policy 05-020, "Policy for Cosmetic Surgery Procedures in the Military Health System," October 25, 2005

Assistant Secretary of Defense (Health Affairs), Outpatient Medical Dental and Cosmetic Procedure Reimbursement Rates and Guidance, current version

DHA UBO Website at [http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office]

Acronyms and Definitions

AMA – American Medical Association

Anesthesia Rates – Rates for these professional services are derived from the current year's DHA UBO Outpatient Itemized Billing Anesthesia rate table.

APU – Ambulatory Procedure Unit

APV – Ambulatory Procedure Visit

Add-on Code - Add-on codes are used to capture additional charges for secondary procedures that can only be done in conjunction with a particular procedure. Add-on codes describe additional intra-service work associated with the primary procedure.

Additional Procedures – The subsequent procedure(s) performed during the same operating session on the same day as the primary procedure.

Bilateral Procedure – The same procedure performed on both sides of the body or members of paired organs (right and left) during the same operative session or on the same day.

CHAMPUS – Civilian Health and Medical Program of the Uniformed Services

CMAC – CHAMPUS Maximum Allowable Charge

Covered Service – A medical service an enrollee may receive at no additional charge or with an incidental co-payment under the terms of a prepaid health care contract.

CSE – Cosmetic Surgery Estimator. A Microsoft Access-based software application developed and published by DHA UBO to help MSA clerks estimate the cost of and collect payment for a cosmetic procedure(s) before it is (they are) performed.

CPT® – Current Procedural Terminology. A systematic listing of codes that classify medical services and procedures. CPT copyright 2010 AMA. All rights reserved. CPT is a registered trademark of the AMA.

DoD – Department of Defense

DHA – Defense Health Agency

DRG – Diagnosis Related Group

Elective Cosmetic Surgery – Any elective plastic surgery performed to reshape normal structures of the body in order to improve the patient's appearance or self- esteem.

GME – Graduate Medical Education

HA – Health Affairs, DoD

I&R – Invoice & Receipt

ICD-9-CM – International Classification of Diseases, Ninth Revision, Clinical Modification

IP – Inpatient

Implants – Objects, devices or materials inserted or grafted into the body.

Letter of Acknowledgement – A letter that must be signed by a patient before any elective cosmetic surgery can be scheduled and performed. In the letter, the patient agrees to pay any additional costs associated with the surgery. (See sample letter in Appendix C.)

MAC (Monitored Anesthesia Care) – Includes varying levels of sedation, analgesia, and anxiolysis as necessary and subject to the same level of payment as general anesthesia.

MHS – Military Health System

MSA – Medical Services Account. For this User Guide, MSA involves billing and collecting funds from eligible DoD beneficiaries for elective cosmetic surgical procedures.

MTF – Military Treatment Facility

OR – Operating Room

Procedure – For this User Guide, a surgical method for modifying or improving the appearance of a physical feature, defect, or irregularity.

Reconstructive Surgery – Any plastic surgery performed on abnormal structures of the body which are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate a normal appearance.

Sessions – Specific procedure codes that can be performed on separate dates of service.

Superbill – A paper form for capturing detailed procedural codes for proposed elective cosmetic procedures. The provider identifies the correct procedure(s) on the Superbill and gives it to the patient or directly to the MSA clerk to enter in the CSE to estimate the cost of the procedure(s).

UBO – Uniform Business Office

UBU- Unified Biostatistical Utility

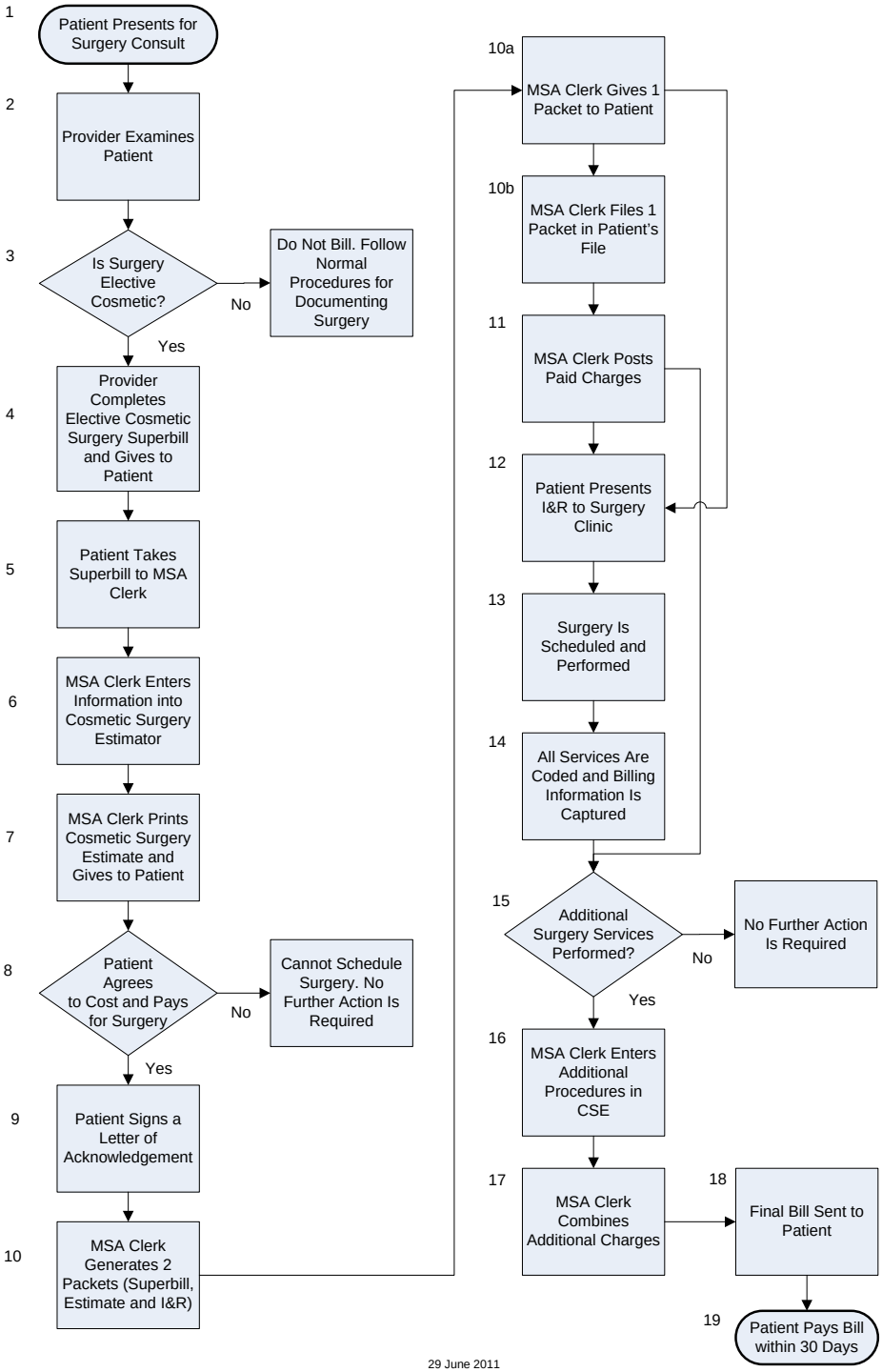
USC – United States Code

Y-Codes – DoD specific procedure codes for professional services that do not have CPT codes; DHA UBO develops and publishes billing rates to charge for elective cosmetic procedures.

Cosmetic Surgery Process Overview

1. A patient consults an authorized provider.
2. The provider examines the patient.
3. The provider determines whether the procedure is elective cosmetic or medically necessary. If the provider determines that the procedure is medically necessary, the CSE and Superbill are not used.
4. If the provider determines that the procedure is elective cosmetic, the provider completes a Cosmetic Surgery Superbill and gives it to the patient. The provider may also use the Provider CSE version to generate an estimate for discussion purposes only with the patient.
5. The patient presents the completed Cosmetic Surgery Superbill to the MSA office.
6. The MSA clerk enters the information from the Cosmetic Surgery Superbill into the most current version of the CSE to calculate the estimated cost of the procedure(s) listed.
7. The MSA clerk prints a Cost Estimate Report for the patient.
8. The patient pays the estimated charges in full and signs a letter of acknowledgment if he/she wishes to schedule the surgery for the elective procedures noted on the Superbill. In the letter of acknowledgment, the patient agrees to pay for any additional fees once the surgery is completed and no later than 30 calendar days after presentation of the final bill.

   If the patient is not prepared to pay for the surgery or sign the letter of acknowledgement at the time the estimate is provided, the patient is given the printed estimate from the CSE, and no additional action is required.
9. If the patient agrees to pay the estimated charges in full, the MSA clerk collects the payment, posts the charges as paid, and issues a receipt to the patient.
10. The MSA clerk generates two billing packages including copies each of the Cost Estimate Report, the invoice and receipt (I&R), and the Cosmetic Surgery Superbill.
    a. The patient is given one copy of this packet.
    b. The other packet is included in the patient's medical file.
11. The patient presents the receipt of payment to the Surgery Clinic.
12. The surgery is scheduled and performed.
13. After the procedure(s) is performed and coding is completed, MSA staff reconcile the patient's account to ensure that charges for any additional procedures, billable supplies or pharmaceuticals provided not included in the original CSE estimate are captured.
    a. If there were no additional procedures, billable supplies, or pharmaceuticals provided, there is no additional bill generated.
    b. If there are additional procedures, billable supplies, or pharmaceuticals provided not included in the original estimate, the MSA staff enters the information into the CSE to calculate charges for the additional procedures, billable supplies or pharmaceuticals provided.
       i. The MSA clerk sends the final bill, if any, to the patient.
       ii. The patient pays the final bill within 30 calendar days of receipt.



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Appendix A: Basis for Charges and Discounts—Summary Chart

Primary CPT©/Procedure Code

If patient is requesting a price estimate for multiple elective cosmetic procedures, the primary **CPT©/Procedure** code is the procedure with the highest cost rank. Refer to page 6 for instructions on how to determine a procedure's cost rank.

	Provider's Office	OR/Outpatient (Clinic or Hosp)	OR/Inpatient
Line 1: CPT®/Procedure Code and Description Selection of a Primary CPT®/Procedure code or description determines the applicable professional fee.	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 Non Facility Physician, Category 2 rate	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 Facility Physician, Category 1 rate	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 Facility Physician, Category 1 rate
Line 2: Procedure Location Selection of procedure location determines the applicable facility fee.	No Facility Fee There is no facility fee for procedures performed in a provider's office. Fees for facility resources are included in the applicable professional fee.	Facility Fee = TRICARE Ambulatory Procedure Visit (APV) rate	Facility Fee = Diagnostic Related Group (DRG) rate DRG Relative Weighted Product (RWP) x TRICARE MS-DRG Adjusted Standardized Amount (ASA)
Line 3: Combined with a Medically Necessary Procedure A discount is authorized for patients who choose to have an elective cosmetic procedure during the same surgical session as a medically necessary procedure	Primary Procedure Professional Fee, 100% No Facility Fee Anesthesia, 50% ***Discount applies only to primary procedure.** Additional procedures are priced as indicated below on Line 10.	Primary Procedure Professional Fee, 100% Facility Fee (APV), 50% Anesthesia, 50% ***Discount applies only to primary procedure**. Additional procedures are priced as indicated below on Line 10.	Primary Procedure Professional Fee, 100% Facility Fee (DRG), 50% No Anesthesia Fee ***Discount applies only to primary procedure.** Additional procedures are priced as indicated below on Line 10.

Line 4: Dermatology Resident A discounted professional fee is applied to chemodenervation procedures (CPT® Codes: 64612, 64616, 64642, 64643, 64644, 64645, 64646, 64647, 64650, and 64653) when performed by a Dermatology resident.	Primary Procedure Professional Fee, $50.00 No Facility Fee Anesthesia, 100% Additional Procedure Professional Fee, $50.00 No Facility Fee Anesthesia, 50%	Primary Procedure Professional Fee, $50.00 Facility Fee (APV), 100% Anesthesia, 100% Additional Procedure Professional Fee, $50.00 No Facility Fee Anesthesia, 50%	Primary Procedure Professional Fee, $50.00 Facility Fee (DRG), 100% No Anesthesia Fee Additional Procedure Professional Fee, $50.00 Facility Fee (DRG), 50% No Anesthesia Fee
Line 5: Bilateral Procedures A discount is applied to procedures performed on mirror image parts of the body. The bilateral discount is applied to the second half of the procedure.	Primary Procedure = 100% Bilateral Procedure Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Bilateral Procedure Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Bilateral Procedure Professional Fee, 50% Facility Fee (DRG), 50% No Anesthesia Fee
Line 6: Multiple Quantities A discount is applied to procedures performed in multiple quantities during a single surgical encounter.	Primary Procedure = 100% Additional Quantities Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Additional Quantities Professional Fee, 50% No Facility Fee Anesthesia, 50%	Primary Procedure = 100% Additional Quantities Professional Fee, 50% Facility Fee (DRG), 50% No Anesthesia Fee
Line 6: Multiple Sessions	There is no discount applied to procedures requiring multiple sessions (different dates of service). Each session is priced at 100% whether it is listed as a primary or additional procedure.	There is no discount applied to procedures requiring multiple sessions (different dates of service). Each session is priced at 100% whether it is listed as a primary or additional procedure.	There is no discount applied to procedures requiring multiple sessions (different dates of service). Each session is priced at 100% whether it is listed as a primary or additional procedure.

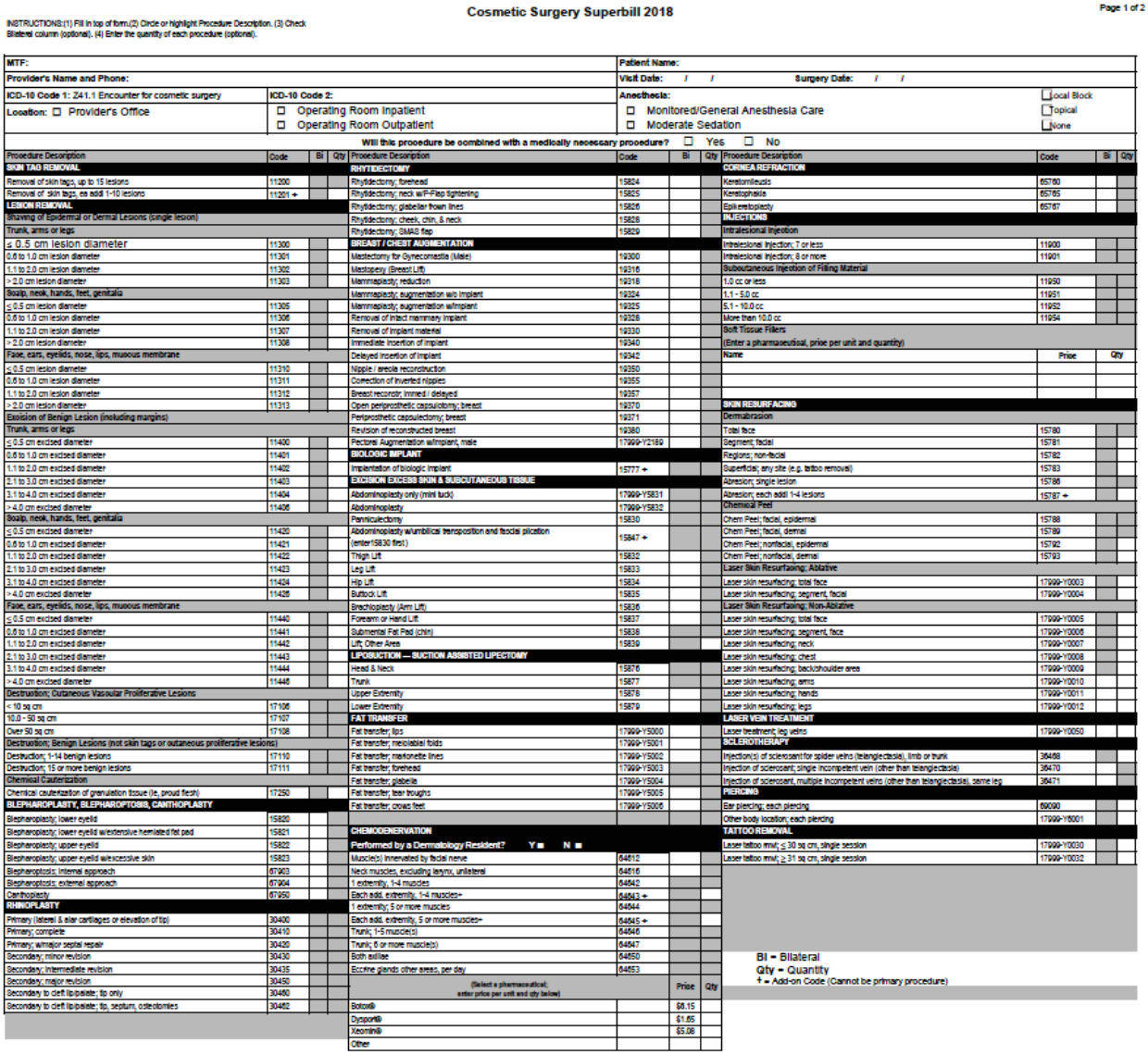
Line 7: Add-On Codes Add-on codes are marked with a plus (+) on the Superbill.	Professional Fee, 100% No Facility Fee No Anesthesia Fee *Also See Line 10	Professional Fee, 100% No Facility Fee No Anesthesia Fee *Also See Line 10	Professional Fee, 100% No Facility Fee No Anesthesia Fee *Also See Line 10
Line 8: Anesthesia	• **Topical** = $0 • **Local** = $0 • **Moderate Sedation** = $86.04 flat rate • **General/Monitored (Primary Procedure)** = (Anesthesia Base Units + Time Units) * TRICARE Conversion Factor • **General/Monitored (Additional Procedure)** = (Time Units) * TRICARE Conversion Factor **Exception:** Add-on codes do not generate anesthesia charges.	• **Topical** = $0 • **Local** = $0 • **Moderate Sedation** = $86.04 flat rate • **General/Monitored (Primary Procedure)** = (Anesthesia Base Units + Time Units) * TRICARE Conversion Factor • **General/Monitored (Additional Procedure)** = (Time Units) * TRICARE Conversion Factor **Exception:** Add-on codes do not generate anesthesia charges.	No Anesthesia Fee Anesthesia for procedures performed in an OR/Inpatient setting is included in the DRG facility fee.

Line 9: Pharmaceuticals	All cosmetic pharmaceuticals are billed at 100% of the MTF purchase price. **Note:** Botox® is pre-populated at the TRICARE allowable rate of $6.15/unit. Dysport is pre-populated at the TRICARE allowable price of $1.65/unit. Xeomin® is pre-populated at the TRICARE allowable price of $5.08/unit. If the local pharmacy provides a purchase price for the pharmaceutical, you may override the pre-populated pharmaceutical charge by typing over the pre-populated unit price.	All cosmetic pharmaceuticals are billed at 100% of the MTF purchase price. **Note:** Botox® is pre-populated at the TRICARE allowable rate of $6.15/unit. Dysport is pre-populated at the TRICARE allowable price of $1.65/unit. Xeomin® is pre-populated at the TRICARE allowable price of $5.08/unit. If the local pharmacy provides a purchase price for the pharmaceutical, you may override the pre-populated pharmaceutical charge by typing over the pre-populated unit price.	All cosmetic pharmaceuticals are billed at the 100% of the MTF purchase price). **Note:** Botox® is pre-populated at the TRICARE allowable rate of $6.15/unit. Dysport is pre-populated at the TRICARE allowable price of $1.65/unit. Xeomin® is pre-populated at the TRICARE allowable price of $5.08/unit. If the local pharmacy provides a purchase price for the pharmaceutical, you may override the pre-populated pharmaceutical charge by typing over the pre-populated unit price.

Line 10: Additional Procedures A discount is applied to multiple elective cosmetic procedures performed during the same surgical encounter.	Primary Procedure= 100% <u>Additional Procedure</u> Professional Fee, 50% No Facility Fee Anesthesia, 50% **<u>Exceptions:</u>** 1) Procedures priced as sessions are never discounted. Each session is billed at 100%. 2) Add-on codes are never discounted. All add-on codes are billed at 100%. *Also See Line 7	Primary Procedure= 100% <u>Additional Procedure</u> Professional Fee, 50% No Facility Fee Anesthesia, 50% **<u>Exceptions:</u>** 1) Procedures priced as sessions are never discounted. Each session is billed at 100%. 2) Add-on codes are never discounted. All add-on codes are billed at 100%. *Also See Line 7	Primary Procedure= 100% <u>Additional Procedure</u> Professional Fee, 50% Facility Fee (DRG), 50% No Anesthesia Fee **<u>Exceptions:</u>** 1) Procedures priced as sessions are never discounted. Each session is billed at 100%. 2) Add-on codes are never discounted. All add-on codes are billed at 100%. *Also See Line 7
Line 11: Implants/Supplies	All cosmetic implants and non-covered supplies are billed at 100% of the MTF purchase price. Users must manually enter the price into the CSE.	All cosmetic implants and non-covered supplies are billed at 100% of the MTF purchase price. Users must manually enter the price into the CSE.	All cosmetic implants and non-covered supplies are billed at 100% of the MTF purchase price. Users must manually enter the price into the CSE.

Appendix B: Cosmetic Surgery Superbill

The Cosmetic Surgery Superbill is prepared and distributed by the DHA UBO Program Office. Use of alternate Superbills is not authorized.



Cosmetic Surgery Superbill 2018

Page 1 of 2

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

MTF: | Patient Name:

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

ICD-10 Code 1: Z41.1 Encounter for cosmetic surgery | ICD-10 Code 2: | Anesthesia: ☐ Local Block ☐ Topical ☐ None

Location: ☐ Provider's Office ☐ Operating Room Inpatient ☐ Operating Room Outpatient | ☐ Monitored/General Anesthesia Care ☐ Moderate Sedation

Will this proceedure be combined with a medically necessary proceedure? ☐ Yes ☐ No

Procedure Description	Code	Bl	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		
Scalp, neck, hands, feet, genitalia			
≤ 0.5 cm lesion diameter	11305		
0.6 to 1.0 cm lesion diameter	11306		
1.1 to 2.0 cm lesion diameter	11307		
> 2.0 cm lesion diameter	11308		
Face, ears, eyelids, nose, lips, mucous membrane			
≤ 0.5 cm lesion diameter	11310		
0.6 to 1.0 cm lesion diameter	11311		
1.1 to 2.0 cm lesion diameter	11312		
> 2.0 cm lesion diameter	11313		
Excision of Benign Lesion (including margins)			
Trunk, arms or legs:			
≤ 0.5 cm excised diameter	11400		
0.6 to 1.0 cm excised diameter	11401		
1.1 to 2.0 cm excised diameter	11402		
2.1 to 3.0 cm excised diameter	11403		
3.1 to 4.0 cm excised diameter	11404		
> 4.0 cm excised diameter	11406		
Scalp, neck, hands, feet, genitalia			
≤ 0.5 cm excised diameter	11420		
0.6 to 1.0 cm excised diameter	11421		
1.1 to 2.0 cm excised diameter	11422		
2.1 to 3.0 cm excised diameter	11423		
3.1 to 4.0 cm excised diameter	11424		
> 4.0 cm excised diameter	11426		
Face, ears, eyelids, nose, lips, mucous membrane			
≤ 0.5 cm excised diameter	11440		
0.6 to 1.0 cm excised diameter	11441		
1.1 to 2.0 cm excised diameter	11442		
2.1 to 3.0 cm excised diameter	11443		
3.1 to 4.0 cm excised diameter	11444		
> 4.0 cm excised diameter	11446		
Destruction; Cutaneous Vascular Proliferative Lesions			
< 10 sq cm	17106		
10.0 - 50 sq cm	17107		
Over 50 sq cm	17108		
Destruction; Benign Lesions (not skin tags or cutaneous proliferative lesions)			
Destruction; 1-14 benign lesions	17110		
Destruction; 15 or more benign lesions	17111		
Chemical Cauterization			
Chemical cauterization of granulation tissue (ie, proud flesh)	17250		
BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY			
Blepharoplasty; lower eyelid	15820		
Blepharoplasty; lower eyelid w/extensive herniated fat pad	15821		
Blepharoplasty; upper eyelid	15822		
Blepharoplasty; upper eyelid w/excessive skin	15823		
Blepharoptosis; internal approach	67903		
Blepharoptosis; external approach	67904		
Canthoplasty	67950		
RHINOPLASTY			
Primary (lateral & alar cartilages or elevation of tip)	30400		
Primary; complete	30410		
Primary; w/major septal repair	30420		
Secondary; minor revision	30430		
Secondary; intermediate revision	30435		
Secondary; major revision	30450		
Secondary to cleft lip/palate; tip only	30460		
Secondary to cleft lip/palate; tip, septum, osteotomies	30462		

Procedure Description	Code	Bl	Qty
RHYTIDECTOMY			
Rhytidectomy; forehead	15824		
Rhytidectomy; neck w/P-Flap tightening	15825		
Rhytidectomy; glabellar frown lines	15826		
Rhytidectomy; cheek, chin, & neck	15828		
Rhytidectomy; SMAS flap	15829		
BREAST / CHEST AUGMENTATION			
Mastectomy for Gynecomastia (Male)	19300		
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		
Pectoral Augmentation w/implant, male	17999-Y2189		
BIOLOGIC IMPLANT			
Implantation of biologic implant	15777 +		
EXCISION EXCESS SKIN & SUBCUTANEOUS TISSUE			
Abdominoplasty only (mini tuck)	17999-YS831		
Abdominoplasty	17999-YS832		
Panniculectomy	15830		
Abdominoplasty w/umbilical transposition and fascial plication (enter15830 first:)	15847 +		
Thigh Lift	15832		
Leg Lift	15833		
Hip Lift	15834		
Buttock Lift	15835		
Brachioplasty (Arm Lift)	15836		
Forearm or Hand Lift	15837		
Submental Fat Pad (chin)	15838		
Lift; Other Area	15839		
LIPOSUCTION — SUCTION ASSISTED LIPECTOMY			
Head & Neck	15876		
Trunk	15877		
Upper Extremity	15878		
Lower Extremity	15879		
FAT TRANSFER			
Fat transfer; lips	17999-YS000		
Fat transfer; melolabial folds	17999-YS001		
Fat transfer; marionette lines	17999-YS002		
Fat transfer; forehead	17999-YS003		
Fat transfer; glabella	17999-YS004		
Fat transfer; tear troughs	17999-YS005		
Fat transfer; crows feet	17999-YS006		
CHEMODENERVATION			
Performed by a Dermatology Resident? Y ■ N ■			
Muscle(s) innervated by facial nerve	64612		
Neck muscles, excluding larynx, unilateral	64616		
1 extremity, 1-4 muscles	64642		
Each addl. extremity, 1-4 muscles+	64643 +		
1 extremity; 5 or more muscles	64644		
Each addl. 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®		$8.15	
Dysport®		$1.65	
Xeomin®		$5.08	
Other			

Procedure Description	Code	Bl	Qty
CORNEA REFRACTION			
Keratomileusis	65760		
Keratophakia	65765		
Epikeratoplasty	65767		
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	
SKIN RESURFACING			
Dermabrasion			
Total face	15780		
Segment; facial	15781		
Regions; non-facial	15782		
Superficial; any site (e.g. tattoo removal)	15783		
Abrasion; single lesion	15786		
Abrasion; each addl 1-4 lesions	15787 +		
Chemical Peel			
Chem Peel; facial, epidermal	15788		
Chem Peel; facial, dermal	15789		
Chem Peel; nonfacial, epidermal	15792		
Chem Peel; nonfacial, dermal	15793		
Laser Skin Resurfacing; Ablative			
Laser skin resurfacing; total face	17999-Y0003		
Laser skin resurfacing; segment, facial	17999-Y0004		
Laser Skin Resurfacing; Non-Ablative			
Laser skin resurfacing; total face	17999-Y0005		
Laser skin resurfacing; segment, face	17999-Y0006		
Laser skin resurfacing; neck	17999-Y0007		
Laser skin resurfacing; chest	17999-Y0008		
Laser skin resurfacing; back/shoulder area	17999-Y0009		
Laser skin resurfacing; arms	17999-Y0010		
Laser skin resurfacing; hands	17999-Y0011		
Laser skin resurfacing; legs	17999-Y0012		
LASER VEIN TREATMENT			
Laser treatment; leg veins	17999-Y0050		
SCLEROTHERAPY			
Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	36468		
Injection of sclerosant; single incompetent vein (other than telangiectasia)	36470		
Injection of sclerosant, multiple incompetent veins (other than telangiectasia), same leg	36471		
PIERCING			
Ear piercing; each piercing	69090		
Other body location; each piercing	17999-Y0001		
TATTOO REMOVAL			
Laser tattoo rmvl; ≤ 30 sq cm, single session	17999-Y0030		
Laser tattoo rmvl; ≥ 31 sq cm, single session	17999-Y0032		

Bl = Bilateral
Qty = Quantity
+ = Add-on Code (Cannot be primary procedure)

Cosmetic Surgery Superbill 2018 (continued)

Procedure Description	Code	Bi	Qty
FACIAL RECONSTRUCTION/REVISION/AUGMENTATION			
Genioplasty			
Genioplasty; augmentation	21120		
Genioplasty; sliding osteotomy, single	21121		
Genioplasty; sliding osteotomies, 2 or more	21122		
Genioplasty; sliding augmentation w/bone grafts	21123		
Mandibular Augmentation			
Augmentation; mandibular body	21125		
Augmentation; mandibular body or angle w/bone graft	21127		
Reconst; mandibular rami w/o bone graft	21193		
Reconst; mandibular rami w/bone graft	21194		
Reconst; mandibular rami w/o internal rigid fixation	21195		
Reconst; mandibular rami w/internal rigid fixation	21196		
Reconst; mandible, extraoral, w/transosteal bone plate	21244		
Reconst; mand or maxilla, subperiosteal implant, partial	21245		
Reconst; mand or maxilla, subperiosteal implant, complete	21246		
Reconst; mandible condyle, w/bone & cartilage autografts	21247		
Reconst; mandible or maxilla, endosteal implant; partial	21248		
Reconst; mandible or maxilla, endosteal implant; complete	21249		
Forehead Reduction			
Reduction forehead; contouring only	21137		
Reduction forehead; w/prosthesis or bone graft	21138		
Reduction forehead; countour & setback ant. frontal sinus	21139		
Facial Reconstruction			
Reconst; midface, LeFort I, 1 piece	21141		
Reconst; midface, LeFort I, 2 pieces	21142		
Reconst; midface, LeFort I, 3 pieces or more	21143		
Reconst; midface, LeFort I, 1 piece w/bone grafts	21145		
Reconst; midface, LeFort I, 2 pieces w/bone grafts	21146		
Reconst; midface, LeFort I, ≥ 3 pieces w/bone grafts	21147		
Reconst; midface, LeFort II, anterior intrusion	21150		
Reconst; midface, LeFort II, any direction, w/bone grafts	21151		
Reconst; midface, LeFort III, any direction, w/bone grafts	21154		
Reconst; midface, LeFort III w/bone grafts, & LeFort I	21155		
LeFort III w/forehead advancement & bone graft; no Lefort I	21159		
LeFort III w/forehead advancement, bone graft & Lefort I	21160		
Reconst; superior lateral orbital rim & lwr forehead	21172		
Reconst; bifrontal, superior lateral orbital rim & lwr forehead	21175		
Reconst; entire or majority forehead w/autografts	21179		
Reconst; entire or majority forehead w/autografts	21180		
Reconst; contouring of cranial bones, extracranial	21181		
Reconst; orb walls, rims, forehead, w/bone grft < 40 sq cm	21182		
Reconst; orb walls, rims, forehead, w/bone grft 41-79 sq cm	21183		
Reconst; orb walls, rims, forehead, w/bone grft > 80 sq cm	21184		
Reconst; Midface; not LeFort type	21188		
Osteotomy			
Osteotomy; mandible, segmental	21198		
Osteotomy; w/genioglossus advancement	21199		
Osteotomy; segmental (e.g., Wassmund or Schuchard)	21206		
Osteoplasty; facial bones; augmentation	21208		
Osteoplasty; facial bones; reduction	21209		
Graft			
Graft, bone; malar/maxilla/nasal augmentation	21210		
Graft, bone; mandible (incl graft)	21215		
Graft, rib to face/chin/nose/ear	21230		
Graft, ear cartilage to nose or ear	21235		
Arthroplasty			
Arthroplasty, TMJ, w/ or w/o autogrft	21240		
Arthroplasty, TMJ, w/allograft	21242		
Arthroplasty, TMJ, w/prosthetic joint replacement	21243		
VEIN STRIPPING			
Ligation of long saph vein @ saphenofemoral junct	37700		
Short saph veins	37718		
Long saph veins; to knee or below	37722		
Stab phlebectomy; one extremity < 10 stab incisions	17999-Y3779		
Stab phlebectomy; one extremity 10-20 stab incisions	37765		
Stab phlebectomy; one extremity 20+ stab incisions	37766		
Other Facial Reconstruction or Revision			
Reconst; zygomatic arch & glen foss w/bone	21255		
Reconst; orbit w/extracranial osteotomies	21256		
Periorb osteotomies; extracranial w/graft	21260		
Periorb osteotomies; extra / intracranial	21261		

Procedure Description	Code	Bi	Qty
FACIAL RECONSTRUCTION/REVISION (con't)			
Other Facial Reconstruction or Revision			
Periorb osteotomies; w/forehead advancement	21263		
Orb repositioning; unilateral, extracranial, w/graft	21267		
Orb repositioning; extra/intracranial approach	21268		
Malar augmentation; w/prosthetic material	21270		
Secondary revision; orbitocraniofacial reconst	21275		
Medial canthopexy	21280		
Other Facial			
Canthopexy; lateral	21282		
Reduct masseter musc/tne; extraoral	21295		
Reduct masseter musc/tne; intraoral	21296		
Otoplasty (ear reconstruction)	69300		
NECK			
Cervicoplasty	15819		
OTHER REVISIONS			
Labial Frenotomy	40806		
Destruction; lesion/scar, vestibule of mouth	40820		
Vestibuloplasty; complex	40845		
Gingivectomy; each quadrant	41820		
Gingivectomy; each quadrant	41828		
Gingivoplasty; each quadrant	41872		
Buttock Augmentation w/ implant	17999-Y5835		
Buttock Augmentation w/o implant	17999-Y5836		
Calf Augmentation	17999-Y5837		
Umbilicoplasty	17999-Y5838		
Repair of brow ptosis	67900		
LIP AUGMENTATION			
Excision; transverse wedge w/primary close	40510		
V-Excision; w/direct linear closure	40520		
Excision; full thickness reconst w/local flap	40525		
Excision; full thickness reconst w/cross lip flap	40527		
Resection; > one fourth, w/o reconstruction	40530		
Repair; full thickness; vermilion only	40650		
Repair; full thickness; ≤ half vertical height	40652		
Repair; full thickness; > half vertical height	40654		
Lip Augmentation; upper or lower, unpaired	17999-Y5834		
HAIR REMOVAL			
Electrolysis Epilation; each preceding 30 min session	17380		
Laser hair removal; chest	17999-Y0019		
Laser hair removal; lip, fingers, or toes	17999-Y0020		
Laser hair removal; lip and chin	17999-Y0021		
Laser hair removal; back	17999-Y0022		
Laser hair removal; arms	17999-Y0023		
Laser hair removal; underarms	17999-Y0024		
Laser hair removal; bikini	17999-Y0025		
Laser hair removal; legs	17999-Y0026		
Laser hair removal; beard	17999-Y0027		
Laser hair removal; ears	17999-Y0028		
HAIR TRANSPLANT			
Punch transplant; 1-15 hair grafts	15775		
More than 15 punch hair grafts	15776		
Micro / mini grafts; 1-500 hairs	17999-Y5775		
SKIN SUBSTITUTE GRAFT			
Trunk, arms, legs			
Wound area ≤ 100 sq cm; first 25 sq cm	15271		
Wound area ≤ 100 sq cm; ea addl 25 sq cm	15272 +		
Wound area ≥ 100 sq cm; first 100 sq cm	15273		
Wound area ≥ 100 sq cm; ea addl 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 addl 25 sq cm	15276 +		
Wound area ≥ 100 sq cm; first 100 sq cm	15277		
Wound area ≥ 100 sq cm; ea addl 100 sq cm	15278 +		
PHARMACEUTICAL ONLY		**Price**	**Qty**
Name:	J9999		
IMPLANT/SUPPLY ONLY		**Price**	**Qty**
Name:	C9999		

Procedure Description	Code	Bi	Qty
WOUND REPAIR			
Scalp, neck, axillae, external genitalia, trunk, and/or extremities			
Simple; 2.5 cm or less	12001		
Simple; 2.6 cm to 7.5 cm	12002		
Simple; 7.6 cm to 12.5 cm	12004		
Simple; 12.6 cm to 20.0 cm	12005		
Simple; 20.1 cm to 30.0 cm	12006		
Simple; over 30.0 cm	12007		
Face, ears, eyelids, nose, lips, and / or mucous membranes			
Simple; 2.5 cm or less	12011		
Simple; 2.6 cm to 5.0 cm	12013		
Simple; 5.1 cm to 7.5 cm	12014		
Simple; 7.6 cm to 12.5 cm	12015		
Simple; 12.6 cm to 20.0 cm	12016		
Simple; 20.1 cm to 30.0 cm	12017		
Simple; over 30.0 cm	12018		
Scalp, axillae, trunk, and / or extremities			
Intermed; 2.5 cm or less	12031		
Intermed; 2.6 cm to 7.5 cm	12032		
Intermed; 7.6 cm to 12.5 cm	12034		
Intermed; 12.6 cm to 20.0 cm	12035		
Intermed; 20.1 cm to 30 cm	12036		
Intermed; over 30 cm	12037		
Neck, hands, feet, and / or external genitalia			
Intermed; 2.5 cm or less	12041		
Intermed; 2.6 cm to 7.5 cm	12042		
Intermed; 7.6 cm to 12.5 cm	12044		
Intermed; 12.6 cm to 20.0 cm	12045		
Intermed; 20.1 cm to 30 cm	12046		
Intermed; over 30 cm	12047		
Face, ears, eyelids, nose, lips, and / or mucous membranes			
Intermed; 2.5 cm or less	12051		
Intermed; 2.6 cm to 5.0 cm	12052		
Intermed; 5.1 cm to 7.5 cm	12053		
Intermed; 7.6 cm to 12.5 cm	12054		
Intermed; 12.6 cm to 20.0 cm	12055		
Intermed; 20.1 cm to 30 cm	12056		
Intermed; over 30 cm	12057		
Trunk			
Complex; 1.1 cm to 2.5 cm	13100		
Complex; 2.6 cm to 7.5 cm	13101		
Complex; ea addl 5 cm or less	13102 +		
Scalp, arms, and / or legs			
Complex; 1.1 cm to 2.5 cm	13120		
Complex; 2.6 cm to 7.5 cm	13121		
Complex; ea addl 5 cm or less	13122 +		
Forehead, cheeks, chin, mouth, neck, axillae, hands, feet			
Complex; 1.1 cm to 2.5 cm	13131		
Complex; 2.6 cm to 7.5 cm	13132		
Complex; ea addl 5 cm or less	13133 +		
Eyelids, nose, ears and/or lips			
Complex; 1.0 cm or less	13150		
Complex; 1.1 cm to 2.5 cm	13151		
Complex; 2.6 cm to 7.5 cm	13152		
Complex; ea addl 5 cm or less	13153 +		
Wound Closure			
Superficial wound dehiscence; simple close	12020		
Superficial wound dehiscence; w/packing	12021		
2nd closure surg wound; extensive	13160		
DENTAL			
External Bleaching; per arch	D9972		
External Bleaching; per tooth	D9973		
Internal Bleaching; per tooth	D9974		
Laser Whitening; per treatment	D9999		
OTHER SUPPLIES		**Price**	**Qty**
Name:			
Name:			
Name:			
Name:			
Name:			

Bi = Bilateral

Qty = Quantity

+ = Add-on Code (Cannot be primary procedure)

NOTES:

Appendix C: Global Follow-Up Days

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. However, all additional implants, pharmaceuticals, and separately billable supplies utilized during the global period must be billed to the patient at the full cost of the implants, pharmaceuticals and supplies. Use J9999 or C9999 as appropriate when generating estimates for additional implants or pharmaceuticals only.

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.

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

Global periods for each are listed on the cost estimate report for each procedure selected as shown below.

CPT®/Procedure Code	Description	Bilateral	Qty	Cost
30430	Rhinoplasty, secondary, minor revision (small amount of nasal tip work) ★ This procedure has a 90 day global period.	N/A	1	$3,745.12
15820	Blepharoplasty, lower eyelid ★ This procedure has a 90 day global period.	Yes	1	$619.55
64612	Chemodenervation of muscle(s), muscle(s) innervated by facial nerve -- with 10 units of Dysport®($1.65/unit). ★ This procedure has a 10 day global period.	No	1	$77.16

Example:

Some 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 using J9999.

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

The following table lists the global period for each procedure currently available in the CSE.

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	**CPT®/Procedure Description**	**Global Period (Days)**
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	10
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof	10
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	0
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	0
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	0
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	0
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	0
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	0
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	0
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	0
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	0
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	0
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	0
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	0
11400	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 0.5 cm or less	10
11401	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 0.6 to 1.0 cm	10
11402	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 1.1 to 2.0 cm	10
11403	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 2.1 to 3.0 cm	10
11404	Excision, benign lesion including margins; trunk, arms or legs; excised diameter 3.1 to 4.0 cm	10
11406	Excision, benign lesion including margins; trunk, arms or legs; excised diameter over 4.0 cm	10
11420	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	10

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
11421	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	10
11422	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	10
11423	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	10
11424	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	10
11426	Excision, benign lesion including margins; scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	10
11440	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	10
11441	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	10
11442	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	10
11443	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	10
11444	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	10
11446	Excision, other benign lesion including margins; face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	10
11900	Injection, intralesional; up to and including 7 lesions	0
11901	Injection, intralesional; more than 7 lesions	0
11950	Subcutaneous injection of filling material; 1 cc or less	0
11951	Subcutaneous injection of filling material; 1.1 to 5.0 cc	0
11952	Subcutaneous injection of filling material; 5.1 to 10.0 cc	0
11954	Subcutaneous injection of filling material; over 10.0 cc	0
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	0
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	0
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	0
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	0
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	0
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	0
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	0
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	0
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	0

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	0
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	0
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	0
12020	Treatment of superficial wound dehiscence; simple closure	10
12021	Treatment of superficial wound dehiscence; with packing	10
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	10
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	10
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	10
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	10
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	10
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	10
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	10
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	10
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	10
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	10
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	10
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	10
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	10
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	10
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	10
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	10
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	10
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	10
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	10
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	10
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	10

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
13102	Repair, complex, trunk; each additional 5 cm or less	10
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	10
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	10
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less	10
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	10
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	10
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less	10
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	10
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	10
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less	10
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	90
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	0
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof	0
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	0
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof	0
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	0
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof	0
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	0
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof	0
15775	Punch graft for hair transplant; 1 to 15 punch grafts	0
15776	Punch graft for hair transplant; more than 15 punch grafts	0
15777	Implantation of biologic implant for soft tissue reinforcement	0
15780	Dermabrasion; total face	90
15781	Dermabrasion; segmental, face	90
15782	Dermabrasion; regional, other than face	90
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	90
15786	Abrasion; single lesion	10
15787	Abrasion; each additional 4 lesions or less	10

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
15788	Chemical peel, facial; epidermal	90
15789	Chemical peel, facial; dermal	90
15792	Chemical peel, nonfacial; epidermal	90
15793	Chemical peel, nonfacial; dermal	90
15819	Cervicoplasty	90
15820	Blepharoplasty, lower eyelid	90
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	90
15822	Blepharoplasty, upper eyelid	90
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	90
15824	Rhytidectomy; forehead	0
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	0
15826	Rhytidectomy; glabellar frown lines	0
15828	Rhytidectomy; cheek, chin, and neck	0
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	0
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	90
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	90
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	90
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	90
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	90
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	90
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	90
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	90
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	90
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (abdominoplasty), includes umbilical transposition and fascial plication	90
15876	Suction assisted lipectomy; head and neck	0
15877	Suction assisted lipectomy; trunk	0
15878	Suction assisted lipectomy; upper extremity	0
15879	Suction assisted lipectomy; lower extremity	0
17106	Destruction of cutaneous vascular proliferative lesions (laser technique); less than 10 sq cm	90
17107	Destruction of cutaneous vascular proliferative lesions (laser technique); 10.0 to 50.0 sq cm	90
17108	Destruction of cutaneous vascular proliferative lesions (laser technique); over 50.0 sq cm	90
17110	Destruction (laser surgery, electrosurgery, cryosurgery, chemosurgery, or surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	10
17111	Destruction (laser surgery, electrosurgery, cryosurgery, chemosurgery, or surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	10
17250	Chemical cauterization of granulation tissue (proud flesh)	0
17380	Electrolysis epilation, each 30 minutes	0
19300	Mastectomy for Gynecomastia	90
19316	Mastopexy	90

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
19318	Reduction mammaplasty	90
19324	Mammaplasty, augmentation; without prosthetic implant	90
19325	Mammaplasty, augmentation; with prosthetic implant	90
19328	Removal of intact mammary implant	90
19330	Removal of mammary implant material	90
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	90
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	90
19350	Nipple/areola reconstruction	90
19355	Correction of inverted nipples	90
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	90
19370	Open periprosthetic capsulotomy, breast	90
19371	Periprosthetic capsulectomy, breast	90
19380	Revision of reconstructed breast	90
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	90
21121	Genioplasty; sliding osteotomy, single piece	90
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	90
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	90
21125	Augmentation, mandibular body or angle; prosthetic material	90
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	90
21137	Reduction forehead; contouring only	90
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	90
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	90
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction; without bone graft	90
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	90
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	90
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	90
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	90
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	90
21150	Reconstruction midface, LeFort II; anterior intrusion	90
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	90
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	90
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	90

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, requiring bone grafts (includes obtaining autografts); without LeFort I	90
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, requiring bone grafts (includes obtaining autografts); with LeFort I	90
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	90
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	90
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	90
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	90
21181	Reconstruction by contouring of benign tumor of cranial bones; extracranial	90
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	90
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	90
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	90
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	90
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	90
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	90
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	90
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	90
21198	Osteotomy, mandible, segmental	90
21199	Osteotomy, mandible, segmental; with genioglossus advancement	90
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	90
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	90
21209	Osteoplasty, facial bones; reduction	90
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	90
21215	Graft, bone; mandible (includes obtaining graft)	90
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	90
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	90
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	90
21242	Arthroplasty, temporomandibular joint, with allograft	90
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	90

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	90
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	90
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	90
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts)	90
21248	Reconstruction of mandible or maxilla, endosteal implant; partial	90
21249	Reconstruction of mandible or maxilla, endosteal implant; complete	90
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	90
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	90
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	90
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	90
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	90
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	90
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	90
21270	Malar augmentation, prosthetic material	90
21275	Secondary revision of orbitocraniofacial reconstruction	90
21280	Medial canthopexy (separate procedure)	90
21282	Lateral canthopexy	90
21295	Reduction of masseter muscle and bone; extraoral approach	90
21296	Reduction of masseter muscle and bone; intraoral approach	90
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	90
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	90
30420	Rhinoplasty, primary; including major septal repair	90
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	90
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	90
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	90
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	90
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	90
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	0
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	10
36471	Injection of sclerosant, multiple incompetent veins (other than telangiectasia), same leg	10
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	90
37718	Ligation, division, and stripping, short saphenous vein	90
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	90

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	90
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	90
40510	Excision of lip; transverse wedge excision with primary closure	90
40520	Excision of lip; V-excision with primary direct linear closure	90
40525	Excision of lip; full thickness, reconstruction with local flap	90
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	90
40530	Resection of lip, more than 1/4, without reconstruction	90
40650	Repair lip, full thickness; vermilion only	90
40652	Repair lip, full thickness; up to half vertical height	90
40654	Repair lip, full thickness; over 1/2 vertical height, or complex	90
40806	Incision of labial frenum (frenotomy)	0
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	10
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	90
41820	Gingivectomy, excision gingiva, each quadrant	0
41828	Excision of hyperplastic alveolar mucosa, each quadrant	10
41872	Gingivoplasty, each quadrant	90
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve	10
64616	Chemodenervation of muscle(s); neck muscle(s) excluding muscles of the larynx, unilateral (eg for cervical dystonia, spasmodic torticollis)	10
64642	Chemodenervation of one extremity; 1-4 muscle(s)	0
64643	Chemodenervation of one extremity; each additional extremity; 1-4 muscle(s)	0
64644	Chemodenervation of one extremity; 5 or more muscle(s)	0
64645	Each additional extremity; 5 or more muscle(s)	0
64646	Chemodenervation of trunk muscles; 1-5 muscle(s)	0
64647	Chemodenervation of trunk muscles; 6 or more muscle(s)	0
64650	Chemodenervation of eccrine glands; both axillae	0
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	0
65760	Keratomileusis	0
65765	Keratophakia	0
65767	Epikeratoplasty	0
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	90
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	90
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	90
67950	Canthoplasty (reconstruction of canthus)	90
69090	Ear piercing	0
69300	Otoplasty, protruding ear, with or without size reduction	90
15272 & 15777	Skin graft; trunk, arms, legs, ≤ 100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement	0
15274 & 15777	Skin graft; trunk, arms, legs, ≥100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement	0
15276 & 15777	Skin graft; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, ≤ 100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement	0
15278 & 15777	Skin graft; face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, ≥ 100 sq cm; each additional 25 sq cm PLUS implantation of biologic implant for soft tissue reinforcement	0

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	CPT®/Procedure Description	Global Period (Days)
17999-Y0001	Microdermabrasion; total face	90
17999-Y0002	Microdermabrasion; segment, facial	90
17999-Y0003	Laser Skin Resurfacing, Ablative; total face	90
17999-Y0004	Laser Skin Resurfacing, Ablative; segment, facial	90
17999-Y0005	Laser Skin Resurfacing, Non-ablative; total face	90
17999-Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial	90
17999-Y0007	Laser Skin Resurfacing, Non-ablative; neck	90
17999-Y0008	Laser Skin Resurfacing, Non-ablative; chest	90
17999-Y0009	Laser Skin Resurfacing, Non-ablative; back and shoulder area	90
17999-Y0010	Laser Skin Resurfacing, Non-ablative; arms	90
17999-Y0011	Laser Skin Resurfacing, Non-ablative; hands	90
17999-Y0012	Laser Skin Resurfacing, Non-ablative; legs	90
17999-Y0019	Laser hair removal; chest	0
17999-Y0020	Laser hair removal; lip, fingers, or toes	0
17999-Y0021	Laser hair removal; lip and chin	0
17999-Y0022	Laser hair removal; back	0
17999-Y0023	Laser hair removal; arms	0
17999-Y0024	Laser hair removal; underarms	0
17999-Y0025	Laser hair removal; bikini	0
17999-Y0026	Laser hair removal; legs	0
17999-Y0027	Laser hair removal; beard	0
17999-Y0028	Laser hair removal; ears	0
17999-Y0030	Laser tattoo removal; <= 30 sq cm, single session	30
17999-Y0032	Laser tattoo removal; >= 31 sq cm, single session	30
17999-Y0050	Laser Vein Treatment of Leg	10
17999-Y2189	Pectoral Augmentation; male chest, with implant	90
17999-Y3779	Stab phlebectomy of varicose veins, one extremity; less than 10 incisions	90
17999-Y5000	Microlipoinjection/fat transfer; lips	0
17999-Y5001	Microlipoinjection/fat transfer; melolabial folds	0
17999-Y5002	Microlipoinjection/fat transfer; marrionette lines	0
17999-Y5003	Microlipoinjection/fat transfer; forehead	0
17999-Y5004	Microlipoinjection/fat transfer; glabella	0
17999-Y5005	Microlipoinjection/fat transfer; tear troughs	0
17999-Y5006	Microlipoinjection/fat transfer; crows feet	0
17999-Y5775	Micro/mini grafts 1- 500 hairs	0
17999-Y5831	"Mini" Abdominoplasty	90
17999-Y5832	Abdominoplasty	90
17999-Y5834	Lip Augmentation; upper or lower, unpaired	90
17999-Y5835	Buttock Augmentation w/ implant	90
17999-Y5836	Buttock Augmentation w/o implant	90
17999-Y5837	Calf Augmentation	90
17999-Y5838	Umbilicoplasty	90
17999-Y6001	Piercing, each body location	0
C9999	Implant or Supply only	0
D9972	Teeth Whitening; external bleaching, per arch	0
D9973	Teeth Whitening; external bleaching, per tooth	0
D9974	Teeth Whitening; internal bleaching, per tooth	0

Elective Cosmetic Procedure Global Periods		
CPT®/Procedure Code	**CPT®/Procedure Description**	**Global Period (Days)**
D9999	Laser Teeth Whitening, per treatment	0
J9999	Pharmaceutical Only	0

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Appendix D: Elective Cosmetic Procedure Cost Ranks

Elective Cosmetic Procedure Cost Ranks		
CPT/Procedure Code	**Cost Rank Non Facility**	**Cost Rank Facility**
11200	20	39
11201	3	3
11300	24	11
11301	37	22
11302	58	32
11303	68	41
11305	25	14
11306	46	21
11307	61	34
11308	65	40
11310	34	19
11311	32	33
11312	71	45
11313	87	56
11400	49	46
11401	63	58
11402	79	64
11403	93	79
11404	100	85
11406	127	129
11420	47	47
11421	70	61
11422	82	72
11423	96	84
11424	105	101
11426	133	139
11440	57	57
11441	80	70
11442	89	77
11443	103	100
11444	118	119
11446	147	150
11900	13	8
11901	15	20
11950	14	18
11951	26	36
11952	51	55
11954	68	63
12001	21	16
12002	30	31
12004	50	38
12005	72	53
12006	93	65

Elective Cosmetic Procedure Cost Ranks		
CPT/Procedure Code	**Cost Rank Non Facility**	**Cost Rank Facility**
12007	102	78
12011	31	28
12013	36	29
12014	56	41
12015	73	52
12016	97	69
12017	66	81
12018	81	97
12020	117	104
12021	77	74
12031	107	83
12032	123	105
12034	126	111
12035	140	123
12036	152	141
12037	171	151
12041	106	80
12042	119	106
12044	138	113
12045	149	136
12046	170	147
12047	184	154
12051	114	96
12052	121	107
12053	135	115
12054	139	116
12055	163	146
12056	191	164
12057	198	171
13100	132	109
13101	148	132
13102	45	43
13120	136	122
13121	153	135
13122	54	51
13131	146	131
13132	169	148
13133	84	71
13151	151	142
13152	181	155
13153	95	76
13160	235	241
15271	58	49
15272	5	4
15273	122	107
15274	16	17
15275	62	54

Elective Cosmetic Procedure Cost Ranks		
CPT/Procedure Code	**Cost Rank Non Facility**	**Cost Rank Facility**
15276	6	7
15277	130	120
15278	19	30
15775	124	117
15776	173	159
15777	101	114
15780	251	225
15781	190	173
15782	202	171
15783	175	162
15786	110	73
15787	8	4
15788	162	128
15789	192	169
15792	156	133
15793	178	161
15819	233	239
15820	193	190
15821	203	197
15822	161	165
15823	203	196
15824	164	211
15825	164	205
15826	164	211
15828	164	205
15829	210	215
15830	266	272
15832	246	254
15833	241	248
15834	245	250
15835	252	259
15836	232	238
15837	240	226
15838	209	214
15839	242	228
15847	318	318
15876	200	217
15877	316	317
15878	221	227
15879	238	245
17106	134	140
17107	157	155
17108	211	193
17110	32	35
17111	53	50
17250	18	12
17380	9	23

Elective Cosmetic Procedure Cost Ranks		
CPT/Procedure Code	**Cost Rank Non Facility**	**Cost Rank Facility**
19300	183	168
19316	228	234
19318	261	267
19324	185	194
19325	212	216
19328	180	189
19330	207	213
19340	254	262
19342	250	258
19350	237	223
19355	225	210
19357	282	288
19370	219	224
19371	231	237
19380	230	236
21120	218	198
21121	227	219
21122	234	240
21123	248	256
21125	312	235
21127	315	251
21137	226	232
21138	249	257
21139	263	269
21141	273	280
21142	274	281
21143	280	286
21145	287	292
21146	291	296
21147	295	300
21150	290	295
21151	297	301
21154	298	302
21155	302	306
21159	310	313
21160	311	314
21172	300	304
21175	303	307
21179	284	290
21180	293	298
21181	224	231
21182	301	305
21183	306	309
21184	309	312
21188	292	297
21193	271	278
21194	279	285

Elective Cosmetic Procedure Cost Ranks		
CPT/Procedure Code	**Cost Rank Non Facility**	**Cost Rank Facility**
21195	277	284
21196	281	287
21198	265	271
21199	259	266
21206	267	273
21208	296	244
21209	243	222
21210	304	247
21215	317	252
21230	223	230
21235	220	203
21240	262	268
21242	257	264
21243	294	299
21244	258	265
21245	268	260
21246	244	249
21247	288	293
21248	260	253
21249	285	277
21255	276	283
21256	270	276
21260	275	282
21261	308	311
21263	305	308
21267	289	294
21268	299	303
21270	255	233
21275	239	246
21280	194	204
21282	141	163
21295	87	103
21296	150	167
30400	256	263
30410	269	275
30420	272	279
30430	247	255
30435	264	270
30450	283	289
30460	236	242
30462	286	291
36468	67	82
36470	28	13
36471	90	44
37700	111	130
37718	158	176
37722	172	181

Elective Cosmetic Procedure Cost Ranks		
CPT/Procedure Code	**Cost Rank Non Facility**	**Cost Rank Facility**
37765	215	178
37766	229	202
40510	173	158
40520	176	160
40525	189	201
40527	205	209
40530	186	166
40650	159	145
40652	179	157
40654	196	170
40806	27	9
40820	115	97
40845	278	274
41820	182	192
41828	128	112
41872	136	125
64612	55	67
64616	52	62
64642	60	60
64643	22	37
64644	78	68
64645	35	48
64646	64	66
64647	85	75
64650	17	15
64653	23	27
65760	313	315
65765	307	310
65767	313	315
67900	208	191
67903	199	182
67904	222	207
67950	194	179
69090	4	6
69300	206	183
15272 & 15777	109	121
15274 & 15777	120	134
15276 & 15777	113	124
15278 & 15777	125	138
17999-Y0001	112	177
17999-Y0002	48	118
17999-Y0003	213	243
17999-Y0004	160	199
17999-Y0005	142	185
17999-Y0006	91	126
17999-Y0007	104	144
17999-Y0008	142	185

Elective Cosmetic Procedure Cost Ranks		
CPT/Procedure Code	**Cost Rank Non Facility**	**Cost Rank Facility**
17999-Y0009	197	229
17999-Y0010	142	185
17999-Y0011	91	126
17999-Y0012	142	185
17999-Y0019	154	174
17999-Y0020	9	23
17999-Y0021	29	59
17999-Y0022	154	174
17999-Y0023	116	137
17999-Y0024	74	86
17999-Y0025	74	86
17999-Y0026	129	149
17999-Y0027	74	86
17999-Y0028	9	23
17999-Y0030	83	99
17999-Y0032	188	199
17999-Y0050	131	152
17999-Y2189	216	220
17999-Y3779	108	153
17999-Y5000	38	86
17999-Y5001	38	86
17999-Y5002	38	86
17999-Y5003	38	86
17999-Y5004	38	86
17999-Y5005	38	86
17999-Y5006	38	86
17999-Y5775	99	143
17999-Y5831	201	208
17999-Y5832	319	319
17999-Y5834	164	180
17999-Y5835	216	220
17999-Y5836	177	184
17999-Y5837	214	217
17999-Y5838	253	261
17999-Y6001	9	23
C9999	1	1
D9972	98	110
D9973	7	10
D9974	86	102
D9999	187	195
J9999	1	1

Appendix E: DoD Health Affairs Policy 05-020 – Policy for Cosmetic Surgery Procedures in the Military Health System

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT 25 2005

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Policy for Cosmetic Surgery Procedures in the Military Health System

The Cosmetic Surgery Policy implemented in the Military Health System (MHS) in 1992 permitted limited numbers of cosmetic surgery cases, while emphasizing that cosmetic surgery was not a covered benefit under TRICARE. The policy outlined cosmetic surgery procedures permitted in support of graduate medical education training, board eligibility and certification, and skill maintenance for certified specialists in plastic surgery, ears, nose and throat, ophthalmology, dermatology, and oral surgeries. This also includes the circumstances under which such procedures were to be done. Since 1992, the MHS has undergone considerable changes including the elimination of plastic surgery residencies in the Department of Defense (DoD). The attached policy supersedes the 1992 memorandum and provides updated guidance (Attached) for the provision of cosmetic surgery procedures in the MHS.

As in 1992, cosmetic surgery procedures are not a covered benefit under TRICARE. The Services have requirements for surgeons capable of performing reconstructive surgery and have manpower authorizations for plastic surgery and other surgical specialties that perform reconstructive plastic surgery. It is critical the MHS be able to recruit and retain these uniformed specialists to assure our men and women will receive the highest quality care. Since the skills used in performing cosmetic surgery procedures are often the same skills required to obtain optimal results in reconstructive surgery, these surgeons have a valid need to perform cosmetic surgery cases to maintain their specialty surgical skills. Additionally, performance of cosmetic surgery procedures in the direct care system is warranted because specialists in plastic surgery, otorhinolaryngology, ophthalmology, dermatology, and oral surgery must meet board certification, recertification, and graduate medical education program requirements for specialties requiring training in cosmetic surgery.

Since accomplishment of our wartime mission demands specialists skilled in reconstructive plastic surgery, limited volumes of cosmetic surgery procedures are authorized in the direct care system, provided there is adherence to the attached guidelines.

HA POLICY: 05-020

Please provide this office with a copy of your implementing guidance within 90 days of the date of this policy memorandum. My points of contact are Dr. Benedict Diniega at (703) 681-1703, Benedict.Diniega@ha.osd mil; and Captain Patricia Buss at (703) 681-0064, Patricia.Buss@tma.osd.mil.

William Winkenwerder, Jr., MD

Attachments:
As stated

cc:
General Counsel, DoD
Deputy Director, TMA
Surgeon General, US Army
Surgeon General, US Navy
Surgeon General, US Air Force
Joint Staff Surgeon
Medical Officer, Marine Corps
Director of Health and Safety, US Coast Guard

HA POLICY: 05-020

Policy for Cosmetic Surgery Procedures in the Military Health System

a. For purposes of this policy, cosmetic surgery terms are defined as follows:

1) Cosmetic surgery – "Any elective plastic surgery performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.[1]"

2) Reconstructive surgery – "Any plastic surgery performed on abnormal structures of the body which are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate a normal appearance.[1]"

b. Only privileged staff and residents in the specialties of plastic surgery, otorhinolaryngology, ophthalmology, dermatology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. This restriction excludes the excision or destruction of minor benign dermatologic lesions, which may be performed by qualified and privileged providers in any specialty. Civil service providers in these specialties may perform cosmetic surgery procedures only if they are employed full-time by the medical treatment facility (MTF) with no other opportunity to maintain their skills in cosmetic surgery. Waivers to the previous restrictions can only be granted by the respective Service Surgeon General. Providers contracted to perform medically necessary surgery are NOT to perform cosmetic surgery procedures.

c. Cosmetic surgery procedures may be performed on a "space-available" basis only, and cosmetic surgery procedures may not exceed 20 percent of any privileged provider's case load.

d. Cosmetic surgery procedures will be restricted to TRICARE-eligible beneficiaries, including TRICARE for Life, who will not lose TRICARE eligibility for at least six months. Active duty personnel undergoing cosmetic surgery procedures must have written permission from their unit commander.

e. All patients, including active duty personnel, undergoing cosmetic surgery procedures must pay the surgical fee, plus any applicable institutional and anesthesia fee, for the procedures in accordance with the fee schedule published annually by the Office of the Secretary of Defense Comptroller. Additionally, the patient must reimburse the MTF for any cosmetic implants.

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[1] American Society of Plastic Surgeons, http://www.plasticsurgery.org/public_education/procedures/index.cfm

f. There will be no discrimination in patient selection based on rank of the patient or the rank of the sponsor.

g. Cosmetic surgery cases shall not be performed if they would cause other medically necessary and/or reconstructive surgery cases to be cancelled, rescheduled, or sent to the managed care contractor support network.

h. Patients who undergo cosmetic surgery procedures in the MTF must be permitted to obtain necessary post-operative care within the MTF unless the care required exceeds MTF capabilities. All cosmetic surgery patients must be informed prior to surgery that the availability of long-term follow-up, including revision surgery, is not guaranteed in the direct care system and that complications of cosmetic surgery procedures are excluded from coverage under TRICARE in accordance with the TRICARE Policy Manual (August 2002 edition, Chapter 4, Section 1.1). The patient must acknowledge this disclosure and a copy of the signed acknowledgement must be filed in the patient's medical record.

i. As with all coding in the MHS, all inpatient, outpatient and ambulatory plastic surgery procedures will be coded in accordance with applicable national and Department of Defense (DoD) coding standards, including current versions of appropriate International Classification of Diseases (ICD-9-CM) and Current Procedural Terminology codes.

1) The V-codes found in the DoD Coding Guidance will be used to identify cosmetic surgery procedures. At present, the appropriate ICD-9-CM codes are in the V50 series: "Elective surgery for purposes other than remedying health status." Code V50.1, "Other plastic surgery for unacceptable cosmetic appearance," is the proper code unless a more specific code exists in this series. Code V51, "Aftercare involving the use of plastic surgery (excludes cosmetic plastic surgery)" may be used to indicate that a procedure is not cosmetic plastic surgery but is aftercare associated with an injury or operation. It should be noted that the use of the V51 code is not appropriate for medical conditions that are not associated with an injury or operation.

2) Procedural coding associated with any reconstructive surgery must be accompanied by applicable diagnosis codes that reflect the defect, developmental abnormality, trauma, infection, tumor, or disease impacting the need for reconstructive surgery. Additionally, the medical record must clearly indicate the medical necessity for the reconstructive surgery. Likewise for cosmetic surgery cases, the medical record must clearly reflect the rationale for the procedure being performed.

j. The Surgeons General and MTF commanders are responsible for ensuring this policy is implemented and for regular monitoring and evaluation of this policy. The Services have primary responsibility for accountability audits of MTFs within their Service for

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adherence to this policy, including audits of collection for cosmetic surgery procedures fees.

k. TMA will conduct periodic DoD-wide accountability audits of MTFs performing cosmetic surgery procedures for adherence to this policy, including audits of collection for cosmetic surgery procedures fees. The audit will minimally consist of data calls to the Services and review and analysis of centrally available data via the M2-bridge. The first TMA audit will be conducted 12 months after implementation of this policy.

Appendix F: TRICARE's Policy on Cosmetic Procedures

By Joe O'Brien, Jr., TMA PI Health Care Fraud Specialist
From the March 2008 issue of **In the TMA Program Integrity Spotlight.**

Plastic surgery is a medical specialty that uses a number of surgical and nonsurgical techniques to change the appearance and function of a person's body. Cosmetic surgery is a very popular form of plastic surgery. As an example, the American Society of Plastic Surgeons reported that in 2006 nearly 11 million cosmetic plastic surgeries were performed in the United States alone.

It is thus important to distinguish the terms "plastic surgery" and "cosmetic surgery." Plastic Surgery is recognized by the American Board of Medical Specialties as the subspecialty dedicated to the surgical repair of defects of form or function—this includes cosmetic (or aesthetic) surgery, as well as reconstructive surgery. The term "cosmetic surgery" however, refers to surgery that is designed to improve cosmetics, or appearance.

TRICARE Policy Manual, Chapter 4, Section 2.1, defines cosmetic/reconstructive and plastic surgery as surgery which can be expected primarily to improve the physical appearance of a beneficiary, and/or which is performed primarily for psychological purposes, and/or which restores form, but does not correct or materially improve a bodily function.

The Policy Manual goes on to state that any procedure performed for personal reasons, to improve the appearance of an obvious feature or part of the body which would be considered by an average observer to be normal and acceptable for the patient's age and/or ethnic and/or racial background as "excluded."

Additionally, when it is determined that a cosmetic, reconstructive and/or plastic surgery procedure does not qualify for benefits, all related services and supplies are excluded, including any institutional costs.
One of the biggest keys to identifying "cosmetic" surgeries is a review of the actual medical documentation. Examples of the types of procedures/areas to look for when attempting to identify "cosmetic" surgery masked as medically necessary surgery are:

- Beneficiaries who have been diagnosed with leg varicosity w/inflammation (ICD9 454.0 and 454.1) and then treated with injections of sclerosing solution (CPT® 36470 and 36471). An audit of medical records will often determine that the procedure was not medically necessary and that the provider was performing a "cosmetic" procedure on the beneficiary with the intent to reduce "spider veins" solely for appearance purposes.
- A situation where it appears the patient has received a medically needed procedure to correct a "deviated septum" causing sinus or breathing problems, which has actually been misrepresented. Typically, there is no historical medical documentation that the deviated septum existed before the surgery; the true purpose of the surgery on the nose was probably for "cosmetic" purposes.
- A blepharoplasty – basically this is performed when the eyelid has such a significant droop as to impair vision (which is a functional impairment). However, many times a blepharoplasty is performed as part of a face lift procedure that is not medically necessary. A claim is then submitted for a covered-blepharoplasty procedure.
- Panniculectomies primarily performed for body sculpture procedures/reasons of cosmetics. A panniculectomy may also be performed with another abdominal surgery, such as hysterectomy. And while the hysterectomy may be medically necessary, the panniculectomy may not. TRICARE has very specific guidelines for when this procedure is considered medically necessary.
- Tummy tuck procedures billed as hernia repairs.

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