Health Budgets &
Financial Policy

Uniform Business Office
Elective Cosmetic Surgery
Provider's Guide

July 2011

To be used in conjunction with

Cosmetic Surgery Estimator, Release Version 7.0 (2011)

2011 Elective Cosmetic Surgery Provider's Guide

The Cosmetic Surgery Superbill is a two-page document that must be completed by the provider when a cosmetic procedure is requested. It contains the codes for all elective cosmetic surgical procedures, and it is the basis for any elective cosmetic surgery performed at an MTF.

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

The provider consults with the patient and completes the Superbill indicating the procedures they agree will be done. The provider then gives the completed Superbill to the patient, and the patient takes it to the MSA clerk (usually in the Resource Management office).

The MSA clerk enters the information from the completed Superbill into the Cosmetic Surgery Estimator and generates an estimated bill for the patient.

Once the patient pays the estimated bill in full and acknowledges primary responsibility to pay for any additional costs by signing the Letter of Acknowledgement, the MSA clerk can notify the provider that payment has been received.

After the procedure is completed, the MSA clerk reviews the documentation of the event to ensure that paid procedures were performed and to determine whether additional or alternate procedures were performed. If so, an adjusted final bill or refund for the additional or alternate procedures is sent to the patient.

The following pages contain a reduced version of the front and back of the Superbill (a larger version is in Appendix F) as well as instructions for completing each section of the Superbill. An electronic copy of the Superbill is available on the UBO Web site where the User Guide, the current version of the CSE, and other pertinent documents are posted for download.

Global Surgery Period

Most cosmetic surgeries have a global period of 0, 10, or 90 days. This means that if a patient sees the same provider for additional or repeat services directly related to the initial procedure during the global period, the service should not be re-coded, and additional professional fees should not be charged. Knowing the assigned global surgery period for a procedure can impact the price paid as well as whether the procedure is coded again within that period. Global post-operative periods of 90 days are assigned to major surgeries and either 0 or 10 days are assigned to minor surgeries. Procedures that do not have an assigned global period of either 10 or 90 days are not subject to the global period, and the applicable rates would apply to the procedure for every date of service performed.

For example:

> Botox Cosmetic® procedures involve both a supply charge (J0585 code and associated unit price) as well as a professional fee (e.g., code 64612 for the face). The latter code has a 10-day global period (beginning after the date of service) which means that the provider does not charge again for the 64612 code for any "touch-ups" performed during this global period. He or she should, however, assign the J0585 code for the additional Botox units in compliance with the cosmetic surgery policy requiring payment of supplies and implants.

> Dermabrasion (codes 15780-15783) and chemical peels (codes 15788-89, 15792-93) have a 90-day global period. Therefore, the fee for these procedures would cover any number of re-treatments provided within 90 days of the initial procedure. Re-coding should not occur.

MSA staff should consult with coding staff and the MHS Coding Guidelines for additional information about procedures with global periods.

Note that code 99024 is the general code used for routine post-operative encounters. With this information, they can work with providers who may be unaware of specific coding guidance for every procedure they perform and thus can help minimize and resolve pricing issues before and subsequent to the cosmetic procedure(s). This also encourages a partnership approach to cosmetic surgery policy compliance.

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

Cosmetic Surgery Superbill 2011

MTF:	**Patient Name:**
Provider's Name and Phone:	**Visit Date:** / / **Surgery Date:** / /
ICD-9 Code 1: **ICD-9 Code 2:**	**Anesthesia:** ☐ Local Block
Location: ☐ Provider's Office ☐ Operating Room Inpatient	☐ Monitored/General Anesthesia Care ☐ Topical
☐ Other Location: _____ ☐ Operating Room Outpatient	☐ Moderate Sedation ☐ None

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

Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL			
Removal of skin tags, up to 15	11200		
Removal of skin tags, ea addl 1-10	11201 +		
LESION REMOVAL			
Shaving of Epidermal or Dermal Lesions (single lesion)			
Trunk, arms or legs			
< 0.5 cm lesion diameter	11300		
0.6 to 1.0 cm lesion diameter	11301		
1.1 to 2.0 cm lesion diameter	11302		
> 2.0 cm lesion diameter	11303		
Scalp, neck, hands, feet, genitalia			
< 0.5 cm lesion diameter	11305		
0.6 to 1.0 cm lesion diameter	11306		
1.1 to 2.0 cm lesion diameter	11307		
> 2.0 cm lesion diameter	11308		
Face, ears, eyelids, nose, lips, mucous membrane			
< 0.5 cm lesion diameter	11310		
0.6 to 1.0 cm lesion diameter	11311		
1.1 to 2.0 cm lesion diameter	11312		
> 2.0 cm lesion diameter	11313		
Excision of Benign Lesion (including margins)			
Trunk, arms or legs			
< 0.5 cm excised diameter	11400		
0.6 to 1.0 cm excised diameter	11401		
1.1 to 2.0 cm excised diameter	11402		
2.1 to 3.0 cm excised diameter	11403		
3.1 to 4.0 cm excised diameter	11404		
> 4.0 cm excised diameter	11406		
Scalp, neck, hands, feet, genitalia			
< 0.5 cm excised diameter	11420		
0.6 to 1.0 cm excised diameter	11421		
1.1 to 2.0 cm excised diameter	11422		
2.1 to 3.0 cm excised diameter	11423		
3.1 to 4.0 cm excised diameter	11424		
> 4.0 cm excised diameter	11426		
Face, ears, eyelids, nose, lips, mucous membrane			
< 0.5 cm excised diameter	11440		
0.6 to 1.0 cm excised diameter	11441		
1.1 to 2.0 cm excised diameter	11442		
2.1 to 3.0 cm excised diameter	11443		
3.1 to 4.0 cm excised diameter	11444		
> 4.0 cm excised diameter	11446		
Destruction of Cutaneous Vascular Proliferative Lesions			
< 10 sq cm	17106		
10.0 - 50 sq cm	17107		
Over 50 sq cm	17108		
Destruction; Benign Lesions (not skin tags or cutaneous proliferative lesions)			
Destruction; 1-14 benign lesions	17110		
Destruction; 15 + benign lesions	17111		
Chemical Cauterization			
Cautery; granulation tissue (proud flesh, sinus or fistula)	17250		
BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY			
Blepharoplasty; lower eyelid	15820		
Blepharoplasty; w/extensive herniated fat pad	15821		
Blepharoplasty; upper eyelid	15822		
Blepharoptosis; internal approach	67903		
Blepharoptosis; external approach	67904		
Canthoplasty	67950		
RHINOPLASTY			
Primary (lateral & alar cartilages or elevation of tip)	30400		
Primary, complete	30410		
Primary; w/major septal repair	30420		
Secondary, minor revision	30430		
Secondary, intermediate revision	30435		
Secondary, major revision	30450		
Secondary to cleft lip/palate; tip only	30460		
Secondary to cleft lip/palate; tip, septum, osteotomies	30462		

Procedure Description	Code	Bi	Qty
RHYTIDECTOMY			
Rhytidectomy; forehead	15824		
Rhytidectomy; neck w/P-Flap tightening	15825		
Rhytidectomy; glabellar frown lines	15826		
Rhytidectomy; cheek, chin, & neck	15828		
Rhytidectomy; SMAS flap	15829		
BREAST / CHEST AUGMENTATION			
Mastectomy for Gynecomastia	19300		
Mastopexy (Breast Lift)	19316		
Mammaplasty; reduction	19318		
Mammaplasty; augmentation w/o implant	19324		
Mammaplasty; augmentation w/implant	19325		
Removal of intact mammary implant	19328		
Removal of implant material	19330		
Immediate insertion of implant	19340		
Delayed insertion of implant	19342		
Correction of inverted nipples	19355		
Nipple / areola reconstruction	19350		
Breast reconstr; immed / delayed	19357		
Open penprosthetic capsulotomy; breast	19370		
Penprosthetic capsulectomy; breast	19371		
Revision of reconstructed breast	19380		
Pectoral Augmentation w/implant, male	21899		
EXCISION EXCESS SKIN & SUBCUTANEOUS TISSUE			
Abdominoplasty only (mini tuck)	17999-Y5831		
Panniculectomy	15830		
** w/umbilical transposition and / or fascial plication (code first 15830)	15847 +		
Thigh Lift	15832		
Leg Lift	15833		
Hip Lift	15834		
Buttock Lift	15835		
Brachioplasty (Arm Lift)	15836		
Forearm or Hand Lift	15837		
Submental Fat Pad (chin)	15838		
Lift, Other Area	15839		
LIPOSUCTION — SUCTION ASSISTED LIPECTOMY			
Head & Neck	15876		
Trunk	15877		
Upper Extremity	15878		
Lower Extremity	15879		
FAT TRANSFER			
Fat transfer; lips	17999-Y5000		
Fat transfer; melolabial folds	17999-Y5001		
Fat transfer; marionette lines	17999-Y5002		
Fat transfer; forehead	17999-Y5003		
Fat transfer; glabella	17999-Y5004		
Fat transfer; tear troughs	17999-Y5005		
Fat transfer; crows feet	17999-Y5006		
CHEMODENERVATION (add Botox®, Dysport®, or Other qty below) Performed by a Dermatology Resident? Y ☐ N ☐			
Chemodenervation; facial	64612		
Chemodenervation; neck	64613		
Chemodenervation; extremity or trunk	64614		
Chemodenervation; both axillae	64650		
Chemodenervation; eccrine glands other areas, per day	64653		
Select pharmaceutical below and fill in # of units in Qty		**Price**	**Qty**
Botox® Cosmetic	J0585		
Dysport®	J0586		
Other	J3490		
LASER VEIN TREATMENT			
Laser treatment; leg veins	17999-Y0050		

Procedure Description	Code	Bi	Qty
INJECTIONS			
Intralesional Injection			
Intralesional Injection; 7 or less	11900		
Intralesional Injection; 8 or more	11901		
Subcutaneous Injection of Filling Material (Specify filling material, qty, and price below)			
1.0 cc or less	11950		
1.1 - 5.0 cc	11951		
5.1 - 10.0 cc	11952		
More than 10.0 cc	11954		
Soft Tissue Fillers		**Price**	**Qty**
Radience®/Radiesse®	J3490-01		
Restylane®	J3490-02		
Zyderm®	J3490-03		
Zyplast®	J3490-04		
Artefill®	J3490-05		
Cosmoplast®/Cosmoderm®	J3490-06		
Cymetra®	J3490-07		
Evolenve®	J3490-08		
Dermalogen®	J3490-09		
Fascian®	J3490-10		
Sculptra®	J3490-11		
Silicone	J3490-12		
Other	J3490		
SKIN RESURFACING			
Dermabrasion			
Total face	15790		
Segment; facial	15781		
Regions; non-facial	15782		
Superficial	15783		
Abrasion; single lesion	15786		
Abrasion; each addl 1-4 lesions	15787 +		
Microdermabrasion			
Microdermabrasion; total face	17999-Y0001		
Microdermabrasion; segment, facial	17999-Y0002		
Chemical Peel			
Chem Peel; facial, epidermal	15788		
Chem Peel; facial, dermal	15789		
Chem Peel; nonfacial, epidermal	15792		
Chem Peel; nonfacial, dermal	15793		
Laser Skin Resurfacing; Ablative			
Laser skin resurfacing; total face	17999-Y0003		
Laser skin resurfacing; segment, facial	17999-Y0004		
Laser Skin Resurfacing; Non-Ablative			
Laser skin resurfacing; total face	17999-Y0005		
Laser skin resurfacing; segment, face	17999-Y0006		
Laser skin resurfacing; neck	17999-Y0007		
Laser skin resurfacing; chest	17999-Y0008		
Laser skin resurfacing; back/shoulder area	17999-Y0009		
Laser skin resurfacing; arms	17999-Y0010		
Laser skin resurfacing; hands	17999-Y0011		
Laser skin resurfacing; legs	17999-Y0012		
SCLEROTHERAPY			
Sclerosing; each limb or trunk	36468		
Sclerosing; face	36469		
Sclerosing; single vein	36470		
Sclerosing; multi veins, same leg	36471		
PIERCING			
Ear piercing; each piercing	69090		
Other body location; each piercing	17999-Y6001		
TATTOO REMOVAL			
Laser tattoo rmvl; ≤ 30 sq cm, initial session	17999-Y0030		
Laser tattoo rmvl; ≤ 30 sq cm, ea addl	17999-Y0031 +		
Laser tattoo rmvl; ≥ 31 sq cm, initial session	17999-Y0032		
Laser tattoo rmvl; ≥ 31 sq cm, ea addl	17999-Y0033 +		

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

Effective 1 July 2011

Cosmetic Surgery Superbill 2011 (continued)

MTF:	**Patient Name:**
Provider's Name and Phone:	**Visit Date:** / / **Surgery Date:** / /
ICD-9 Code 1: **ICD-9 Code 2:**	**Anesthesia:** ☐ Local Block
Location: ☐ Provider's Office ☐ Operating Room Inpatient	☐ Monitored/General Anesthesia Care ☐ Topical
☐ Other Location: _____ ☐ Operating Room Outpatient	☐ Moderate Sedation ☐ None

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

Procedure Description	Code	Bi	Qty
FACIAL RECONSTRUCTION/REVISION/AUGMENTATION			
Genioplasty			
Genioplasty; augmentation	21120		
Genioplasty; sliding osteotomy, single	21121		
Genioplasty; sliding osteotomies, 2 or more	21122		
Genioplasty; sliding augmentation w/bone grafts	21123		
Mandibular Augmentation			
Augmentation; mandibular body	21125		
Augmentation; mandibular body or angle w/bone graft	21127		
Reconst; mandibular rami w/o bone graft	21193		
Reconst; mandibular rami w/bone graft	21194		
Reconst; mandibular rami w/o internal rigid fixation	21195		
Reconst; mandibular rami w/internal rigid fixation	21196		
Reconst; mandible, extraoral, w/transosteal bone plate	21244		
Reconst; mand or maxilla, subperiosteal implant, partial	21245		
Reconst; mand or maxilla, subperiosteal implant, complete	21246		
Reconst; mandible condyle, w/bone & cartilage autografts	21247		
Reconst; mandible or maxilla, endosteal implant, partial	21248		
Reconst; mandible or maxilla, endosteal implant, complete	21249		
Forehead Reduction			
Reduction forehead; contouring only	21137		
Reduction forehead; w/prosthesis or bone graft	21138		
Reduction forehead; countour & setback ant. frontal sinus	21139		
Facial Reconstruction			
Reconst; Midface, LeFort I, 1 piece	21141		
Reconst; Midface, LeFort I, 2 pieces	21142		
Reconst; Midface, LeFort I, 3 pieces	21143		
Reconst; Midface, LeFort I, 1 piece w/bone grafts	21145		
Reconst; Midface, LeFort I, 2 pieces w/bone grafts	21146		
Reconst; Midface, LeFort I, ≥ 3 pieces w/bone grafts	21147		
Reconst; Midface, LeFort II, anterior intrusion	21150		
Reconst; Midface, LeFort II, any direction, w/bone grafts	21151		
Reconst; Midface, LeFort III, any direction, w/bone grafts	21154		
Reconst; Midface, LeFort III w/bone grafts, & LeFort I	21155		
LeFort III w/forehead advancement & bone graft; no Lefort I	21159		
LeFort III w/forehead advancement, bone graft & Lefort I	21160		
Reconst; superior lateral orbital rim & lwr forehead	21172		
Reconst; bifrontal, superior lateral orbital rim & lwr forehead	21175		
Reconst; entire or majority forehead w/allografts	21179		
Reconst; entireor majority forehead w/autografts	21180		
Reconst; contouring of cranial bones, extracranial	21181		
Reconst; orb walls, rims, forehead, w/bone grft < 40 sq cm	21182		
Reconst; orb walls, rims, forehead, w/bone grft 41-79 sq cm	21183		
Reconst; orb walls, rims, forehead, w/bone grft > 80 sq cm	21184		
Reconst; Midface; not LeFort type	21188		
Osteotomy			
Osteotomy; mandible, segmental	21198		
Osteotomy; w/genioglossus advancement	21199		
Osteotomy; segmental (e.g., wassmund, schuchard)	21206		
Osteoplasty; facial bones; augmentation	21208		
Osteoplasty; facial bones; reduction	21209		
Graft			
Graft, bone; malar/maxilla/nasal augmentation	21210		
Graft, bone; mandible (incl graft)	21215		
Graft, rib to face/chin/nose/ear	21230		
Graft, ear cartilage to nose or ear	21235		
Arthroplasty			
Arthroplasty, TMJ, w or w/o autogrft	21240		
Arthroplasty, TMJ, w/allograft	21242		
Arthroplasty, TMJ, w/prosthetic joint replacement	21243		
VEIN STRIPPING			
Ligation of long saph vein @ saphenofemoral junct	37700		
Short saph veins	37718		
Long saph veins; to knee or below	37722		
Stab phlebectomy; one extremity under 10 stab incisions	37799		
Stab phlebectomy; one extremity 10-20 stab incisions	37765		
Stab phlebectomy; one extremity 20+stab incisions	37766		

Procedure Description	Code	Bi	Qty
FACIAL RECONSTRUCTION/REVISION (con't)			
Other Facial Reconstruction or Revision			
Reconst; zygomatic arch & glen fossa w/bone	21255		
Reconst; orbit w/extracranial osteotomies	21256		
Penorb osteotomies; extracranial w/graft	21260		
Penorb osteotomies; extra / intracranial	21261		
Penorb osteotomies; w/forehead	21263		
Orb repositioning; unilateral, extracranial,	21267		
Orb repositioning; extra/intracranial approach	21268		
Malar augmentation; w/prosthetic material	21270		
Secondary revision; orbitocraniofacial reconst	21275		
Medial canthopexy	21280		
Other Facial			
Canthopexy; lateral	21282		
Reduct masseter musc/bne; extraoral	21295		
Reduct masseter musc/bne; intraoral	21296		
Otoplasty (ear reconstruction)	69300		
NECK			
Cervicoplasty	15819		
OTHER REVISIONS			
Labial Frenotomy	40806		
Destruction; lesion/scar, vestibule of mouth	40820		
Vestibuloplasty; complex	40845		
Gingivectomy; each quadrant	41820		
Excision; alveolar mucosa, each quadrant	41828		
Gingivoplasty; each quadrant	41872		
Buttock Augmentation w/ implant	17999-Y5835		
Buttock Augmentation w/o implant	17999-Y5836		
Calf Augmentation	17999-Y5837		
Umbilicoplasty	17999-Y5838		
Repair of brow ptosis	67900		
LIP AUGMENTATION			
Excision; transverse wedge w/primary close	40510		
V-Excision; w/direct linear closure	40520		
Excision; full thickness reconst w/local flap	40525		
Excision, full thickness reconst w/cross lip flap	40527		
Resection; > one fourth, w/o reconstruction	40530		
Repair; full thickness; vermilion only	40650		
Repair; full thickness; ≤ half vertical height	40652		
Repair; full thickness; > half vertical height	40654		
Lip Augmentation; upper or lower; unpaired	40799-Y5834		
HAIR REMOVAL			
Electrolysis Epilation; 30 min session	17380		
Laser hair removal; chest	17999-Y0019		
Laser hair removal; lip	17999-Y0020		
Laser hair removal; lip and chin	17999-Y0021		
Laser hair removal; back	17999-Y0022		
Laser hair removal; arms	17999-Y0023		
Laser hair removal, underarms	17999-Y0024		
Laser hair removal; bikini	17999-Y0025		
Laser hair removal; legs	17999-Y0026		
Laser hair removal, beard	17999-Y0027		
Laser hair removal; ears	17999-Y0028		
HAIR TRANSPLANT			
Punch transplant; 1-15 hair grafts	15775		
More than 15 punch hair grafts	15776		
Micro / mini grafts; 1-500 hairs	17999-Y5775		
CORNEA REFRACTION			
Keratomileusis	65760		
Keratophakia	65765		
Epikeratoplasty	65767		
DENTAL			
External Bleaching; per arch	D9972		
External Bleaching; per tooth	D9973		
Internal Bleaching; per tooth	D9974		
Laser Whitening; per treatment	D9999		

Procedure Description	Code	Bi	Qty
WOUND REPAIR			
Scalp, neck, axillae, external genitalia, trunk, and / or extremities			
Simple; 2.5 cm or less	12001		
Simple; 2.6 cm to 7.5 cm	12002		
Simple; 7.6 cm to 12.5 cm	12004		
Simple; 12.6 cm to 20.0 cm	12005		
Simple; 20.1 cm to 30.0 cm	12006		
Simple; over 30.0 cm	12007		
Face, ears, eyelids, nose, lips, and / or mucous membranes			
Simple; 2.5 cm or less	12011		
Simple; 2.6 cm to 5.0 cm	12013		
Simple; 5.1 cm to 7.5 cm	12014		
Simple; 7.6 cm to 12.5 cm	12015		
Simple; 12.6 cm to 20.0 cm	12016		
Simple; 20.1 cm to 30.0 cm	12017		
Simple; over 30.0 cm	12018		
Scalp, axillae, trunk, and / or extremities			
Intermed; 2.5 cm or less	12031		
Intermed; 2.6 cm to 7.5 cm	12032		
Intermed, 7.6 cm to 12.5 cm	12034		
Intermed; 12.6 cm to 20.0 cm	12035		
Intermed; 20.1 cm to 30 cm	12036		
Intermed; over 30 cm	12037		
Neck, hands, feet, and / or external genitalia			
Intermed; 2.5 cm or less	12041		
Intermed; 2.6 cm to 7.5 cm	12042		
Intermed; 7.6 cm to 12.5 cm	12044		
Intermed; 12.6 cm to 20.0 cm	12045		
Intermed; 20.1 cm to 30 cm	12046		
Intermed; over 30 cm	12047		
Face, ears, eyelids, nose, lips, and / or mucous membranes			
Intermed; 2.5 cm or less	12051		
Intermed; 2.6 cm to 5.0 cm	12052		
Intermed; 5.1 cm to 7.5 cm	12053		
Intermed; 7.6 cm to 12.5 cm	12054		
Intermed; 12.6 cm to 20.0 cm	12055		
Intermed; 20.1 cm to 30 cm	12056		
Intermed; over 30 cm	12057		
Trunk			
Complex; 1.1 cm to 2.5 cm	13100		
Complex; 2.6 cm to 7.5 cm	13101		
Complex; ea addl 5 cm or less	13102 +		
Scalp, arms, and / or legs			
Complex; 1.1 cm to 2.5 cm	13120		
Complex; 2.6 cm to 7.5 cm	13121		
Complex; ea addl 5 cm or less	13122 +		
Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet			
Complex; 1.1 cm to 2.5 cm	13131		
Complex; 2.6 cm to 7.5 cm	13132		
Complex; ea addl 5 cm or less	13133 +		
Eyelids, nose, ears and/or lips			
Complex; 1.0 cm or less	13150		
Complex; 1.1 cm to 2.5 cm	13151		
Complex; 2.6 cm to 7.5 cm	13152		
Complex; ea addl 5 cm or less	13153 +		
Wound Closure			
Superficial wound dehiscence; simple close	12020		
Superficial wound dehiscence; w/packing	12021		
2nd closure surg wound; extensive	13160		
OTHER SUPPLIES		**Price**	**Qty**
	A9270		
	A9270		
	A9270		
	A9270		
	A9270		

NOTES:

Effective 1 July 2011

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

Superbill Instructions for Providers

The following sections contain instructions for providers for completing the Superbill. A similar set of instructions, specifically designed to help MSA clerks understand the Superbill follows the provider instructions.

Superbill Header

MTF: (1)		Patient Name: (6)	
Provider's Name and Phone: (2)		Visit Date: / / (7)	Surgery Date: / /
ICD-9 Code 1: (3)	ICD-9 Code 2: (4)	Anesthesia:	☐ Local Block
Location: ☐ Provider's Office	☐ Operating Room Inpatient	☐ Monitored/General Anesthesia Care (8)	☐ Topical
☐ Other Location: _____	☐ Operating Room Outpatient (5)	☐ Moderate Sedation	☐ None

1. **MTF:** Print the name of the MTF where the elective cosmetic surgery procedure will be performed.
2. **Provider's Name and Phone:** Print the full name and provider's office phone number.
3. **ICD-9-CM Code 1:** For all cosmetic procedures, the first listed diagnosis must be from the V50.X series "Elective surgery for purposes other than remedying health status." For example:
   - V50.0 – hair transplants
   - V50.1 – "Other plastic surgery for unacceptable cosmetic appearance," unless a more specific code exists in this series
4. **ICD-9-CM Code 2:** Enter a second ICD-9-CM Code when applicable.
5. **Location:** Indicate if the procedure is performed in a provider's office, an operating room as an inpatient procedure, or in an operating room as an outpatient procedure. Use "Other" location to accommodate alternate locations (e.g., Dental Office or Dental Unit).
6. **Patient Name:** Print the patient's full name.
7. **Visit Information:** Enter the visit date and surgery date, if known, in the format mm/dd/yyyy. The visit date is used by the MSA clerk for post-procedure verification. Surgery cannot be performed with prior payment.
8. **Anesthesia:** Indicate the type of anesthesia in this section.

Superbill Columns

Mark the procedure(s) by circling or highlighting them.

Procedure Description (9)	Code (10)	Bi (11)	Qty (12)

9. **Procedure Description:** The information in this column describes the procedure to be performed. A PDF version of the description and glossary of procedures is available from the FTP site for this release of the Cosmetic Surgery Estimator.
10. **Code:** The procedure code comes from the Ambulatory Data Module (ADM) in the Composite Health Care System (CHCS). Unlisted codes come from CHCS as "17999" or "21899", for example, and are followed by a series starting with the letter Y.

    Some cosmetic procedures do not have an official CPT code assigned to them. To generate pricing for these procedures, Y codes are used to price the procedure in CSE. See the code for "Microdermabrasion" in the Skin Resurfacing section, for example.

The code in the CSE for laser treatment of leg veins in the Laser Vein Treatment section is 17999 followed by the Y code as Y0050. This procedure code combination is unique to the CSE, and cannot be entered into CHCS as 17999–Y0050. The only portion of Y codes that can be entered into CHCS is the 17999 portion of the internally applied cosmetic surgery Y-code.

11. **Bilateral:** A mark in this column indicates if the procedure can be charged as a bilateral procedure.

    Shading in the Bilateral column: If the "bilateral" column is shaded in the Superbill, the procedure is normally not done on mirror images of the body and therefore should not be marked as "bilateral." See "Laser Skin Resurfacing; total face," for example.

    No shading in the Bilateral column: If the "bilateral" column is not shaded, use this box to indicate if a procedure is being performed bilaterally. See "Laser hair removal; arms" in the Hair Removal section, for example.

12. **Quantity:** Enter in the quantity for each procedure to be performed. Quantities greater than "1" indicate multiple sessions or multiples of the same procedure.

Selecting Specific Procedures

Injections of Fillers and Chemodenervation Agents

Chemodenervation treatments require coding for the professional service as well as the supply, or units of the agent (e.g., Botox® Cosmetic, Dysport®) the provider anticipates using. In addition to selecting the code for the part of the body in which the chemodenervation procedure is to take place, mark the appropriate box to indicate whether or not a procedure is being performed by a dermatology resident.

CHEMODENERVATION (add Botox®, Dysport®, or Other qty below) Performed by a Dermatology Resident? Y ☐ N ☐			
Chemodenervation; facial	64612		
Chemodenervation; neck	64613		
Chemodenervation; extremity or trunk	64614		
Chemodenervation; both axillae	64650		
Chemodenervation; eccrine glands other areas, per day	64653		
Select pharmaceutical below and fill in # of units in Qty		**Price**	**Qty**
Botox® Cosmetic	J0585		
Dysport®	J0586		
Other	J3490		

Fillers: Indicate the unit price and precise number of units of filling materials, such as Restalyne®, to be administered in the price and quantity fields. If a filler other than the brands listed is used, indicate the brand name of the filler on the line next to "Other." There are a number of pharmaceutical supplies being introduced periodically which may not be listed. Additional fillers that may be selected in the CSE v7 (but not listed on the Superbill due to space constraints) include:

INJECTIONS	
Intralesional Injection	
Intralesional Injection; 7 or less	11900
Intralesional Injection; 8 or more	11901
Subcutaneous Injection of Filling Material (Specify filling material, qty, and price below)	
1.0 cc or less	11950
1.1 - 5.0 cc	11951
5.1 - 10.0 cc	11952
More than 10.0 cc	11954
Soft Tissue Fillers	
Radience®/Radiesse®	J3490-01
Restylane®	J3490-02
Zyderm®	J3490-03
Zyplast®	J3490-04
Artefil®	J3490-05
Cosmoplast®/Cosmoderm®	J3490-06
Cymetra®	J3490-07
Evolenve®	J3490-08
Dermalogen®	J3490-09
Fascian®	J3490-10
Sculptra®	J3490-11
Silicone	J3490-12
Other	J3490

- Artecoll®
- Captique™
- Collagen
- Dermalive®
- Dermadeep®
- Hylaform®
- Juvéderm®

Hair Transplants

Micro/mini grafts are priced in blocks of 500 hairs. Enter the quantity based on blocks of 500 hairs. For example, 501 hairs would be entered as a quantity of 2; 2,000 hairs would be entered as a quantity of “4.”; 2,050 hairs would be entered as a quantity of “5.”

HAIR TRANSPLANT			
Punch transplant; 1-15 hair grafts	15775		
More than 15 punch hair grafts	15776		
Micro / mini grafts; 1-500 hairs	17999-Y5775		

For more information, please visit the TMA UBO Web site at:
http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/cs.cfm