

Cosmetic Surgery Estimator (CSE) v8 Glossary - July 2012

| Code Category | Code | Description | Glossary | Global Period |
|----------------------|-------------|--|---|----------------------|
| Skin Tag Removal | 11200 | Removal of skin tags, multiple fibrocuteaneous 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 fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof | 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 |

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| Code Category | Code | Description | Glossary | Global Period |
|----------------|-------|---|---|---------------|
| 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 |
| 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; 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; 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 |

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|----------------|-------|---|--|---------------|
| Lesion Removal | 11402 | Excision, benign lesion including margins; 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 |
| Lesion Removal | 11403 | Excision, benign lesion including margins; 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; 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; 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; 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 |

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| Lesion Removal | 11421 | Excision, benign lesion including margins; 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 |
| Lesion Removal | 11422 | Excision, benign lesion including margins; 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; 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; 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; 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 |

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|----------------------|-------------|--|--|----------------------|
| Lesion Removal | 11440 | Excision, other benign lesion including margins; 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 |
| Lesion Removal | 11441 | Excision, other benign lesion including margins; 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; 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; 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; 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 |

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| Lesion Removal | 11446 | Excision, other benign lesion including margins; 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 |
| 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; 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 subcutaneous tissue. 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; 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 subcutaneous tissue. 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; 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 subcutaneous tissue. 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 |

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| Soft Tissue Fillers | 11954 | Subcutaneous injection of filling material; over 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 subcutaneous tissue. 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. | 0 |
| 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. | 0 |
| 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. | 0 |

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|----------------------|-------------|--|--|----------------------|
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |

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|----------------------|-------------|--|--|----------------------|
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |

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| 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. | 0 |
| 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. | 0 |
| Wound Repair | 12020 | Treatment of superficial wound dehiscence; simple closure | There has been a breakdown of the healing skin either before or after suture removal. The skin margins have opened. The physician cleanses the wound with irrigation and antimicrobial solutions. The skin margins may be trimmed to initiate bleeding surfaces. Report 12020 if the wound is sutured in a single layer. Report 12021 if the wound is left open and packed with gauze strips due to the presence of infection. This allows infection to drain from the wound and the skin closure will be delayed until the infection is resolved. | 10 |
| Wound Repair | 12021 | Treatment of superficial wound dehiscence; with packing | There has been a breakdown of the healing skin either before or after suture removal. The skin margins have opened. The physician cleanses the wound with irrigation and antimicrobial solutions. The skin margins may be trimmed to initiate bleeding surfaces. Report 12020 if the wound is sutured in a single layer. Report 12021 if the wound is left open and packed with gauze strips due to the presence of infection. This allows infection to drain from the wound and the skin closure will be delayed until the infection is resolved. | 10 |

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|----------------------|-------------|--|---|----------------------|
| 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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| 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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| Wound Repair | 12041 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less | 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. 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. | 10 |
| Wound Repair | 12042 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm | 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. 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. | 10 |
| Wound Repair | 12044 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm | 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. 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. | 10 |

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| Wound Repair | 12045 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm | 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. 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. | 10 |
| Wound Repair | 12046 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm | 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. 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. | 10 |
| Wound Repair | 12047 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm | 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. 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. | 10 |

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|----------------------|-------------|---|--|----------------------|
| 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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|----------------------|-------------|---|--|----------------------|
| 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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| Wound Repair | 13102 + | Repair, complex, trunk; each additional 5 cm or less | 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 |

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| Wound Repair | 13122 + | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less | 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 | 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 |

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| Wound Repair | 13133 + | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less | 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 | 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. Wound irrigation is performed with an antimicrobial solution to decontaminate and cleanse the wound. The physician may trim skin margins 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. Reconstructive procedures, such as 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. Wound irrigation is performed with an antimicrobial solution to decontaminate and cleanse the wound. The physician may trim skin margins 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. Reconstructive procedures, such as 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. Wound irrigation is performed with an antimicrobial solution to decontaminate and cleanse the wound. The physician may trim skin margins 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. Reconstructive procedures, such as 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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| Wound Repair | 13153 + | Repair, complex, eyelids, nose, ears and/or lips; each additional 5 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. Wound irrigation is performed with an antimicrobial solution to decontaminate and cleanse the wound. The physician may trim skin margins 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. Reconstructive procedures, such as 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 | 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 |
| Substitute Skin Graft | 15271 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | The physician applies a skin substitute for temporary wound closure to a wound on the trunk, arms, or legs. Skin substitutes are used as a temporary measure to close wounds and provide a barrier against infection and fluid loss, reduce pain, and promote healing of underlying tissues until a permanent graft can be applied. Common skin substitutes include acellular dermal replacement, temporary allograft, acellular dermal allograft, tissue cultured allogenic skin substitute, and xenografts. The skin substitute is fashioned to fit the size and contours of the previously prepared wound bed on the trunk, arms, or legs. It is then placed over the wound and sutured or stapled into place. These codes are reported for a total wound surface area of less than 100 sq cm. Report 15271 for the first 25 sq cm or less. Report 15272 for each additional 25 sq cm or less. | 0 |
| Substitute Skin Graft | 15272 + | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof | The physician applies a skin substitute for temporary wound closure to a wound on the trunk, arms, or legs. Skin substitutes are used as a temporary measure to close wounds and provide a barrier against infection and fluid loss, reduce pain, and promote healing of underlying tissues until a permanent graft can be applied. Common skin substitutes include acellular dermal replacement, temporary allograft, acellular dermal allograft, tissue cultured allogenic skin substitute, and xenografts. The skin substitute is fashioned to fit the size and contours of the previously prepared wound bed on the trunk, arms, or legs. It is then placed over the wound and sutured or stapled into place. These codes are reported for a total wound surface area of less than 100 sq cm. Report 15271 for the first 25 sq cm or less. Report 15272 for each additional 25 sq cm or less. | 0 |

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| Substitute Skin Graft | 15273 | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | The physician applies a skin substitute for temporary wound closure to a wound on the trunk, arms, or legs. Skin substitutes are used as a temporary measure to close wounds and provide a barrier against infection and fluid loss, reduce pain, and promote healing of underlying tissues until a permanent graft can be applied. Common skin substitutes include acellular dermal replacement, temporary allograft, acellular dermal allograft, tissue cultured allogenic skin substitute, and xenografts. The skin substitute is fashioned to fit the size and contours of the previously prepared wound bed on the trunk, arms, or legs. It is then placed over the wound and sutured or stapled into place. These codes are reported for a total wound surface area 100 sq cm or larger in adults or children age 10 or older or 1 percent of the total body surface area in infants and children younger than age 10. Report 15273 for the first 100 sq cm in adults or 1 percent of the total body surface area in infants and children. Report 15274 for each additional 100 sq cm in adults or 1 percent of the total body surface area in infants and children. | 0 |
| Substitute Skin Graft | 15274 + | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part ther | The physician applies a skin substitute for temporary wound closure to a wound on the trunk, arms, or legs. Skin substitutes are used as a temporary measure to close wounds and provide a barrier against infection and fluid loss, reduce pain, and promote healing of underlying tissues until a permanent graft can be applied. Common skin substitutes include acellular dermal replacement, temporary allograft, acellular dermal allograft, tissue cultured allogenic skin substitute, and xenografts. The skin substitute is fashioned to fit the size and contours of the previously prepared wound bed on the trunk, arms, or legs. It is then placed over the wound and sutured or stapled into place. These codes are reported for a total wound surface area 100 sq cm or larger in adults or children age 10 or older or 1 percent of the total body surface area in infants and children younger than age 10. Report 15273 for the first 100 sq cm in adults or 1 percent of the total body surface area in infants and children. Report 15274 for each additional 100 sq cm in adults or 1 percent of the total body surface area in infants and children. | 0 |
| Substitute Skin Graft | 15275 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | The physician applies a skin substitute for temporary wound closure to a wound on the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits. Skin substitutes are used as a temporary measure to close wounds and provide a barrier against infection and fluid loss, reduce pain, and promote healing of underlying tissues until a permanent graft can be applied. Common skin substitutes include acellular dermal replacement, temporary allograft, acellular dermal allograft, tissue cultured allogenic skin substitute, and xenografts. The skin substitute is fashioned to fit the size and contours of the previously prepared wound bed. It is then placed over the wound and sutured or stapled into place. These codes are reported for a total wound surface area of less than 100 sq cm. Report 15275 for the first 25 sq cm or less. Report 15276 for each additional 25 sq cm or less. | 0 |

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| Substitute Skin Graft | 15276 + | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof | The physician applies a skin substitute for temporary wound closure to a wound on the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits. Skin substitutes are used as a temporary measure to close wounds and provide a barrier against infection and fluid loss, reduce pain, and promote healing of underlying tissues until a permanent graft can be applied. Common skin substitutes include acellular dermal replacement, temporary allograft, acellular dermal allograft, tissue cultured allogenic skin substitute, and xenografts. The skin substitute is fashioned to fit the size and contours of the previously prepared wound bed. It is then placed over the wound and sutured or stapled into place. These codes are reported for a total wound surface area of less than 100 sq cm. Report 15275 for the first 25 sq cm or less. Report 15276 for each additional 25 sq cm or less. | 0 |
| Substitute Skin Graft | 15277 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of | The physician applies a skin substitute for temporary wound closure to a wound on the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits. Skin substitutes are used as a temporary measure to close wounds and provide a barrier against infection and fluid loss, reduce pain, and promote healing of underlying tissues until a permanent graft can be applied. Common skin substitutes include acellular dermal replacement, temporary allograft, acellular dermal allograft, tissue cultured allogenic skin substitute, and xenografts. The skin substitute is fashioned to fit the size and contours of the previously prepared wound bed. It is then placed over the wound and sutured or stapled into place. These codes are reported for a total wound surface area 100 sq cm or larger in adults or children age 10 or older or 1 percent of the total body surface area in infants and children younger than age 10. Report 15277 for the first 100 sq cm in adults or 1 percent of the total body surface area in infants and children. Report 15278 for each additional 100 sq cm in adults or 1 percent of the total body surface area in infants and children. | 0 |
| Substitute Skin Graft | 15278 + | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part the | The physician inserts a biologic implant to correct a soft tissue defect caused by trauma or surgery. Biologic implants are usually porcine or allogenic grafts that have been decellularized. When tissue is decellularized, the cells, cell debris, DNA, and RNA are removed in a way that is not damaging to the collagen matrix, reducing the probability of rejection. | 0 |
| Hair Transplant | 15775 | Punch graft for hair transplant; 1 to 15 punch grafts | | 0 |
| Hair Transplant | 15776 | Punch graft for hair transplant; more than 15 punch grafts | The physician inserts a biologic implant to correct a soft tissue defect caused by trauma or surgery. Biologic implants are usually porcine or allogenic grafts that have been decellularized. When tissue is decellularized, the cells, cell debris, DNA, and RNA are removed in a way that is not damaging to the collagen matrix, reducing the probability of rejection. | 0 |
| Biologic Implant | 15777 + | Implantation of biologic implant for soft tissue reinforcement | The physician inserts a biologic implant to correct a soft tissue defect caused by trauma or surgery. Biologic implants are usually porcine or allogenic grafts that have been decellularized. When tissue is decellularized, the cells, cell debris, DNA, and RNA are removed in a way that is not damaging to the collagen matrix, reducing the probability of rejection. | 0 |

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| Skin Resurfacing | 15780 | Dermabrasion; total 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 | 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 | 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 4 lesions or less | 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 | 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 |

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| 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 | 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. | 0 |
| Rhytidectomy | 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) | 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. | 0 |
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |

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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 | 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 | 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 | 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 | 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 | 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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|----------------------------|---------|---|--|---------------|
| 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 and subcutaneous tissue (includes lipectomy), abdomen (abdominoplasty), includes umbilical transposition and fascial plication | 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. 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. | 0 |
| Liposuction | 15877 | Suction assisted lipectomy; trunk | The physician performs a lipectomy of the trunk. The physician makes incisions on the trunk overlying an area of fat deposits. A liposuction cannula is inserted through the incision. The physician moves the cannula through the fat deposits, creating tunnels and removing excess deposits. The incisions are closed with sutures. | 0 |
| Liposuction | 15878 | Suction assisted lipectomy; upper extremity | The physician performs a lipectomy of the upper extremity. The physician makes small incisions in the skin overlying an area of fat deposits on the upper extremity. A liposuction cannula is inserted through the incision. The physician moves the cannula through the fat deposits, creating tunnels and removing excess deposits. The incisions are closed with sutures. | 0 |
| Liposuction | 15879 | Suction assisted lipectomy; lower extremity | The physician performs a lipectomy of the lower extremity. The physician makes small incisions in the skin overlying an area of fat deposits on the lower extremity. A liposuction cannula is inserted through the incision. The physician moves the cannula through the fat deposits, creating tunnels and removing excess deposits. The incisions are closed with sutures. | 0 |

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| Lesion Removal | 17106 | Destruction of cutaneous vascular proliferative lesions (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 (laser technique); 10.0 to 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 (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 (laser surgery, electrosurgery, cryosurgery, chemosurgery, or 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 (laser surgery, electrosurgery, cryosurgery, chemosurgery, or 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, each 30 minutes | 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 |
| 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 |

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| Breast/Chest | 19316 | Mastopexy | 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 |
| 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 |

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| 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 | 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 |
| Breast/Chest | 19357 | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion | The physician performs breast reconstruction with a tissue expander, immediate or delayed. 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 |

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| Breast/Chest | 19370 | Open periprosthetic capsulotomy, breast | An open periprosthetic capsulotomy on the breast is done by making an incision in the skin of the breast, at the site of a mastectomy scar, in the skin fold beneath the breast, or around the nipple. 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. | 0 |
| Breast/Chest | 19371 | Periprosthetic capsulectomy, breast | The physician performs a periprosthetic capsulectomy on the breast. An incision in the skin of the breast at the site of a mastectomy scar, 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. | 0 |
| Breast/Chest | 19380 | Revision of reconstructed breast | Revision is done on 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. | 0 |
| 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. | 0 |
| 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. | 0 |

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|-----------------------|-------------|---|---|----------------------|
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |

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| 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. | 30 |
| 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. | 30 |
| Facial Reconstruction | 21141 | Reconstruction midface, LeFort I; single piece, 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 if multiple piece (three or more) osteotomies are performed. | 30 |

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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 if multiple piece (three or more) osteotomies are performed. | 30 |
| 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 if multiple piece (three or more) osteotomies are performed. | 10 |
| 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 with two piece segmental movement; and 21147 if multiple piece | 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) | 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 with two piece segmental movement; and 21147 if multiple piece | 90 |
| Facial Reconstruction | 21147 | Reconstruction midface, LeFort I; 3 or more pieces, 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 with two piece segmental movement; and 21147 if multiple piece | 0 |
| Facial Reconstruction | 21150 | Reconstruction midface, LeFort II; anterior intrusion | 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. | 0 |

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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. | 0 |
| 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 bone 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. | 0 |
| 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 incisions are closed in a single layer. Lower eyelid and scalp incisions are | 0 |

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| Facial Reconstruction | 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, 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. Eyelid and scalp incisions are closed in layers. Intermaxillary fixation may be applied. | 0 |
| Facial Reconstruction | 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement, 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 grafts are placed between the bony interfaces of the maxilla and the midface segment. The transoral | 0 |
| 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 closed in layers. | 0 |

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| Facial Reconstruction | 21175 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes 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; 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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| Facial Reconstruction | 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm | 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 than 80 sq cm; and 21184 if the total area of bone grafting is greater than 80 | 90 |
| Facial Reconstruction | 21183 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but le | 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 than 80 sq cm; and 21184 if the total area of bone grafting is greater than 80 | 90 |
| Facial Reconstruction | 21184 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone; with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm | 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 than 80 sq cm; and 21184 if the total area of bone grafting is greater than 80 | 0 |

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| 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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| 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; nasal, maxillary or malar areas (includes obtaining graft) | 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 fabricated. A single surgical session is used to insert the framework as described above. | 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 fabricated. A single surgical session is used to insert the framework as described above. | 90 |

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| Facial Reconstruction | 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) | 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; 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; 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 |

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| 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 |
| Facial Reconstruction | 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia) | 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 naso-orbital 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 |

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| 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 fashioned by the physician and placed directly on bony step | 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 positions of the orbits. Small, separate bone grafts may be placed directly on bony step | 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 |

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| 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 layered closure. Intraoral incisions are closed in a single layer. | 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 |
| 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. Intraoral incisions are closed in a single layer. | 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 |

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| Facial Reconstruction | 21282 | Lateral canthopexy | 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. Skin incisions are repaired with a layered closure. | 90 |
| Facial Reconstruction | 21295 | Reduction of masseter muscle and bone; 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; 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 |
| 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 via an open (external skin incisions) or closed (intranasal incisions) approach. 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 |

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| 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 of the nasal tip. An external splint or cast | 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 |

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| 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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| 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 single layers. Steri-strip tape supports cartilaginous surgery of the nasal tip. An external | 90 |
| Sclerotherapy | 36468 | Single or multiple injections of sclerosing solutions, spider veins; limb or 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. | 90 |
| Sclerotherapy | 36469 | Single or multiple injections of sclerosing solutions, spider veins; 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. | 90 |
| Sclerotherapy | 36470 | 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. | 90 |
| Sclerotherapy | 36471 | 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. | 90 |
| 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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| 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, 1 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, followed by a second bandage of highly elastic material. | 90 |
| Vein Stripping | 37766 | Stab phlebectomy of varicose veins, 1 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, followed by a second bandage of highly elastic material. | 90 |

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| 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 | 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) | If only a portion of the lesion is removed, report 40490 for biopsy of the lip. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. An excisional biopsy is not reported separately if a therapeutic excision is performed during the same surgical session. Local anesthesia is included in the service. If a specimen is transported to an outside laboratory, report 99000 for handling or conveyance. For excision of a lesion of the lip, benign, see 11440-11446; malignant, see 11640-11646. For transverse wedge excision of the lip, see 40510; with v-excision, see 40520. For resection of more than one-fourth of the lip, see 40530. | 90 |
| Lip Augmentation | 40530 | Resection of lip, more than 1/4, without reconstruction | The physician performs a lip resection of more than one fourth without reconstruction. An incision may be made through the midline of the lip and extended over the portion of the lip to be removed. The tumor and surrounding tissues are removed. The oral cavity is closed primarily, and the lip and surrounding structures 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 1/2 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 |
| 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. | 90 |
| 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. | 90 |

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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. | 90 |
| Other Revisions | 41828 | Excision of hyperplastic alveolar mucosa, each quadrant | 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. | 90 |
| Other Revisions | 41872 | Gingivoplasty, each quadrant | 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 | 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. | 90 |

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| Chemodenervation | 64613 | Chemodenervation of muscle(s); neck muscle(s) | 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. | 90 |
| Chemodenervation | 64614 | Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) | 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. | 90 |
| 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. | 90 |

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| 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. | 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 |

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| Other Revisions | 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | Ptosis refers to a droop or displacement resulting from paralysis. 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 |
| 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 new location. | 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. | 90 |
| 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 |

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| 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. | 90 |
| 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. | 90 |
| 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 |
| 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 is 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 is 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 |

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| 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. | 0 |
| 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. | 0 |
| 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. | 10 |
| Skin Resurfacing | 17999-Y0009 | Laser Skin Resurfacing, Non-ablative; back and shoulder area | 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. | 10 |
| 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 |

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|----------------------|-------------|----------------------------------|--|----------------------|
| Hair Removal | 17999-Y0019 | Laser hair removal; chest | 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |

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| 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |
| 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-Y0019 for laser hair removal of chest; 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. | 90 |

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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. | 0 |
| 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. | 10 |
| 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. | 0 |
| Laser Vein Treatment | 17999-Y0050 | Laser Vein Treatment of Leg | | 10 |
| Breast/Chest | 17999-Y2189 | 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 |

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| Code Category | Code | Description | Glossary | Global Period |
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| Vein Stripping | 17999-Y3779 | Stab phlebectomy of varicose veins, one extremity; less than 10 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. | 10 |
| 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 |
| 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. | 0 |
| 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. | 0 |
| 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. | 0 |

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|----------------------------|-------------|---|--|----------------------|
| 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. | 0 |
| 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. | 0 |
| Hair Transplant | 17999- | Micro/mini grafts 1- 500 hairs | There is no glossary entry for this procedure code | 90 |
| 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 |
| Lip Augmentation | 17999-Y5834 | Lip Augmentation; upper or lower, unpaired | There is no glossary entry for this procedure code | 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 |
| 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. | 0 |
| Other Revisions | 17999- | Calf Augmentation | There is no glossary entry for this procedure code. | 90 |
| Other Revisions | 17999- | Umbilicoplasty | Belly button revision surgery. | 0 |
| Piercing | 17999-Y6001 | Piercing, each body location | 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 |

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| Dental | D9972 | Teeth Whitening; external bleaching, per arch | 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. | 0 |
| Dental | D9973 | Teeth Whitening; external bleaching, per tooth | 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. | 0 |
| Dental | D9974 | Teeth Whitening; internal bleaching, per tooth | 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. | 0 |
| Dental | D9999 | Laser Teeth Whitening, per treatment | 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. | 0 |

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