



**Health Budgets &
Financial Policy**

**Uniform Business Office
Elective Cosmetic Surgery User Guide**

July 2010

To be used in conjunction with
Cosmetic Surgery Estimator, Release Version 6.0 (2010)

Document Change History

Document Version	Date	Description of Change	Affected Sections
Initial Release	July 1, 2008	Revision to accompany version 4.0 of the Cosmetic Surgery Estimator (CSE)	All
V5.0	July 1, 2009	Revision to accompany version 5.0 of the Cosmetic Surgery Estimator (CSE)	All
V6.0	July 1, 2010	Revision to accompany version 6.0 of the Cosmetic Surgery Estimator (CSE)	All except Appendixes A and B

NOTABLE CHANGES FROM VERSION 5.0 TO VERSION 6.0

Deleted CPT Codes:

CPT Code	CPT Description	Reason
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	This procedure is considered performed for medical necessity when documentation indicates a functional visual defect due to excess skin weighting down the lid or other medically necessary reason

New CPT Codes: *(See Appendix C for a complete list of all procedures for CSE 6.0)*

CPT Code	CPT Description	Reason
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Potential for re-operations or staged procedures for cosmetic purposes
19355	Correction of inverted nipples	Potential cosmetic procedure
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Potential for re-operations or staged procedures for cosmetic purposes
19370	Open periprosthetic capsulotomy, breast	Potential for re-operations or staged procedures for cosmetic purposes
19371	Periprosthetic capsulectomy, breast	Potential for re-operations or staged procedures for cosmetic purposes
19380	Revision of reconstructed breast	Potential for re-operations or staged procedures for cosmetic purposes
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	When the eyebrows are drooping (called ptosis) and documentation supports cosmetic rationale. Not to be confused with a Rhytidectomy of the forehead for elimination of wrinkles (code 15824) although the surgical approach is very similar with both of these codes

The Current Procedural Terminology (CPT) codes cited in this guide are from the codes used to classify medical services and procedures. The codes are copyrighted by the American Medical Association (AMA).

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INTRODUCTION

Purpose

The Elective Cosmetic Surgery User Guide serves as a reference for all TRICARE Management Activity (TMA) Uniform Business Office (UBO) staff and military treatment facility (MTF) personnel who are engaged in some part of billing for elective cosmetic surgical procedures. This guide is designed specifically for two key groups:

1. **Providers**, who complete the Cosmetic Surgery Superbill when a patient requests elective cosmetic surgery.
2. **Billers** in the Medical Services Account (MSA) office, who process the payment before and after the procedure.

The Elective Cosmetic Surgery User Guide is designed to ensure that everyone has the same basic information to estimate and bill elective cosmetic surgery procedures consistently in all MTFs. The guide also describes how to use the Cosmetic Surgery Estimator (CSE) and the Superbill used by the physicians to indicate what procedure(s) are to be generated for a cosmetic procedure pricing estimate.

The guide is updated as needed to reflect continued refinements to the business rules governing elective cosmetic surgery billing procedures and to reflect any changes to billing rates for these procedures. It is reviewed at least quarterly by TMA's UBO Advisory Working Group (AWG). Members of the UBO AWG include UBO Managers from the Army, Air Force, and Navy.

Background

In 2005, the Department of Defense's (DoD) Office of Health Affairs (HA) released an updated Policy for Cosmetic Surgery Procedures in the Military Health System (MHS). HA Policy 05-020 expanded on a 1992 policy that allowed a limited number of cosmetic surgery cases to "support graduate medical education training, board eligibility and certification, and skill maintenance for certified specialists in plastic surgery, ears, nose and throat, ophthalmology, dermatology, and oral surgeries." (The complete policy is in Appendix A, and it is elaborated on in an article in Appendix B.)

The 2005 policy reinforced the following DoD HA positions:

- Elective cosmetic surgery is not a TRICARE covered benefit.
- Providers "have a valid need" to perform elective cosmetic surgery procedures to maintain their skills, recognizing that the skills used to perform cosmetic surgery procedures "are often the same skills required to obtain optimal results in reconstructive surgery."
- A provider may not spend more than 20 percent of his or her case load on cosmetic surgery procedures.
- Patients must pay the estimated fees, in full, for all elective procedures before surgery is scheduled.
- Patients must sign an acknowledgement of their continued financial responsibility to cover the cost of any unanticipated services (e.g., long term follow-up care and revision surgeries) and they must pay any additional fees within thirty (30) days after receiving a final bill.

- Treatment for certain complications or follow-up care unavailability due to an elective cosmetic procedure is subject to the TRICARE Policy Manual section referenced in the Letter of Acknowledgement and the patient is financially responsible for any additional non-covered treatment.
- Active Duty personnel must have written permission from their unit commander before undergoing an elective cosmetic surgery procedure.
- Procedures are performed on a “space available” basis only.

Organization of This Document

This document contains all the information providers and the MSA office staff members need to arrange and bill for elective cosmetic surgery.

The remainder of this section contains references the various codes and manuals on which the policy is based and definitions of terms and abbreviations found in the document.

Process Overview describes each step in obtaining and paying for elective cosmetic surgery. The steps correspond to a flow diagram of the entire process.

Providers Guide to the Elective Cosmetic Surgery Superbill explains what the Superbill is and how providers should complete each section.

Billers Guide to the Cosmetic Surgery Estimator introduces the CSE and provides general instructions on how to use it with a completed Superbill.

Appended to this users guide are the following items:

- A** – DoD Health Affairs Policy 05-020: Policy for Cosmetic Surgery Procedures in the Military Health System
- B** – “Spotlight” on Cosmetic Surgery Policy
- C** – Medical, Dental, and Pharmacy Reimbursement Rates and Cosmetic Surgery Rates
- D** – Sample Letter of Acknowledgement for Cosmetic Surgery
- E** – Cosmetic Surgery Estimator 6.0 Rate Table
- F** – Cosmetic Surgery Estimator 6.0 Training Guide
- G** – Bilateral, Add-on, Quantitative, and Inpatient-Only Procedures
- H** – Elective Cosmetic Surgery Superbill
- I** – 2010 Global Follow-Up Days

References

Code of Federal Regulation (CFR), Title 32, Section [119.4](#), Basic Program Benefits

Code of Federal Regulation (CFR), Title 32, [Part 220](#), Collection from Third Party Payers of Reasonable Costs of Healthcare Services

DoD 6010.15-M, Military Treatment Facilities (MTF) UBO [Manual](#), current version

DoD [Glossary](#) of Healthcare Terminology

Health Affairs (HA) Policy for Cosmetic Surgery Procedures in the Military Health System ([HA Policy 05-020](#))

[Medical](#) and Dental Rates Package, current version

Professional Services and Outpatient [Coding Guidelines](#), current version

TMA [Privacy](#) Office (includes information about privacy provisions in Health Insurance Portability and Accountability Act (HIPAA))

TRICARE Policy [Manual](#) (TPM)

[UBO Web site](#), <http://www.tricare.mil/ocfo/mcfs/ubo>

United States Code (USC), Title 10, [Section 1095](#)

Definitions

ACGME (Accreditation Council for General Medical Education)

ADM (Ambulatory Data Module, in CHCS)

AMA (American Medical Association)

Anesthesia Rates for these professional services are derived from TRICARE “base units” for the associated anesthesia CPT code plus the average intra-operative time multiplied by the conversion factor of \$20,88 per unit,

APC (Ambulatory Payment Classification)

APU (Ambulatory Procedure Unit)

APV (Ambulatory Procedure Visit)

Associated Procedures More than one procedure performed on the same day as the primary procedure.

Bilateral Procedure If the same procedure is performed on both sides of the body or members of paired organs (right & left), then the second procedure fee is reduced by 50% of the primary procedure (e.g., for thigh liposuction, if left thigh is \$7600.00, the right thigh will be \$380.00 for the surgeon’s fee.)

CFR (Code of Federal Regulations)

CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)

CHCS (Composite Health Care System)

CMAC (CHAMPUS Maximum Allowable Charge)

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

Cosmetic Surgery Superbill A paper form for capturing coding for a specific patient visit. The provider identifies the correct procedure(s) on the form and gives it to the MSA clerk to enter in the CSE to estimate the cost of the procedure(s).

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

CSE (Cosmetic Surgery Estimator) A Microsoft Access-based software application to help MSA clerks estimate the cost of a cosmetic procedure before it is performed.

CPT (Current Procedural Terminology) A systematic listing of codes that classify medical services and procedures. Copyrighted by the AMA.

DoD (Department of Defense)

DRG (Diagnosis Related Group)

Elective Cosmetic Surgery A procedure that is chosen by a patient with a physician that is not considered medically necessary and can be performed at any time.

General Anesthesia A state of controlled unconsciousness.

GME (Graduate Medical Education)

HA (Health Affairs, DoD)

HIPAA (Health Insurance Portability and Accountability Act of 1996)

I&A (Institutional and Anesthesia components of a procedure)

I&R (Invoice & Receipt)

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

IP (Inpatient)

Implants The stock number and quantity of implants (e.g., breasts, chins) supplied by the MTF should be entered by the MSA clerk.

Inquiry The process of entering data into the CSE to obtain an estimate of cost for cosmetic surgery.

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

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

MHS (Military Health System)

MSA (Medical Services Account) For this guide, MSA involves billing and collecting funds from DoD beneficiaries for elective cosmetic surgical procedures.

MTF (Military Treatment Facility)

OR (Operating Room)

Procedure A surgical method for modifying or improving the appearance of a physical feature, defect, or irregularity.

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

Superbill. See **Cosmetic Surgery Superbill.**

TMA (TRICARE Management Activity)

TPM (TRICARE Policy Manual)

TPOCS (Third Party Outpatient Collection System)

UBO (Uniform Business Office)

USC (United States Code)

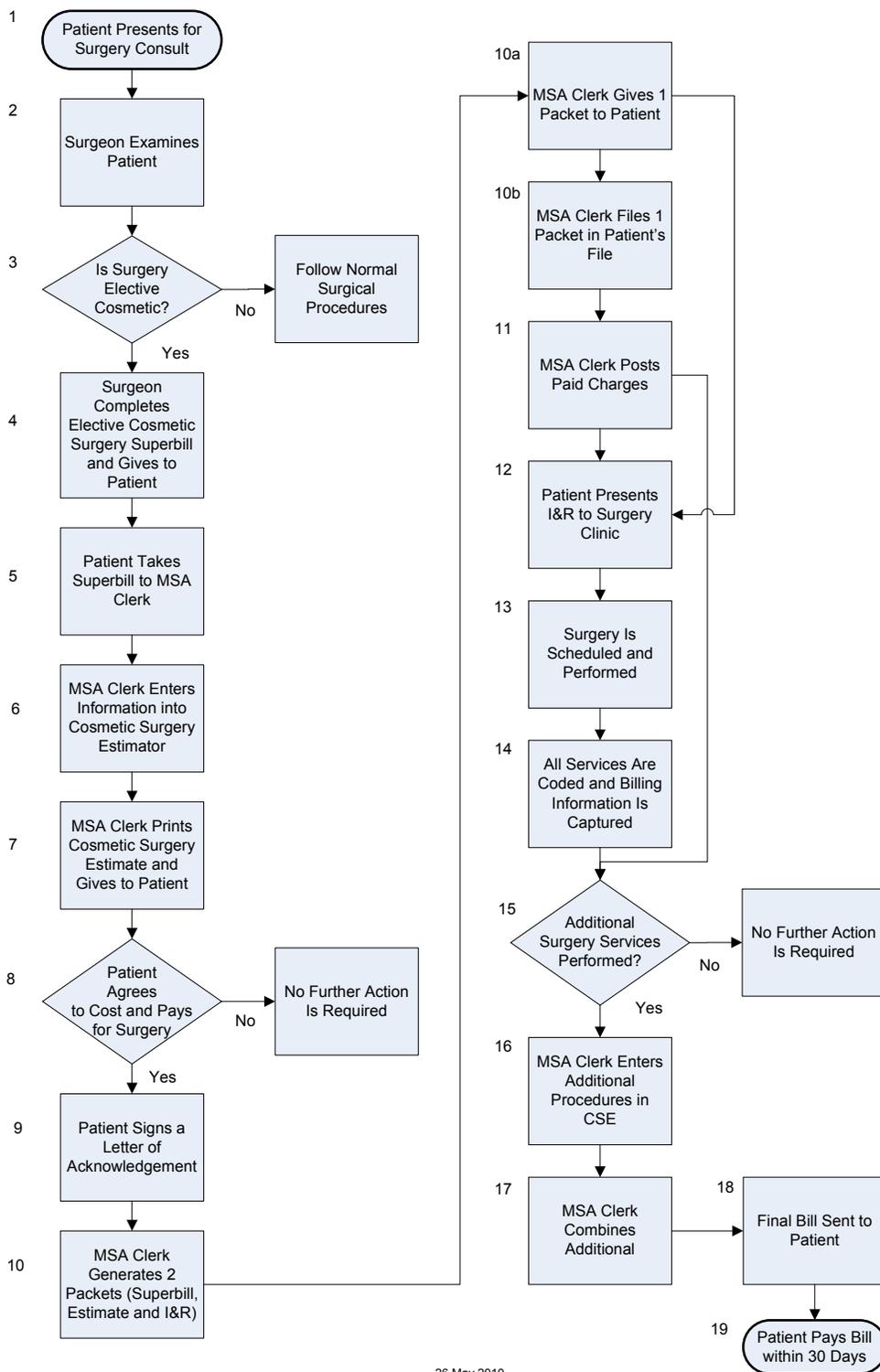
Y-Codes Created by TMA UBO for procedures lacking CPT codes; used as MSA codes.

PROCESS OVERVIEW

Description of the Typical Process

1. A patient consults a surgeon.
2. The surgeon examines the patient.
3. The surgeon determines if the surgery is elective cosmetic. If the surgery is not elective cosmetic, the surgeon has determined that medical necessity applies and the CSE and Superbill are not needed.
4. If the surgery is elective cosmetic, the surgeon completes a Cosmetic Surgery Superbill and gives it to the patient.
5. The patient presents the completed Cosmetic Surgery Superbill to the MSA office.
6. The MSA clerk enters the information from the Cosmetic Surgery Superbill into the Cosmetic Surgery Estimator (CSE).
7. The MSA clerk determines the price of the procedure(s) based on the CSE entry and prints an estimate for the patient.
8. When the patient agrees to the estimate, he or she must pay for it before the surgery can be scheduled and performed. If the patient is not prepared to pay for the surgery at that time, the patient is given the printed estimate from the CSE after a copy is made for retention in the MSA business files; no additional action is required.
9. In addition to paying for the procedure, the patient must sign a letter of acknowledgement (see Appendix D) before the surgery can be scheduled and performed. In the letter of acknowledgement, the patient agrees to pay for any additional fees once the surgery is completed and no later than 30 days after presentation of the final bill.
10. The MSA clerk collects the estimated payment and generates two copies each of the Estimator Report, the invoice and receipt (I&R), and the Superbill.
 - a. The patient is given one copy of this packet.
 - b. The other packet is included in the patient's medical file.
11. The MSA clerk posts the charges as paid and issues a receipt to the patient.
12. The patient presents the receipt to the Surgery Clinic.
13. The surgery is scheduled and performed.
14. After the surgery, all services are reconciled once coding is completed and additional charges, if any, are captured.
15. If there were no additional surgical procedures, there is no additional bill generated.
16. If additional surgical procedures, billable supplies, or pharmaceuticals are provided, the MSA clerk enters any additional procedures or applicable other costs into the CSE to capture those charges.
17. The MSA clerk combines any charges for additional surgical procedures and facility charges.
18. The MSA clerk sends the final bill to the patient.
19. The patient pays the final bill within 30 days of receipt.

Process Flow



FEES FOR ELECTIVE COSMETIC SURGERY

The cost of an elective cosmetic procedure includes many components: the provider's fee, institutional ("facility") fee, anesthesia charges, etc. TMA's UBO created a Microsoft Access-based software application, the Cosmetic Surgery Estimator (CSE), to help MTFs accurately estimate the total cost so that patients can pay for procedures before they are performed. The CSE incorporates the rates described in Appendix C.

Billing for elective cosmetic surgery is an MSA function. Unlike medically necessary procedures, the patient is fully responsible for all charges, including implants, cosmetic injectables, and other separately billable items associated with the elective cosmetic procedures. Even if the patient has other health insurance (OHI), the patient is still responsible for the bill. The patient may file a claim with their other health insurance company independently.

Basis for Charges

Charges for elective cosmetic surgery procedures are based on the procedures and the location of service (i.e., provider's office, operating room outpatient, or operating room inpatient). Rates are not based on the treating MTF's geographic location.

Professional charges: Rates for the professional charges (i.e., surgeon's fees) based on the CHAMPUS Maximum Allowable Charge (CMAC) national average rates (CMAC locality, 300). The CMAC "facility physician" category is used for the professional component for services furnished by the provider in a hospital operating room or ambulatory procedure unit (APU) and the CMAC "non-facility physician" category is used for the professional component for services furnished in a provider's office.

Anesthesia charges: Anesthesia rates are derived by applying the anesthesia CPT code applicable to the primary procedure and adding together the TRICARE anesthesia base units (representing pre- and post-anesthesia care) and the average intra-operative time units for the specific procedure (in 15-minute increments) multiplied by the median TRICARE conversion factor (\$20.95), rounded to the nearest \$1.00.

Outpatient institutional charges: The fee for outpatients using a hospital operating room or ambulatory procedure unit (APU) is based on the TRICARE Ambulatory Payment Classification (APC) rate associated with the each procedure, subject to discounting in accordance with coding and reimbursement industry standards. When there is no APC rate associated with a cosmetic procedure, such as calf augmentation, the APC rate of a similar procedure (e.g., involving similar time, skills, and equipment) is used.

Inpatient institutional charges: For cosmetic procedures performed in the inpatient setting, the institutional fee is derived by determining the most typical Diagnostic Related Group (DRG) applicable to the primary procedure, and multiplying the DRG's Relative Weighted Product (RWP) by the TRICARE MS-DRG Adjusted Standardized Amount (ASA) rounded to the nearest \$1.00. Secondary procedures generate an additional charge of \$1000 per additional procedure. The applicable professional and anesthesia fees are included in the inpatient DRG facility fee.

Basis for Discounts

Primary CPT Code

If patient is requesting a price estimate for multiple procedures, the primary CPT code shall be that for the procedure with the highest Cost Ranking before discounts are taken.

Business Rule Category	Provider's Office	OR/Outpatient	OR/Inpatient
Elective Procedure Combined with a Medically Necessary Procedure	Professional Fee for Elective Procedure, 100% + Anesthesia Fee, 50% (usually moderate sedation)	Professional Fee for Elective Procedure, 100% + Facility Fee (APC), 50% + Anesthesia Fee, 50%	*Facility Fee (DRG), 50% *Total cost for inpatient procedure (DRG) <u>includes</u> applicable professional and anesthesia fees
Bilateral Procedure	+ Professional Fee, 50%	+ Professional Fee, 50% + Facility Fee (APC), 50%	*\$1000 flat fee *Covers additional professional, facility, and anesthesia fees If more than one additional bilateral procedure is done, \$1000 fee is applied to <u>each</u> additional procedure
Quantitative Procedures/Additional Sessions	+ Professional Fee, 50%	+ Professional Fee, 50% + Facility Fee (APC), 50%	*\$1000 flat fee *Covers additional professional, facility, and anesthesia fees
Add-On Code	+ Professional Fee only, 100% (Non-facility fee) *No discount applied to fee for add-on codes	+ Professional Fee, 100% + Facility Fee (APC), 50% No additional anesthesia fee	*\$1000 flat fee *Covers additional professional, facility, and anesthesia fees
Multiple Add-On Codes	No discount. + Professional Fees, 100%	+ Professional fee , 100% + Facility Fee (APC), 50% for each add-on code No additional anesthesia fee	*\$1000 flat fee *Covers additional professional, facility, and anesthesia fees
Additional Procedure(s)	+ Professional Fee, 50%	+ Professional Fee, 50% + Facility Fee (APC), 50% No additional anesthesia fee	*\$1000 flat fee *Covers additional professional, facility, and anesthesia fees
Professional Fee	CMAC Non Facility Physician Category 1, Locality 300	CMAC Facility Physician Category 1, Locality 300	CMAC Facility Physician Category 1, Locality 300
Institutional ("Facility") Fee	There is no separate Facility Fee for services performed in a provider's office. *The non-facility professional rate is higher to account for this place of service	* APC rate, 100% *Total cost for outpatient procedure <u>does not include</u> applicable professional and anesthesia fees; these fees are in addition to APC facility fee	*Facility Fee (DRG), 100% *Total cost for inpatient procedure (DRG) <u>includes</u> applicable professional and anesthesia fees

Business Rule Category	Provider's Office	OR/Outpatient	OR/Inpatient
Anesthesia	Local Block = \$0 Topical = \$0 Moderate Sedation = \$103 flat fee, if applicable (annotate on Superbill)	Local Block = \$0 Topical = \$0 Moderate Sedation = \$103 flat fee General/Monitored Anesthesia Care = (Anesthesia Base Units + Avg. Minutes of Service) x (Median TRICARE Anesthesia Conversion Rate)	Local Block = \$0 Topical = \$0 *Total cost for inpatient procedure (DRG) <u>includes</u> applicable anesthesia fee
Implants & Other Separately Billable Supplies	Full Outpatient Reimbursable (FOR) 100% MTF purchase price	Full Outpatient Reimbursable (FOR) 100% MTF purchase price	Full Outpatient Reimbursable (FOR) 100% MTF purchase price
Soft Tissue Fillers	*Full Outpatient Reimbursable (FOR) 100% MTF purchase price *Priced per unit of measure	*Full Outpatient Reimbursable (FOR) 100% MTF purchase price *Priced per unit of measure	*Full Outpatient Reimbursable (FOR) 100% MTF purchase price *Priced per unit of measure
Chemodenervation CPT: 64612, 64613, 64614, 64650, 64653	*Resident Discount Available (for patients under 65) Professional Fee = \$50 *Discounted Professional Fee for Dermatology residents cannot be combined with any other discount (e.g., less 50% for multiple procedures and/or bilateral procedures)	*Resident Discount Available (for patients under 65) Professional Fee = \$50 *Discounted Professional Fee for Dermatology residents cannot be combined with any other discount (e.g., less 50% for multiple procedures and/or bilateral procedures)	*Resident Discount Available (for patients under 65) Professional Fee = \$50 *Discounted Professional Fee for Dermatology residents cannot be combined with any other discount (e.g., less 50% for multiple procedures and/or bilateral procedures)
Botox Cosmetic®	Full Outpatient Reimbursable (FOR) 100% MTF purchase price CSE 6.0 (7/2010) = \$5.46/unit	Full Outpatient Reimbursable (FOR) 100% MTF purchase price CSE 6.0 (7/2010) = \$5.46/unit	Full Outpatient Reimbursable (FOR) 100% MTF purchase price CSE 6.0 (7/2010) = \$5.46/unit

PROVIDER'S GUIDE TO THE ELECTIVE COSMETIC SURGERY SUPERBILL

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

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

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

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

Once the patient pays the estimated bill in full and acknowledges responsibility to any additional costs, he or she can schedule the procedure.

After the procedure is completed, the MSA clerk reviews the documentation of the event to ensure that paid procedures were performed. If additional procedures were performed, an adjusted final bill is sent to the patient.

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

Global Surgery Period

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

For example...

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

Dermabrasion (codes 15780-15783) and chemical peels (codes 15788-89, 15792-93) have a 90-day global period. Therefore, the fee for these procedures would cover any number of re-treatments provided within 90 days of the initial procedure.

MSA staff should consult with coding staff and the MHS Coding Guidelines for information about procedures with global periods because code 99024 is the general code used for routine post-operative encounters. With this information, they can work with providers who may be unaware

of specific coding guidance for every code they use and thus can help minimize and resolve pricing issues. This encourages a partnership approach to cosmetic surgery policy compliance.

The global-days table is in Appendix I.

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

Cosmetic Surgery Superbill 2010

MTF:				Patient Name:			
Provider's Name and Phone:				Visit Date: / /		Surgery Date: / /	
ICD-9 Code 1:		ICD-9 Code 2:		Anesthesia:			
<input type="checkbox"/> Provider's Office		<input type="checkbox"/> Operating Room Inpatient		<input type="checkbox"/> Monitored/General Anesthesia Care		<input type="checkbox"/> Local Block	
<input type="checkbox"/> Other Location:		<input type="checkbox"/> Operating Room Outpatient		<input type="checkbox"/> Moderate Sedation		<input type="checkbox"/> Topical	
						<input type="checkbox"/> None	
Will this procedure be combined with a medically necessary procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Procedure Description	Code	BI	Qty	Procedure Description	Code	BI	Qty
SKIN TAG REMOVAL				RHYTIDECTOMY			
Removal of skin tags, up to 15	11200			Rhytidectomy, forehead	15824		
Removal of skin tags, ea add 1-10	11201 +			Rhytidectomy, neck w/P-Flap tightening	15825		
LESION REMOVAL				INJECTIONS			
Shaving of Epidermal or Dermal Lesions (single lesion)				Intralesional Injection			
				Intralesional Injection, 7 or less			
				Intralesional Injection, 8 or more			
				Subcutaneous Injection of Filling Material			
				(Specify filling material, qty, and price below)			
Trunk, arms or legs				BREAST/CHEST AUGMENTATION			
				1 cc or less			
				1.1 - 5.0 cc			
				5.1 - 10.0 cc			
				More than 10.0 cc			
Scalp, neck, hands, feet, genitalia				Mammoplasty, reduction			
				Mammoplasty, augmentation w/o implant			
				Mammoplasty, augmentation w/implant			
				Removal of intact mammary implant			
				Removal of implant, mastal			
				Immediate insertion of implant			
				Delayed insertion of implant			
				Correction of inverted nipples			
				Nipple / areola reconstruction			
				Breast recontour, immediate/delayed			
				Open periprosthetic capsulotomy, breast			
Excision of Benign Lesion (including margins)				Periprosthetic capsulotomy, breast			
				Revision of reconstructed breast			
				Pectoral Augmentation w/implant, male			
Trunk, arms or legs				EXCISION EXCESS SKIN & SUBCUTANEOUS TISSUE			
				Other			
				SKIN RESURFACING			
				Dermabrasion			
				Total Face			
				Segment, facial			
				Regions, non facial			
				Superficial (e.g. tattoo removal)			
				Abrasion, single lesion			
				Abrasion; each add 1-4 lesions			
Scalp, neck, hands, feet, genitalia				Microdermabrasion			
				Microdermabrasion, total face			
				Microdermabrasion; segment, facial			
				Chemical Peel			
				Chem Peel, facial, epidermal			
				Chem Peel, facial, dermal			
				Chem Peel, nonfacial, epidermal			
				Chem Peel, nonfacial, dermal			
				Laser Skin Resurfacing, Ablative			
				Laser skin resurfacing; total face			
				Laser skin resurfacing; segment, facial			
				Laser Skin Resurfacing, Non-Ablative			
				Laser skin resurfacing; total face			
				Laser skin resurfacing; segment, face			
				Laser skin resurfacing; neck			
				Laser skin resurfacing; chest			
				Laser skin resurfacing; back/shoulder area			
				Laser skin resurfacing; arms			
				Laser skin resurfacing; hands			
				Laser skin resurfacing; legs			
Face, ears, eyelids, nose, lips, mucous membrane				LIPOSUCTION — SUCTION ASSISTED LIPECTOMY			
				Lift, Other Area			
				LIPOSUCTION — ULTRASOUND ASSISTED LIPECTOMY			
				Laser skin resurfacing; limb, trunk			
				Sclerosing; face			
				Sclerosing single vein			
				Sclerosing multi veins, same leg			
				PIERCING			
				Ear piercing, each piercing			
				Piercing, other body parts			
				TATTOO REMOVAL			
				Laser tattoo rmtvl, ≤ 30 sq cm initial session			
				Laser tattoo rmtvl, ≤ 30 sq cm, ea addl			
				Laser tattoo rmtvl, ≥ 31 sq cm initial session			
				Laser tattoo removal, ≥ 31 sq cm, ea addl			
				Chemical Cauterization			
				Cautery, granulation tissue (proud flesh, sinus or fistula)			
BLEPHAROPLASTY, BLEPHAROPTOSIS, CANTHOPLASTY				FAT TRANSFER			
Blepharoplasty, lower eyelid				Fat transfer, lips			
Blepharoplasty, wide/extended herniated fat pad				Fat transfer, melolabial folds			
Blepharoplasty, upper eyelid				Fat transfer, marionette lines			
				Fat transfer, forehead			
				Fat transfer, glabella			
				Fat transfer, tear troughs			
				Fat transfer crows feet			
Blepharoptosis, internal approach				CHEMODENERVATION (add Botox qty below)			
Blepharoptosis, external approach				Performed by a dermatology resident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cantoplasty				Chemodenevation, facial			
				Chemodenevation, neck			
				Chemodenevation, extremity or trunk			
				Chemodenevation, both axillae			
				Chemodenevation, eccrine glands other areas, per day			
RHINOPLASTY				Botox			
Primary (lateral & alar cartilages or elevation of tip)				Botox Cosmetic®			
Primary, complete				LASER VEIN TREATMENT			
Primary, w/major septal repair				Laser treatment, leg veins			
Secondary, minor revision							
Secondary, intermediate revision							
Secondary, major revision							
Secondary to cleft lip/palate, lip only							
Secondary to cleft lip/palate, lip, septum, osteotomies							

Effective 1 July 2010

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

Cosmetic Surgery Superbill 2010 (continued)

MTF:				Patient Name:							
Provider's Name and Phone:				Visit Date: / /		Surgery Date: / /					
ICD-9 Code 1:		ICD-9 Code 2:		Anesthesia:		<input type="checkbox"/> Local Block <input type="checkbox"/> Topical <input type="checkbox"/> None					
Location: <input type="checkbox"/> Provider's Office <input type="checkbox"/> Other Location:				<input type="checkbox"/> Operating Room Inpatient <input type="checkbox"/> Operating Room Outpatient <input type="checkbox"/> Monitored/General Anesthesia Care <input type="checkbox"/> Moderate Sedation							
Will this procedure be combined with a medically necessary procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Procedure Description	Code	BI	Qty	Procedure Description	Code	BI	Qty	Procedure Description	Code	BI	Qty
FACIAL RECONSTRUCTION/REVISION/AUGMENTATION				FACIAL RECONSTRUCTION/REVISION (cont)				WOUND REPAIR			
Genioplasty				Other Facial Reconstruction or Revision				Scalp, neck, axilla, external genitalia, trunk, and/or extremities			
Genioplasty, augmentation	21120			Reconst, zygomatic arch & glen foss w/bone	21255			Simple, 2.5 cm or less	12001		
Genioplasty, sliding osteotomy, single	21121			Reconst, orbit w/extracranial osteotomies	21256			Simple, 2.6 cm to 7.5 cm	12002		
Genioplasty, sliding osteotomies, 2 or more	21122			Penorb osteotomies, extracranial w/graft	21260			Simple, 7.6 cm to 12.5 cm	12004		
Genioplasty, sliding augmentation w/bone grafts	21123			Penorb osteotomies, extra/intracranial	21261			Simple, 12.6 cm to 20.0 cm	12005		
Mandibular Augmentation				Penorb osteotomies w/forehead advancement				Simple, 20.1 cm to 30.0 cm			
Augmentation, mandibular body	21125			Orb repositioning, unilateral, extracranial, w/graft	21267			Simple, over 30.0 cm	12007		
Augmentation, mandibular body or angle w/bone graft	21127			Orb repositioning extra/intracranial approach	21268			Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst, mandibular ram w/bone graft	21193			Malar augmentation w/prosthetic material	21270			Simple, 2.5 cm or less	12011		
Reconst, mandibular ram w/bone graft	21194			Secondary revision, orbitocranial/facial reconst	21275			Simple, 2.6 cm to 5.0 cm	12013		
Reconst, mandibular ram w/ internal rigid fixation	21195			Medial canthopexy	21280			Simple, 5.1 cm to 7.5 cm	12014		
Reconst, mandibular ram w/ internal rigid fixation	21196			Other Facial				Simple, 7.6 cm to 12.5 cm	12015		
Reconst, mandible, extraoral, w/transosteal bone plate	21244			Canthopexy, lateral	21282			Simple, 12.6 cm to 20.0 cm	12016		
Reconst, mand or maxilla, subperiosteal implant, partial	21245			Reduct masseter muscle, extraoral	21295			Simple, 20.1 cm to 30.0 cm	12017		
Reconst, mand or maxilla, subperiosteal implant, complete	21246			Reduct masseter muscle, intraoral	21296			Simple, over 30.0 cm	12018		
Reconst, mandible condyle w/bone & cartilage autografts	21247			Otoplasty (ear reconstruction)	83300			Scalp, axilla, trunk, and/or extremities			
Reconst, mandible or maxilla, endosteal implant, partial	21248			NECK				Infermed, 2.5 cm or less	12031		
Reconst, mandible or maxilla, endosteal implant, complete	21249			Cervicoplasty	15619			Infermed, 2.6 cm to 7.5 cm	12032		
Forehead Reduction				OTHER REVISIONS				Infermed, 7.6 cm to 12.5 cm			
Reduction forehead; contouring only	21137			Labial Frenotomy	40906			Infermed, 12.6 cm to 20.0 cm	12035		
Reduction forehead; w/prosthesis or bone graft	21138			Destruction, lesion/scar, vestibule of mouth	40930			Infermed, 20.1 cm to 30 cm	12036		
Reduction forehead; contour & aesthetic ant. frontal sinus	21139			Vestibuloplasty, complex	40945			Infermed, over 30 cm	12037		
Facial Reconstruction				Gingivectomy, each quadrant				Neck, hands, feet, and/or external genitalia			
Reconst, Midface, LeFort I, 1 piece	21141			Excision, alveolar mucosa, ea quadrant	41828			Infermed, 2.5 cm or less	12041		
Reconst, Midface, LeFort I, 2 pieces	21142			Gingivoplasty, each quadrant	41872			Infermed, 2.6 cm to 7.5 cm	12042		
Reconst, Midface, LeFort I, 3 pieces	21143			Bullock Augmentation w/implant	17999-Y5835			Infermed, 7.6 cm to 12.5 cm	12044		
Reconst, Midface, LeFort I, 1 piece w/bone grafts	21145			Bullock Augmentation w/o implant	17999-Y5836			Infermed, 12.6 cm to 20.0 cm	12045		
Reconst, Midface, LeFort I, 2 pieces w/bone grafts	21146			Calf Augmentation	17999-Y5837			Infermed, 20.1 cm to 30 cm	12046		
Reconst, Midface, LeFort I, > 3 pieces w/bone grafts	21147			Umbilicoplasty	17999-Y5838			Infermed, over 30 cm	12047		
Reconst, Midface, LeFort II, anterior infusion	21150			Repair of brow ptosis	67900			Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst, Midface, LeFort II, any direction, w/bone grafts	21151			LIP AUGMENTATION				Infermed, 2.5 cm or less	12051		
Reconst, Midface, LeFort III, any direction, w/bone grafts	21154			Excision, transverse wedge w/primary close	40510			Infermed, 2.6 cm to 5.0 cm	12052		
Reconst, Midface, LeFort III w/bone grafts, & LeFort I	21155			V-Excision, w/direct linear closure	40520			Infermed, 5.1 cm to 7.5 cm	12053		
LeFort III w/forehead advancement & bone graft, no LeFort I	21158			Excision, full thickness reconst w/local flap	40525			Infermed, 7.6 cm to 12.5 cm	12054		
LeFort III w/forehead advancement, bone graft & LeFort I	21160			Excision, full thickness reconst w/cross lip flap	40527			Infermed, 12.6 cm to 20.0 cm	12055		
Reconst, superior lateral orbital rim & hw forehead	21172			Rosection, > one fourth, w/reconstruction	40530			Infermed, 20.1 cm to 30 cm	12056		
Reconst, bifrontal, superior lateral orbital rim & hw forehead	21175			Repair, full thickness, vermilion only	40650			Infermed, over 30 cm	12057		
Reconst, entire or majority forehead w/autografts	21179			Repair, full thickness, < half vertical height	40652			Trunk			
Reconst, entire or majority forehead w/autografts	21180			Repair, full thickness, > half vertical height	40654			Complex, 1.1 cm to 2.5 cm	13100		
Reconst, contouring of cranial bones, extracranial	21181			Lip Augmentation, upper or lower, unpaired	40799-Y5834			Complex, 2.6 cm to 7.5 cm	13101		
Reconst, orb walls, rims, forehead, w/bone grft < 40 sq cm	21182			HAIR REMOVAL				Complex, ea add 5 cm or less	13102		
Reconst, orb walls, rims, forehead, w/bone grft 41-79 sq cm	21183			Electrolysis Epilation, 30 min session	17380			Scalp, arms, and/or legs			
Reconst, orb walls, rims, forehead, w/bone grft > 80 sq cm	21184			Laser hair removal, lip	17999-Y0020			Complex, 1.1 cm to 2.5 cm	13120		
Reconst, Midface, no LeFort type	21188			Laser hair removal, lip and chin	17999-Y0021			Complex, 2.6 cm to 7.5 cm	13121		
Osteotomy				Laser hair removal, back				Complex, ea add 5 cm or less			
Osteotomy, mandible, segmental	21198			Laser hair removal, arms	17999-Y0023			Forehead, cheeks, chin, mouth, neck, axilla, genitalia, hands and/or			
Osteotomy, w/ genioglossus advancement	21199			Laser hair removal, underarms	17999-Y0024			Complex, 1.1 cm to 2.5 cm	13131		
Osteotomy, segmental (e.g. wassmund, schuchard)	21206			Laser hair removal, bikini	17999-Y0025			Complex, 2.6 cm to 7.5 cm	13132		
Osteoplasty, facial bones, augmentation	21208			Laser hair removal, legs	17999-Y0026			Complex, ea add 5 cm or less	13133		
Osteoplasty, facial bones, reduction	21209			Laser hair removal, beard	17999-Y0027			Eyelids, nose, ears and/or lips			
Graft				Laser hair removal, ears				Complex, 1.0 cm or less			
Graft, bone, malar/maxilla/nasal augmentation	21210			HAIR TRANSPLANT				Complex, 1.1 cm to 2.5 cm	13151		
Graft, bone, mandible (incl graft)	21215			Punch transplant, 1-15 hair grafts	15775			Complex, 2.6 cm to 7.5 cm	13152		
Graft, rb to face/chin/nose/ear	21230			More than 15 punch hair grafts	15776			Complex, ea add 5 cm or less			
Graft, ear cartilage to nose or ear	21235			Microfoni grafts; 1-500 hairs	17999-Y5775			Wound Closure			
Arthroplasty				CORNEA REFRACTION				Superficial wound dehiscence, simple close			
Arthroplasty, TMJ, w or w/o autgrft	21240			Keratomeleusis	65760			Superficial wound dehiscence; w/packing	12021		
Arthroplasty, TMJ, w/ allograft	21242			Keratophakia	65765			2nd closure surg wound, extensive	13160		
Arthroplasty, TMJ, w/prosthetic joint replacement	21243			Epikeratoplasty	65767			OTHER SUPPLIES			
VEIN STRIPPING				Keratoprosthesis				A9270			
Ligation of long saph vein @ saphenofemoral junct.	37700			DENTAL				A9270			
Short saph veins	37718			External Bleaching, per arch	09972			A9270			
Long saph veins, to knee or below	37722			External Bleaching, per tooth	09973			A9270			
Stab phlebectomy, one extremity 10-20 stab incisions	37765			Internal Bleaching, per tooth	09974			A9270			
Stab phlebectomy, one extremity 20+ stab incisions	37786			Laser Whitening, per treatment	09999						

NOTES:

Effective 1 July 2010

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

Superbill Instructions for Providers

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

Superbill Header

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

1. **MTF:** Print the name of the MTF where the elective cosmetic surgery procedure will be performed.
2. **Provider's Name and Telephone:** Print the full name and physician's office phone number.
3. **ICD-9-CM Code 1:** What is the diagnosis code?
 For all cosmetic procedures, the first listed diagnosis must be from the V50 series "Elective surgery for purposes other than remedying health status." For example:
 - V50.1 – "Other plastic surgery for unacceptable cosmetic appearance," unless a more specific code exists in this series
 - V50.0 – hair transplants
4. **ICD-9-CM Code 2:** Use a second ICD-9-CM Code to indicate additional procedures.
5. **Location:** Where will this procedure be performed?
 Indicate if the procedure is performed in a physician's office, an operating room as an inpatient procedure, or in an operating room as an outpatient procedure. An "Other" location was added for v6.0 to accommodate alternate locations (e.g., Dental Unit).
6. **Patient Name:** Print the patient's full name.
7. **Visit information:** Enter the visit date and surgery date. The visit date is used by the MSA clerk for post-procedure verification.
8. **Anesthesia:** Indicate the type of anesthesia in this section. Topical anesthesia and Local Blocks are included in the price of the procedure. The professional fee for anesthesiologist's services (Monitored/General Anesthesia Care) is based on the estimated anesthesia time for the primary surgical procedure plus anesthesia base units (for pre- and post-anesthesia care). The professional fee for Moderate Sedation is based on a flat rate of \$103.00.

Superbill Columns

The provider marks the procedures by circling or highlighting the procedure planned.

Procedure Description 9	Code	Bi	Qty
---	------	----	-----

- 9. Procedure Description/Description:** The information in this column describes the procedure to be performed. The secure SharePoint Web site has a PDF version of the glossary of procedures available as a separate document.
- 10. Code:** The procedure code that comes from the Ambulatory Data Module (ADM) in the Composite Health Care System (CHCS). Unlisted codes come from CHCS as “17999” or “21899”, for example, and are followed by a series starting with the letter Y.

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

The code in the CSE for Laser Treatment of Leg Veins is 17999 followed by the Y code as Y0050. This procedure code combination is unique to the CSE, and cannot be entered into CHCS as 17999–Y0050. The only portion of Y codes that can be entered into CHCS is the 17999 code.

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

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

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

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

Selecting Specific Procedures

Injections of Fillers and Botox Cosmetic®

Botox treatments require coding for the professional service of injecting Botox Cosmetic®, classified as Chemodenervation, as well as the supply, or units, of Botox the physician anticipates using. The price for 2010 is \$5.46 per unit. In addition to selecting the code for the part of the body in which the Chemodenervation procedure is to take place, there are boxes to indicate whether or not a procedure is being performed by a resident. For Chemodenervation procedures you must choose both the procedure to be performed and Botox® as a pharmaceutical for a proper price estimate.

CHEMODENERVATION (add Botox qty below)			
Performed by a dermatology resident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Chemodenervation; facial	64612		
Chemodenervation; neck	64613		
Chemodenervation; extremity or trunk	64614		
Chemodenervation; both axillae	64650		
Chemodenervation; eccrine glands other areas, per day	64653		
Botox		Price	Qty
Botox Cosmetic®	J0585		
LASER VEIN TREATMENT			

Administration of filling materials, such as Restalyne®, is indicated with a field for quantity. In addition, the precise units of filler to be injected and the local unit price of that brand of filler are selected. If a filler other than the brand listed is used, the provider should indicate the brand name of the “Other” filler. There are a number of pharmaceutical supplies being introduced periodically which may not be listed. All pharmaceuticals, except Botox, are locally priced. Additional fillers added to the CSE 6.0 for 2010 (but not listed on the Superbill due to space constraints) include:

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

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

Hair Transplants

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

HAIR TRANSPLANT			
Micro/mini grafts 1-500 hairs	17999-Y5775		

BILLER'S GUIDE TO THE COSMETIC SURGERY ESTIMATOR

The Cosmetic Surgery Estimator (CSE) is a Microsoft Access-based application that should be installed on the Medical Services Account (MSA) clerk's computer. This may require submitting CSE to the MTF's Systems Administration for screening. HIPAA and Privacy Act regulations mandated by the MTF should be observed when individually naming and saving estimates in the CSE that could contain protected health or personal information.

The MSA Clerk enters data into CSE using the Cosmetic Surgery Superbill completed by the provider/surgeon. The MSA clerk may need to work with the provider and coding staff to ensure the estimate is correct, both prior to any procedures performed and during the post-procedure reconciliation process.

Following is a tour of the main screens of the CSE. Detailed, illustrated instructions on how to use the software application are found in Appendix F.

Tour of CSE Main Screens

The screenshot shows the 'New Inquiry' form in the Cosmetic Surgery Estimator v6.0. The form is divided into several sections with numbered callouts:

- Section 1:** Create an inquiry based on information provided by the physician on the Superbill. This section includes fields for CPT Code, CPT Description, CPT Glossary, Military Treatment Facility (Provider's Office, OR/Outpatient, OR/Inpatient), and Will this procedure be combined with a medically necessary procedure?
- Section 2:** Generate a Report. This section includes buttons for Cost report, View Report, Print Report, Export Report, and Exit Estimator.
- Section 3:** Save, Remove, or Reset an Inquiry. This section includes buttons for Save Inquiry, Remove Inquiry, and Reset Inquiry.

The form also includes a 'VIEW/EDIT Additional Procedures' and 'VIEW/EDIT Implants/Pharmaceuticals' section, and a 'Total Cost' field showing \$0.00.

Overview of Operating the CSE

All inquiries are created, changed, and deleted from the opening screen when the Cosmetic Surgery Estimator is launched.

CPT codes, descriptions and other data are copyright 2007 American Medical Association. All Rights Reserved. CPT is a trademark of the American Medical Association (AMA). Procedure codes designated as 17999-YXXXX were developed by TMA UBO and are not intended to serve a CPT codes. AMA rules and restrictions do not apply.

View Saved Inquiry (click inquiry below)
Example_SaveInquiry

New Inquiry: Complete the yellow boxes.

Select By:		CPT Code	or	CPT Description	CPT Glossary	Costs	
1 & 2	What is the CPT code?					Cost Rank:	0
3	Where will the procedure be performed?	<input type="radio"/> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient		4	Will this procedure be combined with a medically necessary procedure?	Professional Fee: \$0.00 Facility Cost: APC: \$0.00 DRG: \$0.00	
5	Will a dermatology resident perform the procedure?	<input type="radio"/> Yes <input type="radio"/> No		6	Will the procedure be bilateral?	Bilateral Cost: \$0.00	
7	Quantitative Procedures (Sessions):	0	8	Add-on Code:		Qty	0
9	Will anesthesia be used?	<input type="radio"/> Topical <input type="radio"/> Local Block <input type="radio"/> General/Monitored Anes Care <input type="radio"/> Moderate Sedation				Add-on Cost: \$0.00 Anesthesia Cost: \$0.00	
10	What pharmaceuticals will be provided by the MTF?			Price	Qty	Pharmaceutical Cost: \$0.00	
11	Will additional procedures be performed during the same visit?	<input type="radio"/> Yes <input type="radio"/> No				Additional Proc Cost: \$0.00	
12	Will implants or other non-covered supplies be supplied by the MTF? Include product name and price.	<input type="radio"/> Yes <input type="radio"/> No				Implant Cost: \$0.00	
<input type="button" value="VIEW/EDIT Additional Procedures"/> <input type="button" value="VIEW/EDIT Implants/Pharmaceuticals"/>						Total Cost: \$0.00	

The user completes the yellow cells for each section by (1) typing, (as text is typed, a drop-down list appears from which a procedure can be selected);

Select By:	CPT Code	or	CPT Name
1 & 2	What is the CPT/HCP/PCS Code?		
	11400		Excision benign skin lesion, trunk, arms or leg < 5cm
	11401		Excision benign skin lesion, trunk, arms or legs 0.6-1.0cm
	11402		Excision benign skin lesion, trunk, arms or legs 1.1-2.0cm
	11403		Excision, benign skin lesion, trunk, arms or leg 2.1-3.0cm
	11404		Excision, benign skin lesion, trunk, arms or legs 3.1-4.0cm
	11406		Excision, benign skin lesion, trunk, arms or legs > 4.0cm
	11420		Excision benign skin lesion, scalp, neck, hands, feet, genit. < 5cm
	11421		Excision benign skin lesion, scalp, neck, hands, feet, genit. 0.6-1.0cm
	11422		Excision benign skin lesion, scalp, neck, hands, feet, genit. 1.1-2.0cm
	11423		Excision benign skin lesion, scalp, neck, hands, feet, genit. 2.1-3.0cm

(2) selecting from a drop-down list; or

(3) clicking a radio button.

Yes
 No

Clicking the “Yes” radio button for Section 10 elicits the pop-up screen for specifying additional procedures.

Additional / Associated Procedures

- Add Additional or Associated Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
- Enter a quantity for the procedure to be performed in the "Proc Qty" box.
- If a Chondrodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Resident" box.
- Click "Bilat" if the procedure will be performed bilaterally.
- If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Injection Filler" drop-down box, enter the price per unit in the "Filler Unit Price" box, and the number of units to be used in the "Filler Qty" box.

Select an Additional or Associated Procedure by clicking on the:

Select by CPT		Select by title		Injection Filler		Filler Unit Price		Filler Qty	
CPT Code	CPT Description	CPT Code	CPT Description	Injection Filler	Filler Unit Price	Filler Qty	Filler Unit Price	Filler Qty	Total Cost

Cost of Associated Procedures:

Buttons: Clear List, Close

Clicking the “Yes” radio button for Section 11 elicits the pop-up screen for information about implants and drugs.

Implants Worksheet

Nomenclature	Quantity	Unit Cost	Total Costs
	0	\$0.00	\$0.00

Cost of Implant/Drug:

Buttons: Clear, Close

Cost information is generated automatically and appears in the far right column.

CPT Code	CPT Description	Facility	Proc Qty	Unit Price	Total Cost
11200	Removal of skin tag x, multiple fibrocutaneous tags, any area; up to and including 16 lesions x				
11201	Removal of skin tag x, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)				
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hand x, feet, genitalia; lesion diameter over 2.0 cm				

Depending on the choices made or information entered, messages may appear. Many of these messages contain information and reminders and are not necessarily error messages. Read each one carefully.

Once an inquiry is completed, clicking View Report for the saved inquiry “Example_SaveInquiry” produces the following cost report that can be printed or exported.

Cosmetic Surgery Estimator Cost Report

Date of Estimate: Thursday, June 17, 2010 6:18:21 PM

CPT	CPT Title	Cost
11200	Removal of skin tag x, multiple fibrocutaneous tags, any area; up to and including 16 lesions x	
11201	Removal of skin tag x, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hand x, feet, genitalia; lesion diameter over 2.0 cm	

Combined with a medically necessary procedure?

Professional Fee Cost: \$153.00

Place of Service Office/minor surgery room Cost: \$0.00

Quantitative Procedures Procedure (total sessions): 0

Filler / Pharmaceutical None Qty: 0 Cost: \$0.00

Anesthesia Type Topical Anesthesia Cost: \$0.00

Implants / Other Supplies None Implants Cost: \$0.00

Total Costs \$153.00

Prices are subject to change

8/17/2010 6:18:21 PM

The following instructions describe the user actions and CSE actions for each step taken to complete an inquiry. Examples of how these sections are used for particular procedures are found in Appendix F.

Boxes #1 & #2: Indicate procedure.

Select By:		CPT Code	or	CPT Description	CPT Glossary
1 & 2	What is the CPT code?				

Using the completed Superbill as a reference, begin by entering the primary procedure. Choose a primary procedure either by selecting a CPT Code in Box #1 or a CPT Procedure Description in Box #2 (choosing one should automatically populate the other).

11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, har
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eye

- In the case of multiple procedures performed during the same surgical visit, the primary procedure is the procedure with the highest professional fee before any discount is applied. The procedure with the highest professional fee (the primary procedure) can be determined by selecting each procedure and viewing the Cost Rank button. The higher the cost rank, the higher the fee; the primary procedure is always entered in Boxes #1 & #2.
- The primary procedure is chosen first in Boxes 1 and 2, and additional procedures are entered into Box #11. Add-on codes are added in Box #8.

Box #3: Choose a location of service: Provider’s Office, OR/Outpatient, or OR/Inpatient.

- Only those locations of service that are applicable to the procedure chosen in Boxes #1 and #2 are available as options for a given estimate.

3	Where will the procedure be performed?	Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient
----------	--	--

- For example, some procedures are too complex to be adequately serviced in a provider’s office or outpatient setting and are designated as “inpatient only,” For these procedures only one location of service option will be displayed (OR/Inpatient).
- Refer to Appendix G for a list of inpatient only procedures.

Box #4: Indicate whether or not the procedure being priced will be combined with a medically necessary procedure during the same surgical encounter.

- If a patient chooses to include an elective cosmetic surgery procedure with a medically necessary procedure in the OR/Outpatient setting, there is a 50% discount for facility and anesthesia charges; professional fees for the elective portion of the encounter is charged at 100%.

4	Will this procedure be combined with a medically necessary procedure?	<input type="radio"/> Yes <input type="radio"/> No
----------	---	---

- If a medically necessary and cosmetic procedure is performed in the OR/Inpatient setting, the DRG fee is discounted by 50% and includes the professional and anesthesia fees in the DRG fee displayed.

Box #5: Indicate whether or not the procedure will be performed by a dermatology resident.

5	<i>Will a dermatology resident perform the procedure?</i>	<input type="radio"/> Yes <input type="radio"/> No
----------	---	---

- For certain procedures, Chemodenervation: CPT Codes 64612, 64613, 64614, 64650, and 64653, a discount is provided when a dermatology resident performs the procedure.
- The discount is a reduced professional fee flat rate of \$50. This box is only operational if one of the above codes is chosen.

Box #6: Specify procedures to be performed bilaterally.

Indicate here whether or not the procedure will be performed on mirror image parts of the body.

6	<i>Will the procedure be bilateral?</i>	<input type="radio"/> Yes <input type="radio"/> No
----------	---	---

- There is a 50% discount for the second procedure when an applicable bilateral code is chosen. Not all procedures can be performed bilaterally.
- The default selection is “No,” and if a user attempts to choose “Yes” for a procedure that is not classified as bilateral, an error message will be displayed and the default selection is automatically chosen.
- Refer to Appendix G for a list of bilateral procedures.

Box #7: Quantitative Procedures.

Indicate here the number of times the primary procedure (chosen in Boxes #1 & 2) will be done or the number of sessions needed to complete the procedure. [E.g., Electrolysis (CPT Code 17380) and hair grafts (CPT Code 15775) may require additional repeats of the same procedure.]

7	<i>Quantitative Procedures (Sessions):</i>	0
----------	--	---

- Not all procedures are quantitative in nature, therefore this box is only operational for select procedures.
- Refer to Appendix G for a list of quantitative procedures.

Box #8: Add-On Codes

Some procedures are considered secondary procedures and can only be done in

8	<i>Add-on Code:</i>	▼	<i>Qty</i>
			0

conjunction with another primary procedure. These procedures are denoted as “add-on codes.” Choose the appropriate add-on code and quantity where applicable.

- When a primary code with an associated add-on code is chosen in Boxes #1 or #2, a comment box will appear indicating that an add-on code exists that’s associated with that specific primary code selected.
- Refer to Appendix G for a list of add-on codes.

Box #9: Indicate type of anesthesia.

9	<i>Will anesthesia be used?</i>	<input type="radio"/> Topical	<input type="radio"/> General/Monitored Anes Care
		<input type="radio"/> Local Block	<input type="radio"/> Moderate Sedation

Indicate here what type of anesthesia will be used: Topical, Local Block, General/Monitored Anesthesia Care, or Moderate Sedation.

- There is no charge for topical anesthesia or local block; General/Monitored Anesthesia Care pricing varies by procedure; and Moderate Sedation is a flat rate of \$103.00.

Box #10: Indicate what pharmaceuticals will be used.

10	<i>What pharmaceuticals will be provided by the MTF?</i>		<i>Price</i>	<i>Qty</i>
			0	0

Fillers and Botox: If a Subcutaneous Injection of Filling Material or Chemodenervation procedure is chosen use Box #10 to choose either the appropriate filler or Botox® and the price per unit.

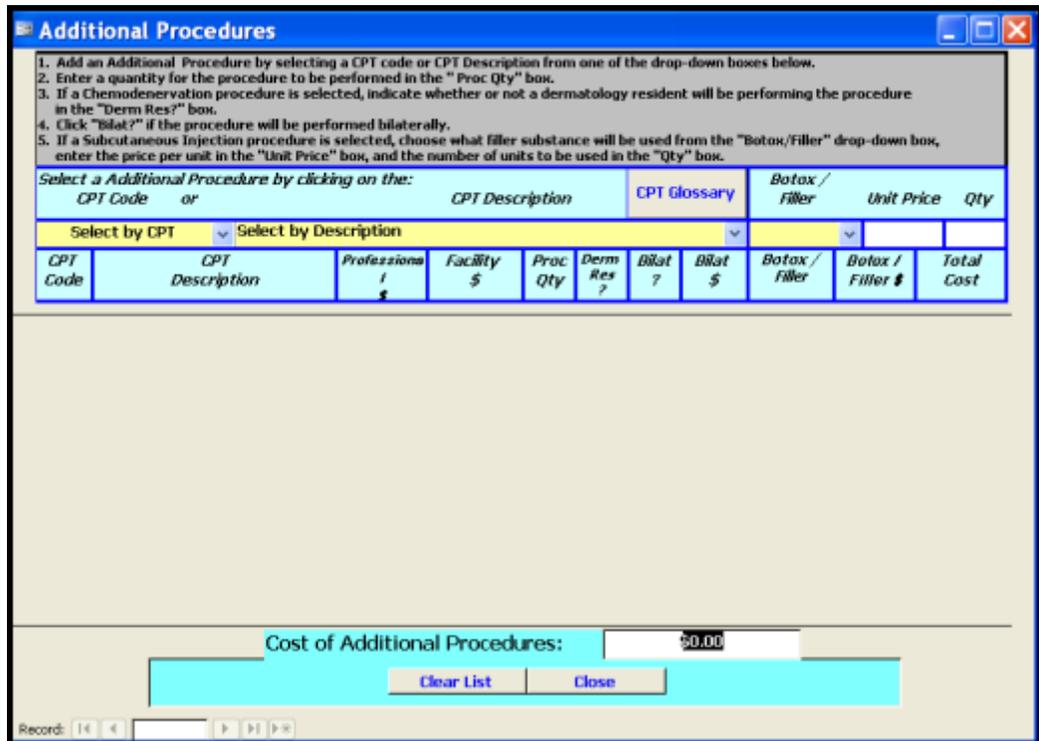
- The price for Botox is the same for all MTFs and is therefore pre-populated at \$5.46/unit.
- Fillers are local purchases and vary by location. An MSA clerk would obtain the name of the necessary item from the physician and the price from the MTF pharmacy or other pricing authority to add to the estimate.

Box #11: Indicate additional procedures to be performed with the primary procedure.

11	<i>Will additional procedures be performed during the same visit?</i>	<input type="radio"/> Yes	<input type="radio"/> No
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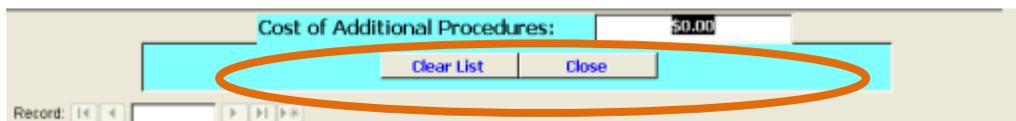
If more than one elective cosmetic procedure will be performed during the same surgical visit choose “Yes.”

- A new window will open called Additional Procedures, where additional CPT codes and procedure options can be chosen.



- Selecting each new CPT code creates a new line in the list below the blue boxes. The entire list can be cleared, or a single line in the list can be deleted by clicking in the box to the left of the line; a dark arrowhead appears, then the line can be deleted by pressing the Delete key on the keyboard. A total for the additional procedures will be displayed at the bottom of the secondary window.

Select a Additional Procedure by clicking on the:		CPT Description		CPT Glossary		Botox / Filler		Unit Price	Qty	
CPT Code	CPT Description	Professionals \$	Facility \$	Proc Qty	Derm Res ?	Bilat ?	Bilat \$	Botox / Filler	Botox / Filler \$	Total Cost
15792	Chemical peel, nonfacial; epidermal	\$120.00	\$52.00	1	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$172.00
15788	Chemical peel, facial; epidermal	\$112.00	\$30.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$142.00



- Click "Close" at the bottom of the page to complete entry of additional procedures.
- The total for the additional procedures will be displayed on the main screen in the cost column under "Additional Proc Costs."

Box #12: Indicate MTF-supplied implants or non-covered supplies to be used.

12	<i>Will implants or other non-covered supplies be supplied by the MTF? Include product name and price.</i>	<input type="radio"/> Yes <input type="radio"/> No
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If implants or other non-covered supplies will be supplied by the MTF for the selected procedure(s) choose “Yes.”

- A new window will open where additional CPT codes and procedure options can be chosen.
- Type in the name of the product and the price.
 - An MSA clerk would obtain the name of the necessary item from the physician and the price from the MTF pharmacy or other pricing authority to add to the estimate.
- A total for the additional procedures will be displayed at the bottom of the secondary window.
- Click “Close” at the bottom of the page to complete entry of additional procedures.
- The total for the additional procedures will be displayed on the main screen in the cost column under “Implant Cost.”



Once all the sections have been completed, the Cost Report can be (1) viewed, (2) printed, or (3) exported to another program from the main screen.



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



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

OCT 25 2005

HEALTH AFFAIRS

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

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

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

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

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

HA POLICY: 05-020

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


William Winkenwerder, Jr., MD

Attachments:
As stated

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

HA POLICY: 05-020

Policy for Cosmetic Surgery Procedures in the Military Health System

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

1) Cosmetic surgery – “Any elective plastic surgery performed to reshape normal structures of the body in order to improve the patient’s appearance or self-esteem.”¹”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

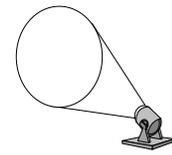
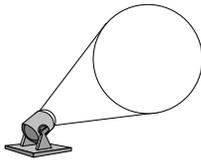
k. TMA will conduct periodic DoD-wide accountability audits of MTFs performing cosmetic surgery procedures for adherence to this policy, including audits of collection for cosmetic surgery procedures fees. The audit will minimally consist of data calls to the Services and review and analysis of centrally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

Appendix B: “Spotlight” on Cosmetic Surgery Policy

The following article appeared in the March 2008 issue of “In the TMA Program Integrity Spotlight.”

“IN THE TMA PROGRAM INTEGRITY SPOTLIGHT” FOR THE MONTH OF MARCH 2008

This Month the Spotlight Shines on TRICARE’s Policy
on Cosmetic Procedures.



By

Joe O’Brien, Jr., TMA PI Health Care Fraud Specialist



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

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

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

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

Additionally, when it is determined that a cosmetic, reconstructive and/or plastic surgery procedure does not qualify for benefits, all related services and supplies are excluded, including any institutional costs.

One of the biggest keys to identifying "cosmetic" surgeries is a review of the actual medical documentation. Examples of the types of procedures/areas to look for when attempting to identify "cosmetic" surgery masked as medically necessary surgery are:

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

Happy data mining for those cosmetic nips and tucks!

Appendix C: Medical, Dental, and Pharmacy Reimbursement Rates and Cosmetic Surgery Rates

The following document disseminates the Medical and Dental Reimbursement Rates and Pharmacy Rates for Calendar Year 2010. The Cosmetic Surgery Rates become effective 1 July 2010.

Department of Defense Uniform Business Office Outpatient Medical, Dental and Cosmetic Procedure Reimbursement Rates and Guidance

1.0 Introduction

The Department of Defense (DoD) Uniform Business Office (UBO) developed the Calendar Year (CY) 2010 Outpatient Medical, Dental and Cosmetic Procedure Reimbursement Rates in accordance with Title 10, United States Code, section 1095. These rates are the charges for professional and institutional healthcare services provided in Military Treatment Facilities (MTFs) operated as part of the Defense Health Program (DHP). These rates are used to submit claims for reimbursement of the costs of the healthcare services provided by MTFs in accordance with the various MTF Cost Recovery Programs: Medical Services Account (MSA), Third Party Collections (TPC) Program and Medical Affirmative Claims (MAC).

The Fiscal Year (FY) 2010 Adjusted Standardized Amount (ASA) inpatient rates released October 1, 2009, remain in effect until further notice.

The CY 2010 Outpatient Medical, Dental and Cosmetic Procedure Reimbursement Rates are effective for healthcare services provided on or after July 1, 2010.

This CY 2010 Outpatient Medical, Dental and Cosmetic Procedure Reimbursement Rate Package covers the following rates:

Section 3.2:	Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge (CMAC) Rate Tables (modified for UBO use)
Section 3.3:	Dental Rates
Section 3.4:	Immunization/Injectables Rates
Section 3.5:	Anesthesia Rates
Section 3.6:	Durable Medical Equipment/Durable Medical Supplies (DME/DMS) Rates
Section 3.7:	Transportation Rates
Section 3.8:	Other Rates
Section 4.2:	Cosmetic Procedure Rates

Due to size, the sections containing the actual rate tables are not included in this package. These rates are available from the TRICARE Management Activity (TMA) UBO Web site:

http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

2.0 Government Billing Calculation Factors

The Full Outpatient Rate (FOR) and Full Inpatient Reimbursement Rate (FRR), when appropriate, is used for claims submission to third party payers and to all other applicable payers not included within International Military Education and Training (IMET) and Interagency/Other Federal Agency Sponsored Rate (IOR) billing guidance. FOR rates are, in most cases, determined by the amount TRICARE will allow for a given service. When this cannot be determined, an analysis of actual military FY2009

expense and workload data was used to determine FOR rates. This analysis identified and eliminated poor quality data and included adjustments to account for the current military and civilian pay raises; an asset use charge, distribution of expenses between payroll and non-payroll expense categories; and a DoD inflation adjustment from the data collection year to current year.

Discounts for IMET and IOR are also calculated based on an analysis of FY 2009 expense and workload data from all DoD MTFs that offered outpatient and inpatient services. IMET and IOR adjustments are calculated by removing from the FOR and FRR those types of expenses which are specifically excluded from consideration in IMET and Interagency billing. The rates included in Section 3.0 represent the FOR (unless otherwise specified). IOR rates exclude the "Miscellaneous Receipts" (asset use charge, percentage for military pay, civilian pay and other) portion of the FOR/FRR price computation. IMET rates exclude both the "Miscellaneous Receipts" portion and the "Military Personnel" portion of the FOR/FRR price computation. A government discount or billing calculation factor (percentage discount) is applied to the FOR when billing for IMET and IOR services.

The IMET Program is a key funding component of U.S. security assistance that provides training on a grant basis to students from allied and friendly nations. Authority for the IMET program is found pursuant to Chapter 5, part II, Foreign Assistance Act (FAA) 1961. Funding is appropriated from the International Affairs budget of the Department of State. Not all foreign national patients participate in the IMET program. The IMET rates applied to healthcare services are listed below:

All services except ambulance and dental are 63.72% of the FOR.

Ambulance: 63.88% of the FOR

Dental: 49.43% of the FOR

The IOR is used to bill other federal agencies. The IOR rates applied to healthcare services are listed below:

All services except ambulance and dental are 94.10% of the FOR.

Ambulance: 94.27% of the FOR

Dental: 94.25% of the FOR

3.0 Outpatient Medical and Dental Services Rates

3.1 Terminology

Ambulatory Procedure Visit (APV) - defined in DoD Instruction 6025.8, Ambulatory Procedure Visit (APV), September 23, 1996, as a procedure or surgical intervention that requires pre-procedure care, a procedure to be performed, and immediate post-procedure care as directed by a qualified health care provider. Minor procedures that are performed in an outpatient clinic setting that does not require post-procedure care by a medical professional are not considered APVs. The nature of the procedure and the medical status of the patient combine for a requirement for short-term care, but not inpatient care. These procedures are appropriate for all types of patients (obstetrical, surgical and non surgical) who by virtue of the procedure or anesthesia require post-procedure care and/or monitoring by medical personnel.

Ambulatory Procedure Unit (APU) - an APU is a location or organization within an MTF (or freestanding outpatient clinic) that is specially equipped, staffed, and designated for the purpose of providing the intensive level of care associated with APVs.

Emergency Department (ED) - ambulatory services furnished within a MTF's Emergency Department and are strictly considered institutional and appended institutional charges only.

Observation (OBS) - ambulatory services furnished at a MTF's observation unit and are strictly considered institutional and appended institutional charges only.

3.2 CMAC Rates

Professional Component

The CHAMPUS Maximum Allowable Charge (CMAC) reimbursement rates, established under Title 32, Section 199.14(h) of the Code of Federal Regulations, are used to determine the appropriate charge for the professional and technical components of services based on the Healthcare Common Procedure Coding System (HCPCS) methodology, which includes the Current Procedural Terminology (CPT) codes. CMAC rates pertain to outpatient services (e.g., office and clinic visits), and ancillary services (e.g., laboratory and radiology). UBO CMAC rates differ from standard TMA CMAC rates in that UBO CMAC rates include charges for additional services not reimbursed by TRICARE.

UBO CMAC rates are calculated for 91 distinct "localities". These localities recognize differences in local costs to provide healthcare services in the many different geographic regions in which MTFs are located. Each MTF Defense Military Information System Identification (DMIS ID) is mapped to its corresponding CMAC locality code to obtain the correct rates. For all military treatment facilities located Outside the Continental United States and Hawaii (OCONUS), CMAC locality (391) is used. The complete DMIS ID-to-CMAC Locality table is available on the TMA UBO website:

http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm

For each CMAC locality, the UBO creates two sub-tables of rates: CMAC and Component. The CMAC rate table specifies the rates to use as payment for professional services and procedures identified by CPT and HCPCS codes, which cannot be separately provided as component services. The CMAC table is further categorized by provider class. The Component rate table specifies which rates to use for CPT codes, which can be provided as distinct professional and technical components, or as a combined professional and technical service. A separate rate is provided for each component, further categorized by provider class. The four provider classes are 1) Physicians, 2) Psychologists, 3) Other Mental Health Providers, and

4) Other Medical Providers. UBO CMAC-based rates are available at:

http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

Institutional Component

Emergency Department (ED) - TRICARE Ambulatory Payment Classification (APC) rates for ED Evaluation & Management services are used to determine the DoD ED institutional charges. For CPT codes 99281-99285, only the institutional component is billed.

NOTE: Ambulance transport to the ED and from the ED to another location is not part of the ED institutional rate and is billed separately.

Observation (OBS) - the CPT codes used for Observation services include: 99218-99220. The rates for these Observation services are derived using Medical Expense and Performance Reporting System (MEPRS) cost data and are used to bill for institutional services. Professional services are not billed for observation.

Ambulatory Procedure Visit (APV) Rate - the APV rate is an institutional flat rate for all APV procedures/services. This rate is based on the institutional cost of all MTF APVs divided by the total number of APVs and is associated with the 99199 procedure code. The CY 2010 APV flat rate is \$1,909.96.

3.3 Dental Rates

MTF dental charges are based on a dental flat rate multiplied by a DoD-established relative weight for each American Dental Association (ADA) Current Dental Terminology (CDT) code representing the dental services/procedures performed. The dental flat rate is based on the average DoD cost of dental services at all dental treatment facilities. Table 3.1 illustrates the dental rate for IMET, IOR and FOR/Third Party.

Table 3.1 CY 2010 Dental Rates

CDT	Clinical Service	Weight	IMET	IOR	FOR (Third Party)
D0270	Bitewing single film	0.26	\$43.00	\$82.00	\$87.00

Example case: For CDT code D0270, bitewing single film, the DoD relative weight is 0.26. The relative weight of 0.26 is multiplied by the appropriate rate, IMET, IOR, or FOR/Third Party rate to obtain the charge. In this example, if the FOR/Third Party rate is used for D0270, the charge for this CDT code will be \$87.00 x 0.26, which is \$22.62.

The list of CY 2010 CDT codes and relative weights for dental services are too large to include in this document. This table may be found on TMA's UBO Web site at: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/dental.cfm.

3.4 Immunization/Injectables Rates

A separate charge is made for each immunization, injection or medication that is administered. The charge for immunizations, allergen extracts, allergic condition tests, and the administration of certain medications, which may be provided in a separate immunization or "shot" clinic, are described below.

Immunization rates are based on TMA injectable rates whenever TRICARE rates are available.

If there is no TRICARE rate, Purchased Care Data is used to derive rates. Rates are derived from Purchased Care Data by using the MHS Management Analysis and Reporting Tool or M2 system. This reporting tool allows for querying and detailed trend analysis including summary and detailed views of population, clinical, and financial data from all Military Health System regions worldwide and Direct and Purchased Care Data. Data pulled from previous and current Fiscal Year (FY) (to date) allows calculation of "Average Amount Allowed" for use.

If there is no TRICARE rate or Purchased Care Data derived rate available, then the National Average Payment (NAP) is used. The NAP represents commercial and/or Medicare national average payment for services, supplies, drugs, and non-physician procedures reported using Healthcare Common Procedure Coding System (HCPCS) Level II codes.

If there is no TRICARE rate, Purchased Care Data derived rate, or NAP rate available, then a flat rate of \$48.00, calculated using MEPRS data, is billed. The flat rate is based on the average full cost of these services, excluding any costs considered for purposes of an outpatient visit.

The Immunization/Injectable rate table may be found on the TMA UBO website: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/immunization.cfm.

3.5 Anesthesia Rate

The anesthesia rate is a flat rate for anesthesia professional services and is based on an average DoD cost of service in all MTFs. The CY 2010 flat rate for anesthesia is \$1,257.00.

3.6 Durable Medical Equipment/Durable Medical Supplies Rates

Durable Medical Equipment (DME) and Durable Medical Supplies (DMS) rates are based on the Medicare Fee Schedule floor rate. The HCPCS code ranges for which DME/DMS rates are provided include: A4206-A9999, E0100-E8002, K0001-K0899, L0112-L9900, and V2020-V5364. The Dental Rate table may be found on the TMA UBO website: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/dme_dms.cfm.

3.7 Transportation Rates

Ground Ambulance Rate

The ground ambulance rate reflects ambulance charges based on hours of service, in 15-minute increments. Table 3.2 provides the ambulance rates for IMET, IOR and Other (Full/Third Party). These rates are for 60 minutes (1 hour) of service. MTFs are instructed to calculate the charges based on the number of hours (and/or fractions of an hour) that the ambulance is logged out on a patient run. Fractions of an hour are rounded to the next 15-minute increment (e.g., 31 minutes is charged as 45 minutes).

Table 3.2 CY 2010 Ground Ambulance Rates

CDT/CPT	Clinical Service	IMET	IOR	FOR (Third Party)
A0999	Ambulance	\$145.00	\$214.00	\$227.00

Aeromedical Evacuation Rate

The aeromedical evacuation rate reflects transportation charges of a patient per trip via air in-flight or ambulatory medical care. Air in-flight medical care reimbursement charges are determined by the status of the patient (ambulatory or litter) and are per patient per trip during a 24-hour period. A trip encompasses the time from patient pickup to drop off at the appropriate facility.

For example, transportation from Base A to Base B, which consists of three legs, is charged as a single trip within a 24-hour period. The appropriate charges are billed only by the Global Patient Movement Requirements Center (GPMRC). These charges are only for the cost of providing medical care, a separate charge for transportation may be generated by GPMRC.

The in-flight medical care reimbursement rates are calculated based on the FOR (ambulatory patients) and FRR (litter patients). The ambulatory and litter rates are adjusted to compensate for inflation. The increase from CY 2009 to CY 2010 is 2.9%, in line with the CMAC-based UBO rates. Table 3.3 shows the CY2010 in-flight rates for IMET, IOR and FOR/FRR (Third Party).

Table 3.3 Aeromedical Evacuation Services

Clinical Service	IMET	IOR	FOR/FRR (Third Party)
Aeromedical Evac Services – Ambulatory	\$434.00	\$648.00	\$687.00
Aeromedical Evac Services – Litter	\$1,270.00	\$1,937.00	\$2,056.00

3.8 Other Rates

Subsistence Rate

The subsistence rate is a standard rate that is established by the Office of the Under Secretary of Defense (Comptroller). The Standard Rate is available from the DoD Comptrollers Web site, Tab K: <http://www.dod.mil/comptroller/rates>. The effective date for this rate is prescribed by the comptroller.

NOTE: Subsistence charges are billed under the MSA Program only. Please refer to DoD 6010.15-M, Military Treatment Facility UBO Manual, November 2006, and the DoD 7000.14-R, "Department of Defense Financial Management Regulation," Volume 12, Chapter 19, for guidance on the use of this rate.

The subsistence rate is different from the Family Member Rate (FMR), which is addressed in each Fiscal Year (FY) ASA Inpatient policy letter.

OCONUS Elective Pregnancy Termination Rate

The DoD Appropriations Act for FY 1996 and the DoD Authorization Act for FY 1996 revised the DoD policy concerning provision of elective pregnancy termination in overseas MTFs. The authority of those MTFs to provide elective pregnancy termination is limited to cases in which the pregnancy is the result of an act of rape or incest.

When an overseas MTF provides elective pregnancy termination services under the limited authority identified above, the rate charged is the FRR for services performed for an inpatient. If the services are provided as an APV, the charge is calculated using an estimate of the Professional Component rate plus the APV Institutional rate, both described in section 3.2, and the anesthesia rate (if anesthesia is required) identified in section 3.5 above. If the services are provided on an outpatient basis, the rate is calculated using CMAC locality 391 rates plus the charge for any associated pharmaceuticals.

4.0 Elective Cosmetic Procedures

4.1 Patient Charge Structure

Elective cosmetic procedures are not a TRICARE covered benefit. Elective cosmetic procedures provided in MTFs are restricted to TRICARE-eligible beneficiaries, including TRICARE for Life, on a “space-available” basis. Patients receiving cosmetic procedures (e.g., active duty personnel, retirees, family members, and survivors) are fully responsible for charges for all services (including implants, cosmetic injectables, anesthesia, and other separately billable items) associated with elective surgical procedures. Those procedures can be found on the TMA UBO website:

http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/cs.cfm

4.2 Cosmetic Procedure Rates

Professional Rates for Elective Cosmetic Procedures

Professional charges for elective cosmetic procedures are based on the CY 2010 CMAC national average when available. Rates are not based on the treating MTF’s geographical location.

The CMAC CY 2010 “facility physician” category is used for the professional component for services furnished by the provider in a hospital operating room or designated APU.

The CMAC CY 2010, “non facility physician” category is used for the professional component for services furnished in the provider’s office.

Professional fees for elective cosmetic procedures are rounded to the nearest dollar.

Institutional Rates for Elective Cosmetic Procedures

Institutional charges for elective cosmetic procedures are based on the procedure performed and the location of the service provided (i.e., provider’s office/minor surgery room, hospital operating room (or APU) outpatient service, operating room inpatient stay).

For elective cosmetic procedures conducted in a provider’s office the institutional fee is included in the “non facility physician” professional category above.

The institutional fee for a cosmetic procedure for an outpatient using a hospital operating room or APU is based on the APC rate, of the primary procedure, and 50% of the APC rate for each additional procedure.

Institutional fees for elective cosmetic procedures are rounded to the nearest dollar.

Most ancillary services (e.g., laboratory, radiology, and routine pre-operative testing) are included in the pricing methodology. Ancillary services and supplies that are not included are billed at the FOR.

Anesthesia Rate for Elective Cosmetic Procedures

Anesthesia rates associated with elective cosmetic procedures include anesthesia pharmaceuticals, supplies, and professional services. Anesthesia rates are calculated using the median 2010 TRICARE Physician Conversion Factor (\$20.95), multiplied by the sum of base units and national average time units (measured in 15 minute increments) of the primary procedure, and rounded to the nearest dollar.

Inpatient Rate for Elective Cosmetic Procedures

The inpatient rate for elective cosmetic procedure is calculated by multiplying the 2010 TRICARE Adjusted Standardized Amount (ASA) (\$4,835.85) by the relative weighted product (RWP) associated with the Diagnostic Related Group (DRG) for the primary cosmetic procedure. If an elective cosmetic procedure is combined with a medically necessary procedure during the same surgical visit, the elective cosmetic procedure charge is adjusted to avoid duplicate institutional charges. The institutional charge, for an elective cosmetic procedure, when combined with a medically necessary procedure, is reduced by 50% from the initial charge.

Appendix D: Sample Letter of Acknowledgement for Cosmetic Surgery

(Note: Each Service will copy its own refund policy on the back of this letter.)

I, _____, have elected to undergo	
PATIENT'S NAME	

NAME OF PROCEDURE(S)	
at _____	
NAME OF MILITARY TREATMENT FACILITY (MTF)	
<p>1. I understand elective cosmetic surgery is not a TRICARE covered benefit and I agree to pay in advance for the procedure(s) at the rate(s) listed in the attached estimate. I will be fully responsible for charges for all services (including implants, cosmetic injectables, anesthesia, and other separately billable items) associated with the elective surgical procedures chosen. In addition, I acknowledge the initial amount paid by me may not constitute payment in full since there maybe additional charges for services such as laboratory, radiology, and pharmacy, as well as any unforeseen necessary procedures undertaken during the surgery. I understand these charges are not factored into the initial estimate, but will be added upon computation of the final bill. I agree to remit payment for these charges within 30 calendar days after presentation of the final bill or, pursuant to the Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996, I will incur additional interest and or/administrative charges.</p> <p>2. I have read and understand the MTF refund policy (printed on the back of this form) in the event I change my mind and decide not to have the surgery.</p> <p>3. I have been counseled that follow-up care after my surgery is NOT guaranteed in a military medical treatment facility because the care may exceed the ability of the facility and/or there may not be appointments available when I need to be seen. I understand that follow-up care, including care for complications, is not a TRICARE covered benefit and I may be financially responsible for that care whether I am treated at a military treatment facility or an outside medical facility. I have received a copy of Chapter 4, Section 1.1, of the TRICARE Policy Manual (August 2002 edition), Complications (Unfortunate Sequelae) Resulting from Noncovered Surgery or Treatment, and understand what type of follow-up care I will be financially responsible for.</p> <p>I fully understand these conditions and agree to proceed.</p>	
_____	_____
SIGNATURE OF PATIENT	SIGNATURE OF COUNSELING OFFICIAL
DATE SIGNED: _____	DATE SIGNED: _____

COMPLICATIONS (UNFORTUNATE SEQUELAE) RESULTING FROM NONCOVERED SURGERY OR TREATMENT

ISSUE DATE: April 11, 1984

AUTHORITY: 32 CFR 199.4(e)(9)

I. POLICY

A. Benefits are available for the otherwise covered treatment of complications resulting from a noncovered surgery or treatment when the complication represents a medical condition separate from the condition that the noncovered treatment or surgery was directed toward, and treatment of the complication is not essentially similar to the noncovered procedure.

B. A complication may be considered a separate medical condition when it causes a systemic effect, occurs in a different body system from the noncovered treatment, or is an unexpected complication which is untoward based upon prior clinical experience with the procedure.

II. EXCLUSIONS

A. The complication occurs in the same body system or the same anatomical area of the noncovered treatment; and

B. The complication is one that commonly occurs.

- END -

Appendix E: Cosmetic Surgery Estimator 6.0 Rate Table

Department of Defense, TRICARE Management Activity, Uniform Business Office

Elective Cosmetic Surgery Rates 2010 (Effective 1 July 2010)

CPT codes, descriptions and other data are copyright 2007 American Medical Association (AMA). All Rights Reserved. CPT is a registered trademark of the AMA. Procedure Codes designated as 17999-YXXXX were developed by TMA UBO and are not intended to serve as CPT codes. AMA rules and restrictions do not apply.

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	N	\$77	\$66	\$59	\$6,283	\$160	N	N
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	Y	\$18	\$16	\$59	\$0	\$0	Y	N
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	N	\$62	\$29	\$59	\$6,283	\$160	Y	N
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	N	\$86	\$49	\$59	\$6,283	\$160	Y	N
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	N	\$103	\$61	\$59	\$6,283	\$160	Y	N
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	N	\$121	\$71	\$104	\$6,283	\$160	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	N	\$64	\$34	\$59	\$6,283	\$222	Y	N
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	N	\$88	\$53	\$59	\$6,283	\$222	Y	N
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	N	\$105	\$64	\$59	\$6,283	\$222	Y	N
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	N	\$116	\$75	\$59	\$6,283	\$222	Y	N
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	N	\$78	\$42	\$59	\$6,283	\$222	Y	N
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	N	\$99	\$61	\$59	\$6,283	\$222	Y	N
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	N	\$114	\$71	\$59	\$6,283	\$222	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	N	\$143	\$94	\$59	\$6,283	\$222	Y	N
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	N	\$108	\$72	\$294	\$6,283	\$160	Y	N
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	N	\$132	\$95	\$294	\$6,283	\$160	Y	N
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	N	\$147	\$104	\$294	\$6,283	\$160	Y	N
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	N	\$170	\$133	\$553	\$6,283	\$160	Y	N
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	N	\$193	\$147	\$1,179	\$6,283	\$160	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	N	\$277	\$224	\$1,179	\$6,283	\$160	Y	N
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	N	\$108	\$76	\$553	\$6,283	\$222	Y	N
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	N	\$140	\$102	\$553	\$6,283	\$222	Y	N
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	N	\$156	\$124	\$553	\$6,283	\$222	Y	N
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	N	\$183	\$145	\$1,179	\$6,283	\$222	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	N	\$211	\$167	\$1,179	\$6,283	\$222	Y	N
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	N	\$303	\$255	\$1,576	\$6,283	\$222	Y	N
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	N	\$119	\$92	\$294	\$6,283	\$222	Y	N
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	N	\$150	\$120	\$294	\$6,283	\$222	Y	N
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	N	\$169	\$134	\$553	\$6,283	\$222	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	N	\$203	\$165	\$553	\$6,283	\$222	Y	N
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	N	\$257	\$212	\$553	\$6,283	\$222	Y	N
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	N	\$353	\$302	\$1,576	\$6,283	\$222	Y	N
11900	Injection, intralesional; up to and including 7 lesions	N	\$52	\$30	\$59	\$2,188	\$0	N	N
11901	Injection, intralesional; more than 7 lesions	N	\$66	\$47	\$59	\$2,188	\$0	N	N
11950	Subcutaneous injection of filling material (e.g., collagen) 1 cc or less	N	\$70	\$49	\$91	\$2,188	\$160	N	N
11951	Subcutaneous injection of filling material (e.g., collagen) 1.1 to 5.0 cc	N	\$96	\$70	\$91	\$2,188	\$160	N	N
11952	Subcutaneous injection of filling material (e.g., collagen) 5.1 to 10.0 cc	N	\$127	\$95	\$91	\$2,188	\$160	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
11954	Subcutaneous injection of filling material (e.g., collagen) over 10.00 cc	N	\$150	\$110	\$91	\$2,188	\$160	N	N
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	N	\$139	\$100	\$91	\$4,032	\$222	N	N
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	N	\$148	\$110	\$91	\$4,032	\$222	N	N
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	N	\$174	\$129	\$91	\$4,032	\$222	N	N
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	N	\$216	\$160	\$91	\$4,032	\$222	N	N
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	N	\$268	\$202	\$91	\$4,032	\$222	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	N	\$301	\$229	\$91	\$4,032	\$222	N	N
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	N	\$148	\$103	\$91	\$4,032	\$222	N	N
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	N	\$163	\$117	\$91	\$4,032	\$222	N	N
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	N	\$191	\$140	\$91	\$4,032	\$222	N	N
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	N	\$240	\$175	\$91	\$4,032	\$222	N	N
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	N	\$286	\$213	\$91	\$4,032	\$222	N	N
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	N	\$250	\$250	\$91	\$4,032	\$222	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	N	\$303	\$303	\$91	\$4,032	\$222	N	N
12020	Treatment of superficial wound dehiscence; simple closure	N	\$247	\$176	\$299	\$2,590	\$160	Y	N
12021	Treatment of superficial wound dehiscence; with packing	N	\$146	\$128	\$212	\$2,590	\$160	Y	N
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	N	\$221	\$151	\$91	\$4,032	\$222	N	N
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	N	\$281	\$184	\$212	\$4,032	\$222	N	N
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	N	\$280	\$193	\$91	\$4,032	\$222	N	N
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	N	\$340	\$224	\$91	\$4,032	\$222	N	N
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	N	\$372	\$257	\$212	\$4,032	\$222	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	N	\$418	\$298	\$212	\$4,032	\$222	N	N
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	N	\$231	\$161	\$91	\$4,032	\$222	N	N
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	N	\$267	\$188	\$91	\$4,032	\$222	N	N
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	N	\$312	\$201	\$91	\$4,032	\$222	N	N
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	N	\$341	\$231	\$212	\$4,032	\$222	N	N
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	N	\$417	\$279	\$212	\$4,032	\$222	N	N
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	N	\$445	\$307	\$212	\$4,032	\$222	N	N
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	N	\$246	\$171	\$91	\$4,032	\$222	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	N	\$281	\$204	\$91	\$4,032	\$222	N	N
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	N	\$309	\$205	\$91	\$4,032	\$222	N	N
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	N	\$328	\$217	\$91	\$4,032	\$222	N	N
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	N	\$394	\$263	\$212	\$4,032	\$222	N	N
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	N	\$459	\$302	\$212	\$4,032	\$222	N	N
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	N	\$509	\$358	\$212	\$4,032	\$222	N	N
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	N	\$290	\$222	\$299	\$4,032	\$160	N	N
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	N	\$368	\$271	\$299	\$4,032	\$160	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	\$100	\$72	\$299	\$0	\$0	Y	N
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	N	\$302	\$232	\$212	\$4,032	\$222	N	N
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	N	\$409	\$309	\$212	\$4,032	\$222	N	N
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	\$111	\$82	\$212	\$0	\$0	Y	N
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	N	\$333	\$262	\$212	\$4,032	\$222	N	N
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	N	\$540	\$446	\$212	\$4,032	\$222	N	N
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	\$158	\$128	\$212	\$0	\$0	Y	N
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	N	\$332	\$261	\$299	\$4,032	\$222	N	N

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13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	N	\$379	\$303	\$299	\$4,032	\$222	N	N
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	N	\$523	\$408	\$299	\$4,032	\$222	N	N
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	Y	\$173	\$138	\$212	\$0	\$0	Y	N
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	N	\$765	\$765	\$1,613	\$5,883	\$160	Y	N
15775	Punch graft for hair transplant; 1 to 15 punch grafts	N	\$283	\$210	\$91	\$2,188	\$0	N	N
15776	Punch graft for hair transplant; more than 15 punch grafts	N	\$393	\$297	\$91	\$2,188	\$0	N	N
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	N	\$766	\$604	\$1,576	\$2,188	\$222	N	N
15781	Dermabrasion; segmental, face	N	\$497	\$403	\$294	\$2,188	\$222	Y	N
15782	Dermabrasion; regional, other than face	N	\$525	\$388	\$294	\$2,188	\$160	Y	N
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	N	\$448	\$349	\$189	\$2,188	\$160	Y	N
15786	Abrasion; single lesion (eg, keratosis, scar)	N	\$223	\$133	\$59	\$2,188	\$160	N	N

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15787	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)	Y	\$45	\$18	\$59	\$0	\$0	Y	N
15788	Chemical peel, facial; epidermal	N	\$395	\$223	\$59	\$2,188	\$222	N	N
15789	Chemical peel, facial; dermal	N	\$517	\$397	\$104	\$2,188	\$222	N	N
15792	Chemical peel, nonfacial; epidermal	N	\$383	\$240	\$104	\$2,188	\$222	Y	N
15793	Chemical peel, nonfacial; dermal	N	\$440	\$336	\$59	\$2,188	\$222	Y	N
15819	Cervicoplasty	N	\$708	\$708	\$212	\$6,283	\$222	N	N
15820	Blepharoplasty, lower eyelid;	N	\$514	\$469	\$1,613	\$2,188	\$197	N	Y
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	N	\$548	\$498	\$1,613	\$2,188	\$197	N	Y
15822	Blepharoplasty, upper eyelid;	N	\$397	\$354	\$1,613	\$2,188	\$197	N	Y
15824	Rhytidectomy; forehead	N	\$587	\$442	\$1,613	\$6,283	\$222	N	Y
15825	Rhytidectomy; neck with p-flap tightening	N	\$556	\$442	\$1,613	\$6,283	\$222	N	Y
15826	Rhytidectomy; glabellar frown lines	N	\$587	\$442	\$1,613	\$6,283	\$222	N	Y
15828	Rhytidectomy; cheek, chin, and neck	N	\$556	\$442	\$1,613	\$6,283	\$222	N	Y
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	N	\$597	\$597	\$1,613	\$6,283	\$222	N	Y
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	N	\$1,097	\$1,097	\$1,576	\$8,288	\$367	N	N

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15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh lift	N	\$847	\$847	\$1,576	\$8,288	\$160	N	Y
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg lift	N	\$806	\$806	\$1,576	\$8,288	\$160	N	Y
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip lift	N	\$806	\$806	\$1,576	\$8,288	\$160	N	Y
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock lift	N	\$854	\$854	\$1,576	\$8,288	\$222	N	Y
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm lift--brachioplasty	N	\$693	\$693	\$1,179	\$8,288	\$160	N	Y
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	N	\$730	\$633	\$1,179	\$8,288	\$160	N	Y
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	N	\$546	\$546	\$1,179	\$8,288	\$222	N	N
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	N	\$802	\$688	\$1,179	\$8,288	\$160	Y	N

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15847	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty	Y	\$438	\$438	\$1,576	\$0	\$0	N	N
15876	Suction assisted lipectomy; head and neck	N	\$607	\$556	\$1,613	\$8,288	\$222	N	N
15877	Suction assisted lipectomy; trunk	N	\$1,060	\$1,060	\$1,613	\$8,288	\$160	Y	N
15878	Suction assisted lipectomy; upper extremity	N	\$679	\$679	\$1,613	\$8,288	\$160	N	Y
15879	Suction assisted lipectomy; lower extremity	N	\$782	\$782	\$1,613	\$8,288	\$160	N	Y
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	N	\$318	\$262	\$189	\$6,283	\$160	N	N
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 - 50.0 sq cm	N	\$415	\$341	\$189	\$6,283	\$160	N	N
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	N	\$583	\$494	\$189	\$6,283	\$160	N	N

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17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	N	\$100	\$64	\$59	\$6,283	\$160	N	N
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	N	\$120	\$80	\$104	\$6,283	\$160	N	N
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	N	\$68	\$34	\$104	\$6,283	\$160	Y	N
17380	Electrolysis Epilation, 30 minute session	N	\$51	\$51	\$59	\$2,188	\$160	Y	N
17999-Y0001	Microdermabrasion; total face	N	\$395	\$223	\$59	\$2,188	\$222	N	N
17999-Y0002	Microdermabrasion; segment, facial	N	\$198	\$112	\$30	\$2,188	\$222	Y	N
17999-Y0003	Laser Skin Resurfacing, Ablative; total face	N	\$766	\$604	\$1,576	\$2,188	\$222	N	N
17999-Y0004	Laser Skin Resurfacing, Ablative; segment, facial	N	\$497	\$403	\$294	\$2,188	\$222	Y	N
17999-Y0005	Laser Skin Resurfacing, Non-ablative; total face	N	\$448	\$349	\$189	\$2,188	\$222	N	N
17999-Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial	N	\$224	\$175	\$95	\$2,188	\$222	Y	N

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17999-Y0007	Laser Skin Resurfacing, Non-ablative; neck	N	\$269	\$209	\$113	\$2,188	\$222	N	N
17999-Y0008	Laser Skin Resurfacing, Non-ablative; chest	N	\$448	\$349	\$189	\$2,188	\$160	N	N
17999-Y0009	Laser Skin Resurfacing, Non-ablative; back and shoulder area	N	\$672	\$524	\$284	\$2,188	\$222	N	N
17999-Y0010	Laser Skin Resurfacing, Non-ablative; arms	N	\$448	\$349	\$189	\$2,188	\$160	N	Y
17999-Y0011	Laser Skin Resurfacing, Non-ablative; hands	N	\$224	\$175	\$95	\$2,188	\$160	N	Y
17999-Y0012	Laser Skin Resurfacing, Non-ablative; legs	N	\$448	\$349	\$189	\$2,188	\$160	N	Y
17999-Y0020	Laser hair removal; lip	N	\$51	\$51	\$59	\$2,188	\$222	N	N
17999-Y0021	Laser hair removal; lip and chin	N	\$103	\$103	\$59	\$2,188	\$222	N	N
17999-Y0022	Laser hair removal; back	N	\$463	\$463	\$59	\$2,188	\$222	N	N
17999-Y0023	Laser hair removal; arms	N	\$257	\$257	\$59	\$2,188	\$160	N	Y
17999-Y0024	Laser hair removal; underarms	N	\$103	\$103	\$59	\$2,188	\$160	N	Y
17999-Y0025	Laser hair removal; bikini	N	\$154	\$154	\$59	\$2,188	\$160	N	N
17999-Y0026	Laser hair removal; legs	N	\$309	\$309	\$59	\$2,188	\$160	N	Y
17999-Y0027	Laser hair removal; beard	N	\$154	\$154	\$59	\$2,188	\$222	N	N
17999-Y0028	Laser hair removal; ears	N	\$51	\$51	\$59	\$2,188	\$222	N	Y
17999-Y0030	Laser tattoo removal; ≤ 30 sq. cm, initial session	N	\$165	\$165	\$104	\$2,188	\$222	N	N
17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session	N	\$82	\$82	\$104	\$2,188	\$222	Y	N

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17999-Y0032	Laser tattoo removal; ≥ 31 sq cm, initial session	N	\$515	\$515	\$104	\$2,188	\$222	N	N
17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session	N	\$257	\$257	\$104	\$2,188	\$222	Y	N
17999-Y0050	Laser Vein Treatment of Leg	N	\$309	\$309	\$104	\$2,188	\$222	N	Y
17999-Y5000	Microlipoinjection/fat transfer; lips	N	\$150	\$110	\$91	\$2,188	\$160	N	Y
17999-Y5001	Microlipoinjection/fat transfer; melolabial folds	N	\$150	\$110	\$91	\$2,188	\$160	N	Y
17999-Y5002	Microlipoinjection/fat transfer; marrionette lines	N	\$150	\$110	\$91	\$2,188	\$160	N	Y
17999-Y5003	Microlipoinjection/fat transfer; forehead	N	\$150	\$110	\$91	\$2,188	\$160	N	N
17999-Y5004	Microlipoinjection/fat transfer; glabella	N	\$150	\$110	\$91	\$2,188	\$160	N	N
17999-Y5005	Microlipoinjection/fat transfer; tear troughs	N	\$150	\$110	\$91	\$2,188	\$160	N	Y
17999-Y5006	Microlipoinjection/fat transfer; crows feet	N	\$150	\$110	\$91	\$2,188	\$160	N	Y
17999-Y5775	Micro/mini grafts 1- 500 hairs	N	\$283	\$220	\$91	\$2,188	\$0	Y	N
17999-Y5831	Abdominoplasty (Mini-tuck)	N	\$548	\$548	\$788	\$4,144	\$184	N	N
17999-Y5835	Buttock Augmentation w/ implant	N	\$515	\$606	\$1,576	\$6,283	\$222	N	Y
17999-Y5836	Buttock Augmentation w/o implant	N	\$455	\$386	\$1,576	\$6,283	\$222	N	Y
17999-Y5837	Calf Augmentation	N	\$607	\$607	\$1,576	\$6,283	\$160	N	Y
17999-Y5838	Umblicoplasty	N	\$936	\$936	\$1,576	\$6,283	\$222	N	N
17999-Y5876	Ultrasound assisted lipectomy; head and neck	N	\$607	\$556	\$1,613	\$6,283	\$222	N	N

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17999-Y5877	Ultrasound assisted lipectomy; trunk	N	\$1,060	\$1,060	\$1,613	\$6,283	\$160	Y	N
17999-Y5878	Ultrasound assisted lipectomy; upper extremity	N	\$679	\$679	\$1,613	\$6,283	\$160	N	Y
17999-Y5879	Ultrasound assisted lipectomy; lower extremity	N	\$782	\$782	\$1,613	\$6,283	\$160	N	Y
17999-Y6001	Piercing, Other Body Parts	N	\$51	\$51	\$0	\$0	\$0	Y	N
19300	Mastectomy for Gynecomastia	N	\$464	\$367	\$1,668	\$6,376	\$160	N	Y
19316	Mastopexy (Breast Lift)	N	\$730	\$730	\$2,303	\$6,376	\$329	N	Y
19318	Reduction mammoplasty	N	\$1,058	\$1,058	\$2,831	\$6,376	\$329	N	Y
19324	Mammoplasty, augmentation; without prosthetic implant	N	\$455	\$455	\$2,831	\$6,376	\$329	N	Y
19325	Mammoplasty, augmentation; with prosthetic implant	N	\$606	\$606	\$3,925	\$6,376	\$329	N	Y
19328	Removal of intact mammary implant	N	\$461	\$461	\$2,303	\$6,376	\$329	N	Y
19330	Removal of mammary implant material	N	\$590	\$590	\$2,303	\$2,590	\$329	N	Y
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	N	\$725	\$725	\$2,831	\$6,376	\$0	N	Y
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	N	\$868	\$868	\$3,925	\$6,376	\$329	N	Y
19350	Nipple/areola reconstruction	N	\$778	\$635	\$1,668	\$6,283	\$160	N	Y
19355	Correction of Inverted nipples	N	\$660	\$537	\$2,303	\$6,376	\$329	N	Y

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19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	N	\$1,466	\$1,466	\$3,925	\$6,376	\$329	N	Y
19370	Open periprosthetic capsulotomy, breast	N	\$642	\$642	\$2,303	\$6,376	\$329	N	Y
19371	Periprosthetic capsulectomy, breast	N	\$736	\$736	\$2,303	\$6,376	\$329	N	Y
19380	Revision of reconstructed breast	N	\$725	\$725	\$2,831	\$6,376	\$329	N	Y
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	N	\$583	\$472	\$1,683	\$7,069	\$299	N	N
21121	Genioplasty; sliding osteotomy, single piece	N	\$698	\$594	\$1,683	\$7,069	\$299	N	N
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	N	\$638	\$638	\$1,683	\$7,069	\$299	N	N
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	N	\$792	\$792	\$1,683	\$7,069	\$299	N	N
21125	Augmentation, mandibular body or angle; prosthetic material	N	\$2,893	\$740	\$1,683	\$7,069	\$299	N	N
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	N	\$3,349	\$808	\$2,897	\$7,069	\$299	N	N

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21137	Reduction forehead; contouring only	N	\$695	\$695	\$1,683	\$8,146	\$299	N	N
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	N	\$841	\$841	\$2,897	\$8,146	\$375	N	N
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	N	\$914	\$914	\$2,897	\$8,146	\$375	N	N
21141	Reconstruction midface, left i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft	N	\$1,298	\$1,298	\$0	\$7,069	\$375	N	N
21142	Reconstruction midface, left i; 2 pieces, segment movement in any direction, without bone graft	N	\$1,306	\$1,306	\$0	\$7,069	\$375	N	N
21143	Reconstruction midface, left i; 3 or more pieces, segment movement in any direction, without bone graft	N	\$1,348	\$1,348	\$0	\$7,069	\$375	N	N
21145	Reconstruction midface, left i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	N	\$1,437	\$1,437	\$0	\$7,069	\$375	N	N

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21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	N	\$1,608	\$1,608	\$0	\$7,069	\$375	N	N
21147	Reconstruction midface, lefort i; 3/more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft/multiple osteotomies)	N	\$1,592	\$1,592	\$0	\$7,069	\$375	N	N
21150	Reconstruction midface, lefort ii; anterior intrusion (eg, treacher-collins syndrome)	N	\$1,525	\$1,525	\$2,897	\$8,146	\$375	N	N
21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)	N	\$1,902	\$1,902	\$0	\$8,146	\$375	N	N
21154	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i	N	\$1,952	\$1,952	\$0	\$8,146	\$375	N	N
21155	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i	N	\$2,094	\$2,094	\$0	\$8,146	\$375	N	N

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21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i	N	\$2,568	\$2,568	\$0	\$8,146	\$375	N	N
21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i	N	\$2,632	\$2,632	\$0	\$8,146	\$375	N	N
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	N	\$1,689	\$1,689	\$2,897	\$8,146	\$375	N	N
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), w w/o grafts (inc obtaining autografts)	N	\$2,199	\$2,199	\$2,897	\$8,146	\$375	N	N
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	N	\$1,407	\$1,407	\$0	\$8,146	\$375	N	N

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21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	N	\$1,546	\$1,546	\$0	\$8,146	\$375	N	N
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	N	\$655	\$655	\$1,683	\$8,146	\$299	N	N
21182	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting < 40 sq cm	N	\$1,923	\$1,923	\$0	\$4,999	\$375	N	N
21183	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex foll intra-&extracranial excision, benign tumor, cranial bone, w multi autografts; total area, bone graft > 40 sq cm but < 80 sq cm	N	\$2,209	\$2,209	\$0	\$4,999	\$375	N	N
21184	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting > 80 sq cm	N	\$2,328	\$2,328	\$0	\$4,999	\$375	N	N

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21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)	N	\$1,570	\$1,570	\$0	\$8,146	\$375	N	N
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	N	\$1,180	\$1,180	\$0	\$7,069	\$375	N	N
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	N	\$1,340	\$1,340	\$0	\$7,069	\$375	N	N
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	N	\$1,273	\$1,273	\$2,897	\$7,069	\$375	N	N
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	N	\$1,382	\$1,382	\$0	\$7,069	\$375	N	N
21198	Osteotomy, mandible, segmental;	N	\$1,090	\$1,090	\$2,897	\$7,069	\$299	N	N
21199	Osteotomy, mandible, segmental; with genioglossus advancement	N	\$981	\$981	\$2,897	\$7,069	\$375	N	N
21206	Osteotomy, maxilla, segmental (eg, wassmund or schuchard)	N	\$1,119	\$1,119	\$2,897	\$7,069	\$299	N	N
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	N	\$1,644	\$802	\$2,897	\$8,146	\$299	N	N

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21209	Osteoplasty, facial bones; reduction	N	\$785	\$621	\$2,897	\$8,146	\$299	N	N
21210	Graft, bone; malar/maxilla/nasal augmentation	N	\$1,927	\$785	\$2,897	\$4,198	\$299	N	N
21215	Graft, bone; mandible (includes obtaining graft)	N	\$3,317	\$836	\$2,897	\$8,146	\$299	N	N
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	N	\$742	\$742	\$2,897	\$8,146	\$299	Y	N
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	N	\$677	\$539	\$1,683	\$8,146	\$229	Y	N
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	N	\$1,037	\$1,037	\$2,897	\$7,069	\$375	N	Y
21242	Arthroplasty, temporomandibular joint, with allograft	N	\$954	\$954	\$2,897	\$7,069	\$299	N	Y
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	N	\$1,577	\$1,577	\$2,897	\$7,069	\$375	N	Y
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	N	\$994	\$994	\$2,897	\$7,069	\$299	N	N
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	N	\$1,058	\$864	\$2,897	\$7,069	\$375	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	N	\$801	\$801	\$2,897	\$7,043	\$375	N	N
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	N	\$1,552	\$1,552	\$0	\$7,069	\$375	N	N
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	N	\$997	\$830	\$2,897	\$7,069	\$375	N	N
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	N	\$1,375	\$1,173	\$2,897	\$7,043	\$375	N	N
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	N	\$1,324	\$1,324	\$0	\$8,146	\$375	Y	N
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	N	\$1,121	\$1,121	\$0	\$8,146	\$375	Y	N
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	N	\$1,194	\$1,194	\$2,897	\$4,999	\$375	Y	N
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	N	\$2,176	\$2,176	\$2,897	\$4,999	\$523	Y	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	N	\$1,849	\$1,849	\$2,897	\$4,999	\$375	Y	N
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	N	\$1,505	\$1,505	\$2,897	\$8,146	\$375	Y	N
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	N	\$1,883	\$1,883	\$0	\$8,146	\$523	Y	N
21270	Malar augmentation, prosthetic material	N	\$867	\$679	\$2,897	\$7,069	\$299	N	N
21275	Secondary revision of orbitocraniofacial reconstruction	N	\$783	\$783	\$2,897	\$8,146	\$375	Y	N
21280	Medial canthopexy (separate procedure)	N	\$521	\$521	\$2,897	\$5,796	\$222	N	Y
21282	Canthopexy, lateral	N	\$342	\$342	\$1,159	\$6,283	\$222	N	Y
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	N	\$167	\$167	\$514	\$7,069	\$299	Y	N
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	N	\$402	\$402	\$1,683	\$8,146	\$229	Y	N
21899	Pectoral Augmentation; male chest, with implant	N	\$515	\$606	\$3,925	\$6,376	\$329	N	Y

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	N	\$960	\$960	\$2,897	\$4,198	\$229	N	N
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	N	\$1,135	\$1,135	\$2,897	\$4,198	\$229	N	N
30420	Rhinoplasty, primary; including major septal repair	N	\$1,295	\$1,295	\$2,897	\$4,198	\$229	N	N
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	N	\$848	\$848	\$1,683	\$4,198	\$229	N	N
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	N	\$1,097	\$1,097	\$2,897	\$4,198	\$229	N	N
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	N	\$1,462	\$1,462	\$2,897	\$4,198	\$229	N	N
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	N	\$741	\$741	\$2,897	\$6,283	\$229	N	N
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	N	\$1,436	\$1,436	\$2,897	\$6,283	\$229	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
36468	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); trunk	N	\$150	\$150	\$59	\$6,872	\$160	N	N
36469	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	N	\$250	\$250	\$59	\$6,872	\$222	N	N
36470	Sclerotherapy; Injection of sclerosing solution; single vein	N	\$136	\$71	\$59	\$6,872	\$160	Y	N
36471	Sclerotherapy; Injection of sclerosing solution; multiple veins, same leg	N	\$168	\$100	\$59	\$6,872	\$160	N	Y
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	N	\$254	\$254	\$1,791	\$6,872	\$207	N	Y
37718	Ligation, division, and stripping, short saphenous vein	N	\$440	\$440	\$1,791	\$6,872	\$203	N	Y
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	N	\$490	\$490	\$3,035	\$6,872	\$207	N	Y
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	N	\$464	\$464	\$1,791	\$6,872	\$203	N	Y
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	N	\$569	\$569	\$1,791	\$6,872	\$203	N	Y

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
40510	Excision of lip; transverse wedge excision with primary closure	N	\$446	\$338	\$1,683	\$4,476	\$222	Y	N
40520	Excision of lip; v-excision with primary direct linear closure	N	\$457	\$341	\$1,159	\$4,476	\$222	Y	N
40525	Excision of lip; full thickness, reconstruction with local flap (eg, estlander or fan)	N	\$530	\$530	\$1,683	\$4,476	\$222	Y	N
40527	Excision of lip; full thickness, reconstruction with cross lip flap (abbe-estlander)	N	\$614	\$614	\$1,683	\$4,476	\$222	Y	N
40530	Resection of lip, more than one-fourth, without reconstruction	N	\$506	\$388	\$1,683	\$4,476	\$222	Y	N
40650	Repair lip, full thickness; vermilion only	N	\$383	\$275	\$514	\$4,476	\$222	Y	N
40652	Repair lip, full thickness; up to half vertical height	N	\$449	\$333	\$514	\$4,476	\$222	Y	N
40654	Repair lip, full thickness; over one-half vertical height, or complex	N	\$529	\$403	\$514	\$4,476	\$222	Y	N
40799-Y5834	Lip Augmentation; upper or lower, unpaired	N	\$442	\$442	\$91	\$6,283	\$160	Y	N
40806	Incision of labial frenum (frenotomy)	N	\$94	\$31	\$231	\$3,958	\$220	N	N
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	N	\$239	\$159	\$1,159	\$4,476	\$220	Y	N
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	N	\$1,386	\$1,190	\$2,897	\$3,958	\$220	N	N

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
41820	Gingivectomy, excision gingiva, each quadrant	N	\$500	\$500	\$514	\$3,958	\$220	Y	N
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	N	\$277	\$202	\$1,159	\$3,958	\$220	Y	N
41872	Gingivoplasty, each quadrant (specify)	N	\$337	\$250	\$1,159	\$4,476	\$220	Y	N
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	N	\$159	\$144	\$172	\$2,188	\$0	N	N
64613	Chemodeneration of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	N	\$153	\$134	\$251	\$2,188	\$0	N	N
64614	Chemodeneration of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	N	\$166	\$143	\$251	\$2,188	\$0	Y	Y
64650	Chemodeneration of eccrine glands; both axillae	N	\$65	\$39	\$172	\$2,188	\$0	N	N
64653	Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day	N	\$78	\$51	\$172	\$2,188	\$0	N	N
65760	Keratotomy	N	\$3,400	\$3,400	\$6,809	\$5,796	\$193	N	Y
65765	Keratophakia	N	\$2,277	\$2,277	\$6,809	\$5,796	\$247	N	Y
65767	Epikeratoplasty	N	\$3,400	\$3,400	\$6,809	\$5,796	\$193	N	Y
65770	Keratoprosthesis	N	\$1,391	\$1,391	\$6,809	\$3,871	\$247	N	Y

CPT® Code	CPT® Long Description	Add-On Code Only?	Professional Fee Provider's Office	Professional Fee OR/Outpatient	Facility Fee OR/Outpatient	DRG Inpatient Rate	General or Monitored Anesthesia Care	Quantitative Procedure?	Bilateral Discount Available?
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	N	\$580	\$471	\$1,809	\$5,796	\$222	N	Y
67903	Repair of blepharoptosis; (tarso)levator resection or advancement, internal approach	N	\$550	\$453	\$1,224	\$5,796	\$197	N	Y
67904	Repair of blepharoptosis; (tarso)levator resection or advancement, external approach	N	\$661	\$546	\$1,224	\$5,796	\$197	N	Y
67950	Canthoplasty (reconstruction of canthus)	N	\$520	\$428	\$1,224	\$5,796	\$197	N	Y
69090	Ear piercing, each piercing	N	\$21	\$21	\$0	\$0	\$0	Y	N
69300	Otoplasty, protruding ear, with or without size reduction	N	\$613	\$454	\$1,683	\$4,198	\$264	N	Y
99144	Moderate Sedation, performed by surgeon	N	\$0	\$0	\$0	\$0	\$103	N	N
99149	Moderate Sedation, performed by other physician than surgeon	N	\$0	\$0	\$0	\$0	\$103	N	N
D9972	Teeth Whitening; external bleaching, per arch	N	\$220	\$220	\$0	\$0	\$0	Y	N
D9973	Teeth Whitening; external bleaching, per tooth	N	\$20	\$20	\$0	\$0	\$0	Y	N
D9974	Teeth Whitening; internal bleaching, per tooth	N	\$190	\$190	\$0	\$0	\$0	Y	N
D9999	Laser Teeth Whitening, per treatment	N	\$500	\$500	\$0	\$0	\$0	N	N

Appendix F: Cosmetic Surgery Estimator 6.0 Training Guide

This appendix supplements the Biller's Guide to the Cosmetic Surgery Estimator section.

Depending on the choices made or information entered, messages may appear. Many of these messages contain information and reminders and are not necessarily error messages. Read each one carefully.

The following instructions describe the user actions and CSE actions for each of the numbered sections completed to create an inquiry.

Section	Name	User Action	CSE Action												
1 & 2	Select a Procedure	If there is more than one procedure, enter each procedure and note the Cost Rank. The highest Cost Rank number indicates the highest professional fee and this procedure is entered in this box; select additional procedures as part of Section 11.	<table border="1"> <tr> <td colspan="3"><i>New Inquiry: Complete the yellow boxes.</i></td> <td><i>Costs</i></td> </tr> <tr> <td><i>Select By:</i></td> <td><i>CPT Code</i> or <i>CPT Description</i></td> <td><i>CPT Glossary</i></td> <td><i>Cost Rank:</i> <input type="text" value="0"/></td> </tr> <tr> <td>1 & 2</td> <td><i>What is the CPT code?</i></td> <td><input type="text"/></td> <td><i>Professional Fee:</i> <input type="text" value="\$0.00"/></td> </tr> </table>	<i>New Inquiry: Complete the yellow boxes.</i>			<i>Costs</i>	<i>Select By:</i>	<i>CPT Code</i> or <i>CPT Description</i>	<i>CPT Glossary</i>	<i>Cost Rank:</i> <input type="text" value="0"/>	1 & 2	<i>What is the CPT code?</i>	<input type="text"/>	<i>Professional Fee:</i> <input type="text" value="\$0.00"/>
<i>New Inquiry: Complete the yellow boxes.</i>			<i>Costs</i>												
<i>Select By:</i>	<i>CPT Code</i> or <i>CPT Description</i>	<i>CPT Glossary</i>	<i>Cost Rank:</i> <input type="text" value="0"/>												
1 & 2	<i>What is the CPT code?</i>	<input type="text"/>	<i>Professional Fee:</i> <input type="text" value="\$0.00"/>												

1 & 2a	Type or select a code or procedure.	Select either the CPT Code or CPT Description of a procedure by typing it in the box or by selecting it from a drop-down list. Selecting one automatically populates the other.	<table border="1"> <thead> <tr> <th><i>CPT Code</i></th> <th>or</th> <th><i>CPT Description</i></th> <th><i>CPT Glossary</i></th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>11400</td> <td></td> <td>Excision benign skin lesion, trunk, arms or leg <.5cm</td> <td></td> </tr> <tr> <td>11401</td> <td></td> <td>Excision benign skin lesion, trunk, arms or legs 0.6-1.0cm</td> <td></td> </tr> <tr> <td>11402</td> <td></td> <td>Excision benign skin lesion, trunk, arms or legs 1.1-2.0cm</td> <td></td> </tr> <tr> <td>11403</td> <td></td> <td>Excision, benign skin lesion, trunk, arms or leg 2.1-3.0cm</td> <td></td> </tr> <tr> <td>11404</td> <td></td> <td>Excision, benign skin lesion, trunk, arms or legs 3.1-4.0cm</td> <td></td> </tr> <tr> <td>11406</td> <td></td> <td>Excision, benign skin lesion, trunk, arms or legs >4.0cm</td> <td></td> </tr> <tr> <td>11420</td> <td></td> <td>Excision benign skin lesion, scalp, neck, hands, feet, genit. <.5cm</td> <td></td> </tr> <tr> <td>11421</td> <td></td> <td>Excision benign skin lesion, scalp, neck, hands, feet, genit. 0.6-1.0cm</td> <td></td> </tr> <tr> <td>11422</td> <td></td> <td>Excision benign skin lesion, scalp, neck, hands, feet, genit. 1.1-2.0cm</td> <td></td> </tr> <tr> <td>11423</td> <td></td> <td>Excision benign skin lesion, scalp, neck, hands, feet, genit. 2.1-3.0cm</td> <td></td> </tr> </tbody> </table>	<i>CPT Code</i>	or	<i>CPT Description</i>	<i>CPT Glossary</i>	<input type="text"/>		<input type="text"/>		11400		Excision benign skin lesion, trunk, arms or leg <.5cm		11401		Excision benign skin lesion, trunk, arms or legs 0.6-1.0cm		11402		Excision benign skin lesion, trunk, arms or legs 1.1-2.0cm		11403		Excision, benign skin lesion, trunk, arms or leg 2.1-3.0cm		11404		Excision, benign skin lesion, trunk, arms or legs 3.1-4.0cm		11406		Excision, benign skin lesion, trunk, arms or legs >4.0cm		11420		Excision benign skin lesion, scalp, neck, hands, feet, genit. <.5cm		11421		Excision benign skin lesion, scalp, neck, hands, feet, genit. 0.6-1.0cm		11422		Excision benign skin lesion, scalp, neck, hands, feet, genit. 1.1-2.0cm		11423		Excision benign skin lesion, scalp, neck, hands, feet, genit. 2.1-3.0cm	
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Section	Name	User Action	CSE Action							
1 & 2b		Once the most complex procedure is selected as primary, the Professional Fee appears after Box #3 is selected for location of service.	<table border="1"> <tr> <td>1 & 2</td> <td>What is the CPT code?</td> <td>30410</td> <td> <input checked="" type="checkbox"/> Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal </td> <td> Professional Fee: \$1,135.00 </td> </tr> </table>	1 & 2	What is the CPT code?	30410	<input checked="" type="checkbox"/> Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal	Professional Fee: \$1,135.00		
1 & 2	What is the CPT code?	30410	<input checked="" type="checkbox"/> Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal	Professional Fee: \$1,135.00						
3	Select Facility for Procedure	<p>Indicate the location of service in which the procedure will be performed.</p> <p>Professional and facility costs are determined by this choice.</p> <p>These choices vary according to the procedure selected.</p>	<table border="1"> <tr> <td>3</td> <td>Where will the procedure be performed?</td> <td> Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient </td> </tr> </table>	3	Where will the procedure be performed?	Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient				
3	Where will the procedure be performed?	Military Treatment Facility <input type="radio"/> Provider's Office <input type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient								
3a	Location Costs	There are no separate facility costs for procedures performed in an office; the facility fee is included in the Professional Fee.	<table border="1"> <tr> <td>3</td> <td>Where will the procedure be performed?</td> <td> Military Treatment Facility <input type="radio"/> Provider's Office <input checked="" type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient </td> <td>4</td> <td>Will this procedure be combined with a medically necessary procedure?</td> <td> <input type="radio"/> Yes <input type="radio"/> No </td> <td> Facility Cost: APC \$2,897.00 DRG 0 </td> </tr> </table>	3	Where will the procedure be performed?	Military Treatment Facility <input type="radio"/> Provider's Office <input checked="" type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient	4	Will this procedure be combined with a medically necessary procedure?	<input type="radio"/> Yes <input type="radio"/> No	Facility Cost: APC \$2,897.00 DRG 0
3	Where will the procedure be performed?	Military Treatment Facility <input type="radio"/> Provider's Office <input checked="" type="radio"/> OR/Outpatient <input type="radio"/> OR/Inpatient	4	Will this procedure be combined with a medically necessary procedure?	<input type="radio"/> Yes <input type="radio"/> No	Facility Cost: APC \$2,897.00 DRG 0				

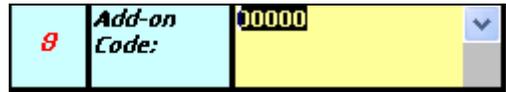
Section	Name	User Action	CSE Action						
5	Dermatology Resident	Indicate if this procedure is to be performed by a dermatology resident. It only applies to Chemodenervation procedures (CPT Codes 64612, 64613, 64614, 64650, and 64653). Therefore the box is only operational when one of these procedures is chosen..	<table border="1"> <tr> <td>5</td> <td><i>Will a dermatology resident perform the procedure?</i></td> <td>N/A</td> </tr> <tr> <td>5</td> <td><i>Will a dermatology resident perform the procedure?</i></td> <td> <input checked="" type="radio"/> Yes <input type="radio"/> No </td> </tr> </table>	5	<i>Will a dermatology resident perform the procedure?</i>	N/A	5	<i>Will a dermatology resident perform the procedure?</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
5	<i>Will a dermatology resident perform the procedure?</i>	N/A							
5	<i>Will a dermatology resident perform the procedure?</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No							
6	Bilateral Procedure Option	Indicate whether or not this procedure is to be done on matching sides. Only some procedures are optionally bilateral.	<table border="1"> <tr> <td>6</td> <td><i>Will the procedure be bilateral?</i></td> <td> <input checked="" type="radio"/> Yes <input type="radio"/> No </td> </tr> </table>	6	<i>Will the procedure be bilateral?</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No			
6	<i>Will the procedure be bilateral?</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No							
7	Select Quantity	Some procedures, such as hair grafts or electrolysis are based on either the number of grafts implanted or the minutes of electrolysis. Depending on the procedure selected, enter the appropriate quantity.	<table border="1"> <tr> <td>7</td> <td><i>Quantitative Procedures (Sessions):</i></td> <td>N/A</td> </tr> <tr> <td>7</td> <td><i>Quantitative Procedures (Sessions):</i></td> <td>1</td> </tr> </table>	7	<i>Quantitative Procedures (Sessions):</i>	N/A	7	<i>Quantitative Procedures (Sessions):</i>	1
7	<i>Quantitative Procedures (Sessions):</i>	N/A							
7	<i>Quantitative Procedures (Sessions):</i>	1							

Section Name User Action CSE Action

8 Add-On Procedures

Associated procedures are procedures that can only be done in conjunction with a primary procedure, as shown in the table at the right. The codes in the left column must be selected before selecting the associated procedure in the right column.

Select a procedure from the drop-down list. A reminder appears indicating that associated procedures must be aligned with specific primary procedures.



Primary CPT Code	Description	Add-On CPT Code +	Description
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	11201 +	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	13102 +	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	13122 +	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	13133 +	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	13153 +	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)
15786	Abrasion; single lesion (eg, keratosis, scar)	15787 +	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical Panniculectomy;	15847 +	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (<u>includes umbilical transposition & fascial plication</u>); Panniculectomy with Abdominoplasty

Section	Name	User Action	CSE Action								
9	Select Anesthesia	Select the type of anesthesia to be used. Topical and Local Blocks are part of the cost of the procedure.	<table border="1"> <tr> <td rowspan="2">9</td> <td rowspan="2">Will anesthesia be used?</td> <td><input type="radio"/> Topical</td> <td><input type="radio"/> General/Monitored Anes Care</td> </tr> <tr> <td><input type="radio"/> Local Block</td> <td><input checked="" type="radio"/> Moderate Sedation</td> </tr> </table>	9	Will anesthesia be used?	<input type="radio"/> Topical	<input type="radio"/> General/Monitored Anes Care	<input type="radio"/> Local Block	<input checked="" type="radio"/> Moderate Sedation		
9	Will anesthesia be used?	<input type="radio"/> Topical	<input type="radio"/> General/Monitored Anes Care								
		<input type="radio"/> Local Block	<input checked="" type="radio"/> Moderate Sedation								
9b	Anesthesia Selected	Once an anesthesia option is chosen, the price is automatically calculated based on the procedure chosen.	<table border="1"> <tr> <td rowspan="2">9</td> <td rowspan="2">Will anesthesia be used?</td> <td><input type="radio"/> Topical</td> <td><input type="radio"/> General/Monitored Anes Care</td> <td rowspan="2">Anesthesia Cost:</td> </tr> <tr> <td><input type="radio"/> Local Block</td> <td><input checked="" type="radio"/> Moderate Sedation</td> <td>\$103.00</td> </tr> </table>	9	Will anesthesia be used?	<input type="radio"/> Topical	<input type="radio"/> General/Monitored Anes Care	Anesthesia Cost:	<input type="radio"/> Local Block	<input checked="" type="radio"/> Moderate Sedation	\$103.00
9	Will anesthesia be used?	<input type="radio"/> Topical	<input type="radio"/> General/Monitored Anes Care			Anesthesia Cost:					
		<input type="radio"/> Local Block	<input checked="" type="radio"/> Moderate Sedation	\$103.00							
10	Fillers and Botox	When an injectable filler or Botox is used, select the type of filler or Botox from the drop-down list OR type the name of the filler in the box. Enter the unit price and number of units in the Qty box. An "N/A" will populate this box if the appropriate filler (11950-11954 or chemodenervation code (64612, 64612, 64614, 64650, 64653) is not selected in Box #1 & 2.	<table border="1"> <tr> <td>10</td> <td>What pharmaceuticals will be provided by the MTF?</td> <td>N/A</td> </tr> </table>	10	What pharmaceuticals will be provided by the MTF?	N/A					
10	What pharmaceuticals will be provided by the MTF?	N/A									

Section	Name	User Action	CSE Action							
10b	Fillers and Botox	<p>In addition to specifying the filler or Botox to be used, the unit price and quantity must be entered.</p> <p>The price for Botox is pre-populated in the application because the price remains consistent across all MTFs.</p> <p>Prices for soft tissue fillers are not included because they are local purchase and vary by MTF location, supplier, and quantity ordered. A MSA clerk should contact the MTF pharmacy regarding what soft tissue fillers are available and the unit price for each.</p>	<table border="1"> <tr> <td rowspan="2">10</td> <td rowspan="2"><i>What pharmaceuticals will be provided by the MTF?</i></td> <td rowspan="2">Botox</td> <td><i>Price</i></td> <td><i>Qty</i></td> </tr> <tr> <td>\$5.46</td> <td>20</td> </tr> </table>	10	<i>What pharmaceuticals will be provided by the MTF?</i>	Botox	<i>Price</i>	<i>Qty</i>	\$5.46	20
10	<i>What pharmaceuticals will be provided by the MTF?</i>	Botox	<i>Price</i>				<i>Qty</i>			
			\$5.46	20						

Section	Name	User Action	CSE Action									
10c	Fillers and Botox	In addition to specifying the filler to be used, the unit price and quantity must be entered. The total price for with Botox or fillers is automatically calculated and added to the total cost of the procedure.	<table border="1"> <tr> <td rowspan="2">10</td> <td rowspan="2"><i>What pharmaceuticals will be provided by the MTF?</i></td> <td rowspan="2"><i>Botox</i></td> <td><i>Price</i></td> <td><i>Qty</i></td> <td><i>Pharmaceutical Cost:</i></td> </tr> <tr> <td>\$5.46</td> <td>20</td> <td>\$109.20</td> </tr> </table>	10	<i>What pharmaceuticals will be provided by the MTF?</i>	<i>Botox</i>	<i>Price</i>	<i>Qty</i>	<i>Pharmaceutical Cost:</i>	\$5.46	20	\$109.20
10	<i>What pharmaceuticals will be provided by the MTF?</i>	<i>Botox</i>	<i>Price</i>				<i>Qty</i>	<i>Pharmaceutical Cost:</i>				
			\$5.46	20	\$109.20							
11	Additional Procedures	Choose other procedures that are to be done at the same time by clicking the button next to "Yes." This opens a new form.	<table border="1"> <tr> <td rowspan="2">11</td> <td rowspan="2"><i>Will additional procedures be performed during the same visit?</i></td> <td><input checked="" type="radio"/> Yes</td> </tr> <tr> <td><input type="radio"/> No</td> </tr> </table>	11	<i>Will additional procedures be performed during the same visit?</i>	<input checked="" type="radio"/> Yes	<input type="radio"/> No					
11	<i>Will additional procedures be performed during the same visit?</i>	<input checked="" type="radio"/> Yes										
		<input type="radio"/> No										

Section Name User Action CSE Action

11a Select Additional Procedures

On the new form, Additional Procedures, click the drop-down arrow next to the yellow boxes to select additional procedures. More than one additional procedure can be selected.

In addition to selecting additional procedures, associated procedures beyond the one selected in Section 7 can be entered here.

Additional Procedures

1. Add an Additional Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
3. If a Chemodestruction procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.
4. Click "Bilat?" if the procedure will be performed bilaterally.
5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Botox/Filler" drop-down box, enter the price per unit in the "Unit Price" box, and the number of units to be used in the "Qty" box.

Select a Additional Procedure by clicking on the:

CPT Code	or	CPT Description	CPT Glossary	Botox / Filler	Unit Price	Qty
Select by CPT		Select by Description				

CPT Code	CPT Description	Professio nals	Facility	Proc	Derm	Bilat	Bilat	Botox / filler	Botox / Filler \$	Total Cost
			\$	Qty	Res	?	\$			

Cost of Additional Procedures: 50.00

Clear List Close

Record: [Navigation icons]

Section Name User Action CSE Action

11b View Additional Procedures
 Many additional procedures can be selected by using the drop-down arrows repeatedly. To modify a selected procedure, click in the empty cell next to the procedure. A dark arrowhead will indicate which procedure is active.

Additional Procedures

1. Add an Additional Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.
4. Click "Bilat?" if the procedure will be performed bilaterally.
5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Botox/Filler" drop-down box, enter the price per unit in the "Unit Price" box, and the number of units to be used in the "Qty" box.

Select a Additional Procedure by clicking on the:

CPT Code	CPT Description	CPT Glossary	Botox / Filler	Unit Price	Qty
11901	Injection, intralesional; more than 7 lesions				N/A

CPT Code	CPT Description	Professional \$	Facility \$	Proc Qty	Derm Res ?	Bilat ?	Bilat \$	Botox / Filler	Botox / Filler \$	Total Cost
▶ 12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$52.00	\$46.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$98.00
11901	Injection, intralesional; more than 7 lesions	\$24.00	\$30.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$54.00

Cost of Additional Procedures: \$152.00

Clear List Close

Record: 1 of 2 No Filter Search

Section Name User Action CSE Action

11c Clear Additional Procedures

The Clear List button removes ALL additional procedures.

To delete a **single** procedure from the list, select that procedure by clicking anywhere in the line for that procedure and pressing the Delete key on the keyboard.

Click the Close button to save the information and return to the main screen. A button at the bottom of the main screen lets users view and edit additional procedures.

Additional Procedures

1. Add an Additional Procedure by selecting a CPT code or CPT Description from one of the drop-down boxes below.
2. Enter a quantity for the procedure to be performed in the "Proc Qty" box.
3. If a Chemodenervation procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Derm Res?" box.
4. Click "Bilat?" if the procedure will be performed bilaterally.
5. If a Subcutaneous Injection procedure is selected, choose what filler substance will be used from the "Botox/Filler" drop-down box, enter the price per unit in the "Unit Price" box, and the number of units to be used in the "Qty" box.

Select a Additional Procedure by clicking on the:

CPT Code	CPT Description	Professiona l \$	Facility \$	Proc Qty	Derm Res ?	Bilat ?	Bilat \$	Botox / Filler	Unit Price	Qty
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; u							N/A		N/A
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$52.00	\$46.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$98.00
11901	Injection, intralesional; more than 7 lesions	\$24.00	\$30.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$54.00
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	\$33.00	\$30.00	0	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	N/A	\$0.00	\$63.00

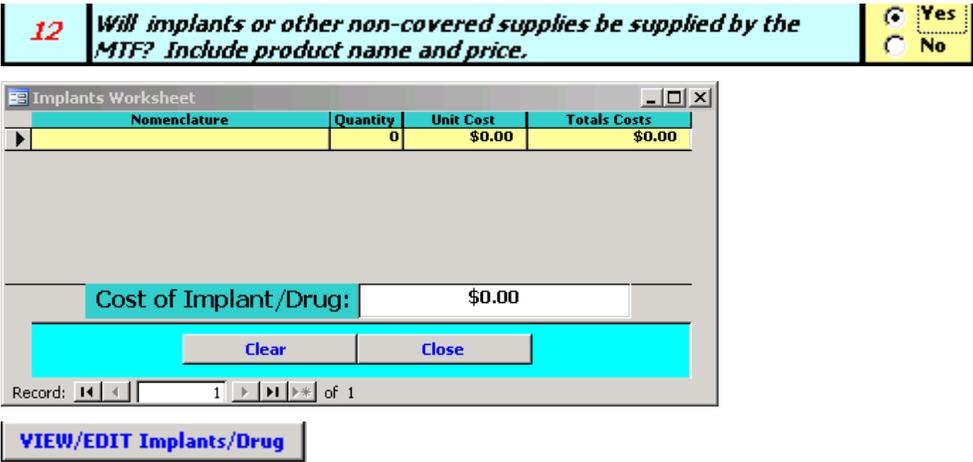
Cost of Additional Procedures: \$215.00

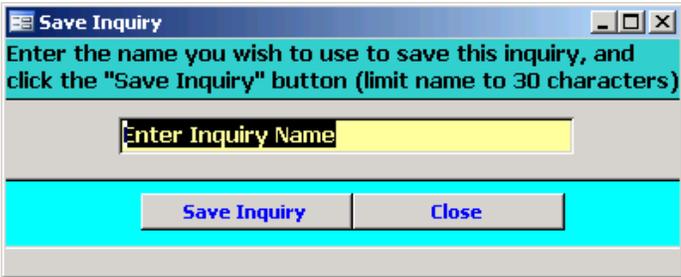
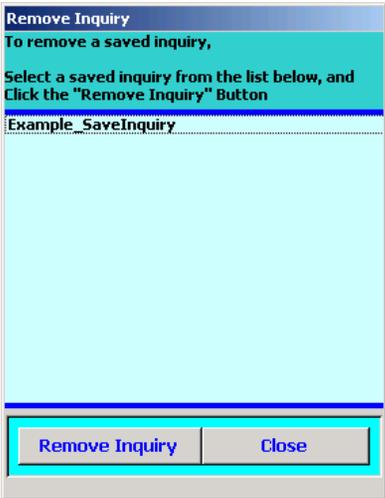
Clear List Close

Record: 3 of 3 No Filter Search

VIEW/EDIT Additional Procedures

Additional procedures can be reviewed and changed by clicking this button

Section	Name	User Action	CSE Action
12	Indicate Implant Source	Clicking "Yes" in this section elicits the Implants Worksheet. Enter the name of the implant or drug, the quantity, and the unit cost. When the information is complete and the Close is clicked, the cost of the implant or drug is added to the total cost of the procedure.	 <p>VIEW/EDIT Implants/Drug</p>
		Clicking the VIEW/EDIT Implants/Drug re-opens a completed Implants Worksheet. The information can be checked or changed at this point.	
	View a Cost Report	Click this button to see a copy of the completed report.	
	Print a Cost Report	Click this button to print the report and give it to the patient.	

Section	Name	User Action	CSE Action
	Export a Cost Report	Click this button if you need an exportable file.	
	Save an Inquiry	When this button is clicked, the inquiry is saved. Include a date and patient ID in the name of the inquiry. Be mindful of HIPAA and Privacy Act regulations regarding protected information.	 
	Delete an Inquiry	Click this button to delete a saved inquiry. Select the inquiry, then click Remove Inquiry.	 
	Reset an Inquiry	Click this button to clear the form and start a new estimate.	

Section	Name	User Action	CSE Action
	Exit the Estimator	Click this button to exit from the Cosmetic Surgery Estimator.	

Appendix G: Bilateral, Add-on, Quantitative, and Inpatient-Only Procedures

CPT codes, descriptions and other data are copyright 2007 American Medical Association (AMA). All Rights Reserved. CPT is a registered trademark of the AMA.

Procedure Codes designated as 17999-YXXXX were developed by TMA UBO and are not intended to serve as CPT codes. AMA rules and restrictions do not apply.

Bilateral Procedures

CPT® Code	CPT® Description
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with p-flap tightening
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh lift
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg lift
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip lift
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock lift
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm lift--brachioplasty
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17999-Y0010	Laser Skin Resurfacing, Non-ablative; arms
17999-Y0011	Laser Skin Resurfacing, Non-ablative; hands
17999-Y0012	Laser Skin Resurfacing, Non-ablative; legs
17999-Y0023	Laser hair removal; arms
17999-Y0024	Laser hair removal; underarms
17999-Y0026	Laser hair removal; legs
17999-Y0028	Laser hair removal; ears
17999-Y0050	Laser Vein Treatment of Leg
17999-Y5000	Microlipoinjection/fat transfer; lips
17999-Y5001	Microlipoinjection/fat transfer; melolabial folds
17999-Y5002	Microlipoinjection/fat transfer; marionette lines
17999-Y5005	Microlipoinjection/fat transfer; tear troughs
17999-Y5006	Microlipoinjection/fat transfer; crows feet
17999-Y5835	Buttock Augmentation w/ implant
17999-Y5836	Buttock Augmentation w/o implant
17999-Y5837	Calf Augmentation
17999-Y5878	Ultrasound assisted lipectomy; upper extremity
17999-Y5879	Ultrasound assisted lipectomy; lower extremity
19300	Mastectomy for Gynecomastia
19316	Mastopexy (Breast Lift)
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material

CPT® Code	CPT® Description
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of Inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21280	Medial canthopexy (separate procedure)
21282	Canthopexy, lateral
21899	Pectoral Augmentation; male chest, with implant
36471	Sclerotherapy; Injection of sclerosing solution; multiple veins, same leg
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
64614	Chemodeneration of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
65770	Keratoprosthesis
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67903	Repair of blepharoptosis; (tarso)levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso)levator resection or advancement, external approach
67950	Canthoplasty (reconstruction of canthus)
69300	Otoplasty, protruding ear, with or without size reduction

Add-On Codes

Primary CPT® Code	CPT® Description	Add-On CPT® Code +	CPT® Description
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	11201 +	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	13102 +	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	13122 +	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia,	13133 +	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands

Primary CPT® Code	CPT® Description	Add-On CPT® Code +	CPT® Description
	hands and/or feet; 2.6 cm to 7.5 cm		and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	13153 +	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)
15786	Abrasion; single lesion (eg, keratosis, scar)	15787 +	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15847 +	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty

Inpatient-Only Procedures

CPT® Code	CPT® Description
21141	Reconstruction midface, lefort i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft
21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft/multiple osteotomies)
21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i
21155	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i
21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i
21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21182	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting < 40 sq cm
21183	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex foll intra-&extracranial excision, benign tumor, cranial bone, w multi autografts; total area, bone graft > 40 sq cm but < 80 sq cm
21184	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting > 80 sq cm

CPT® Code	CPT® Description
21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach

Quantitative Procedures

CPT® Code	CPT® Description
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm

CPT® Code	CPT® Description
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
12020	Treatment of superficial wound dehiscence; simple closure
12021	Treatment of superficial wound dehiscence; with packing
13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15787	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15877	Suction assisted lipectomy; trunk
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17380	Electrolysis Epilation, 30 minute session
17999-Y0002	Microdermabrasion; segment, facial
17999-Y0004	Laser Skin Resurfacing, Ablative; segment, facial
17999-Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial
17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session
17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session

CPT® Code	CPT® Description
17999-Y5775	Micro/mini grafts 1- 500 hairs
17999-Y5877	Ultrasound assisted lipectomy; trunk
17999-Y6001	Piercing, Other Body Parts
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21275	Secondary revision of orbitocraniofacial reconstruction
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
36470	Sclerotherapy; Injection of sclerosing solution; single vein
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; v-excision with primary direct linear closure
40525	Excision of lip; full thickness, reconstruction with local flap (eg, estlander or fan)
40527	Excision of lip; full thickness, reconstruction with cross lip flap (abbe-estlander)
40530	Resection of lip, more than one-fourth, without reconstruction
40650	Repair lip, full thickness; vermilion only
40652	Repair lip, full thickness; up to half vertical height
40654	Repair lip, full thickness; over one-half vertical height, or complex
40799-Y5834	Lip Augmentation; upper or lower, unpaired
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
41820	Gingivectomy, excision gingiva, each quadrant
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41872	Gingivoplasty, each quadrant (specify)
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
69090	Ear piercing, each piercing
D9972	Teeth Whitening; external bleaching, per arch
D9973	Teeth Whitening; external bleaching, per tooth
D9974	Teeth Whitening; internal bleaching, per tooth

Appendix H: Elective Cosmetic Surgery Superbill

The front and back of the Elective Cosmetic Surgery Superbill appear on the next two pages. Printable PDF copies of the form can be obtained from the UBO Service Managers or on the secure designated Altarum SharePoint website dedicated to the download of the CSE and associated documents.

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

Cosmetic Surgery Superbill 2010

MTF:				Patient Name:			
Provider's Name and Phone:				Visit Date: / /		Surgery Date: / /	
ICD-9 Code 1:		ICD-9 Code 2:		Anesthesia:			
<input type="checkbox"/> Other Location: _____		<input type="checkbox"/> Operating Room Outpatient		<input type="checkbox"/> Monitored/General Anesthesia Care		<input type="checkbox"/> Local Block	
<input type="checkbox"/> Provider's Office		<input type="checkbox"/> Operating Room Inpatient		<input type="checkbox"/> Moderate Sedation		<input type="checkbox"/> Topical	
						<input type="checkbox"/> None	
Will this procedure be combined with a medically necessary procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Procedure Description	Code	BI	Qty	Procedure Description	Code	BI	Qty
SKIN TAG REMOVAL				RHYTIDECTOMY			
Removal of skin tags, up to 15	11200			Rhytidectomy, forehead	15824		
Removal of skin tags, ea add 1-10	11201 +			Rhytidectomy, neck w/P-Flap tightening	15825		
LESION REMOVAL				INJECTIONS			
Shaving of Epidermal or Dermal Lesions (single lesion)				Intralesional Injection			
				Intralesional Injection, 7 or less			
				Intralesional Injection, 8 or more			
				Subcutaneous Injection of Filling Material			
				(Specify filling material, qty, and price below)			
Trunk, arms or legs				BREAST/CHEST AUGMENTATION			
				1 cc or less			
				1.1 - 5.0 cc			
				5.1 - 10.0 cc			
				More than 10.0 cc			
<0.5 cm lesion diameter				Mammoplasty, reduction			
11300				19318			
0.6 to 1.0 cm lesion diameter				Mammoplasty, augmentation w/o implant			
11301				19324			
1.1 to 2.0 cm lesion diameter				Mammoplasty, augmentation w/implant			
11302				19325			
>2.0 cm lesion diameter				Removal of intact mammary implant			
11303				19328			
				Removal of implant material			
				Immediate insertion of implant			
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Cosmetic Surgery Superbill 2010 (continued)

NTF:				Patient Name:							
Provider's Name and Phone:				Visit Date: / /		Surgery Date: / /					
ICD-9 Code 1:		ICD-9 Code 2:		Anesthesia:		<input type="checkbox"/> Local Block <input type="checkbox"/> Topical <input type="checkbox"/> None					
Location: <input type="checkbox"/> Provider's Office <input type="checkbox"/> Operating Room Inpatient <input type="checkbox"/> Other Location: _____ <input type="checkbox"/> Operating Room Outpatient				<input type="checkbox"/> Monitored/General Anesthesia Care <input type="checkbox"/> Moderate Sedation							
Will this procedure be combined with a medically necessary procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Procedure Description	Code	BI	Qty	Procedure Description	Code	BI	Qty	Procedure Description	Code	BI	Qty
FACIAL RECONSTRUCTION/REVISION/AUGMENTATION				FACIAL RECONSTRUCTION/REVISION (cont)				WOUND REPAIR			
Genioplasty				Other Facial Reconstruction or Revision				Scalp, neck, axillae, external genitalia, trunk, and/or extremities			
Genioplasty, augmentation	21120			Reconst, zygomatic arch & glen foss w/bone	21255			Simple, 2.5 cm or less	12001		
Genioplasty, sliding osteotomy, single	21121			Reconst, orbit w/intrafacial osteotomies	21256			Simple, 2.6 cm to 7.5 cm	12002		
Genioplasty, sliding osteotomies, 2 or more	21122			Periorb osteotomies, extracranial w/graft	21260			Simple, 7.6 cm to 12.5 cm	12004		
Genioplasty, sliding augmentation w/bone grafts	21123			Periorb osteotomies, extra/intrafacial	21261			Simple, 12.6 cm to 20.0 cm	12006		
Mandibular Augmentation				Periorb osteotomies w/forehead advancement				Simple, 20.1 cm to 30.0 cm			
Augmentation, mandibular body	21125			Orb repositioning, unilateral, extracranial, w/graft	21267			Simple, over 30.0 cm	12007		
Augmentation, mandibular body or angle w/bone graft	21127			Orb repositioning extra/intrafacial approach	21268			Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst, mandibular rami w/bone graft	21193			Malar augmentation w/prosthetic material	21270			Simple, 2.5 cm or less	12011		
Reconst, mandibular rami w/bone graft	21194			Secondary revision, orbitocraniofacial reconst	21275			Simple, 2.6 cm to 5.0 cm	12013		
Reconst, mandibular rami w/ infernal rigid fixation	21195			Medial canthopexy	21280			Simple, 5.1 cm to 7.5 cm	12014		
Reconst, mandibular rami w/infernal rigid fixation	21196			Other Facial				Simple, 7.6 cm to 12.5 cm	12015		
Reconst, mandible, extraoral, w/transosseal bone plate	21244			Canthopexy, lateral	21282			Simple, 12.6 cm to 20.0 cm	12016		
Reconst, mand or maxilla, subperiosteal implant, partial	21245			Reduct masseter muscle, extraoral	21295			Simple, 20.1 cm to 30.0 cm	12017		
Reconst, mand or maxilla, subperiosteal implant, complete	21246			Reduct masseter muscle, intraoral	21296			Simple, over 30.0 cm	12018		
Reconst, mandible condyle w/bone & cartilage autografts	21247			Otoplasty (ear reconstruction)	63300			Scalp, axillae, trunk, and/or extremities			
Reconst, mandible or maxilla, endosteal implant, partial	21248			NECK				Infermed, 2.5 cm or less	12031		
Reconst, mandible or maxilla, endosteal implant, complete	21249			Cervicoplasty	15819			Infermed, 2.6 cm to 7.5 cm	12032		
Forehead Reduction				OTHER REVISIONS				Infermed, 7.6 cm to 12.5 cm	12034		
Reduction forehead, contouring only	21137			Labial Frenotomy	40806			Infermed, 12.6 cm to 20.0 cm	12035		
Reduction forehead, w/prosthesis or bone graft	21138			Destruction, lesion/tumor, vestibule of mouth	40820			Infermed, 20.1 cm to 30 cm	12036		
Reduction forehead, contour & setback ant frontal sinus	21139			Vestibuloplasty, complex	40845			Infermed, over 30 cm	12037		
Facial Reconstruction				Gingivectomy, each quadrant				Neck, hands, feet, and/or external genitalia			
Reconst, Midface, LeFort I, 1 piece	21141			Excision, alveolar mucosa, ea quadrant	41828			Infermed, 2.5 cm or less	12041		
Reconst, Midface, LeFort I, 2 pieces	21142			Gingivoplasty, each quadrant	41872			Infermed, 2.6 cm to 7.5 cm	12042		
Reconst, Midface, LeFort I, 3 pieces	21143			Buttock Augmentation w/implant	17999-Y5835			Infermed, 7.6 cm to 12.5 cm	12044		
Reconst, Midface, LeFort I, 1 piece w/bone grafts	21145			Buttock Augmentation w/o implant	17999-Y5836			Infermed, 12.6 cm to 20.0 cm	12045		
Reconst, Midface, LeFort I, 2 pieces w/bone grafts	21146			Calf Augmentation	17999-Y5837			Infermed, 20.1 cm to 30 cm	12046		
Reconst, Midface, LeFort I, > 3 pieces w/bone grafts	21147			Umblicoplasty	17999-Y5838			Infermed, over 30 cm	12047		
Reconst, Midface, LeFort II, anterior intrusion	21150			Repair of brow ptosis	67900			Face, ears, eyelids, nose, lips, and/or mucous membranes			
Reconst, Midface, LeFort II, any direction, w/bone grafts	21151			LIP AUGMENTATION				Infermed, 2.5 cm or less	12051		
Reconst, Midface, LeFort III, any direction, w/bone grafts	21154			Excision, transverse wedge w/primary close	40510			Infermed, 2.6 cm to 5.0 cm	12052		
Reconst, Midface, LeFort III w/bone grafts, & LeFort I	21155			V-Excision, w/direct linear closure	40520			Infermed, 5.1 cm to 7.5 cm	12053		
LeFort III w/forehead advancement & bone graft, no LeFort I	21159			Excision, full thickness reconst w/local flap	40525			Infermed, 7.6 cm to 12.5 cm	12054		
LeFort III w/forehead advancement, bone graft & LeFort I	21160			Excision, full thickness reconst w/cross lip flap	40527			Infermed, 12.6 cm to 20.0 cm	12055		
Reconst, superior lateral orbital rim & lar forehead	21172			Resection, > one fourth, w/o reconstruction	40530			Infermed, 20.1 cm to 30 cm	12056		
Reconst, bifrontal, superior lateral orbital rim & lar forehead	21175			Repair, full thickness, vermilion only	40650			Infermed, over 30 cm	12057		
Reconst, entire or majority forehead w/allografts	21179			Repair, full thickness, < half vertical height	40652			Trunk			
Reconst, entire or majority forehead w/autografts	21180			Repair, full thickness, > half vertical height	40654			Complex, 1.1 cm to 2.5 cm	13100		
Reconst, contouring of cranial bones, extracranial	21181			Lip Augmentation, upper or lower, unpaired	40799-Y5834			Complex, 2.6 cm to 7.5 cm	13101		
Reconst, orb walls, rims, forehead, w/bone grft < 40 sq cm	21182			HAIR REMOVAL				Complex, ea add 5 cm or less	13102		
Reconst, orb walls, rms, forehead, w/bone grft 41-79 sq cm	21183			Electrolysis Epilation, 30 min session	17380			Scalp, arms, and/or legs			
Reconst, orb walls, rms, forehead, w/bone grft > 80 sq cm	21184			Laser hair removal, lip	17999-Y0020			Complex, 1.1 cm to 2.5 cm	13120		
Reconst, Midface, not LeFort type	21188			Laser hair removal, lip and chin	17999-Y0021			Complex, 2.6 cm to 7.5 cm	13121		
Osteotomy				Laser hair removal, back				Complex, ea add 5 cm or less	13122		
Osteotomy, mandible, segmental	21198			Laser hair removal, arms	17999-Y0023			Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or			
Osteotomy, w/ genioglossus advancement	21199			Laser hair removal, underarms	17999-Y0024			Complex, 1.1 cm to 2.5 cm	13131		
Osteotomy, segmental (e.g. wassmund, schuchard)	21206			Laser hair removal, bikini	17999-Y0025			Complex, 2.6 cm to 7.5 cm	13132		
Osteoplasty, facial bones, augmentation	21208			Laser hair removal, legs	17999-Y0026			Complex, ea add 5 cm or less	13133		
Osteoplasty, facial bones, reduction	21209			Laser hair removal, beard	17999-Y0027			Eyelids, nose, ears and/or lips			
Graft				Laser hair removal, ears				Complex, 1.0 cm or less	13150		
Graft, bone, malar/maxilla/nasal augmentation	21210			HAIR TRANSPLANT				Complex, 1.1 cm to 2.5 cm	13151		
Graft, bone, mandible (incl graft)	21215			Punch transplant, 1-15 hair grafts	15775			Complex, 2.6 cm to 7.5 cm	13152		
Graft, rb to facalchin/nose/ear	21230			More than 15 punch hair grafts	15776			Complex, ea add 5 cm or less			
Graft, ear cartilage to nose or ear	21235			Micro/mini grafts, 1-500 hairs	17999-Y5775			Wound Closure			
Arthroplasty				CORNEA REFRACTION				Superficial wound dehiscence, simple close	12020		
Arthroplasty, TMJ, w or w/o autgrft	21240			Keratomiectis	65760			Superficial wound dehiscence, w/packing	12021		
Arthroplasty, TMJ, w/ allograft	21242			Keratophakia	65766			2nd closure surg wound, extensive	13160		
Arthroplasty, TMJ, w/prosthetic joint replacement	21243			Epikeratoplasty	65767			OTHER SUPPLIES			
VEIN STRIPPING				Keratoprosthesis							
Ligation of long saph vein @ saphenofemoral junct.	37700				65770				A9270		
Short saph veins	37718			DENTAL					A9270		
Long saph veins, to knee or below	37722			External Bleaching, per arch	D9972				A9270		
Stab phlebectomy, one extremity 10-20 stab incisions	37765			External Bleaching, per tooth	D9973				A9270		
Stab phlebectomy, one extremity 20+ stab incisions	37766			Internal Bleaching, per tooth	D9974				A9270		
				Laser Whitening, per treatment	D9999						

NOTES:

Effective 1 July 2010

BI = Bilateral, Qty = Quantity
 * = Add-on Code (Cannot be primary procedure)

Appendix I: 2010 Global Follow-Up Days

The following table notes the appropriate number of days following a procedure during which there is no charge for repeat treatment. The global period is 0, 10, or 90 days post-procedure.

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Procedure Codes designated as 17999-YXXXX were developed by TMA UBO and are not intended to serve as CPT codes. AMA rules and restrictions do not apply.

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Skin Tag Removal	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	10
Skin Tag Removal	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)	10
Lesion Removal	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	0
Lesion Removal	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 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	0
Lesion Removal	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	0
Lesion Removal	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	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	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	0
Lesion Removal	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 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	0
Lesion Removal	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	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	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	0
Lesion Removal	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	10
Lesion Removal	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	10
Lesion Removal	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	10
Lesion Removal	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	10
Lesion Removal	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	10
Lesion Removal	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	10

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Lesion Removal	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	10
Lesion Removal	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	10
Lesion Removal	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	10
Lesion Removal	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	10
Lesion Removal	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	10
Lesion Removal	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	10
Lesion Removal	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	10
Lesion Removal	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	10
Lesion Removal	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	10
Lesion Removal	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	10
Lesion Removal	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	10
Lesion Removal	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	10
Intralesional Injection	11900	Injection, intralesional; up to and including 7 lesions	0
Intralesional Injection	11901	Injection, intralesional; more than 7 lesions	0
Soft Tissue Fillers	11950	Subcutaneous injection of filling material (e.g., collagen) 1 cc or less	0
Soft Tissue Fillers	11951	Subcutaneous injection of filling material (e.g., collagen) 1.1 to 5.0 cc	0
Soft Tissue Fillers	11952	Subcutaneous injection of filling material (e.g., collagen) 5.1 to 10.0 cc	0
Soft Tissue Fillers	11954	Subcutaneous injection of filling material (e.g., collagen) over 10.00 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	10
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	10
Wound Repair	12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	10

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
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	10
Wound Repair	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	10
Wound Repair	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	10
Wound Repair	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	10
Wound Repair	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	10
Wound Repair	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	10
Wound Repair	12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	10
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	10
Wound Repair	12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	10
Wound Repair	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	10
Wound Repair	12020	Treatment of superficial wound dehiscence; simple closure	10
Wound Repair	12021	Treatment of superficial wound dehiscence; with packing	10
Wound Repair	12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	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	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	10
Wound Repair	12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 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	10
Wound Repair	12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	10
Wound Repair	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	10
Wound Repair	12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	10
Wound Repair	12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	10
Wound Repair	12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	10
Wound Repair	12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	10
Wound Repair	12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	10
Wound Repair	12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	10

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Wound Repair	12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 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	10
Wound Repair	12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 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	10
Wound Repair	12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	10
Wound Repair	12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	10
Wound Repair	13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	10
Wound Repair	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	10
Wound Repair	13102	Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)	10
Wound Repair	13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	10
Wound Repair	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	10
Wound Repair	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)	10
Wound Repair	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	10
Wound Repair	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	10
Wound Repair	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)	10
Wound Repair	13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	10
Wound Repair	13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	10
Wound Repair	13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	10
Wound Repair	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)	10
Wound Repair	13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	90
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	0
Skin Resurfacing	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	90
Skin Resurfacing	15781	Dermabrasion; segmental, face	90
Skin Resurfacing	15782	Dermabrasion; regional, other than face	90
Skin Resurfacing	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	90
Skin Resurfacing	15786	Abrasion; single lesion (eg, keratosis, scar)	10
Skin Resurfacing	15787	Abrasion; each additional four lesions or less (list separately in addition to code for primary procedure)	10
Skin Resurfacing	15788	Chemical peel, facial; epidermal	90
Skin Resurfacing	15789	Chemical peel, facial; dermal	90
Skin Resurfacing	15792	Chemical peel, nonfacial; epidermal	90
Skin Resurfacing	15793	Chemical peel, nonfacial; dermal	90
Neck	15819	Cervicoplasty	90

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Blepharoplasty, Blepharoptosis, Canthoplasty	15820	Blepharoplasty, lower eyelid;	90
Blepharoplasty, Blepharoptosis, Canthoplasty	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	90
Blepharoplasty, Blepharoptosis, Canthoplasty	15822	Blepharoplasty, upper eyelid;	90
Rhytidectomy	15824	Rhytidectomy; forehead	90
Rhytidectomy	15825	Rhytidectomy; neck with p-flap tightening	90
Rhytidectomy	15826	Rhytidectomy; glabellar frown lines	90
Rhytidectomy	15828	Rhytidectomy; cheek, chin, and neck	90
Rhytidectomy	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	90
Excision of Excessive Skin	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	90
Excision of Excessive Skin	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh lift	90
Excision of Excessive Skin	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg lift	90
Excision of Excessive Skin	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip lift	90
Excision of Excessive Skin	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock lift	90
Excision of Excessive Skin	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm lift--brachioplasty	90
Excision of Excessive Skin	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	90
Excision of Excessive Skin	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	90
Excision of Excessive Skin	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	90
Excision of Excessive Skin	15847	Excision, excessive skin & subcutaneous tissue (includes lipectomy), abdomen (includes umbilical transposition & fascial plication); Panniculectomy with Abdominoplasty	90
Liposuction	15876	Suction assisted lipectomy; head and neck	90
Liposuction	15877	Suction assisted lipectomy; trunk	90
Liposuction	15878	Suction assisted lipectomy; upper extremity	90
Liposuction	15879	Suction assisted lipectomy; lower extremity	90
Lesion Removal	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	90
Lesion Removal	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 - 50.0 sq cm	90
Lesion Removal	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	90
Lesion Removal	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	10

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Lesion Removal	17111	Destruction (eg,laser surgery,electrosurgery,cryosurgery,chemosurgery,surgical curettement),of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	10
Lesion Removal	17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	0
Hair Removal	17380	Electrolysis Epilation, 30 minute session	0
Skin Resurfacing	17999-Y0001	Microdermabrasion; total face	90
Skin Resurfacing	17999-Y0002	Microdermabrasion; segment, facial	90
Skin Resurfacing	17999-Y0003	Laser Skin Resurfacing, Ablative; total face	90
Skin Resurfacing	17999-Y0004	Laser Skin Resurfacing, Ablative; segment, facial	90
Skin Resurfacing	17999-Y0005	Laser Skin Resurfacing, Non-ablative; total face	90
Skin Resurfacing	17999-Y0006	Laser Skin Resurfacing, Non-ablative; segment, facial	90
Skin Resurfacing	17999-Y0007	Laser Skin Resurfacing, Non-ablative; neck	90
Skin Resurfacing	17999-Y0008	Laser Skin Resurfacing, Non-ablative; chest	90
Skin Resurfacing	17999-Y0009	Laser Skin Resurfacing, Non-ablative; back and shoulder area	90
Skin Resurfacing	17999-Y0010	Laser Skin Resurfacing, Non-ablative; arms	90
Skin Resurfacing	17999-Y0011	Laser Skin Resurfacing, Non-ablative; hands	90
Skin Resurfacing	17999-Y0012	Laser Skin Resurfacing, Non-ablative; legs	90
Hair Removal	17999-Y0020	Laser hair removal; lip	10
Hair Removal	17999-Y0021	Laser hair removal; lip and chin	10
Hair Removal	17999-Y0022	Laser hair removal; back	10
Hair Removal	17999-Y0023	Laser hair removal; arms	10
Hair Removal	17999-Y0024	Laser hair removal; underarms	10
Hair Removal	17999-Y0025	Laser hair removal; bikini	10
Hair Removal	17999-Y0026	Laser hair removal; legs	10
Hair Removal	17999-Y0027	Laser hair removal; beard	10
Hair Removal	17999-Y0028	Laser hair removal; ears	10
Tattoo Removal	17999-Y0030	Laser tattoo removal; ≤ 30 sq. cm, initial session	90

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Tattoo Removal	17999-Y0031	Laser tattoo removal; ≤ 30 sq. cm, each addl session	90
Tattoo Removal	17999-Y0032	Laser tattoo removal; ≥ 31 sq cm, initial session	90
Tattoo Removal	17999-Y0033	Laser tattoo removal; ≥ 31 sq cm, each addl session	90
Laser Vein Treatment	17999-Y0050	Laser Vein Treatment of Leg	90
Fat Transfer	17999-Y5000	Microlipoinjection/fat transfer; lips	10
Fat Transfer	17999-Y5001	Microlipoinjection/fat transfer; melolabial folds	10
Fat Transfer	17999-Y5002	Microlipoinjection/fat transfer; marionette lines	10
Fat Transfer	17999-Y5003	Microlipoinjection/fat transfer; forehead	10
Fat Transfer	17999-Y5004	Microlipoinjection/fat transfer; glabella	10
Fat Transfer	17999-Y5005	Microlipoinjection/fat transfer; tear troughs	10
Fat Transfer	17999-Y5006	Microlipoinjection/fat transfer; crows feet	10
Hair Transplant	17999-Y5775	Micro/mini grafts 1- 500 hairs	10
Excision of Excessive Skin	17999-Y5831	Abdominoplasty	90
Other Revisions	17999-Y5835	Buttock Augmentation w/ implant	90
Other Revisions	17999-Y5836	Buttock Augmentation w/o implant	90
Other Revisions	17999-Y5837	Calf Augmentation	90
Other Revisions	17999-Y5838	Umbilicoplasty	90
Liposuction	17999-Y5876	Ultrasound assisted lipectomy; head and neck	90
Liposuction	17999-Y5877	Ultrasound assisted lipectomy; trunk	90
Liposuction	17999-Y5878	Ultrasound assisted lipectomy; upper extremity	90
Liposuction	17999-Y5879	Ultrasound assisted lipectomy; lower extremity	90
Piercing	17999-Y6001	Piercing, Other Body Parts	0
Breast/Chest	19300	Mastectomy for Gynecomastia	90
Breast/Chest	19316	Mastopexy (Breast Lift)	90
Breast/Chest	19318	Reduction mammoplasty	90
Breast/Chest	19324	Mammoplasty, augmentation; without prosthetic implant	90
Breast/Chest	19325	Mammoplasty, augmentation; with prosthetic implant	90
Breast/Chest	19328	Removal of intact mammary implant	90

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Breast/Chest	19330	Removal of mammary implant material	90
Breast/Chest	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	90
Breast/Chest	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	90
Breast/Chest	19350	Nipple/areola reconstruction	90
Breast/Chest	19355	Correction of Inverted nipples	90
Breast/Chest	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	90
Breast/Chest	19370	Open periprosthetic capsulotomy, breast	90
Breast/Chest	19371	Periprosthetic capsulectomy, breast	90
Breast/Chest	19380	Revision of reconstructed breast	90
Facial Reconstruction	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	90
Facial Reconstruction	21121	Genioplasty; sliding osteotomy, single piece	90
Facial Reconstruction	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	90
Facial Reconstruction	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	90
Facial Reconstruction	21125	Augmentation, mandibular body or angle; prosthetic material	90
Facial Reconstruction	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	90
Facial Reconstruction	21137	Reduction forehead; contouring only	90
Facial Reconstruction	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	90
Facial Reconstruction	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	90
Facial Reconstruction	21141	Reconstruction midface, lefort i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft	90
Facial Reconstruction	21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft	90
Facial Reconstruction	21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft	90
Facial Reconstruction	21145	Reconstruction midface, lefort i; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	90
Facial Reconstruction	21146	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	90
Facial Reconstruction	21147	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft/multiple osteotomies)	90
Facial Reconstruction	21150	Reconstruction midface, lefort ii; anterior intrusion (eg, treacher-collins syndrome)	90
Facial Reconstruction	21151	Reconstruction midface, lefort ii; any direction, requiring bone grafts (includes obtaining autografts)	90
Facial Reconstruction	21154	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); without lefort i	90

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Facial Reconstruction	21155	Reconstruction midface, lefort iii (extracranial), any type, requiring bone grafts (includes obtaining autografts); with lefort i	90
Facial Reconstruction	21159	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without lefort i	90
Facial Reconstruction	21160	Reconstruction midface, lefort iii (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with lefort i	90
Facial Reconstruction	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	90
Facial Reconstruction	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), w w/o grafts (inc obtaining autografts)	90
Facial Reconstruction	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	90
Facial Reconstruction	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	90
Facial Reconstruction	21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	90
Facial Reconstruction	21182	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting < 40 sq cm	90
Facial Reconstruction	21183	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex foll intra-&extracranial excision, benign tumor, cranial bone, w multi autografts; total area, bone graft > 40 sq cm but < 80 sq cm	90
Facial Reconstruction	21184	Reconstruction, orbital walls, rims, forehead, nasoethmoid complex following intra-&extracranial excision, benign tumor, cranial bone, w multiple autografts; total area, bone grafting > 80 sq cm	90
Facial Reconstruction	21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)	90
Facial Reconstruction	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	90
Facial Reconstruction	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	90
Facial Reconstruction	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	90
Facial Reconstruction	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	90
Facial Reconstruction	21198	Osteotomy, mandible, segmental;	90
Facial Reconstruction	21199	Osteotomy, mandible, segmental; with genioglossus advancement	90
Facial Reconstruction	21206	Osteotomy, maxilla, segmental (eg, wassmund or schuchard)	90
Facial Reconstruction	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	90
Facial Reconstruction	21209	Osteoplasty, facial bones; reduction	90
Facial Reconstruction	21210	Graft, bone; malar/maxilla/nasal augmentation	90

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Facial Reconstruction	21215	Graft, bone; mandible (includes obtaining graft)	90
Facial Reconstruction	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	90
Facial Reconstruction	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	90
Facial Reconstruction	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	90
Facial Reconstruction	21242	Arthroplasty, temporomandibular joint, with allograft	90
Facial Reconstruction	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	90
Facial Reconstruction	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	90
Facial Reconstruction	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	90
Facial Reconstruction	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	90
Facial Reconstruction	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	90
Facial Reconstruction	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	90
Facial Reconstruction	21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	90
Facial Reconstruction	21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	90
Facial Reconstruction	21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	90
Facial Reconstruction	21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	90
Facial Reconstruction	21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	90
Facial Reconstruction	21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	90
Facial Reconstruction	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	90
Facial Reconstruction	21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	90
Facial Reconstruction	21270	Malar augmentation, prosthetic material	90
Facial Reconstruction	21275	Secondary revision of orbitocraniofacial reconstruction	90
Facial Reconstruction	21280	Medial canthopexy (separate procedure)	90
Facial Reconstruction	21282	Canthopexy, lateral	90
Facial Reconstruction	21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	90
Facial Reconstruction	21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	90
Breast/Chest	21899	Pectoral Augmentation; male chest, with implant	90

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Rhinoplasty	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	90
Rhinoplasty	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	90
Rhinoplasty	30420	Rhinoplasty, primary; including major septal repair	90
Rhinoplasty	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	90
Rhinoplasty	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	90
Rhinoplasty	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	90
Rhinoplasty	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	90
Rhinoplasty	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	90
Sclerotherapy	36468	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); trunk	10
Sclerotherapy	36469	Sclerotherapy; Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	10
Sclerotherapy	36470	Sclerotherapy; Injection of sclerosing solution; single vein	10
Sclerotherapy	36471	Sclerotherapy; Injection of sclerosing solution; multiple veins, same leg	10
Vein Stripping	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	90
Vein Stripping	37718	Ligation, division, and stripping, short saphenous vein	90
Vein Stripping	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	90
Vein Stripping	37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	90
Vein Stripping	37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	90
Lip Augmentation	40510	Excision of lip; transverse wedge excision with primary closure	90
Lip Augmentation	40520	Excision of lip; v-excision with primary direct linear closure	90
Lip Augmentation	40525	Excision of lip; full thickness, reconstruction with local flap (eg, estlander or fan)	90
Lip Augmentation	40527	Excision of lip; full thickness, reconstruction with cross lip flap (abbe-estlander)	90
Lip Augmentation	40530	Resection of lip, more than one-fourth, without reconstruction	90
Lip Augmentation	40650	Repair lip, full thickness; vermilion only	90
Lip Augmentation	40652	Repair lip, full thickness; up to half vertical height	90
Lip Augmentation	40654	Repair lip, full thickness; over one-half vertical height, or complex	90
Lip Augmentation	40799-Y5834	Lip Augmentation; upper or lower, unpaired	0
Other Revisions	40806	Incision of labial frenum (frenotomy)	0
Other Revisions	40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	10
Other Revisions	40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	90
Other Revisions	41820	Gingivectomy, excision gingiva, each quadrant	0
Other Revisions	41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	10
Other Revisions	41872	Gingivoplasty, each quadrant (specify)	90

Code Category	CPT® Code	CPT® Long Description	2010 Global Follow-up Days
Chemodenervation	64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	10
Chemodenervation	64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	10
Chemodenervation	64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	10
Chemodenervation	64650	Chemodenervation of eccrine glands; both axillae	0
Chemodenervation	64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	0
Eye Surgery	65760	Keratomileusis	90
Eye Surgery	65765	Keratophakia	90
Eye Surgery	65767	Epikeratoplasty	90
Eye Surgery	65770	Keratoprosthesis	90
Other Revisions	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	90
Blepharoplasty, Blepharoptosis, Canthoplasty	67903	Repair of blepharoptosis; (tarso)levator resection or advancement, internal approach	90
Blepharoplasty, Blepharoptosis, Canthoplasty	67904	Repair of blepharoptosis; (tarso)levator resection or advancement, external approach	90
Blepharoplasty, Blepharoptosis, Canthoplasty	67950	Canthoplasty (reconstruction of canthus)	90
Piercing	69090	Ear piercing, each piercing	0
Facial Reconstruction	69300	Otoplasty, protruding ear, with or without size reduction	90
Mod Sedation	99144	Moderate Sedation, performed by surgeon	0
Mod Sedation	99149	Moderate Sedation, performed by other physician than surgeon	0
Dental	D9972	Teeth Whitening; external bleaching, per arch	0
Dental	D9973	Teeth Whitening; external bleaching, per tooth	0
Dental	D9974	Teeth Whitening; internal bleaching, per tooth	0
Dental	D9999	Laser Teeth Whitening, per treatment	0