

2011 Cosmetic Surgery Estimator V.7
Glossary

Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Skin Tag Removal	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	The physician removes skin tag lesions. Skin tags are common benign tumors found on many body regions, most frequently around the axillae, inguinal area, head, and neck. The physician uses sharp excision with scissors or scalpel, chemical cautery, electrical cautery, ligature strangulation, or any combination of these methods. Report 11200 for up to 15 lesions and 11201 for each additional 10 lesions, or part thereof, beyond the initial 15.	10
Skin Tag Removal	11201 +	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	The physician removes skin tag lesions. Skin tags are common benign tumors found on many body regions, most frequently around the axillae, inguinal area, head, and neck. The physician uses sharp excision with scissors or scalpel, chemical cautery, electrical cautery, ligature strangulation, or any combination of these methods. Report 11200 for up to 15 lesions and 11201 for each additional 10 lesions, or part thereof, beyond the initial 15.	10
Lesion Removal	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	The physician removes a single, elevated epidermal or dermal lesion from the trunk, arm, or legs by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11300 for a lesion diameter 0.5 cm or less; 11301 for 0.6 cm to 1 cm; 11302 for 1.1 cm to 2 cm; and 11303 for lesions greater than 2 cm.	0
Lesion Removal	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the trunk, arm, or legs by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11300 for a lesion diameter 0.5 cm or less; 11301 for 0.6 cm to 1 cm; 11302 for 1.1 cm to 2 cm; and 11303 for lesions greater than 2 cm.	0
Lesion Removal	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the trunk, arm, or legs by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11300 for a lesion diameter 0.5 cm or less; 11301 for 0.6 cm to 1 cm; 11302 for 1.1 cm to 2 cm; and 11303 for lesions greater than 2 cm.	0
Lesion Removal	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the trunk, arm, or legs by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11300 for a lesion diameter 0.5 cm or less; 11301 for 0.6 cm to 1 cm; 11302 for 1.1 cm to 2 cm; and 11303 for lesions greater than 2 cm.	0

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Lesion Removal	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	The physician removes a single, elevated epidermal or dermal lesion from the scalp, neck, hands, feet, or genitalia by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11305 for a lesion diameter 0.5 cm or less; 11306 for 0.6 cm to 1 cm; 11307 for 1.1 cm to 2 cm; and 11308 for lesions greater than 2 cm.	0
Lesion Removal	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the scalp, neck, hands, feet, or genitalia by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11305 for a lesion diameter 0.5 cm or less; 11306 for 0.6 cm to 1 cm; 11307 for 1.1 cm to 2 cm; and 11308 for lesions greater than 2 cm.	0
Lesion Removal	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the scalp, neck, hands, feet, or genitalia by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11305 for a lesion diameter 0.5 cm or less; 11306 for 0.6 cm to 1 cm; 11307 for 1.1 cm to 2 cm; and 11308 for lesions greater than 2 cm.	0
Lesion Removal	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the scalp, neck, hands, feet, or genitalia by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11305 for a lesion diameter 0.5 cm or less; 11306 for 0.6 cm to 1 cm; 11307 for 1.1 cm to 2 cm; and 11308 for lesions greater than 2 cm.	0
Lesion Removal	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	The physician removes a single, elevated epidermal or dermal lesion from the face, ears, eyelids, lips, nose, or mucous membrane by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11310 for a lesion diameter 0.5 cm or less; 11311 for 0.6 cm to 1 cm; 11312 for 1.1 cm to 2 cm; and 11313 for lesions greater than 2 cm.	0
Lesion Removal	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the face, ears, eyelids, lips, nose, or mucous membrane by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11310 for a lesion diameter 0.5 cm or less; 11311 for 0.6 cm to 1 cm; 11312 for 1.1 cm to 2 cm; and 11313 for lesions greater than 2 cm.	0

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Lesion Removal	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the face, ears, eyelids, lips, nose, or mucous membrane by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11310 for a lesion diameter 0.5 cm or less; 11311 for 0.6 cm to 1 cm; 11312 for 1.1 cm to 2 cm; and 11313 for lesions greater than 2 cm.	0
Lesion Removal	11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	The physician removes a single, elevated epidermal or dermal lesion from the face, ears, eyelids, lips, nose, or mucous membrane by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11310 for a lesion diameter 0.5 cm or less; 11311 for 0.6 cm to 1 cm; 11312 for 1.1 cm to 2 cm; and 11313 for lesions greater than 2 cm.	0
Lesion Removal	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11400 for an excised diameter 0.5 cm or less; 11401 for 0.6 cm to 1 cm; 11402 for 1.1 cm to 2 cm; 11403 for 2.1 cm to 3 cm; 11404 for 3.1 cm to 4 cm; and 11406 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11400 for an excised diameter 0.5 cm or less; 11401 for 0.6 cm to 1 cm; 11402 for 1.1 cm to 2 cm; 11403 for 2.1 cm to 3 cm; 11404 for 3.1 cm to 4 cm; and 11406 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11400 for an excised diameter 0.5 cm or less; 11401 for 0.6 cm to 1 cm; 11402 for 1.1 cm to 2 cm; 11403 for 2.1 cm to 3 cm; 11404 for 3.1 cm to 4 cm; and 11406 if the excised diameter is greater than 4 cm.	10

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Lesion Removal	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11400 for an excised diameter 0.5 cm or less; 11401 for 0.6 cm to 1 cm; 11402 for 1.1 cm to 2 cm; 11403 for 2.1 cm to 3 cm; 11404 for 3.1 cm to 4 cm; and 11406 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11400 for an excised diameter 0.5 cm or less; 11401 for 0.6 cm to 1 cm; 11402 for 1.1 cm to 2 cm; 11403 for 2.1 cm to 3 cm; 11404 for 3.1 cm to 4 cm; and 11406 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the trunk, arms, or legs. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11400 for an excised diameter 0.5 cm or less; 11401 for 0.6 cm to 1 cm; 11402 for 1.1 cm to 2 cm; 11403 for 2.1 cm to 3 cm; 11404 for 3.1 cm to 4 cm; and 11406 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the scalp, neck, hands, feet, and genitalia. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11420 for an excised diameter 0.5 cm or less; 11421 for 0.6 cm to 1 cm; 11422 for 1.1 cm to 2 cm; 11423 for 2.1 cm to 3 cm; 11424 for 3.1 cm to 4 cm; and 11426 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the scalp, neck, hands, feet, and genitalia. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11420 for an excised diameter 0.5 cm or less; 11421 for 0.6 cm to 1 cm; 11422 for 1.1 cm to 2 cm; 11423 for 2.1 cm to 3 cm; 11424 for 3.1 cm to 4 cm; and 11426 if the excised diameter is greater than 4 cm.	10

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Lesion Removal	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the scalp, neck, hands, feet, and genitalia. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11420 for an excised diameter 0.5 cm or less; 11421 for 0.6 cm to 1 cm; 11422 for 1.1 cm to 2 cm; 11423 for 2.1 cm to 3 cm; 11424 for 3.1 cm to 4 cm; and 11426 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the scalp, neck, hands, feet, and genitalia. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11420 for an excised diameter 0.5 cm or less; 11421 for 0.6 cm to 1 cm; 11422 for 1.1 cm to 2 cm; 11423 for 2.1 cm to 3 cm; 11424 for 3.1 cm to 4 cm; and 11426 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the scalp, neck, hands, feet, and genitalia. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11420 for an excised diameter 0.5 cm or less; 11421 for 0.6 cm to 1 cm; 11422 for 1.1 cm to 2 cm; 11423 for 2.1 cm to 3 cm; 11424 for 3.1 cm to 4 cm; and 11426 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	The physician excises a benign (noncancerous) lesion, including the margins, except a skin tag, on the scalp, neck, hands, feet, and genitalia. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11420 for an excised diameter 0.5 cm or less; 11421 for 0.6 cm to 1 cm; 11422 for 1.1 cm to 2 cm; 11423 for 2.1 cm to 3 cm; 11424 for 3.1 cm to 4 cm; and 11426 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	The physician removes a benign (noncancerous) lesion, except a skin tag, including the margins, from the eyelids, ears, face, lips, nose, or mucous membrane. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11440 for an excised diameter 0.5 cm or less; 11441 for 0.6 cm to 1 cm; 11442 for 1.1 cm to 2 cm; 11443 for 2.1 cm to 3 cm; 11444 for 3.1 cm to 4 cm; and 11446 if the excised diameter is greater than 4 cm.	10

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Lesion Removal	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	The physician removes a benign (noncancerous) lesion, except a skin tag, including the margins, from the eyelids, ears, face, lips, nose, or mucous membrane. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11440 for an excised diameter 0.5 cm or less; 11441 for 0.6 cm to 1 cm; 11442 for 1.1 cm to 2 cm; 11443 for 2.1 cm to 3 cm; 11444 for 3.1 cm to 4 cm; and 11446 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	The physician removes a benign (noncancerous) lesion, except a skin tag, including the margins, from the eyelids, ears, face, lips, nose, or mucous membrane. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11440 for an excised diameter 0.5 cm or less; 11441 for 0.6 cm to 1 cm; 11442 for 1.1 cm to 2 cm; 11443 for 2.1 cm to 3 cm; 11444 for 3.1 cm to 4 cm; and 11446 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	The physician removes a benign (noncancerous) lesion, except a skin tag, including the margins, from the eyelids, ears, face, lips, nose, or mucous membrane. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11440 for an excised diameter 0.5 cm or less; 11441 for 0.6 cm to 1 cm; 11442 for 1.1 cm to 2 cm; 11443 for 2.1 cm to 3 cm; 11444 for 3.1 cm to 4 cm; and 11446 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	The physician removes a benign (noncancerous) lesion, except a skin tag, including the margins, from the eyelids, ears, face, lips, nose, or mucous membrane. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11440 for an excised diameter 0.5 cm or less; 11441 for 0.6 cm to 1 cm; 11442 for 1.1 cm to 2 cm; 11443 for 2.1 cm to 3 cm; 11444 for 3.1 cm to 4 cm; and 11446 if the excised diameter is greater than 4 cm.	10
Lesion Removal	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	The physician removes a benign (noncancerous) lesion, except a skin tag, including the margins, from the eyelids, ears, face, lips, nose, or mucous membrane. After administering a local anesthetic, the physician makes a full-thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion, and removes it. The physician may suture the wound simply. Complex or layered closure is reported separately, if required. Report 11440 for an excised diameter 0.5 cm or less; 11441 for 0.6 cm to 1 cm; 11442 for 1.1 cm to 2 cm; 11443 for 2.1 cm to 3 cm; 11444 for 3.1 cm to 4 cm; and 11446 if the excised diameter is greater than 4 cm.	10
Intralesional Injection	11900	Injection, intralesional; up to and including 7 lesions	The physician uses a syringe to inject a pharmacologic agent underneath or into seven or fewer skin lesions in 11900 and more than seven lesions in 11901. The lesions may be any healed skin lesions including post-laceration and post-surgical scar bands. The physician may inject steroids or anesthetics (not pre-operative local anesthetic) into these lesions.	0

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Intralesional Injection	11901	Injection, intralesional; more than 7 lesions	The physician uses a syringe to inject a pharmacologic agent underneath or into seven or fewer skin lesions in 11900 and more than seven lesions in 11901. The lesions may be any healed skin lesions including post-laceration and post-surgical scar bands. The physician may inject steroids or anesthetics (not pre-operative local anesthetic) into these lesions.	0
Soft Tissue Fillers	11950	Subcutaneous injection of filling material (e.g., collagen) 1 cc or less	The physician uses an injectable dermal implant to correct small soft tissue deformities. This technique is used to treat facial wrinkles, post-surgical defects, and acne scars. The injectable filling material can be autologous fat, synthetic surgical compound, or a commercially produced collagen preparation. The physician uses a syringe to inject the selected material into the dermis of the skin. The injection will augment the dermal layer and alleviate the soft tissue depression. Report 11950 for an injection of 1 cc or less; 11951 for 1.1 cc to 5 cc; 11952 for 5.1 cc to 10 cc; and 11954 for an injection of more than 10 cc.	0
Soft Tissue Fillers	11951	Subcutaneous injection of filling material (e.g., collagen) 1.1 to 5.0 cc	The physician uses an injectable dermal implant to correct small soft tissue deformities. This technique is used to treat facial wrinkles, post-surgical defects, and acne scars. The injectable filling material can be autologous fat, synthetic surgical compound, or a commercially produced collagen preparation. The physician uses a syringe to inject the selected material into the dermis of the skin. The injection will augment the dermal layer and alleviate the soft tissue depression. Report 11950 for an injection of 1 cc or less; 11951 for 1.1 cc to 5 cc; 11952 for 5.1 cc to 10 cc; and 11954 for an injection of more than 10 cc.	0
Soft Tissue Fillers	11952	Subcutaneous injection of filling material (e.g., collagen) 5.1 to 10.0 cc	The physician uses an injectable dermal implant to correct small soft tissue deformities. This technique is used to treat facial wrinkles, post-surgical defects, and acne scars. The injectable filling material can be autologous fat, synthetic surgical compound, or a commercially produced collagen preparation. The physician uses a syringe to inject the selected material into the dermis of the skin. The injection will augment the dermal layer and alleviate the soft tissue depression. Report 11950 for an injection of 1 cc or less; 11951 for 1.1 cc to 5 cc; 11952 for 5.1 cc to 10 cc; and 11954 for an injection of more than 10 cc.	0
Soft Tissue Fillers	11954	Subcutaneous injection of filling material (e.g., collagen) over 10.00 cc	The physician uses an injectable dermal implant to correct small soft tissue deformities. This technique is used to treat facial wrinkles, post-surgical defects, and acne scars. The injectable filling material can be autologous fat, synthetic surgical compound, or a commercially produced collagen preparation. The physician uses a syringe to inject the selected material into the dermis of the skin. The injection will augment the dermal layer and alleviate the soft tissue depression. Report 11950 for an injection of 1 cc or less; 11951 for 1.1 cc to 5 cc; 11952 for 5.1 cc to 10 cc; and 11954 for an injection of more than 10 cc.	0
Wound Repair	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	The physician sutures superficial lacerations of the scalp, neck, axillae, external genitalia, trunk, or extremities. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissues with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12001 for a total length of 2.5 cm or less; 12002 for 2.6 cm to 7.5 cm; 12004 for 7.6 cm to 12.5 cm; 12005 for 12.6 cm to 20 cm; 12006 for 20.1 cm to 30 cm; and 12007 if the total length is greater than 30 cm.	10

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Wound Repair	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	The physician sutures superficial lacerations of the scalp, neck, axillae, external genitalia, trunk, or extremities. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissues with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12001 for a total length of 2.5 cm or less; 12002 for 2.6 cm to 7.5 cm; 12004 for 7.6 cm to 12.5 cm; 12005 for 12.6 cm to 20 cm; 12006 for 20.1 cm to 30 cm; and 12007 if the total length is greater than 30 cm.	10
Wound Repair	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	The physician sutures superficial lacerations of the scalp, neck, axillae, external genitalia, trunk, or extremities. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissues with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12001 for a total length of 2.5 cm or less; 12002 for 2.6 cm to 7.5 cm; 12004 for 7.6 cm to 12.5 cm; 12005 for 12.6 cm to 20 cm; 12006 for 20.1 cm to 30 cm; and 12007 if the total length is greater than 30 cm.	10
Wound Repair	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	The physician sutures superficial lacerations of the scalp, neck, axillae, external genitalia, trunk, or extremities. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissues with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12001 for a total length of 2.5 cm or less; 12002 for 2.6 cm to 7.5 cm; 12004 for 7.6 cm to 12.5 cm; 12005 for 12.6 cm to 20 cm; 12006 for 20.1 cm to 30 cm; and 12007 if the total length is greater than 30 cm.	10
Wound Repair	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	The physician sutures superficial lacerations of the scalp, neck, axillae, external genitalia, trunk, or extremities. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissues with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12001 for a total length of 2.5 cm or less; 12002 for 2.6 cm to 7.5 cm; 12004 for 7.6 cm to 12.5 cm; 12005 for 12.6 cm to 20 cm; 12006 for 20.1 cm to 30 cm; and 12007 if the total length is greater than 30 cm.	10
Wound Repair	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	The physician sutures superficial lacerations of the scalp, neck, axillae, external genitalia, trunk, or extremities. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissues with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12001 for a total length of 2.5 cm or less; 12002 for 2.6 cm to 7.5 cm; 12004 for 7.6 cm to 12.5 cm; 12005 for 12.6 cm to 20 cm; 12006 for 20.1 cm to 30 cm; and 12007 if the total length is greater than 30 cm.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	The physician sutures superficial lacerations of the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.	10
Wound Repair	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	The physician sutures superficial lacerations of the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.	10
Wound Repair	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	The physician sutures superficial lacerations of the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.	10
Wound Repair	12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	The physician sutures superficial lacerations of the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	The physician sutures superficial lacerations of the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.	10
Wound Repair	12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	The physician sutures superficial lacerations of the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.	10
Wound Repair	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	The physician sutures superficial lacerations of the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration and the wound is cleansed, explored, and often irrigated with a saline solution. The physician performs a simple, one-layer repair of the epidermis, dermis, or subcutaneous tissue with sutures. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12011 for a total length of 2.5 cm or less; 12013 for 2.6 cm to 5 cm; 12014 for 5.1 cm to 7.5 cm; 12015 for 7.6 cm to 12.5 cm; 12016 for 12.6 cm to 20 cm; 12017 for 20.1 cm to 30 cm; and 12018 if the total length is greater than 30 cm.	10
Wound Repair	12020	Treatment of superficial wound dehiscence; simple closure	The physician treats a wound that is failing to heal properly. There has been a breakdown of the healing skin before or after suture removal. The skin margins have opened. There is no evidence of infection. The physician cleanses the wound with irrigation and antimicrobial solutions. The skin margins may be trimmed to initiate bleeding surfaces. The wound is sutured in a single layer.	10
Wound Repair	12021	Treatment of superficial wound dehiscence; with packing	The physician treats a wound that is failing to heal properly. There has been a breakdown of the healing skin before or after suture removal. The skin margins have opened. Infection is evident with presence of pus. The physician cleanses the wound with irrigation and antimicrobial solutions. The wound is left open and packed with gauze strips. This allows infection to drain from the wound. The skin closure will be delayed until the wound is no longer infected.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	The physician performs an intermediate repair of a laceration of the scalp, axillae, trunk, and/or extremities (except hands and feet) using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12031 for a total length of 2.5 cm or less; 12032 for 2.6 cm to 7.5 cm; 12034 for 7.6 cm to 12.5 cm; 12035 for 12.6 cm to 20 cm; 12036 for 20.1 cm to 30 cm; and 12037 if the total length is greater than 30 cm.	10
Wound Repair	12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	The physician performs an intermediate repair of a laceration of the scalp, axillae, trunk, and/or extremities (except hands and feet) using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12031 for a total length of 2.5 cm or less; 12032 for 2.6 cm to 7.5 cm; 12034 for 7.6 cm to 12.5 cm; 12035 for 12.6 cm to 20 cm; 12036 for 20.1 cm to 30 cm; and 12037 if the total length is greater than 30 cm.	10
Wound Repair	12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	The physician performs an intermediate repair of a laceration of the scalp, axillae, trunk, and/or extremities (except hands and feet) using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12031 for a total length of 2.5 cm or less; 12032 for 2.6 cm to 7.5 cm; 12034 for 7.6 cm to 12.5 cm; 12035 for 12.6 cm to 20 cm; 12036 for 20.1 cm to 30 cm; and 12037 if the total length is greater than 30 cm.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	The physician performs an intermediate repair of a laceration of the scalp, axillae, trunk, and/or extremities (except hands and feet) using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12031 for a total length of 2.5 cm or less; 12032 for 2.6 cm to 7.5 cm; 12034 for 7.6 cm to 12.5 cm; 12035 for 12.6 cm to 20 cm; 12036 for 20.1 cm to 30 cm; and 12037 if the total length is greater than 30 cm.	10
Wound Repair	12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	The physician performs an intermediate repair of a laceration of the scalp, axillae, trunk, and/or extremities (except hands and feet) using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12031 for a total length of 2.5 cm or less; 12032 for 2.6 cm to 7.5 cm; 12034 for 7.6 cm to 12.5 cm; 12035 for 12.6 cm to 20 cm; 12036 for 20.1 cm to 30 cm; and 12037 if the total length is greater than 30 cm.	10
Wound Repair	12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	The physician performs an intermediate repair of a laceration of the scalp, axillae, trunk, and/or extremities (except hands and feet) using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12031 for a total length of 2.5 cm or less; 12032 for 2.6 cm to 7.5 cm; 12034 for 7.6 cm to 12.5 cm; 12035 for 12.6 cm to 20 cm; 12036 for 20.1 cm to 30 cm; and 12037 if the total length is greater than 30 cm.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	<p>The physician performs an intermediate repair of a laceration of the neck, hands, feet, and/or external genitalia using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required.</p> <p>The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12041 for a total length of 2.5 cm or less; 12042 for 2.6 cm to 7.5 cm; 12044 for 7.6 cm to 12.5 cm; 12045 for 12.6 cm to 20 cm; 12046 for 20.1 cm to 30 cm; and 12047 if the total length is greater than 30 cm.</p>	10
Wound Repair	12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	<p>The physician performs an intermediate repair of a laceration of the neck, hands, feet, and/or external genitalia using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required.</p> <p>The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12041 for a total length of 2.5 cm or less; 12042 for 2.6 cm to 7.5 cm; 12044 for 7.6 cm to 12.5 cm; 12045 for 12.6 cm to 20 cm; 12046 for 20.1 cm to 30 cm; and 12047 if the total length is greater than 30 cm.</p>	10
Wound Repair	12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	<p>The physician performs an intermediate repair of a laceration of the neck, hands, feet, and/or external genitalia using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required.</p> <p>The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12041 for a total length of 2.5 cm or less; 12042 for 2.6 cm to 7.5 cm; 12044 for 7.6 cm to 12.5 cm; 12045 for 12.6 cm to 20 cm; 12046 for 20.1 cm to 30 cm; and 12047 if the total length is greater than 30 cm.</p>	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	<p>The physician performs an intermediate repair of a laceration of the neck, hands, feet, and/or external genitalia using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required.</p> <p>The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12041 for a total length of 2.5 cm or less; 12042 for 2.6 cm to 7.5 cm; 12044 for 7.6 cm to 12.5 cm; 12045 for 12.6 cm to 20 cm; 12046 for 20.1 cm to 30 cm; and 12047 if the total length is greater than 30 cm.</p>	10
Wound Repair	12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	<p>The physician performs an intermediate repair of a laceration of the neck, hands, feet, and/or external genitalia using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required.</p> <p>The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12041 for a total length of 2.5 cm or less; 12042 for 2.6 cm to 7.5 cm; 12044 for 7.6 cm to 12.5 cm; 12045 for 12.6 cm to 20 cm; 12046 for 20.1 cm to 30 cm; and 12047 if the total length is greater than 30 cm.</p>	10
Wound Repair	12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	<p>The physician performs an intermediate repair of a laceration of the neck, hands, feet, and/or external genitalia using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required.</p> <p>The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12041 for a total length of 2.5 cm or less; 12042 for 2.6 cm to 7.5 cm; 12044 for 7.6 cm to 12.5 cm; 12045 for 12.6 cm to 20 cm; 12046 for 20.1 cm to 30 cm; and 12047 if the total length is greater than 30 cm.</p>	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	The physician performs an intermediate repair of a laceration of the face, ears, eyelids, nose, lips, and/or mucous membranes using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.	10
Wound Repair	12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	The physician performs an intermediate repair of a laceration of the face, ears, eyelids, nose, lips, and/or mucous membranes using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.	10
Wound Repair	12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	The physician performs an intermediate repair of a laceration of the face, ears, eyelids, nose, lips, and/or mucous membranes using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	The physician performs an intermediate repair of a laceration of the face, ears, eyelids, nose, lips, and/or mucous membranes using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.	10
Wound Repair	12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	The physician performs an intermediate repair of a laceration of the face, ears, eyelids, nose, lips, and/or mucous membranes using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.	10
Wound Repair	12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	The physician performs an intermediate repair of a laceration of the face, ears, eyelids, nose, lips, and/or mucous membranes using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.	10

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Wound Repair	12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	The physician performs an intermediate repair of a laceration of the face, ears, eyelids, nose, lips, and/or mucous membranes using layered closure. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep subcutaneous or layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.	10
Wound Repair	13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	The physician repairs complex wounds of the trunk. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13100 for wounds 1.1 cm to 2.5 cm; 13101 for 2.6 cm to 7.5 cm; and 13102 for each additional 5 cm or less.	10
Wound Repair	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	The physician repairs complex wounds of the trunk. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13100 for wounds 1.1 cm to 2.5 cm; 13101 for 2.6 cm to 7.5 cm; and 13102 for each additional 5 cm or less.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	13102 +	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)	The physician repairs complex wounds of the trunk. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13100 for wounds 1.1 cm to 2.5 cm; 13101 for 2.6 cm to 7.5 cm; and 13102 for each additional 5 cm or less.	10
Wound Repair	13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	The physician repairs complex wounds of the scalp, arms, and/or legs. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13120 for wounds 1.1 cm to 2.5 cm; 13121 for 2.6 cm to 7.5 cm; and 13122 for each additional 5 cm or less.	10
Wound Repair	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	The physician repairs complex wounds of the scalp, arms, and/or legs. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13120 for wounds 1.1 cm to 2.5 cm; 13121 for 2.6 cm to 7.5 cm; and 13122 for each additional 5 cm or less.	10
Wound Repair	13122 +	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	The physician repairs complex wounds of the scalp, arms, and/or legs. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13120 for wounds 1.1 cm to 2.5 cm; 13121 for 2.6 cm to 7.5 cm; and 13122 for each additional 5 cm or less.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	The physician repairs complex wounds of the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13131 for wounds 1.1 cm to 2.5 cm; 13132 for 2.6 cm to 7.5 cm; and 13133 for each additional 5 cm or less.	10
Wound Repair	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	The physician repairs complex wounds of the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13131 for wounds 1.1 cm to 2.5 cm; 13132 for 2.6 cm to 7.5 cm; and 13133 for each additional 5 cm or less.	10
Wound Repair	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)	The physician repairs complex wounds of the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13131 for wounds 1.1 cm to 2.5 cm; 13132 for 2.6 cm to 7.5 cm; and 13133 for each additional 5 cm or less.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	The physician repairs complex wounds of the eyelids, nose, ears, and/or lips. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13150 for wounds 1 cm or less; 13151 for 1.1 cm to 2.5 cm; 13152 for 2.6 cm to 7.5 cm; and 13153 for each additional 5 cm or less.	10
Wound Repair	13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	The physician repairs complex wounds of the eyelids, nose, ears, and/or lips. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13150 for wounds 1 cm or less; 13151 for 1.1 cm to 2.5 cm; 13152 for 2.6 cm to 7.5 cm; and 13153 for each additional 5 cm or less.	10
Wound Repair	13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	The physician repairs complex wounds of the eyelids, nose, ears, and/or lips. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13150 for wounds 1 cm or less; 13151 for 1.1 cm to 2.5 cm; 13152 for 2.6 cm to 7.5 cm; and 13153 for each additional 5 cm or less.	10
Wound Repair	13153 +	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	The physician repairs complex wounds of the eyelids, nose, ears, and/or lips. The physician performs complex, layered suturing of torn, crushed, or deeply lacerated tissue. The physician debrides the wound by removing foreign material or damaged tissue. Irrigation of the wound is performed and antimicrobial solutions are used to decontaminate and cleanse the wound. The physician may trim skin margins with a scalpel or scissors to allow for proper closure. The wound is closed in layers. The physician may perform scar revision, which creates a complex defect requiring repair. Stents or retention sutures may also be used in complex repair of a wound. Reconstructive procedures, such as utilization of local flaps, may be required and are reported separately. Report 13150 for wounds 1 cm or less; 13151 for 1.1 cm to 2.5 cm; 13152 for 2.6 cm to 7.5 cm; and 13153 for each additional 5 cm or less.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Wound Repair	13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	The physician secondarily repairs a surgical skin closure after an infectious breakdown of the healing skin. After resolution of the infection, the wound is now ready for closure. The physician uses a scalpel to excise granulation and scar tissue. Skin margins are trimmed to bleeding edges. The wound is sutured in several layers.	90
Hair Transplant	15775	Punch graft for hair transplant; 1 to 15 punch grafts	The physician performs a punch graft for hair transplant. The physician uses a punch tool to remove a small segment of scalp containing hair and hair follicles. This is transferred and inset into a non-hair bearing area. Report 15775 for one to 15 punch grafts and 15776 for more than 15 punch grafts.	0
Hair Transplant	15776	Punch graft for hair transplant; more than 15 punch grafts	The physician performs a punch graft for hair transplant. The physician uses a punch tool to remove a small segment of scalp containing hair and hair follicles. This is transferred and inset into a non-hair bearing area. Report 15775 for one to 15 punch grafts and 15776 for more than 15 punch grafts.	0
Skin Resurfacing	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	The physician performs dermabrasion of the total face in 15780 for conditions such as acne scarring, fine wrinkling, rhytids, and general keratosis. The physician uses a powered rotary instrument to sand down or smooth scarred or wrinkled areas. The physician lowers raised lesions or thins thickened tissue to regenerate skin with a smoother appearance. Report 15781 for a dermabrasion performed on one segment of the face; 15782 for regional dermabrasion, other than the face; and 15783 for a superficial dermabrasion on any site.	90
Skin Resurfacing	15781	Dermabrasion; segmental, face	The physician performs dermabrasion of the total face in 15780 for conditions such as acne scarring, fine wrinkling, rhytids, and general keratosis. The physician uses a powered rotary instrument to sand down or smooth scarred or wrinkled areas. The physician lowers raised lesions or thins thickened tissue to regenerate skin with a smoother appearance. Report 15781 for a dermabrasion performed on one segment of the face; 15782 for regional dermabrasion, other than the face; and 15783 for a superficial dermabrasion on any site.	90
Skin Resurfacing	15782	Dermabrasion; regional, other than face	The physician performs dermabrasion of the total face in 15780 for conditions such as acne scarring, fine wrinkling, rhytids, and general keratosis. The physician uses a powered rotary instrument to sand down or smooth scarred or wrinkled areas. The physician lowers raised lesions or thins thickened tissue to regenerate skin with a smoother appearance. Report 15781 for a dermabrasion performed on one segment of the face; 15782 for regional dermabrasion, other than the face; and 15783 for a superficial dermabrasion on any site.	90
Skin Resurfacing	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	The physician performs dermabrasion of the total face in 15780 for conditions such as acne scarring, fine wrinkling, rhytids, and general keratosis. The physician uses a powered rotary instrument to sand down or smooth scarred or wrinkled areas. The physician lowers raised lesions or thins thickened tissue to regenerate skin with a smoother appearance. Report 15781 for a dermabrasion performed on one segment of the face; 15782 for regional dermabrasion, other than the face; and 15783 for a superficial dermabrasion on any site.	90
Skin Resurfacing	15786	Abrasion; single lesion (eg, keratosis, scar)	The physician uses abrasive techniques to smooth down or remove an isolated lesion such as a scar or skin thickening secondary to sun damage. Report 15786 for a single lesion and 15787 for each additional four lesions or less.	10
Skin Resurfacing	15787 +	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)	The physician uses abrasive techniques to smooth down or remove an isolated lesion such as a scar or skin thickening secondary to sun damage. Report 15786 for a single lesion and 15787 for each additional four lesions or less.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Skin Resurfacing	15788	Chemical peel, facial; epidermal	The physician performs a chemical peel of the epidermal or dermal layers of the skin. The physician uses chemical agents, such as glycolic acid or phenol, to remove fine wrinkles or areas of abnormal pigmentation. The treatment is localized to surface layers of facial skin only in 15788. Report 15789 for a chemical facial peel of the deeper dermal layer; 15792 for an epidermal chemical peel other than facial; and 15793 for a dermal chemical peel other than facial.	90
Skin Resurfacing	15789	Chemical peel, facial; dermal	The physician performs a chemical peel of the epidermal or dermal layers of the skin. The physician uses chemical agents, such as glycolic acid or phenol, to remove fine wrinkles or areas of abnormal pigmentation. The treatment is localized to surface layers of facial skin only in 15788. Report 15789 for a chemical facial peel of the deeper dermal layer; 15792 for an epidermal chemical peel other than facial; and 15793 for a dermal chemical peel other than facial.	90
Skin Resurfacing	15792	Chemical peel, nonfacial; epidermal	The physician performs a chemical peel of the epidermal or dermal layers of the skin. The physician uses chemical agents, such as glycolic acid or phenol, to remove fine wrinkles or areas of abnormal pigmentation. The treatment is localized to surface layers of facial skin only in 15788. Report 15789 for a chemical facial peel of the deeper dermal layer; 15792 for an epidermal chemical peel other than facial; and 15793 for a dermal chemical peel other than facial.	90
Skin Resurfacing	15793	Chemical peel, nonfacial; dermal	The physician performs a chemical peel of the epidermal or dermal layers of the skin. The physician uses chemical agents, such as glycolic acid or phenol, to remove fine wrinkles or areas of abnormal pigmentation. The treatment is localized to surface layers of facial skin only in 15788. Report 15789 for a chemical facial peel of the deeper dermal layer; 15792 for an epidermal chemical peel other than facial; and 15793 for a dermal chemical peel other than facial.	90
Neck	15819	Cervicoplasty	The physician removes excess skin from the neck area. The physician marks the area to be removed. The skin is incised and the excess tissue is resected. The skin is reapproximated and sutured in layers.	90
Blepharoplasty, Blepharoptosis, Canthoplasty	15820	Blepharoplasty, lower eyelid;	In 15830, the physician performs a blepharoplasty of the lower eyelid. Through an incision beneath the eyelash line, the physician dissects the skin of the lower eyelid to the subcutaneous/muscle fascial layers. The skin is pulled tight and excess skin is excised. Muscle fascia may be sutured to support sagging muscles. In 15821, orbital fat, or an extensive herniated fat pad, is removed from the tissues. The incision is closed with layers.	90
Blepharoplasty, Blepharoptosis, Canthoplasty	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	The physician performs a blepharoplasty of the lower eyelid. Through an incision beneath the eyelash line, the physician dissects the skin of the lower eyelid to the subcutaneous/muscle fascial layers. The skin is pulled tight and excess skin is excised. Muscle fascia may be sutured to support sagging muscles. In 15821, orbital fat, or an extensive herniated fat pad, is removed from the tissues. The incision is closed with layers.	90
Blepharoplasty, Blepharoptosis, Canthoplasty	15822	Blepharoplasty, upper eyelid;	The physician performs a blepharoplasty of the upper eyelid. Through an incision usually in the crease of the upper eyelid, the physician dissects the skin of the upper eyelid to the subcutaneous/muscle fascial layers. The skin is pulled tight and redundant skin is excised. Muscle fascia may be sutured to support sagging muscles. In 15823, orbital fat may be removed from the tissues as well as excessive redundant skin that mechanically weighs down the eyelid, obstructing the visual field. The incision is closed with layers.	90

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Rhytidectomy	15824	Rhytidectomy; forehead	The physician performs a rhytidectomy of the forehead. The physician excises a portion of skin in order to eliminate wrinkles in the forehead. Most commonly an incision is made in the hairline and a subcutaneous dissection is carried down to the level of the eyebrow. The excess skin is removed and the forehead is elevated and sutured into the new position. Incisions are repaired in layers. Report 15826 if the rhytidectomy is done to reduce glabellar frown lines, the vertical furrows in the forehead area between the eyebrows caused by the corrugator and procerus muscles that may be debulked before incisions in the eyebrows are closed.	90
Rhytidectomy	15825	Rhytidectomy; neck with p- flap tightening	The physician performs a rhytidectomy of the neck. The physician makes an incision usually in front of the ear. Tension is increased in the facial muscles by freeing the superficial musculoaponeurotic system (SMAS) (facial muscles are interlinked by the SMAS). The physician trims and tightens the SMAS by securing it with sutures to tissues in front of the ear. An additional incision below the chin is necessary to correct the platysma muscle. The physician makes an incision through the platysma muscle, creating a flap, which is moved up and back. The muscle is tightened, trimmed, and secured with layered sutures. The skin incisions are closed with layered sutures.	90
Rhytidectomy	15826	Rhytidectomy; glabellar frown lines	The physician performs a rhytidectomy of the forehead. The physician excises a portion of skin in order to eliminate wrinkles in the forehead. Most commonly an incision is made in the hairline and a subcutaneous dissection is carried down to the level of the eyebrow. The excess skin is removed and the forehead is elevated and sutured into the new position. Incisions are repaired in layers. Report 15826 if the rhytidectomy is done to reduce glabellar frown lines, the vertical furrows in the forehead area between the eyebrows caused by the corrugator and procerus muscles that may be debulked before incisions in the eyebrows are closed.	90
Rhytidectomy	15828	Rhytidectomy; cheek, chin, and neck	The physician makes an incision in a crease or wrinkle of the cheek, chin, or neck to perform a rhytidectomy. Tension is increased by removing excess skin and fat. An additional incision in front of the ear may be necessary. Tension is increased in the facial muscles by freeing the superficial musculoaponeurotic system (SMAS) (facial muscles are interlinked by the SMAS). The physician trims and tightens the SMAS by securing it with sutures to tissues in front of the ear. Report 15829 for a SMAS flap.	90
Rhytidectomy	15829	Rhytidectomy; superficial musculoaponeurotic system (smas) flap	The physician makes an incision in a crease or wrinkle of the cheek, chin, or neck to perform a rhytidectomy. Tension is increased by removing excess skin and fat. An additional incision in front of the ear may be necessary. Tension is increased in the facial muscles by freeing the superficial musculoaponeurotic system (SMAS) (facial muscles are interlinked by the SMAS). The physician trims and tightens the SMAS by securing it with sutures to tissues in front of the ear. Report 15829 for a SMAS flap.	90

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Excision of Excessive Skin	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90
Excision of Excessive Skin	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh lift	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90
Excision of Excessive Skin	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg lift	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90
Excision of Excessive Skin	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip lift	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90

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Excision of Excessive Skin	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock lift	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90
Excision of Excessive Skin	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm lift--brachioplasty	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90
Excision of Excessive Skin	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90
Excision of Excessive Skin	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Excision of Excessive Skin	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	The physician removes excessive skin and subcutaneous tissue (including lipectomy). In 15830, the physician makes an incision traversing the abdomen below the belly button in a horizontal fashion. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised. The flaps are brought together and sutured in at least three layers. The physician may also suture the rectus abdominis muscles together in the midline to reinforce the area. Report 15832 for removal of excess skin and subcutaneous tissue on the thigh; 15833 for the leg; 15834 for the hip; 15835 for the buttock; 15836 for the arm; 15837 for the forearm or hand; 15838 for the submental fat pad (inferior to the chin); and 15839 for any other area.	90
Excision of Excessive Skin	15847 +	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty	The physician excises excess skin, usually the result of significant weight loss in the patient, while preserving the position of the umbilicus. A wide transverse incision is made in the lower abdomen. The physician dissects fat and skin free from underlying muscle and fascia from the site of the incision to the ribs. The umbilicus is dissected free from the skin, but remains attached by a stalk to the abdomen. The physician uses sutures or staples to plicate and tighten the rectus sheath. The dissected skin is stretched back over the abdomen and excess skin and fat are excised. An incision is made in the skin to accommodate the umbilicus, which is sutured in place. The skin is closed in layers and a temporary drain may be placed.	90
Liposuction	15876	Suction assisted lipectomy; head and neck	The physician performs a lipectomy of the head and neck in 15876. The physician makes small incisions inside the mouth or in the skin of the chin overlying an area of fat deposits. A liposuction cannula is inserted through the incision and the physician moves the cannula through the fat deposits, creating tunnels and removing excess deposits. A separate incision behind the ear may be necessary to remove additional fat deposits. The incisions are closed simply. Report 15877 for a lipectomy of the trunk; 15878 if liposuction is done on an upper extremity; and 15879 for lower extremity.	90
Liposuction	15877	Suction assisted lipectomy; trunk	A liposuction cannula is inserted through the incision and the physician moves the cannula through the fat deposits, creating tunnels and removing excess deposits. A separate incision behind the ear may be necessary to remove additional fat deposits. The incisions are closed simply. Report 15877 for a lipectomy of the trunk; 15878 if liposuction is done on an upper extremity; and 15879 for lower extremity.	90
Liposuction	15878	Suction assisted lipectomy; upper extremity	A liposuction cannula is inserted through the incision and the physician moves the cannula through the fat deposits, creating tunnels and removing excess deposits. A separate incision behind the ear may be necessary to remove additional fat deposits. The incisions are closed simply. Report 15877 for a lipectomy of the trunk; 15878 if liposuction is done on an upper extremity; and 15879 for lower extremity.	90
Liposuction	15879	Suction assisted lipectomy; lower extremity	Ultrasonic waves are delivered through a liposuction cannula to emulsify or liquefy fat. The cannula is inserted through the incision and the physician moves the cannula through the fat deposits, creating tunnels and removing excess deposits. A separate incision behind the ear may be necessary to remove additional fat deposits. The incisions are closed simply. Report 17999-Y5875 if ultrasound assisted lipectomy is performed on the total body (excluding head and neck areas); 17999-Y5875 for head and neck regions; 17999-Y5877 trunk area; 17999-Y5878 for the upper extremities 15878 if liposuction is done on an upper extremity; and 15879 for lower extremity.	90

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Code Category	CPT (+) sign = add-on code	Description	Glossary	Global Follow-up Days (0,10,90)
Lesion Removal	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	The physician destroys a collection of abnormal proliferative blood vessels within the skin. To complete this procedure, the physician usually applies a laser treatment in a technique similar to painting the skin. This destroys the vessels, creating scar tissue that eventually fades. No incision is made and no tissue is removed. Report 17106 if the treated area totals less than 10 sq cm; 17107 for 10 sq cm to 50 sq cm; and 17108 for more than 50 sq cm.	90
Lesion Removal	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 - 50.0 sq cm	The physician destroys a collection of abnormal proliferative blood vessels within the skin. To complete this procedure, the physician usually applies a laser treatment in a technique similar to painting the skin. This destroys the vessels, creating scar tissue that eventually fades. No incision is made and no tissue is removed. Report 17106 if the treated area totals less than 10 sq cm; 17107 for 10 sq cm to 50 sq cm; and 17108 for more than 50 sq cm.	90
Lesion Removal	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	The physician destroys a collection of abnormal proliferative blood vessels within the skin. To complete this procedure, the physician usually applies a laser treatment in a technique similar to painting the skin. This destroys the vessels, creating scar tissue that eventually fades. No incision is made and no tissue is removed. Report 17106 if the treated area totals less than 10 sq cm; 17107 for 10 sq cm to 50 sq cm; and 17108 for more than 50 sq cm.	90
Lesion Removal	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	The physician uses a laser, electrosurgery, cryosurgery, chemical treatment, or surgical curettement to obliterate or vaporize benign lesions other than skin tags or cutaneous vascular proliferative lesions. Report 17110 for 14 lesions or less and 17111 for 15 or more lesions.	10
Lesion Removal	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	The physician uses a laser, electrosurgery, cryosurgery, chemical treatment, or surgical curettement to obliterate or vaporize benign lesions other than skin tags or cutaneous vascular proliferative lesions. Report 17110 for 14 lesions or less and 17111 for 15 or more lesions.	10
Lesion Removal	17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	The physician destroys a form of exuberant or excessive healing tissue known as granulation tissue or proud flesh. The physician destroys the tissue by applying chemicals such as silver nitrate.	0
Hair Removal	17380	Electrolysis Epilation, 30 minute session	The physician uses electrolysis to remove hair. This code is used to report a 30-minute session. The physician inserts the electroneedle into the hair follicle and applies electrical current, killing the follicle. The electroneedle is removed.	0
Skin Resurfacing	17999-Y0001	Microdermabrasion; total face	The stratum corneum (dead outermost surface of the skin) is partially or completely removed by light abrasion, to remove sun-damaged skin and to remove or lessen scars and dark spots on the skin.	90
Skin Resurfacing	17999-Y0002	Microdermabrasion; segment, facial	The stratum corneum (dead outermost surface of the skin) is partially or completely removed by light abrasion, to remove sun-damaged skin and to remove or lessen scars and dark spots on the skin.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Skin Resurfacing	17999- Y0003	Laser Skin Resurfacing, Ablative; total face	Ablative laser skin resurfacing is a process where the upper layers of aged or damaged skin are vaporized by applying a controlled laser beam. The resulting healing and restructuring of the skin reduces the appearance of wrinkles. Report 17999-Y0003 for laser treatments of the entire face and 17999-Y0004 for facial segments only. This procedure is distinguished from non-ablative laser treatments (procedures 17999-Y0005 through 17999-Y00012) where the skin surface remains largely intact.	90
Skin Resurfacing	17999- Y0004	Laser Skin Resurfacing, Ablative; segment, facial	Ablative laser skin resurfacing is a process where the upper layers of aged or damaged skin are vaporized by applying a controlled laser beam. The resulting healing and restructuring of the skin reduces the appearance of wrinkles. Report 17999-Y0003 for laser treatments of the entire face and 17999-Y0004 for facial segments only. This procedure is distinguished from non-ablative laser treatments (procedures 17999-Y0005 through 17999-Y00012) where the skin surface remains largely intact.	90
Skin Resurfacing	17999- Y0005	Laser Skin Resurfacing, Non-ablative; total face	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90
Skin Resurfacing	17999- Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90
Skin Resurfacing	17999- Y0007	Laser Skin Resurfacing, Non-ablative; neck	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90
Skin Resurfacing	17999- Y0008	Laser Skin Resurfacing, Non-ablative; chest	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90
Skin Resurfacing	17999- Y0009	Laser Skin Resurfacing, Non-ablative; back/shoulders	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90

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Skin Resurfacing	17999- Y0010	Laser Skin Resurfacing, Non-ablative; arms	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90
Skin Resurfacing	17999- Y0011	Laser Skin Resurfacing, Non-ablative; hands	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90
Skin Resurfacing	17999- Y0012	Laser Skin Resurfacing, Non-ablative; legs	Skin resurfacing using a carbon dioxide (CO2) laser is the most recently developed of the skin resurfacing techniques. There is a newer breed of nonablative devices that produce varying degrees of improvement with the potential for reduced recovery time. Its effects are similar to those of chemical peels and dermabrasion, except that the laser removes skin layers by vaporization rather than with chemicals or a sanding device. It can be used on the entire face or specific areas.	90
Hair Removal	17999- Y0020	Laser hair removal; chest	See description for 17999-Y0020	10
Hair Removal	17999- Y0020	Laser hair removal; lip	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10
Hair Removal	17999- Y0021	Laser hair removal; lip and chin	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10
Hair Removal	17999- Y0022	Laser hair removal; back	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10

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Hair Removal	17999- Y0023	Laser hair removal; arms	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10
Hair Removal	17999- Y0024	Laser hair removal; underarms	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10
Hair Removal	17999- Y0025	Laser hair removal; bikini	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10
Hair Removal	17999- Y0026	Laser hair removal; legs	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10
Hair Removal	17999- Y0027	Laser hair removal; beard	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10
Hair Removal	17999- Y0028	Laser hair removal; ears	Laser hair removal is a procedure by which hair is removed from the body by utilizing a long pulse laser. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, several treatments may be necessary to remove all hair follicles in a given area. Report 17999-Y0020 for laser hair removal from lip region only; 17999-Y0021 lip and chin; 17999-Y0022 back; 17999-Y0023 arms; 17999-Y0024 underarm area; 17999-Y0025 bikini area; 17999-Y0026 legs; 17999-Y0027 beard; 17999-Y0028 ears.	10

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Tattoo Removal	17999- Y0030	Laser tattoo removal; ≤ 30 sq. cm, initial session	Tattoos are treated with a specially-designed laser that breaks up the pigment so it can be reabsorbed by the body. The laser delivers a very strong and very precise beam of light onto the skin, either in a continuous wave or in pulses, which penetrates the skin, dissolving the tattoo ink. The body's natural cleansing system then eliminates the pigments over the course of several months. Report 17999-Y0030 for the first session involving tattoos less than or equal to 30 sq. cm and 17999-Y0031 for each additional session. For tattoos greater than or equal to 31 sq cm report 17999-Y0032 for the initial session and 17999-Y0032 for each additional session.	90
Tattoo Removal	17999- Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session	Tattoos are treated with a specially-designed laser that breaks up the pigment so it can be reabsorbed by the body. The laser delivers a very strong and very precise beam of light onto the skin, either in a continuous wave or in pulses, which penetrates the skin, dissolving the tattoo ink. The body's natural cleansing system then eliminates the pigments over the course of several months. Report 17999-Y0030 for the first session involving tattoos less than or equal to 30 sq. cm and 17999-Y0031 for each additional session. For tattoos greater than or equal to 31 sq cm report 17999-Y0032 for the initial session and 17999-Y0032 for each additional session.	90
Tattoo Removal	17999- Y0032	Laser tattoo removal; ≥ 31 sq cm, initial session	Tattoos are treated with a specially-designed laser that breaks up the pigment so it can be reabsorbed by the body. The laser delivers a very strong and very precise beam of light onto the skin, either in a continuous wave or in pulses, which penetrates the skin, dissolving the tattoo ink. The body's natural cleansing system then eliminates the pigments over the course of several months. Report 17999-Y0030 for the first session involving tattoos less than or equal to 30 sq. cm and 17999-Y0031 for each additional session. For tattoos greater than or equal to 31 sq cm report 17999-Y0032 for the initial session and 17999-Y0032 for each additional session.	90
Tattoo Removal	17999- Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session	Tattoos are treated with a specially-designed laser that breaks up the pigment so it can be reabsorbed by the body. The laser delivers a very strong and very precise beam of light onto the skin, either in a continuous wave or in pulses, which penetrates the skin, dissolving the tattoo ink. The body's natural cleansing system then eliminates the pigments over the course of several months. Report 17999-Y0030 for the first session involving tattoos less than or equal to 30 sq. cm and 17999-Y0031 for each additional session. For tattoos greater than or equal to 31 sq cm report 17999-Y0032 for the initial session and 17999-Y0032 for each additional session.	90
Laser Vein Treatment	17999- Y0050	Laser Vein Treatment of Leg	There is no glossary entry for this procedure code	90
Fat Transfer	17999- Y5000	Microlipoinjection/fat transfer; lips	The physician extracts excess fat from the patient's body (e.g., abdomen, thighs, or buttocks) and injects it into another area to improve the appearance of creased and sunken areas. Report 17999-Y5000 when fat is re-injected into lip area; 17999-Y5001 for melolabial folds; 17999-Y5002 for marionette lines; 17999-Y5003 for forehead, 17999-Y5004 for the glabella region (i.e. between the eyebrows and above the nose, 17999-Y5005 for the tear troughs, and 17999-Y5005 for crows feet.	10
Fat Transfer	17999- Y5001	Microlipoinjection/fat transfer; melolabial folds	The physician extracts excess fat from the patient's body (e.g., abdomen, thighs, or buttocks) and injects it into another area to improve the appearance of creased and sunken areas. Report 17999-Y5000 when fat is re-injected into lip area; 17999-Y5001 for melolabial folds; 17999-Y5002 for marionette lines; 17999-Y5003 for forehead, 17999-Y5004 for the glabella region (i.e. between the eyebrows and above the nose, 17999-Y5005 for the tear troughs, and 17999-Y5005 for crows feet.	10

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Fat Transfer	17999- Y5002	Microlipoinjection/fat transfer; marionette lines	The physician extracts excess fat from the patient's body (e.g., abdomen, thighs, or buttocks) and injects it into another area to improve the appearance of creased and sunken areas. Report 17999-Y5000 when fat is re-injected into lip area; 17999-Y5001 for melolabial folds; 17999-Y5002 for marionette lines; 17999-Y5003 for forehead, 17999-Y5004 for the glabella region (i.e. between the eyebrows and above the nose, 17999-Y5005 for the tear troughs, and 17999-Y5005 for crows feet.	10
Fat Transfer	17999- Y5003	Microlipoinjection/fat transfer; forehead	The physician extracts excess fat from the patient's body (e.g., abdomen, thighs, or buttocks) and injects it into another area to improve the appearance of creased and sunken areas. Report 17999-Y5000 when fat is re-injected into lip area; 17999-Y5001 for melolabial folds; 17999-Y5002 for marionette lines; 17999-Y5003 for forehead, 17999-Y5004 for the glabella region (i.e. between the eyebrows and above the nose, 17999-Y5005 for the tear troughs, and 17999-Y5005 for crows feet.	10
Fat Transfer	17999- Y5004	Microlipoinjection/fat transfer; glabella	The physician extracts excess fat from the patient's body (e.g., abdomen, thighs, or buttocks) and injects it into another area to improve the appearance of creased and sunken areas. Report 17999-Y5000 when fat is re-injected into lip area; 17999-Y5001 for melolabial folds; 17999-Y5002 for marionette lines; 17999-Y5003 for forehead, 17999-Y5004 for the glabella region (i.e. between the eyebrows and above the nose, 17999-Y5005 for the tear troughs, and 17999-Y5005 for crows feet.	10
Fat Transfer	17999- Y5005	Microlipoinjection/fat transfer; tear troughs	The physician extracts excess fat from the patient's body (e.g., abdomen, thighs, or buttocks) and injects it into another area to improve the appearance of creased and sunken areas. Report 17999-Y5000 when fat is re-injected into lip area; 17999-Y5001 for melolabial folds; 17999-Y5002 for marionette lines; 17999-Y5003 for forehead, 17999-Y5004 for the glabella region (i.e. between the eyebrows and above the nose, 17999-Y5005 for the tear troughs, and 17999-Y5005 for crows feet.	10
Fat Transfer	17999- Y5006	Microlipoinjection/fat transfer; crows feet	The physician extracts excess fat from the patient's body (e.g., abdomen, thighs, or buttocks) and injects it into another area to improve the appearance of creased and sunken areas. Report 17999-Y5000 when fat is re-injected into lip area; 17999-Y5001 for melolabial folds; 17999-Y5002 for marionette lines; 17999-Y5003 for forehead, 17999-Y5004 for the glabella region (i.e. between the eyebrows and above the nose, 17999-Y5005 for the tear troughs, and 17999-Y5005 for crows feet.	10
Hair Transplant	17999- Y5775	Micro/mini grafts 1- 500 hairs	There is no glossary entry for this procedure code	10
Excision of Excessive Skin	17999- Y5831	Abdominoplasty	An incision is made in the lower abdomen. Excessive skin and subcutaneous tissue are elevated off the abdominal wall and excess tissue and fat are excised but not extensive enough to be considered a panniculectomy (covered by code 15830). The physician sutures the rectus abdominis muscles together in the midline to reinforce the area. The umbilicus is not altered in any way.	90
Other Revisions	17999- Y5835	Buttock Augmentation w/ implant	The procedure often is performed by making an incision in the fold between the buttock "cheeks" and inserting a solid silicone implant into the pocket below the gluteus muscle and above the pelvic bone. The periphery of the cheeks is taped after surgery, so the implants are held in position as the tissues heal. Buttock implants are not effective for treatment of sagging buttocks, which often may occur after significant weight loss. Implants are most appropriate when congenital deformity or heredity is the cause of flat or poorly defined buttocks.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Other Revisions	17999- Y5836	Buttock Augmentation w/o implant	One tried-and-true procedure that now is being used to enhance gluteal contours is autologous fat injection, grafting fat from one body part to add volume to another. Donor sites may include the abdomen, hips, back or thighs. Fat cells are removed via lipoplasty (liposuction), and then injected in "layers" into the buttocks.	90
Other Revisions	17999- Y5837	Calf Augmentation	There is no glossary entry for this procedure code	90
Other Revisions	17999- Y5838	Umbilicoplasty	Belly button revision surgery.	90
Piercing	17999- Y6001	Piercing, Other Body Parts	The physician or technician uses a sharp instrument such as a sterile needle or a piercing gun to form an opening. After the puncture is complete, the area is cleaned with a disinfectant and an earring is inserted to keep the opening patent. No further treatment is usually necessary.	0
Breast/Chest	19300	Mastectomy for Gynecomastia	The physician performs a mastectomy for gynecomastia on a male patient. The physician makes a circular incision in the skin of the breast at the edge of the areola or in the inframammary fold. Extraneous fat and breast tissue are dissected from the pectoral fascia and removed. Bleeding vessels are ligated with sutures or cauterized. The incision is sutured in layered closure and a dressing is applied.	90
Breast/Chest	19316	Mastopexy (Breast Lift)	The physician performs a breast lift, or mastopexy, relocating the nipple and areola to a higher position and removing excess skin below the nipple and above the lower breast crease. The physician makes a skin incision above the nipple, in the location to which the nipple will be elevated. Another skin incision is made around the circumference of the nipple. Two skin incisions are made from the circular cut above the nipple to the fold beneath the breast, one on either side of the nipple, forming a keyhole shaped skin incision. This skin is cut away from the breast tissue and removed. The physician elevates the breast to its new position and closes the incision, excising any redundant skin in the fold beneath the breast. The incision is repaired with layered closure.	90
Breast/Chest	19318	Reduction mammoplasty	The physician reduces the size of the breast, removing wedges of skin and breast tissue from a female patient. The physician makes a circular skin incision above the nipple, in the position to which the nipple will be elevated. Another skin incision is made around the circumference of the nipple. Two incisions are made from the circular cut above the nipple to the fold beneath the breast, one on either side of the nipple, creating a keyhole shaped skin and breast incision. Wedges of skin and breast tissue are removed until the desired size is achieved. Bleeding vessels may be ligated or cauterized. The physician elevates the nipple and its pedicle of subcutaneous tissue to its new position and sutures the nipple pedicle with layered closure. The remaining incision is repaired with layered closure.	90
Breast/Chest	19324	Mammoplasty, augmentation; without prosthetic implant	The physician increases the size of the breast without using a prosthesis or implant by rearranging existing fat and mammary tissue of the patient. The physician makes a skin incision in the fold beneath the breast or in a circular cut around the areola. This skin is cut away from the breast tissue and the breast tissue is rearranged. The physician may excise redundant skin to augment the breast's appearance. The incisions are repaired with layered closure.	90

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Breast/Chest	19325	Mammoplasty, augmentation; with prosthetic implant	The physician increases the size of the breast by inserting a prosthesis or implant. The physician makes an incision in the fold under the breast and dissects the breast tissue and muscle layer free from the chest wall to accommodate a prosthesis positioned under the muscle. As an alternative, the prosthesis may also be positioned between the muscle and the existing breast tissue or skin. The incision is repaired with layered closure.	90
Breast/Chest	19328	Removal of intact mammary implant	A breast implant or prosthesis that is still intact is removed. The physician makes an incision in the fold under the breast, around the nipple, or at the site of an existing mastectomy incision and dissects muscle, fat, and breast tissue from the existing implant. The intact implant is removed. Any infection is irrigated. The physician repairs the incision with layered closure.	90
Breast/Chest	19330	Removal of mammary implant material	A breast implant or prosthesis that is leaking or defective is removed. The physician makes an incision in the fold under the breast or around the nipple and dissects muscle, fat, and breast tissue from the existing implant. The leaking implant material is removed, checking surrounding tissue closely for adhesions or deposits of the material that have infiltrated beyond the capsule. The implant material and any affected tissue are excised. The physician repairs the incision with layered closure.	90
Breast/Chest	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	The physician performs an immediate breast prosthesis insertion following surgery. The physician dissects the breast tissue and muscle layer free from the chest wall to accommodate a prosthesis positioned under the muscle in a patient who has just undergone mastopexy, mastectomy, or a reconstructive process during this same surgical session. The same surgical skin incisions are most often used. As an alternative, the prosthesis may also be positioned between the muscle and the existing breast tissue or skin. The incision is repaired with layered closure.	90
Breast/Chest	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	The physician inserts a breast prosthesis after a patient has had previous breast surgery. Delayed insertion is done at a later time, usually after the wound has healed, and may be several months after the original surgery. The physician makes an incision in the fold under the breast or along a previous surgical incision and dissects the tissue and muscle layer free from the chest wall to accommodate a prosthesis positioned under the muscle. As an alternative, the prosthesis may also be positioned between the muscle and the existing breast tissue or skin. The incision is repaired with layered closure.	90
Breast/Chest	19350	Nipple/areola reconstruction	Enlargement: The nipple and areola are reconstructed. The physician excises graft skin, usually from the inner thigh, behind the ear, or a section excised from the patient's existing areola. The donor site is repaired with sutures. To create a new nipple, the physician excises the lower section of tissue from the patient's existing nipple or removes tissue from the ear or labia. This donor site is repaired with sutures. A thin, circular layer of surface skin is removed from the breast at the site of the graft. The areola skin graft is positioned and sutured to the breast and the nipple graft is sutured to a small, circular incision in the areola's center.	90
Breast/Chest	19355	Correction of inverted nipples	Inverted nipples are corrected by making two or more radial incisions in the areola and elevating the inverted nipple into an everted position. Ductal channels and fibrous bands may be transected to accomplish this. Tissue may be removed. The nipple is secured with sutures and incisions in the areola are closed.	90

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Breast/Chest	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	The physician makes an incision in the skin of a patient who has undergone a mastectomy. A pocket is created using an existing chest wall muscle and an expandable implant is placed into it at the site of the mastectomy. In some cases, the implant's button-shaped portal may be brought out through the skin so it is accessible by needle. Usually, the portal remains beneath the surface of the skin. The physician injects saline into the access portal to expand the implant until it has stretched the surrounding tissue to a size slightly larger than the patient's existing breast. In some cases, the expander remains a permanent prosthesis and small amount of fluid is aspirated until it duplicates the size of the existing breast. In other cases, a second surgery (reported separately), excises the implant and replaces it with a permanent breast prosthesis.	90
Breast/Chest	19370	Open periprosthetic capsulotomy, breast	An incision in the skin of the breast at the site of a mastectomy scar or previous breast surgery, in the skin fold beneath the breast, or around the nipple is made. The physician uses a cautery knife to cut into the area of fibrous scarring associated with a breast implant. Incisions are made into the scar (contracted capsule) to cut around its circumference and enlarge the pocket in which the prosthesis is placed. Loosening the capsule relieves pain and tightness caused by the contracture. No tissue is removed. The incision is repaired with layered closure.	90
Breast/Chest	19371	Periprosthetic capsulectomy, breast	An incision in the skin of the breast at the site of a mastectomy scar or previous breast surgery, in the skin fold beneath the breast, or around the nipple is made. The physician uses a cautery knife to cut into the area of fibrous scarring associated with a breast implant. The contracted capsule is excised from the breast tissue and the prosthesis is removed. The incision is repaired with layered closure.	90
Breast/Chest	19380	Revision of reconstructed breast	Revision is done in a reconstructed breast, usually to correct a problem with asymmetry. The physician makes an incision in the breast skin along the areola or at the fold under the breast or in prior surgical incisions. Tissue therein may be rearranged or secured with sutures to revise the shape of the reconstructed breast. An existing breast prosthesis may be replaced with a prosthesis of a different configuration. Excess skin or tissue from the reconstructed breast may be removed. Once the breast has been revised to its desired shape, the physician repairs the incision with layered closure.	90
Facial Reconstruction	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	The physician places an implant or a graft onto the chin to augment or enlarge it. Various materials can be used, including tissue grafted from the patient's own body or taken from a tissue bank. Prosthetic devices may also be used. This procedure is most commonly performed from an intraoral approach. The physician makes an incision in the mandibular labial vestibule inside the lower lip. The mucosa is reflected from the chin and the implanted material placed between the mucosa and the bone. A skin incision may also be made under the chin. The implant may be secured to the bone using wires or screws or may be left to be held in place by the surrounding tissue. The mucosa is sutured simply. Report 21121 if a sliding osteotomy is performed to correct the chin; 21122 if two or more osteotomies are performed; and 21123 if interpositional bone grafts are used for the genioplasty.	90

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Facial Reconstruction	21121	Genioplasty; sliding osteotomy, single piece	The physician places an implant or a graft onto the chin to augment or enlarge it. Various materials can be used, including tissue grafted from the patient's own body or taken from a tissue bank. Prosthetic devices may also be used. This procedure is most commonly performed from an intraoral approach. The physician makes an incision in the mandibular labial vestibule inside the lower lip. The mucosa is reflected from the chin and the implanted material placed between the mucosa and the bone. A skin incision may also be made under the chin. The implant may be secured to the bone using wires or screws or may be left to be held in place by the surrounding tissue. The mucosa is sutured simply. Report 21121 if a sliding osteotomy is performed to correct the chin; 21122 if two or more osteotomies are performed; and 21123 if interpositional bone grafts are used for the genioplasty.	90
Facial Reconstruction	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	The physician places an implant or a graft onto the chin to augment or enlarge it. Various materials can be used, including tissue grafted from the patient's own body or taken from a tissue bank. Prosthetic devices may also be used. This procedure is most commonly performed from an intraoral approach. The physician makes an incision in the mandibular labial vestibule inside the lower lip. The mucosa is reflected from the chin and the implanted material placed between the mucosa and the bone. A skin incision may also be made under the chin. The implant may be secured to the bone using wires or screws or may be left to be held in place by the surrounding tissue. The mucosa is sutured simply. Report 21121 if a sliding osteotomy is performed to correct the chin; 21122 if two or more osteotomies are performed; and 21123 if interpositional bone grafts are used for the genioplasty.	90
Facial Reconstruction	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	The physician places an implant or a graft onto the chin to augment or enlarge it. Various materials can be used, including tissue grafted from the patient's own body or taken from a tissue bank. Prosthetic devices may also be used. This procedure is most commonly performed from an intraoral approach. The physician makes an incision in the mandibular labial vestibule inside the lower lip. The mucosa is reflected from the chin and the implanted material placed between the mucosa and the bone. A skin incision may also be made under the chin. The implant may be secured to the bone using wires or screws or may be left to be held in place by the surrounding tissue. The mucosa is sutured simply. Report 21121 if a sliding osteotomy is performed to correct the chin; 21122 if two or more osteotomies are performed; and 21123 if interpositional bone grafts are used for the genioplasty.	90
Facial Reconstruction	21125	Augmentation, mandibular body or angle; prosthetic material	The physician uses prosthetic material to augment the body or angle of the mandible. The physician may use an intraoral approach or may make skin incisions extraorally below the body or angle of the mandible. The physician dissects tissues away and the bone of the body or angle is exposed. A synthetic material is placed on the mandible to augment the contours. The material is secured with screws or wires. The incisions are sutured simply.	90

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Facial Reconstruction	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	The physician uses a bone graft to augment the body or angle of the mandible. The physician harvests bone from another site on the patient's body, most commonly the rib, hip, or skull, and repairs the surgically created wound of the harvest site. The physician may use an intraoral approach or skin incisions. The physician dissects adjacent structures away and the body or angle of the mandible is exposed. The graft is placed on an area of the body or angle to augment the contours. The graft may also be placed between portions of bone of the body or angle (interpositional grafting). The graft is secured with screws or wires. The intraoral incisions are sutured simply. The extraoral incisions are closed with layered sutures.	90
Facial Reconstruction	21137	Reduction forehead; contouring only	The physician performs surgery on the forehead to correct a skeletal deformity. With the patient under anesthesia, the physician makes an incision in the hairline to expose the forehead of the skull. The deformity in the bone is identified and fully exposed. The physician uses a variety of surgical instruments to reshape the bone to make it follow a more normal contour. The wound is irrigated and closed in layers.	90
Facial Reconstruction	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	The physician performs surgery on the forehead to correct a skeletal deformity using the application of prostheses or bone grafts to obtain a more normal contour. With the patient under anesthesia, the physician makes an incision in the hairline to expose the forehead of the skull. The deformity in the bone is identified and fully exposed. The physician uses a variety of surgical instruments to reshape the bone to make it follow a more normal contour. Prostheses may be applied and/or autografts may be harvested and applied as part of the procedure. The wounds are irrigated and closed in layers.	90
Facial Reconstruction	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	The physician corrects a skeletal deformity of the frontal sinus or repairs the anterior frontal sinus wall. An incision is made at the forehead hairline or the eyebrows. The forehead is exposed directly over the frontal sinus wall. The deformity or deficit is identified. Soft tissue is debrided. The physician reshapes the anterior wall of the sinus. If the wall is prominent or badly misshapen, the physician elevates it from the forehead and resets it in the appropriate anatomic and cosmetic position. Fixation devices such as wires may be required to maintain the repaired wall. The wound is irrigated and closed in layers. A soft dressing is applied.	90
Facial Reconstruction	21141	Reconstruction midface, lefort i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft	The physician performs a LeFort I osteotomy to repair congenital malformations or acquired deformities of the facial bones, without using a bone graft. With the patient under anesthesia, the physician makes a horizontal cut through the maxillary sinuses and nasal septum through an intraoral incision, and into the pterygoid fissure. Surgical instruments are used to complete the separation of the maxilla from the skull base. The maxilla is down-fractured to mobilize it and can be moved into the proper predetermined position. If segmental surgery in the maxilla was necessary, the mobilized segments are held in position by a template secured to the upper teeth. Maxillary malpositioning is corrected and the maxilla is wired to the mandible, which is positioned as a whole unit. Rigid fixation of the maxilla is achieved with miniplates or intermaxillary wires. The operative site is irrigated with antibiotic solution and the oral mucosa is closed as needed. Report 21141 if a single piece segment is repositioned; 21142 for lower maxillary midface reconstruction with two piece segmental movement; and 21143	90

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Facial Reconstruction	21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft	The physician performs a LeFort I osteotomy to repair congenital malformations or acquired deformities of the facial bones, without using a bone graft. With the patient under anesthesia, the physician makes a horizontal cut through the maxillary sinuses and nasal septum through an intraoral incision, and into the pterygoid fissure. Surgical instruments are used to complete the separation of the maxilla from the skull base. The maxilla is down-fractured to mobilize it and can be moved into the proper predetermined position. If segmental surgery in the maxilla was necessary, the mobilized segments are held in position by a template secured to the upper teeth. Maxillary malpositioning is corrected and the maxilla is wired to the mandible, which is positioned as a whole unit. Rigid fixation of the maxilla is achieved with miniplates or intermaxillary wires. The operative site is irrigated with antibiotic solution and the oral mucosa is closed as needed. Report 21141 if a single piece segment if repositioned; 21142 for lower maxillary midface reconstruction with two piece segmental movement; and 21143	90
Facial Reconstruction	21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft	The physician performs a LeFort I osteotomy to repair congenital malformations or acquired deformities of the facial bones, without using a bone graft. With the patient under anesthesia, the physician makes a horizontal cut through the maxillary sinuses and nasal septum through an intraoral incision, and into the pterygoid fissure. Surgical instruments are used to complete the separation of the maxilla from the skull base. The maxilla is down-fractured to mobilize it and can be moved into the proper predetermined position. If segmental surgery in the maxilla was necessary, the mobilized segments are held in position by a template secured to the upper teeth. Maxillary malpositioning is corrected and the maxilla is wired to the mandible, which is positioned as a whole unit. Rigid fixation of the maxilla is achieved with miniplates or intermaxillary wires. The operative site is irrigated with antibiotic solution and the oral mucosa is closed as needed. Report 21141 if a single piece segment if repositioned; 21142 for lower maxillary midface reconstruction with two piece segmental movement; and 21143	90
Facial Reconstruction	21145	Reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	The physician performs a LeFort I osteotomy and bone grafts to repair congenital malformations or acquired deformities of the facial bones. With the patient under anesthesia, the physician makes a horizontal cut through the maxillary sinuses and nasal septum through an intraoral incision and into the pterygoid fissure. Surgical instruments are used to complete the separation of the maxilla from the skull base. The maxilla is down-fractured to mobilize it for movement into the proper predetermined position. If segmental surgery in the maxilla was necessary, the mobilized segments are held in position by a template secured to the upper teeth. Maxillary malpositioning is corrected. Cranial or iliac bone grafts are placed and the donor site repaired. The maxilla is wired to the mandible, which is positioned as a whole unit. Rigid fixation of the maxilla is achieved with miniplates or intermaxillary wires. The operative site is irrigated with antibiotic solution and the oral mucosa is closed as needed. Report 21145 if a single piece segment is repositioned; 21146 for lower maxillary midface reconstruction	90

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Facial Reconstruction	21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	The physician performs a LeFort I osteotomy and bone grafts to repair congenital malformations or acquired deformities of the facial bones. With the patient under anesthesia, the physician makes a horizontal cut through the maxillary sinuses and nasal septum through an intraoral incision and into the pterygoid fissure. Surgical instruments are used to complete the separation of the maxilla from the skull base. The maxilla is down-fractured to mobilize it for movement into the proper predetermined position. If segmental surgery in the maxilla was necessary, the mobilized segments are held in position by a template secured to the upper teeth. Maxillary malpositioning is corrected. Cranial or iliac bone grafts are placed and the donor site repaired. The maxilla is wired to the mandible, which is positioned as a whole unit. Rigid fixation of the maxilla is achieved with miniplates or intermaxillary wires. The operative site is irrigated with antibiotic solution and the oral mucosa is closed as needed. Report 21145 if a single piece segment is repositioned; 21146 for lower maxillary midface reconstruction	90
Facial Reconstruction	21147	Reconstruction midface, lefort i; 3/more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft/multiple osteotomies)	The physician performs a LeFort I osteotomy and bone grafts to repair congenital malformations or acquired deformities of the facial bones. With the patient under anesthesia, the physician makes a horizontal cut through the maxillary sinuses and nasal septum through an intraoral incision and into the pterygoid fissure. Surgical instruments are used to complete the separation of the maxilla from the skull base. The maxilla is down-fractured to mobilize it for movement into the proper predetermined position. If segmental surgery in the maxilla was necessary, the mobilized segments are held in position by a template secured to the upper teeth. Maxillary malpositioning is corrected. Cranial or iliac bone grafts are placed and the donor site repaired. The maxilla is wired to the mandible, which is positioned as a whole unit. Rigid fixation of the maxilla is achieved with miniplates or intermaxillary wires. The operative site is irrigated with antibiotic solution and the oral mucosa is closed as needed. Report 21145 if a single piece segment is repositioned; 21146 for lower maxillary midface reconstruction	90
Facial Reconstruction	21150	Reconstruction midface, lefort ii; anterior intrusion (eg, treacher-collins syndrome)	The physician reconstructs the midface to correct developmental or acquired skeletal deformities. The physician may use a variety of incisions, including a bicoronal scalp flap, lower eyelid, and transoral incisions. Through these incisions, the nasofrontal junction, inferior orbital rims, and maxilla are exposed. Osteotomies of the pyramidal nasoorbitomaxillary midface (LeFort II) are performed with saws, burs, or osteotomes. The midface is down-fractured from the stable bone. The physician removes excess bone at fracture sites to accommodate anterior intrusion (superior repositioning) of the midface. The midface is reduced in the desired position with wires, plates, and/or screws. The transoral incision is closed in a single layer. Lower eyelid and scalp incisions are closed in layers. Intermaxillary fixation may be applied.	90

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Facial Reconstruction	21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)	The physician reconstructs the midface to correct developmental or acquired skeletal deformities. The physician may use a variety of incisions, including a bicoronal scalp flap, lower eyelid, and transoral incisions. Through these incisions, the physician exposes the nasofrontal junction, inferior orbital rims, and maxilla. Osteotomies of the pyramidal midface (LeFort II) are performed with saws, burs, or osteotomes. The midfacial segment is down-fractured from the stable bone and rotated or advanced with precise measurement into a new position. The physician reduces the midface with wires, plates, and/or screws. The physician harvests bone grafts from the patient's hip, rib, or skull and closes the surgically created wound. The interpositional bone grafts are placed between the bony interfaces of the repositioned nasoorbitomaxillary midface. The transoral incisions are closed in a single layer. Lower eyelid and scalp incisions are closed in layers. Intermaxillary fixation may be applied.	90
Facial Reconstruction	21154	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i	The physician reconstructs the midface to correct developmental or acquired skeletal deformities. The physician uses a variety of incisions, including a bicoronal scalp flap, lower eyelid, and transoral incisions. Complete separation of the midface from the cranial base is necessary. Surgical fractures are made through the zygomas, orbits, and bones of the nasofrontal region. Osteotomies of the complete midface (LeFort III) are performed with saws, burs, or osteotomes. The midface is down-fractured from the stable cranial base and placed with precise measurement into presurgically determined position. The physician reduces the midface with wires, plates, and/or screws. The physician harvests bone grafts from the patient's hip, rib, or skull, and closes the surgically created wound. The interpositional bone grafts are placed between the bony interfaces of the midface. The transoral incisions are closed in a single layer. Lower eyelid and scalp incisions are closed in layers. Intermaxillary fixation may be applied.	90
Facial Reconstruction	21155	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i	The physician reconstructs both the midface and the maxilla to correct developmental or acquired skeletal deformities. The physician uses a variety of incisions, including a bicoronal scalp flap, lower eyelid, and transoral incisions. Complete separation of the midface (LeFort III) from the cranial base is necessary. Additionally, horizontal down-fracture of the maxilla is necessary to correct alignment of the teeth. Surgical fractures are made through the zygomas, orbits, and bones of the nasofrontal region with saws, burs, or osteotomes. The physician also makes a horizontal osteotomy, separating the maxilla from the midface. The midface is down-fractured from the stable cranial base and the maxilla is down-fractured from the midface segment. Both the midface and the maxilla are placed into new positions and reduced with wires, plates, and/or screws. The physician harvests bone grafts from the patient's hip, rib, or skull, and closes the surgically created wound. The interpositional bone grafts are placed between the bony interfaces of the maxilla and the midface. The transoral	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i	The physician reconstructs the midface with the forehead to correct developmental or acquired skeletal deformities. Surgical fractures are made through the zygomas, frontal bone, and orbits. Complete separation of the midface with the frontal bone from the cranial base is necessary. The physician uses a variety of incisions, including a bicoronal scalp flap, eyelid, and transoral incisions. Osteotomies of the complete midface (LeFort III) together with the frontal bone are performed with saws, burs, or osteotomes. The midface with the frontal bone is down-fractured from the stable cranial base. The midface and frontal bone are placed with precise measurement into new positions and reduced with wires, plates, and/or screws. The physician harvests bone grafts from the patient's hip, rib, or skull and closes the surgically created wound. The interpositional bone grafts are placed between the bony interfaces of the newly positioned midface and forehead segment. The transoral incisions are closed in a single layer. <u>Eyelid and scalp incisions are closed in layers. Intermaxillary</u>	90
Facial Reconstruction	21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i	The physician reconstructs both the midface with the forehead and the maxilla to correct developmental or acquired skeletal deformities. Complete separation of the midface with the frontal bone from the cranial base is necessary along with horizontal down-fracture of the maxilla from the midface. Surgical fractures are made through the zygomas, frontal bone, and orbits. The physician uses a variety of incisions, including a bicoronal scalp flap, eyelid, and transoral incisions. Osteotomies of the complete midface (LeFort III) together with the frontal bone and also the lower maxilla from the midface are performed with saws, burs, or osteotomes. The midface and frontal bones are down-fractured from the stable cranial base and the maxilla is horizontally down-fractured from the midface. The midface with the frontal bone and the maxilla are placed into new positions and reduced with wires, plates, and/or screws. The physician harvests bone grafts from the patient's hip, rib, or skull and closes the surgically created wound. The interpositional bone <u>grafts are placed between the bony interfaces of the maxilla and</u>	90
Facial Reconstruction	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	The physician performs reconstructive surgery on the lower forehead and superior-lateral orbit of the eye to correct skeletal abnormalities, with or without grafts. The physician may use a variety of incisions, including through the eyelids and scalp, to obtain access to the site. The soft tissues are dissected as needed to expose the bones. The physician performs osteotomies of the forehead and orbit as needed. The bones are manipulated and realigned to the desired position. The physician may obtain bone grafts from the patient's hip, rib, or skull that can be placed to augment the forehead and orbit reconstruction. The bones are held in place with the use of wires, plates, or screws. The wounds are irrigated and each <u>closed in layers.</u>	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), w w/o grafts (inc obtaining autografts)	The physician performs reconstructive surgery on the lower forehead and both superior lateral orbital rims to correct skeletal abnormalities of the cranium, with or without grafts. The physician utilizes a variety of incisions about the eyes, forehead, and scalp to gain access to these bones. The soft tissues are dissected as needed to expose the bones. Several osteotomies of the forehead and orbits are made so that the deformity can be corrected. The bones are manipulated, contoured, and shifted as needed to place them in the desired positions. The physician may obtain bone grafts from the patient's hip, rib, or skull that can be placed to augment the reconstruction. Various internal fixation devices are employed to hold the reduction rigidly in place, such as wires, pins, plates, or screws. The wounds are irrigated and closed in layers.	90
Facial Reconstruction	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	The physician performs reconstructive surgery of the forehead and the supraorbital rims of both eyes to correct skeletal deformities of the cranium. With the patient under anesthesia, the physician uses any of a variety of incisions about the eyes, forehead, and scalp to gain access to these bones. The soft tissues are dissected as needed to expose the bones. Osteotomies of the bones are performed in multiple places to facilitate manipulating the bones into the desired position. The bones are shaped as needed. In 21179, the physician utilizes allografts or synthetic prosthetic material to augment the reconstruction. In 21180, the physician employs autografts, harvested from the patient's hip, rib, or skull. Pins, wires, plates, and screws are used to hold the bones and graft in rigid reduction. The wounds are irrigated and closed in layers.	90
Facial Reconstruction	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	The physician performs reconstructive surgery of the forehead and the supraorbital rims of both eyes to correct skeletal deformities of the cranium. With the patient under anesthesia, the physician uses any of a variety of incisions about the eyes, forehead, and scalp to gain access to these bones. The soft tissues are dissected as needed to expose the bones. Osteotomies of the bones are performed in multiple places to facilitate manipulating the bones into the desired position. The bones are shaped as needed. In 21179, the physician utilizes allografts or synthetic prosthetic material to augment the reconstruction. In 21180, the physician employs autografts, harvested from the patient's hip, rib, or skull. Pins, wires, plates, and screws are used to hold the bones and graft in rigid reduction. The wounds are irrigated and closed in layers.	90
Facial Reconstruction	21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	The physician performs surgery to correct distortion expansion or deformity of a cranial bone caused by a benign extracranial lesion. The physician utilizes any of a variety of incisions to access the site. The incisions are carried deep to the bone and the tumor is identified and exposed. The physician uses surgical instruments to debride, reshape, and contour the cranial bone to conform to its normal anatomic position and profile. The bone and wounds are irrigated and closed in layers.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21182	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting < 40 sq cm	The physician performs reconstructive surgery of the cranial bones including the orbit walls and rims, forehead, and nasoethmoid complex following the excision of benign tumors from within and without the cranium. The physician utilizes a variety of incisions through the mouth, eyelids, and scalp to gain access to these bones. The incisions are carried deep, soft tissues are reflected, and the bones are individually identified and exposed. Osteotomies are performed as needed to surgically fracture and manipulate the bones into their desired and acceptable positions. This may require advancement of the forehead. Bone grafts are harvested from a site such as the hip, skull, or ribs. Multiple grafts may be required to augment and stabilize the reconstructed cranial bones following tumor removal. Internal fixation devices such as wires, plates, and screws are used to hold the reduction securely in place. The incisions are all irrigated and closed in layers. Report 21182 if the total area of bone grafting is less than 40 sq cm; 21183 if the total area of bone grafting is greater than 40 sq cm but less	90
Facial Reconstruction	21183	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex foll intra-&extracranial excision, benign tumor, cranial bone, w multi autografts; total area, bone graft > 40 sq cm but < 80 sq cm	The physician performs reconstructive surgery of the cranial bones including the orbit walls and rims, forehead, and nasoethmoid complex following the excision of benign tumors from within and without the cranium. The physician utilizes a variety of incisions through the mouth, eyelids, and scalp to gain access to these bones. The incisions are carried deep, soft tissues are reflected, and the bones are individually identified and exposed. Osteotomies are performed as needed to surgically fracture and manipulate the bones into their desired and acceptable positions. This may require advancement of the forehead. Bone grafts are harvested from a site such as the hip, skull, or ribs. Multiple grafts may be required to augment and stabilize the reconstructed cranial bones following tumor removal. Internal fixation devices such as wires, plates, and screws are used to hold the reduction securely in place. The incisions are all irrigated and closed in layers. Report 21182 if the total area of bone grafting is less than 40 sq cm; 21183 if the total area of bone grafting is greater than 40 sq cm but less	90
Facial Reconstruction	21184	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting > 80 sq cm	The physician performs reconstructive surgery of the cranial bones including the orbit walls and rims, forehead, and nasoethmoid complex following the excision of benign tumors from within and without the cranium. The physician utilizes a variety of incisions through the mouth, eyelids, and scalp to gain access to these bones. The incisions are carried deep, soft tissues are reflected, and the bones are individually identified and exposed. Osteotomies are performed as needed to surgically fracture and manipulate the bones into their desired and acceptable positions. This may require advancement of the forehead. Bone grafts are harvested from a site such as the hip, skull, or ribs. Multiple grafts may be required to augment and stabilize the reconstructed cranial bones following tumor removal. Internal fixation devices such as wires, plates, and screws are used to hold the reduction securely in place. The incisions are all irrigated and closed in layers. Report 21182 if the total area of bone grafting is less than 40 sq cm; 21183 if the total area of bone grafting is greater than 40 sq cm but less	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)	The physician reconstructs the midface to correct developmental or traumatic skeletal deformities. Reconstruction includes both osteotomies and bone grafts. The physician may use a variety of incisions, including a bicoronal scalp flap, eyelid, and transoral incisions. Through the incisions, the physician performs osteotomies as necessary of the midface with saws, burs, or osteotomes. The osteotomies performed here do not follow the standard LeFort surgical fracture lines. The midfacial bones are down-fractured from the stable cranial base. The midface is placed with precise measurement into a new position. Bone grafts are harvested from the patient's hip, rib, or skull and the surgically created wound is closed. The interpositional bone grafts are placed between the bony interfaces of the repositioned maxilla and midface. Internal fixation devices such as wires, plates, and screws are used to hold the reduction securely in place. The transoral incisions are closed in a single layer. Eyelid and scalp incisions are closed in layers. Intermaxillary fixation may be applied.	90
Facial Reconstruction	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	The physician reconstructs the ramus of the mandible using various osteotomies (bone cuts) to correct mandibular deformities. Vertical, horizontal, L, inverted L, and C osteotomies are used. The type of osteotomy refers to the shape and direction of the bone cuts. The physician makes a skin incision below the angle of the mandible. Vertical ramus and horizontal osteotomies may also be accomplished from an intraoral approach. The tissue is dissected to the mandible and the bone of the mandibular ramus is exposed. Bone cuts are made in various shapes according to necessity using drills, saws, or osteotomes. The physician moves part of the separated mandible into a new position. The osteotomy cuts are securely reduced with wires, screws, or plates. The incision is sutured. No bone grafts are used in 21193. Report 21194 if bone grafts are taken from another site on the patient's body, such as the rib, hip, or skull, and used to aid reconstruction and healing of the mandible.	90
Facial Reconstruction	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	The physician reconstructs the ramus of the mandible using various osteotomies (bone cuts) to correct mandibular deformities. Vertical, horizontal, L, inverted L, and C osteotomies are used. The type of osteotomy refers to the shape and direction of the bone cuts. The physician makes a skin incision below the angle of the mandible. Vertical ramus and horizontal osteotomies may also be accomplished from an intraoral approach. The tissue is dissected to the mandible and the bone of the mandibular ramus is exposed. Bone cuts are made in various shapes according to necessity using drills, saws, or osteotomes. The physician moves part of the separated mandible into a new position. The osteotomy cuts are securely reduced with wires, screws, or plates. The incision is sutured. No bone grafts are used in 21193. Report 21194 if bone grafts are taken from another site on the patient's body, such as the rib, hip, or skull, and used to aid reconstruction and healing of the mandible.	90

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Facial Reconstruction	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	The physician reconstructs the mandibular ramus to lengthen, set back, or rotate the mandible. Using an intraoral approach, the physician makes an incision overlying the external oblique ridge, through the mucosa near the second mandibular molars. The mandibular ramus is exposed by reflecting the tissue from both sides of the ramus. Drills, saws, and/or osteotomes are used to cut the mandible along the inside, top, and outside surfaces of the bone, but not completely through. The physician uses osteotomes and/or other instruments to pry the mandible apart along the bone cuts in a sagittal plane. Once separated, the physician moves the mandible into the desired position and holds the bone in reduction using wires. No rigid internal fixation devices are used in 21195. In 21196, screws or plates are placed in or on the bone. The physician may also make small 0.5 cm skin incisions near the mandibular angle, through which instruments place the plates or screws. The mucosal and skin incisions are sutured closed.	90
Facial Reconstruction	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	The physician reconstructs the mandibular ramus to lengthen, set back, or rotate the mandible. Using an intraoral approach, the physician makes an incision overlying the external oblique ridge, through the mucosa near the second mandibular molars. The mandibular ramus is exposed by reflecting the tissue from both sides of the ramus. Drills, saws, and/or osteotomes are used to cut the mandible along the inside, top, and outside surfaces of the bone, but not completely through. The physician uses osteotomes and/or other instruments to pry the mandible apart along the bone cuts in a sagittal plane. Once separated, the physician moves the mandible into the desired position and holds the bone in reduction using wires. No rigid internal fixation devices are used in 21195. In 21196, screws or plates are placed in or on the bone. The physician may also make small 0.5 cm skin incisions near the mandibular angle, through which instruments place the plates or screws. The mucosal and skin incisions are sutured closed.	90
Facial Reconstruction	21198	Osteotomy, mandible, segmental;	The physician performs an osteotomy on a segment of the mandible to correct a localized deformity. The teeth are moved within a segment or block of bone. Using an intraoral approach, the physician makes an incision in the mucosa to expose the segment of bone to be moved. Drills, saws, and/or osteotomes are used to cut a section of the alveolar bone. These cuts do not extend through the mandible, but include only a segment above the inferior border. The segment is moved into the desired position and held in reduction with wires, screws, or plates. The segment may also be held in place by a preformed acrylic interocclusal splint. The mucosa is sutured simply. Report 21198 when a segmental osteotomy of the mandible is performed. Report 21199 when a segmental osteotomy of the mandible is performed and the genioglossus (primary tongue muscle) is advanced.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21199	Osteotomy, mandible, segmental; with genioglossus advancement	The physician performs an osteotomy on a segment of the mandible to correct a localized deformity. The teeth are moved within a segment or block of bone. Using an intraoral approach, the physician makes an incision in the mucosa to expose the segment of bone to be moved. Drills, saws, and/or osteotomes are used to cut a section of the alveolar bone. These cuts do not extend through the mandible, but include only a segment above the inferior border. The segment is moved into the desired position and held in reduction with wires, screws, or plates. The segment may also be held in place by a preformed acrylic interocclusal splint. The mucosa is sutured simply. Report 21198 when a segmental osteotomy of the mandible is performed. Report 21199 when a segmental osteotomy of the mandible is performed and the genioglossus (primary tongue muscle) is advanced.	90
Facial Reconstruction	21206	Osteotomy, maxilla, segmental (eg, wassmund or schuchard)	The physician performs an osteotomy on a segment of the maxilla to correct a localized deformity. The teeth are moved within a segment or block of bone. Using a circumvestibular incision, the physician exposes the segment of bone to be moved. Drills, saws, and/or osteotomes are used to cut a section of the alveolar bone. These cuts do not extend through the maxilla, but include only a segment. The segment is moved into the desired position and held in reduction with wires, screws, or plates. The segment may also be held in place by a preformed acrylic interocclusal splint. The mucosa is sutured simply and intermaxillary fixation may be placed.	90
Facial Reconstruction	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	The physician augments the facial bones with implanted grafts or prosthetic devices, altering the contours of the face. The physician may use an intraoral approach or other incisions to access the operative site. The tissue is dissected, exposing the bone for augmentation. A bone graft is taken from another part of the body, such as the hip, rib, or skull, and grafted onto the facial bone to contour the face. Other materials such as prosthetic implants or donor bone may also be used. The implant is secured to the bone using screws, wires, or plates. The mucosa is sutured simply.	90
Facial Reconstruction	21209	Osteoplasty, facial bones; reduction	The physician removes protrusions of excess or misshaped facial bone to reduce the contours of the face. The physician may use an intraoral approach or other incisions to access the operative site. The tissue is dissected, exposing the bone for reduction. A reciprocation saw or drill is used to cut and remove the bone, reducing its contours. The mucosal incision is sutured simply.	90
Facial Reconstruction	21210	Graft, bone; malar/maxilla/nasal augmentation	The physician reconstructs the nasal, maxillary, or malar area bones with a bone graft to correct defects due to injury, infection, or tumor resection. The procedure may also be performed to augment atrophic or thin bone, or to aid in healing fractures. The physician harvests bone from the patient's hip, rib, or skull. Incisions are made overlying the harvest site. Tissues are dissected away to the desired bone. The physician removes the bone as needed for grafting to the defect area. After the bone is harvested, the donor site is repaired in layers. Access incisions are made to the recipient site and the area of bony defect is exposed. The graft is placed to repair the defect and may be held in place with wires, plates, or screws. The access sites are irrigated and sutured closed.	90

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Facial Reconstruction	21215	Graft, bone; mandible (includes obtaining graft)	The physician reconstructs the mandible with a bone graft to correct defects due to injury, infection, or tumor resection. The procedure may also be performed to augment atrophic or thin mandibles, or to aid in healing fractures. The physician harvests bone from another site on the patient's body, most commonly the rib, hip, or skull, and repairs the surgically created wound. The physician makes facial skin incisions to expose the mandible and place the graft from the donor site. Occasionally, intraoral incisions are used. The graft is held firmly positioned with wires, plates, or screws. The incisions are sutured with a layered closure.	90
Facial Reconstruction	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	The physician reconstructs an area of the face, chin, nose, or ear with a cartilage graft harvested from the ribs. The physician makes a small incision near the sternum through the pectoralis muscle exposing the rib where the bone and cartilage meet. Cartilage is removed from the area and the donor site is closed directly. The physician may make lower eyelid incisions to expose the defect area of the face or nose. Recipient sites of the chin or the ear may also be prepared for the rib cartilage graft. The graft is placed and held in place with wires, plates, or screws. The incisions are sutured with a layered closure. Report 21235 if ear cartilage is harvested for a graft to the nose or ear.	90
Facial Reconstruction	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	The physician reconstructs an area of the face, chin, nose, or ear with a cartilage graft harvested from the ribs. The physician makes a small incision near the sternum through the pectoralis muscle exposing the rib where the bone and cartilage meet. Cartilage is removed from the area and the donor site is closed directly. The physician may make lower eyelid incisions to expose the defect area of the face or nose. Recipient sites of the chin or the ear may also be prepared for the rib cartilage graft. The graft is placed and held in place with wires, plates, or screws. The incisions are sutured with a layered closure. Report 21235 if ear cartilage is harvested for a graft to the nose or ear.	90
Facial Reconstruction	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	The physician repairs or reconstructs the temporomandibular joint. An incision is made through the skin anterior to the contour of the ear or within the ear. The tissues are dissected and the joint is exposed. Once the joint is exposed, a variety of repairs may be performed. The articular disc may be repositioned or the ligaments may be repaired or shortened. The condylar head may be smoothed or recontoured, or the articular disc may be removed. If removed, tissue may be taken from another part of the body to replace the articular disc. The tissue may be fascia from nearby muscles such as the temporalis muscle, cartilage from the ear, dermis, or other tissues. The incisions are closed directly.	90
Facial Reconstruction	21242	Arthroplasty, temporomandibular joint, with allograft	The physician repairs or reconstructs the temporomandibular joint with a donor graft. An incision is made through the skin anterior to the contour of the ear or within the ear. The tissues are dissected and the joint is exposed. Once the joint is exposed, a variety of repairs may be performed. Donor tissue (allograft material) is used to replace the articular disc or other parts of the joint. The incisions are closed directly.	90

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Facial Reconstruction	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	The physician partially or totally replaces the diseased or injured temporomandibular joint with a prosthetic joint. An incision is made through the skin anterior to the contour of the ear or within the ear. An additional skin incision just beneath the angle of the mandible may also be necessary. An artificial fossa can be placed above the condyle and secured with screws. If the condyle needs replacement, it is removed and a prosthetic condyle is secured to the remaining condylar neck, typically using screws. Both the fossa and the condyle may need to be replaced. The incisions are closed directly.	90
Facial Reconstruction	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	The physician reconstructs the mandible by inserting a bone plate with posts that extend through the lower border of the mandible and into the mouth. The posts can be used to retain dentures in an atrophic or thin mandible. The physician makes an incision through the skin under the chin and dissects the tissues to the bone. Holes are drilled upward through the bone and into the mouth. The posts of the plate are placed through the holes and into the mouth. The plate is secured extraorally to the mandible with screws and the incision is closed with layered sutures.	90
Facial Reconstruction	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	The physician places a metal framework between the mucosa and the bone of the maxilla or mandible. The metal framework has posts that extend vertically and protrude through the mucosa into the mouth. The posts are used to retain an upper denture in the maxilla or lower denture in the mandible when teeth are missing. Intraoral surgery is performed in one or two sessions. The physician makes an incision along the crest of the edentulous area (without teeth) and exposes as much of the bone as possible. If performed in two sessions, the physician makes impressions of the exposed bone and sutures the mucosa closed. The impression is used to make models for custom framework. At the second surgical session, the physician removes the sutures and again exposes the bone. The metal framework, with the attached posts, is placed on the bone. The mucosa and periosteum are sutured over the framework and around the protruding posts. Scarring, which occurs with healing, keeps the framework in place. If performed in one session, a CT scan is used to make a plastic model of the mandible or maxilla from which the framework and posts are	90
Facial Reconstruction	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	The physician places a metal framework between the mucosa and the bone of the maxilla or mandible. The metal framework has posts that extend vertically and protrude through the mucosa into the mouth. The posts are used to retain an upper denture in the maxilla or lower denture in the mandible when teeth are missing. Intraoral surgery is performed in one or two sessions. The physician makes an incision along the crest of the edentulous area (without teeth) and exposes as much of the bone as possible. If performed in two sessions, the physician makes impressions of the exposed bone and sutures the mucosa closed. The impression is used to make models for custom framework. At the second surgical session, the physician removes the sutures and again exposes the bone. The metal framework, with the attached posts, is placed on the bone. The mucosa and periosteum are sutured over the framework and around the protruding posts. Scarring, which occurs with healing, keeps the framework in place. If performed in one session, a CT scan is used to make a plastic model of the mandible or maxilla from which the framework and posts are	90

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Facial Reconstruction	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	The physician reconstructs the mandibular condyle of the temporomandibular joint (TMJ) using bone and cartilage taken from the rib. The physician harvests the rib by making a small incision through the pectoralis major muscle and dissecting through the tissue to the rib. Part of the rib and the cartilage near the sternum are removed. The donor site is closed with layered sutures. The physician makes incisions through the skin anterior to the contour of the ear and dissects tissue to the TMJ site. Another incision is often made beneath the angle of the mandible and the tissue is dissected to the bone. The bone is exposed superiorly as far as possible. The rib graft is inserted through the lower incision with the cartilaginous end placed upward into the joint, replacing the condyle. Through both incisions, the rib is manipulated into the proper position and secured to the mandible using plates, screws, or wires. The incisions are closed with layered sutures.	90
Facial Reconstruction	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	The physician places metal implants into the bone of the maxilla or mandible. Metal posts attached to the implants protrude through the mucosa into the mouth. Artificial teeth or dentures are attached to the roots to replace missing teeth. These implants may be cylindrical or thin blades. The physician makes incisions through the mucosa to expose the bone using an intraoral approach. Precision holes are drilled in the bone where the implants are to be placed. With blade style implants, the posts are already attached to the implant and the mucosa is sutured simply around the post. With cylindrical implants, the mucosa is sutured over the top of the implant and is allowed to heal while buried under the mucosa. The incisions are closed simply. A second procedure is performed three to eight months later. The implant is exposed again and the abutment connectors are attached. Report 21248 for partial reconstruction. Report 21249 for complete reconstruction.	90
Facial Reconstruction	21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	The physician places metal implants into the bone of the maxilla or mandible. Metal posts attached to the implants protrude through the mucosa into the mouth. Artificial teeth or dentures are attached to the roots to replace missing teeth. These implants may be cylindrical or thin blades. The physician makes incisions through the mucosa to expose the bone using an intraoral approach. Precision holes are drilled in the bone where the implants are to be placed. With blade style implants, the posts are already attached to the implant and the mucosa is sutured simply around the post. With cylindrical implants, the mucosa is sutured over the top of the implant and is allowed to heal while buried under the mucosa. The incisions are closed simply. A second procedure is performed three to eight months later. The implant is exposed again and the abutment connectors are attached. Report 21248 for partial reconstruction. Report 21249 for complete reconstruction.	90
Facial Reconstruction	21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	The physician reconstructs the zygomatic arch and glenoid fossa. Bone and cartilage grafts are used in reconstruction. The physician harvests bone grafts from the patient's hip, rib, or skull and closes the surgically created wound. Costal cartilage grafts are most frequently used. The physician makes a hemicoronal incision with a preauricular (in front of the ear) extension. The tissues are reflected to access the zygomatic arch of the cheekbone and the glenoid fossa (depression of the temporal bone at the base of the arch where the mandible articulates). The grafts are placed and the reconstructed arch and fossa are stabilized with internal fixation of sutures, wires, plates, and/or screws. The incision is closed in layers.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	The physician increases both the size of the bone structure and outline of the bony orbit. The physician uses a variety of incisions to access the surgical site including bicoronal, lower eyelid, eyebrow, and maxillary vestibular incisions. Cuts are made in the orbital rims using drills or saws. The bone is advanced to desired positions and secured with wires, plates, and/or screws. The physician harvests bone from the patient's hip, rib, or skull and closes the surgically created graft donor site. These bone grafts are fashioned by the physician to augment bone or replace congenitally absent bone. The grafts are secured with wires, plates, and/or screws. Incisions through skin are repaired with a layered closure. Intraoral incisions are closed in a single layer.	90
Facial Reconstruction	21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	The physician moves the orbits closer to one another. The physician uses a variety of incisions to access the surgical sites including bicoronal, lower eyelid, eyebrow, and maxillary vestibular incisions. The reconstruction techniques for repositioning of the orbits center around the nasoorbital area and include reconstruction of the nose and the maxilla. Strategic cuts are made around the orbits with drills or saws. Bony cuts are made in the nasal and ethmoid bones and portions of these bones are removed. The bony orbits are realigned to desired positions and secured with wires, plates, and/or screws. The physician harvests bone from the patient's hip, rib, or skull and closes the surgically created graft donor site. These bone grafts are fashioned by the physician to augment bone, filling in the spaces left by the repositioning, and to maintain the medial positions of the orbits. Small, separate bone grafts may be placed directly on bony step defects. Large grafts are secured with wires, plates, and/or screws. Incisions through skin are repaired with a layered closure. Intraoral incisions are closed in a single layer.	90
Facial Reconstruction	21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	The physician moves the orbits closer to one another. For severe cases, a combined intra- and extracranial approach is used. The physician uses a variety of incisions to access the surgical site including bicoronal, lower eyelid, eyebrow, and maxillary vestibular incisions. To gain complete access to the orbits, a frontal craniotomy is performed, temporarily removing a portion of the frontal bone, retracting the brain, and making orbital osteotomy cuts from the inside of the skull. Cuts are made to release the bony orbits of the eye so they may be positioned closer together, using drills or saws. Bony cuts are made in the nasal and ethmoid bones and portions of these bones are removed. The bony orbits are realigned to desired positions and secured with wires, plates, and/or screws. The physician harvests bone from the patient's hip, rib, or skull and closes the surgically created graft donor site. These bone grafts are fashioned by the physician to augment bone, filling in the spaces left by the repositioning, and to maintain the medial positions of the orbits. Small, separate bone grafts may be	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	The physician moves the orbits closer to one another and advances the frontal bone to increase forehead contours. The physician uses a variety of incisions to access the surgical site including bicoronal, lower eyelid, eyebrow, and maxillary vestibular incisions. To gain complete access to the orbits, a frontal craniotomy is performed, temporarily removing a portion of the frontal bone, retracting the brain, and making orbital cuts from the inside of the skull. Cuts are made to release the bony orbits of the eye so they may be positioned closer together, using drills or saws. Bony cuts are made in the nasal and ethmoidal bones and portions of these bones are removed. The bony orbits are realigned and the frontal bone of the forehead is advanced and repositioned into the desired location and secured with wires, plates, and/or screws. The physician harvests bone from the patient's hip, rib, or skull and closes the surgically created graft donor site. These bone grafts are fashioned by the physician to augment bone, filling in the spaces left by the repositioning, and to maintain the medial	90
Facial Reconstruction	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	The physician moves the positioning of an orbit on one side. The physician uses a variety of incisions to access the surgical site including coronal, lower eyelid, eyebrow, and maxillary vestibular incisions. Cuts are made in the orbital rims using drills or saws. The bony orbit is realigned to the desired position and secured with wires, plates, and/or screws. The physician harvests bone from the patient's hip, rib, or skull and closes the surgically created graft donor site. These bone grafts are fashioned by the physician to augment bone, replace congenitally absent bone, and recontour facial shapes while maintaining the new position of the orbit. Small separate bone grafts may be placed directly on bony step defects. Large grafts are fashioned and secured with wires, plates, and/or screws. Incisions through skin are repaired with a layered closure. Intraoral incisions are closed in a single layer.	90
Facial Reconstruction	21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	The physician moves the positioning of an orbit on one side. The physician uses a variety of incisions to access the surgical site including coronal, lower eyelid, eyebrow, and maxillary vestibular incisions. To gain complete access to the orbit, a frontal craniotomy is performed, temporarily removing a portion of the frontal bone, retracting the brain, and making cuts from the inside of the skull. Cuts are made in the orbital rims using drills and saws. The bony orbit is realigned to the desired position and secured with wires, plates, and/or screws. The physician harvests bone from the patient's hip, rib, or skull and closes the surgically created graft donor site. These bone grafts are fashioned by the physician to augment bone, replace congenitally absent bone, and recontour facial shapes while maintaining the new position of the orbit. Small, separate bone grafts may be placed directly on bony step defects. Large grafts are secured with wires, plates, and/or screws. The frontal bone is replaced in its anatomic location and secured with wires, plates, and/or screws. Incisions through skin are repaired with a	90
Facial Reconstruction	21270	Malar augmentation, prosthetic material	The physician augments the malar (cheek) prominence with prosthetic material. Incisions are made through the lower eyelids and maxillary buccal vestibule to expose the malar defect. The prosthetic implant is positioned and fixated on the malar prominence with wires, plates, and/or screws. The eyelid incisions are closed in layers. The oral vestibular incision is closed in a single layer.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Facial Reconstruction	21275	Secondary revision of orbitocraniofacial reconstruction	The physician performs a second procedure to continue corrections of skeletal deformities of the orbits and face. The physician uses a variety of incisions to access the surgical site including bicoronal, lower eyelid, eyebrow, and maxillary vestibular incisions. Revision cuts are made using drills and saws. Bone is realigned to the desired positions and secured again with wires, plates, and/or screws. The physician may harvest bone from the patient's hip, rib, or skull and close the surgically created graft donor site. Bone grafts are fashioned by the physician and secured with wires, plates, and/or screws, if necessary. Incisions through skin are repaired with a layered closure. <u>Intraoral incisions are closed in a single layer.</u>	90
Facial Reconstruction	21280	Medial canthopexy (separate procedure)	The physician reattaches the medial canthal ligament. The medial canthal ligament is attached medially to nasal-orbital bones and laterally to the orbital fascia, the upper eyelid, and the lower eyelid. The ligament is isolated through a bicoronal incision or through skin incisions placed beside the ligament. After locating the ligament, stainless steel suture or wire is placed through the ligament. A hole is made in the nasal bones on the opposite side with a drill or awl. The suture or wire is passed under the nasal complex to the opposite side through the bony hole. The suture or wire is ligated to the bone. Any incisions are repaired with a layered closure.	90
Facial Reconstruction	21282	Canthopexy, lateral	The physician reattaches the lateral canthal ligament to correct soft tissue structures of the lateral aspect of the eye and eyelids. The lateral canthal ligament is attached laterally to the orbital aspect of the zygoma and medially to the orbital fascia, the upper eyelid, and the lower eyelid. The ligament is isolated through a horizontal skin incision placed beside the ligament. After locating the ligament, the physician places stainless steel suture or wire through the ligament. A hole is made in the zygoma with a drill. The physician passes the suture or wire through the bony hole. The suture or wire is ligated to the bone. <u>Skin incisions are repaired with a layered closure.</u>	90
Facial Reconstruction	21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	The physician reduces the size of the masseter muscle and bone when the muscle has become hypertrophic (overly enlarged). The physician makes skin incisions in the neck just beneath the angle of the mandible. The tissues are dissected to expose the masseter muscle and mandible. The physician removes appropriate amounts of muscle and may use drills, saws, or osteotomes to remove bone in the area of the angle to produce the desired contour. The incision is repaired with a layered closure and pressure dressings are placed on the site. Report 21295 for an extraoral approach. Report 21296 for an intraoral approach.	90
Facial Reconstruction	21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	The physician reduces the size of the masseter muscle and bone when the muscle has become hypertrophic (overly enlarged). The physician makes skin incisions in the neck just beneath the angle of the mandible. The tissues are dissected to expose the masseter muscle and mandible. The physician removes appropriate amounts of muscle and may use drills, saws, or osteotomes to remove bone in the area of the angle to produce the desired contour. The incision is repaired with a layered closure and pressure dressings are placed on the site. Report 21295 for an extraoral approach. Report 21296 for an intraoral approach.	90

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Breast/Chest	21899	Pectoral Augmentation; male chest, with implant	Pectoral augmentation of the male chest is performed under general anesthesia or very heavy sedation. A small incision is made in the armpit and an endoscope is used to create a cavity under the pectoralis muscle (unlike in a breast augmentation, a pectoral augmentation does not require that the chest muscle be separated from its attachments to the breastbone or rib cage). A solid silicone implant is then inserted into the pocket under the muscle tissue. After the pectoral augmentation implant is positioned properly, the incision is sutured closed and a small dressing is placed under the arm to promote healing.	90
Rhinoplasty	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	The physician performs surgery to reshape the external nose. No surgery to the nasal septum is necessary. The physician may perform surgery open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected into the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages may be reshaped with files. Fat may be removed from the subcutaneous regions. Incisions are closed in single layers. Steri-strip tape is used to support cartilaginous surgery of the nasal tip.	90
Rhinoplasty	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	The physician performs surgery to reshape the external nose. No surgery to the nasal septum is necessary. This surgery can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected in the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages may be reshaped by trimming or may be augmented by grafting. Local grafts from adjacent nasal bones and cartilage are not reported separately. The physician may reshape the dorsum with files. The physician fractures the lateral nasal bones with chisels. Fat may be removed from the subcutaneous regions. Incisions are closed in single layers. Steri-strip tape is used to support cartilaginous surgery of the nasal tip. An external splint or cast supports changes in bone position.	90
Rhinoplasty	30420	Rhinoplasty, primary; including major septal repair	The physician performs surgery to reshape the external and internal nose. The nasal septum internally supports the shape of the external nasal appearance. The physician reshapes a fractured or deformed septum. Rhinoplasties can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected into the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages may be reshaped by trimming or may be augmented by grafting. Local grafts from adjacent nasal bones and cartilage are not reported separately. The physician may reshape the dorsum with files. Fat may be removed from the subcutaneous regions. A vertical incision is made in the septal mucosa and the mucoperichondrium is elevated from the septal cartilage. Septal cartilage may be removed or grafted. The physician fractures the lateral nasal bones with chisels and manually repositions them in the desired positions. Incisions are closed in single layers. Steri-strip tape is used to support cartilaginous surgery	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Rhinoplasty	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	The physician performs a second surgery to reshape the external nose and correct unfavorable results from the initial rhinoplasty. Secondary rhinoplasties can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected in the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages and nasal tip may be reduced by trimming or may be augmented by grafting. The bony dorsum may receive grafts. Local grafts from adjacent nasal bones and cartilage are not reported separately. Incisions are closed in single layers. Steri-strip tape is used to support cartilaginous surgery of the nasal tip.	90
Rhinoplasty	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	The physician performs a second surgery to reshape the external nose and correct unfavorable results from the initial rhinoplasty. Secondary rhinoplasties can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected in the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The physician refractures the lateral nasal bones with chisels and manually repositions them in the desired positions. The bony dorsum may receive grafts. Local grafts from adjacent nasal bones and cartilage are not reported separately. Incisions are closed in single layers. Steri-strip tape is used to support cartilaginous surgery of the nasal tip. An external splint or cast supports changes in bone position.	90
Rhinoplasty	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	The physician performs a second surgery to reshape the external nose and correct unfavorable results from the initial rhinoplasty. Secondary rhinoplasties can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected in the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages and nasal tip may be reduced by trimming or augmented by grafting. The bony dorsum may receive grafts as well. Local grafts from adjacent nasal bones and cartilage are not reported separately. The physician refractures the lateral nasal bones with chisels and manually repositions them in the desired position. Incisions are closed in single layers. Steri-strip tape is used to support cartilaginous surgery of the nasal tip. An external splint or cast supports changes in bone position.	90
Rhinoplasty	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	The physician reshapes the external nose and corrects secondary developmental cleft lip and/or palate deformities. Rhinoplasties can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected in the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages and nasal tip may be reduced by trimming or may be augmented by grafting. Local grafts from adjacent nasal bones and cartilage are not reported separately. Incisions are closed in single layers. Steri-strip tape supports cartilaginous surgery of the nasal tip.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Rhinoplasty	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	The physician reshapes the external and internal nose and corrects developmental cleft lip and/or palate deformities. Deflection of the nasal septum can cause airway obstruction and affect both support and appearance of the external nasal cartilages. Rhinoplasties can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected in the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages and nasal tip may be reduced by trimming or may be augmented by grafting. The physician makes a vertical incision in the septal mucosa and elevates the mucoperichondrium from the septal cartilage. Septal cartilage may be removed or grafted. The nasal dorsum may be a graft recipient. Local grafts from adjacent nasal bones and cartilage are not reported separately. The physician fractures the lateral nasal bones with chisels and manipulates the bones into the desired positions. Incisions are closed in	90
Sclerotherapy	36468	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); trunk	The physician inserts a tiny needle through the skin and directly into the tiny, distended veins in the arms, legs, or trunk. A solution (hypertonic saline and other solutions) is injected into these veins. The solution causes the walls of the veins to become inflamed, collapse, and stick together so the veins close.	10
Sclerotherapy	36469	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	The physician inserts a tiny needle through the skin and directly into the tiny, distended veins in the face. A solution (hypertonic saline and other solutions) is injected into these veins. The solution causes the walls of the veins to become inflamed, collapse, and stick together so the veins close.	10
Sclerotherapy	36470	Sclerotherapy; Injection of sclerosing solution; single vein	The physician injects a sclerosing solution into veins of the leg. The physician inserts a tiny needle through the skin and directly into any single vein (in 36470) or multiple veins of the same leg (in 36471). A solution (hypertonic saline and other solutions) is injected into these veins. The patient stands while the injection is given. The leg is elevated thereafter, and wrapped in an elastic dressing. The solution causes the walls of the veins to become inflamed, collapse, and stick together so the veins close.	10
Sclerotherapy	36471	Sclerotherapy; Injection of sclerosing solution; multiple veins, same leg	The physician injects a sclerosing solution into veins of the leg. The physician inserts a tiny needle through the skin and directly into any single vein (in 36470) or multiple veins of the same leg (in 36471). A solution (hypertonic saline and other solutions) is injected into these veins. The patient stands while the injection is given. The leg is elevated thereafter, and wrapped in an elastic dressing. The solution causes the walls of the veins to become inflamed, collapse, and stick together so the veins close.	10
Vein Stripping	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Through multiple small incisions in the skin of the upper thigh and along the femoral vein or its branches lower in the thigh, the physician isolates and separates the saphenous vein at the point it joins the femoral vein or at several points farther down the leg. The physician affixes vessel clamps and ligates sections of the saphenous vein along the leg as necessary. Once the ligations are completed, each skin incision is repaired with a layered closure.	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Vein Stripping	37718	Ligation, division, and stripping, short saphenous vein	The physician makes a skin incision in the upper thigh or upper leg exposing the short saphenous vein (37718) or the long saphenous veins (37722). Additional skin incisions are made at the knee and the ankle and along the leg as necessary. A long wire is threaded through the length of the vein and brought out at the ankle. The vein is tied to the end of the wire and the wire is pulled out along with the vein. Once the vein has been removed, the skin incisions are repaired with layered closures. The leg is wrapped with an elastic pressure dressing postoperatively.	90
Vein Stripping	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	The physician makes a skin incision in the upper thigh or upper leg exposing the short saphenous vein (37718) or the long saphenous veins (37722). Additional skin incisions are made at the knee and the ankle and along the leg as necessary. A long wire is threaded through the length of the vein and brought out at the ankle. The vein is tied to the end of the wire and the wire is pulled out along with the vein. Once the vein has been removed, the skin incisions are repaired with layered closures. The leg is wrapped with an elastic pressure dressing postoperatively.	90
Vein Stripping	37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Stab phlebectomy for varicose veins is an ambulatory procedure that permits removal of nearly any incompetent vein below the saphenofemoral and saphenopopliteal junction. The varicose veins are identified with an indelible marking pen while the patient is standing. The patient is placed supine for further marking. Diluted lidocaine is injected into the tissues in large volumes until the perivenous tissues are engorged and distended with the anesthetic. Regional nerve blocks may be used for extensive areas. Tiny stab incisions are made with a scalpel or 18-gauge needle. The varicose vein is dissected with the phlebectomy hook. The vein is undermined along its course, all fibroadipose attachments to the vein are freed, and the vein is grasped with the hook and removed with mosquito forceps. Hemostasis is achieved by applying local compression to the veins already removed. The varicose vein is progressively extracted from one stab incision to the next. No skin closure is needed. Bandages are applied. Large pads are placed along the site of vein removal and covered with an inelastic bandage.	90
Vein Stripping	37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Stab phlebectomy for varicose veins is an ambulatory procedure that permits removal of nearly any incompetent vein below the saphenofemoral and saphenopopliteal junction. The varicose veins are identified with an indelible marking pen while the patient is standing. The patient is placed supine for further marking. Diluted lidocaine is injected into the tissues in large volumes until the perivenous tissues are engorged and distended with the anesthetic. Regional nerve blocks may be used for extensive areas. Tiny stab incisions are made with a scalpel or 18-gauge needle. The varicose vein is dissected with the phlebectomy hook. The vein is undermined along its course, all fibroadipose attachments to the vein are freed, and the vein is grasped with the hook and removed with mosquito forceps. Hemostasis is achieved by applying local compression to the veins already removed. The varicose vein is progressively extracted from one stab incision to the next. No skin closure is needed. Bandages are applied. Large pads are placed along the site of vein removal and covered with an inelastic bandage.	90
Vein Stripping	37799	Stab phlebectomy of varicose veins, one extremity; less than 10 incisions	See description for 37766 or 37765	90

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Lip Augmentation	40510	Excision of lip; transverse wedge excision with primary closure	The physician removes a portion of the lip using a transverse wedge technique. Incisions are made perpendicularly through the skin and mucosa and a wedge of the lip with surrounding tissue is removed. The physician extends the incisions below the surgical wound and advances the tissue flaps. The incisions are sutured primarily.	90
Lip Augmentation	40520	Excision of lip; v-excision with primary direct linear closure	The physician removes a portion of the lip using a "V" incision technique. A "V" cut is made around the portion of lip to be removed and the lip and surrounding tissue are removed. The surgical wound is closed primarily.	90
Lip Augmentation	40525	Excision of lip; full thickness, reconstruction with local flap (eg, estlander or fan)	The physician removes a full thickness portion of the lip with local flap reconstruction. A "V" incision may be made around the lesion and through the full thickness of the lip. The lesion and surrounding tissues are removed. A local skin flap is incised and advanced to the site of the surgical wound and sutured into place with layered closure.	90
Lip Augmentation	40527	Excision of lip; full thickness, reconstruction with cross lip flap (abbe-estlander)	The physician removes a full thickness portion of the lip with a cross lip flap reconstruction. A "V" incision may be made around the lesion and through the full thickness of the lip. The lesion and surrounding tissues are removed. A skin flap from the upper lip is incised and cross advanced to the surgical site of the lower lip. The flap is sutured with layered closure.	90
Lip Augmentation	40530	Resection of lip, more than one-fourth, without reconstruction	The physician repairs a full thickness laceration of the lip. The tissues of the vermilion are closed with layered sutures.	90
Lip Augmentation	40650	Repair lip, full thickness; vermilion only	The physician repairs a full thickness laceration of the lip. The tissues of the vermilion are closed with layered sutures.	90
Lip Augmentation	40652	Repair lip, full thickness; up to half vertical height	The physician repairs a laceration extending through the full thickness of the lip. In 40652, a laceration or surgically created wound of up to one-half the vertical height of the lip is closed with layered sutures and in 40654, a wound of more than one-half the vertical height of the lip is repaired.	90
Lip Augmentation	40654	Repair lip, full thickness; over one-half vertical height, or complex	The physician repairs a laceration extending through the full thickness of the lip. In 40652, a laceration or surgically created wound of up to one-half the vertical height of the lip is closed with layered sutures and in 40654, a wound of more than one-half the vertical height of the lip is repaired.	90
Lip Augmentation	40799- Y5834	Lip Augmentation; upper or lower, each	There is no glossary entry for this procedure code	0
Other Revisions	40806	Incision of labial frenum (frenotomy)	The physician performs a frenotomy by incising the labial frenum. The labial frenum is a connecting fold of mucous membrane that joins the lip to the gums at the inside midcenter. This procedure is often performed to release tension on the frenum and surrounding tissues. The frenum is simply incised and not removed.	0
Other Revisions	40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	The physician destroys a lesion or a scar in the vestibule of the mouth without excising it. Destruction may be accomplished by using a laser or electrocautery to burn the lesion, cryotherapy to freeze the lesion, or chemicals to destroy the lesion.	10

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Other Revisions	40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	The surgeon performs a vestibuloplasty and deepens the vestibule of the mouth by any series of surgical procedures for the purpose of increasing the height of the alveolar ridge, allowing a complete denture to be worn. The vestibule refers to the mucosal and submucosal tissue of the inner lips and cheeks, the part of the oral cavity outside of the dentoalveolar structures. This procedure is performed for complex cases, such as those in which the physician must lower muscle attachments to provide enough space for deepening the vestibule. Soft tissue grafting from other areas of the body into the mouth is often required. Hypertrophied and hyperplastic tissue may need to be trimmed and soft tissue revised by dissecting it from the alveolar ridge and rearranging its attachment.	90
Other Revisions	41820	Gingivectomy, excision gingiva, each quadrant	The physician excises or trims hypertrophic (overgrown) gingiva to normal contours. The physician excises the overgrown gingiva using a scalpel, electrocautery, or a laser. Periodontal dressing or packing is often placed. Use this code for each quadrant of the mouth where gingivectomy is performed.	0
Other Revisions	41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	The physician excises hyperplastic or excessive mucosa from the alveolus. Incisions are made in the hyperplastic tissue, separating it from the normal mucosa. The excessive tissue is removed. The resultant defect may be directly sutured or left to heal without suturing. With large amounts of excess tissue, more than one surgical session may be required to eliminate all of the tissue. Use this code for each specified quadrant excised.	10
Other Revisions	41872	Gingivoplasty, each quadrant (specify)	The physician alters the contours of the gums by performing gingivoplasty. Areas of gingiva may be excised or incisions may be made through the gingiva to create a gingival flap. The flap may be sutured in a different position, trimmed, or both. Any incisions made are closed with sutures.	90
Chemodenervation	64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	The physician administers a neurotoxin to paralyze dysfunctional muscle tissue innervated by the facial nerve. Chemodenervation works by introducing a substance used to block the transfer of chemicals at the presynaptic membrane. Botulinum toxin type A (BTX-A, Botox(R)) is the substance most commonly used for chemodenervation of muscle tissue innervated by the facial nerve. The physician identifies the nerve(s) or muscle endplate(s) by direct surgical exposure or through the insertion of an electromyographic needle into the muscle. A small amount of BTX-A is injected into the muscle belly, inducing muscle paralysis within 24 to 48 hours. The duration of the effect can vary, but typically is three to four months. Gradually, blocked nerves form new neuromuscular junctions resulting in the return of muscle function. BTX-A is dose-dependent and reversible secondary to the regeneration process. BTX-A injections are an effective treatment for a variety of disorders of abnormal muscle tone, including muscle overactivity or spasticity.	10

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Chemodenervation	64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	The physician administers a neurotoxin to paralyze dysfunctional muscle tissue of the neck. Chemodenervation works by introducing a substance used to block the transfer of chemicals at the presynaptic membrane. Botulinum toxin type A (BTX-A, Botox(R)), phenol (sometimes combined with botulinum toxin type A), and/or ethyl alcohol may be used. The physician identifies the nerve(s) or muscle endplate(s) by direct surgical exposure or through the insertion of an electromyographic needle into the muscle. A small amount of the selected agent is injected into nerve(s) or muscle endplate(s), inducing muscle paralysis. The duration of the effect is variable, usually one to 12 months when phenol or alcohol is used, and three to four months when BTX-A is used. BTX-A is dose-dependent and reversible secondary to the regeneration process. Gradually, blocked nerves form new neuromuscular junctions resulting in the return of muscle function.	10
Chemodenervation	64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	The physician administers a neurotoxin to paralyze dysfunctional muscle tissue in the extremities or trunk. Chemodenervation works by introducing a substance used to block the transfer of chemicals at the presynaptic membrane. Botulinum toxin type A (BTX-A, Botox(R)), phenol (sometimes combined with botulinum toxin type A), and/or ethyl alcohol may be used. The physician identifies the nerve(s) or muscle endplate(s) by direct surgical exposure or through the insertion of an electromyographic needle into the muscle. A small amount of the selected agent is injected into nerve(s) or muscle endplate(s), inducing muscle paralysis. The duration of the effect is variable, usually one to 12 months when phenol or alcohol is used, and three to four months when BTX-A is used. BTX-A is dose-dependent and reversible secondary to the regeneration process. Gradually, blocked nerves form new neuromuscular junctions resulting in the return of muscle function.	10
Chemodenervation	64650	Chemodenervation of eccrine glands; both axillae	The physician administers a neurotoxin to the eccrine glands to reduce hyperhidrosis (excessive sweating). The skin area to be injected is identified by applying iodine to the skin followed by a light dusting with cornstarch. The resulting chemical change caused by the patient's perspiration turns the area black. Botulinum toxin type A (BTX-A, Botox(R)) is injected intradermally into the site with a series of injections, usually 10 to 15 injections per axilla, via a Teflon-coated 23- to 26-gauge electromyogram (EMG) needle with syringe. Since the sweat glands are between the dermis and the dermal fat tissue, the injections must be precise. BTX-A must be injected deep enough to reach the nerve endings but not so deep as to go into the fat. Report 64650 for eccrine glands of both axillae. Report 64653 for eccrine glands of other body areas.	0
Chemodenervation	64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	The physician administers a neurotoxin to the eccrine glands to reduce hyperhidrosis (excessive sweating). The skin area to be injected is identified by applying iodine to the skin followed by a light dusting with cornstarch. The resulting chemical change caused by the patient's perspiration turns the area black. Botulinum toxin type A (BTX-A, Botox(R)) is injected intradermally into the site with a series of injections, usually 10 to 15 injections per axilla, via a Teflon-coated 23- to 26-gauge electromyogram (EMG) needle with syringe. Since the sweat glands are between the dermis and the dermal fat tissue, the injections must be precise. BTX-A must be injected deep enough to reach the nerve endings but not so deep as to go into the fat. Report 64650 for eccrine glands of both axillae. Report 64653 for eccrine glands of other body areas.	0

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Code Category	CPT (+) sign = add- on code	Description	Glossary	Global Follow-up Days (0,10,90)
Eye Surgery	65760	Keratomileusis	The cornea is one of several structures in the eye that contributes to refraction. Altering the shape of the cornea therefore alters visual acuity. The physician retracts the patient's eyelids with an ocular speculum. Using a planing device, the physician removes a partial-thickness central portion of the patient's cornea, freezes it and reshapes it on an electronic lathe. The revised cornea is positioned and secured with sutures. This is done to correct optical error. The physician may use a saline or air injection into the anterior chamber during the procedure. The speculum is removed. Antibiotic ointment and a pressure patch may be applied.	90
Eye Surgery	65765	Keratophakia	The cornea is one of several structures in the eye that contributes to refraction. Altering the shape of the cornea therefore alters visual acuity. The physician retracts the patient's eyelids with an ocular speculum and measures the patient's cornea to select the size of trephine that will be used to excise corneal tissue. The physician punches a circular hole in the cornea of the donor eye using the trephine. The physician removes the disk of corneal tissue and sets it aside. An incision is made at the juncture of the cornea and the sclera (the limbus) and the patient's cornea is separated into two layers. The physician inserts the donor cornea between layers of the recipient's cornea. The resulting change in the corneal curvature alters the refractive properties of the cornea to correct the preexisting refractive error. The speculum is removed. Antibiotic ointment and a pressure patch may be applied.	90
Eye Surgery	65767	Epikeratoplasty	The cornea is one of several structures in the eye that contributes to refraction. Altering the shape of the cornea therefore alters visual acuity. The physician retracts the patient's eyelids with an ocular speculum and measures the patient's cornea to select the size of trephine that will be used to excise corneal tissue. The physician punches a circular hole in the cornea of the donor eye using the trephine. The physician removes the disk of corneal tissue and sets it aside. On a lathe, the physician shapes a lens made of two layers from a donor cornea, the stroma and Bowman's membrane. The physician sutures this donor cornea to the surface of the patient's cornea. The resulting change in the corneal curvature alters the refractive properties of the cornea to correct the preexisting refractive error. The speculum is removed. Antibiotic ointment and a pressure patch may be applied.	90
Other Revisions	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Ptosis refers to a droop or displacement, usually resulting from paralysis but can be cosmetic in intent. The physician makes an incision directly above the brow (supraciliary), through the mid-forehead or near the hairline (coronal). A dissection is carried down to the area of the brow. The skin is pulled superiorly and the brow approximated to its proper position above the supraorbital rim. The incision is repaired with sutures.	90
Blepharoplasty, Blepharoptosis, Canthoplasty	67903	Repair of blepharoptosis; (tarso)levator resection or advancement, internal approach	Blepharoptosis is a droop or displacement of the upper eyelid resulting from paralysis. The physician administers local anesthetic and the patient's face and eyelid are draped and prepped for surgery. The eyelid is everted and the physician makes an incision along the upper posterior edge of the tarsus. The levator complex, including Mueller's muscle, is isolated for a distance superiorly to correspond with the amount of ptosis to be corrected. The levator aponeurosis is advanced onto the tarsal plate internally until the eyelid margin falls at the appropriate location below the limbus. The incision is repaired.	90

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Blepharoplasty, Blepharoptosis, Canthoplasty	67904	Repair of blepharoptosis; (tarso)levator resection or advancement, external approach	Blepharoptosis is a droop or displacement of the upper eyelid resulting from paralysis. The physician administers local anesthetic and the patient's face and eyelid are draped and prepped for surgery. An incision line is outlined along the crease of the upper eyelid. A dissection is carried down the normal insertion point of the distal point of the levator tendon. The levator tendon is isolated. The physician uses sutures to advance the levator tendon onto the tarsal plate in an adjustable fashion. If the patient is old enough to undergo the procedure under local anesthetic, the patient is placed in a sitting position and eyelid height and contour are evaluated under the effect of gravity. The amount that the levator tendon is advanced corresponds to the degree of preoperative ptosis. If the patient is not able to undergo the procedure under local anesthetic, general anesthesia is used and a predetermined amount of advancement is performed. In either case, the incision is repaired with sutures once the tendon has been secured in its <u>new location</u> .	90
Blepharoplasty, Blepharoptosis, Canthoplasty	67950	Canthoplasty (reconstruction of canthus)	The physician administers local anesthetic and the patient's face and eyelid are draped and prepped for surgery. The physician increases the lid margin by cutting the medial or lateral canthus (junction of upper and lower eyelid). The physician rearranges the anterior tissues of the lids to prevent adherence.	90
Piercing	69090	Ear piercing	The physician or technician uses a sharp instrument such as a sterile needle or a piercing gun to form an opening in the ear lobe. After the puncture is complete, the area is cleaned with a disinfectant and an earring is inserted to keep the opening patent. No further treatment is usually necessary.	0
Facial Reconstruction	69300	Otoplasty, protruding ear, with or without size reduction	The physician corrects a protruding ear. The physician makes an incision on the posterior auricle and raises the posterior skin off the cartilage. A new antihelical fold is created with multiple sutures through the cartilage. Some techniques employ limited cartilage cutting. A small ellipse of posterior skin is removed and the skin is closed with sutures. Packing corresponding to the anterior ear contours is placed. The size of the auricle may be reduced.	90
Mod Sedation	99144	Moderate Sedation, performed by surgeon	A physician or trained health care professional administers medication that allows a decreased level of consciousness but does not put the patient completely asleep inducing a state called moderate (conscious) sedation. This allows the patient to breathe without assistance and respond to commands. This is used for less invasive procedures and/or as a second medication for pain. This code reports sedation services provided by the same physician performing the primary procedure with the assistance of an independent trained health care professional to assist in monitoring the patient.	0
Mod Sedation	99149	Moderate Sedation, performed by other physician than surgeon	A physician or trained health care professional administers medication that allows a decreased level of consciousness but does not put the patient completely asleep, inducing a state called moderate (conscious) sedation. This allows the patient to breathe without assistance and respond to commands. This is used for less invasive procedures and/or as a second medication for pain. These codes report services provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports.	0

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Dental	D9972	Teeth Whitening; external bleaching, per arch	<p>When the dentist applies tooth whitening materials, the oral tissues are first covered in a protective gel or a rubber shield is placed. The bleaching agent is then applied to the teeth. Occasionally, laser light is used in the tooth whitening procedure to enhance the whitening action of the bleaching agent. Bleaching agents that contain peroxide (usually 10 percent carbamide peroxide for home applied products and up to 35 percent hydrogen peroxide for professionally applied products) will bleach the enamel of the teeth, removing deep, intrinsic stains and actually changing the color of the tooth. Nonbleaching whitening products rely on physical or chemical chelation action to remove the external, surface stains only. Report D9972 per arch of external bleaching, D9973 for each tooth externally bleached, and D9974 for internal bleaching per tooth.</p>	0
Dental	D9973	Teeth Whitening; external bleaching, per tooth	<p>When the dentist applies tooth whitening materials, the oral tissues are first covered in a protective gel or a rubber shield is placed. The bleaching agent is then applied to the teeth. Occasionally, laser light is used in the tooth whitening procedure to enhance the whitening action of the bleaching agent. Bleaching agents that contain peroxide (usually 10 percent carbamide peroxide for home applied products and up to 35 percent hydrogen peroxide for professionally applied products) will bleach the enamel of the teeth, removing deep, intrinsic stains and actually changing the color of the tooth. Nonbleaching whitening products rely on physical or chemical chelation action to remove the external, surface stains only. Report D9972 per arch of external bleaching, D9973 for each tooth externally bleached, and D9974 for internal bleaching per tooth.</p>	0
Dental	D9974	Teeth Whitening; internal bleaching, per tooth	<p>When the dentist applies tooth whitening materials, the oral tissues are first covered in a protective gel or a rubber shield is placed. The bleaching agent is then applied to the teeth. Occasionally, laser light is used in the tooth whitening procedure to enhance the whitening action of the bleaching agent. Bleaching agents that contain peroxide (usually 10 percent carbamide peroxide for home applied products and up to 35 percent hydrogen peroxide for professionally applied products) will bleach the enamel of the teeth, removing deep, intrinsic stains and actually changing the color of the tooth. Nonbleaching whitening products rely on physical or chemical chelation action to remove the external, surface stains only. Report D9972 per arch of external bleaching, D9973 for each tooth externally bleached, and D9974 for internal bleaching per tooth.</p>	0
Dental	D9999	Laser Teeth Whitening, per treatment	<p>Bleaching gel is applied to the teeth and a laser light is used to activate the crystals to absorb the energy from the light and penetrate the teeth enamel to increase the lightening effect on the teeth.</p>	0

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