



Provider's Guide to the Elective Cosmetic Surgery Superbill

The TMA Elective Cosmetic Surgery Superbill lists CPT®/Procedure codes for all elective cosmetic procedures available in the MHS. The Superbill is completed by you, the provider, and used by MSA staff to enter data into the Cosmetic Surgery Estimator (CSE) to generate a cost estimate. The Superbill is prepared and distributed by the TMA UBO Program Office. Use of alternate Superbills is not authorized.

Your MTF's UBO office will provide you with a supply of new Elective Cosmetic Surgery Superbills to be used in accordance with the CSE v8 (Effective date July 1, 2012).

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Procedure Description	Code	BI	QTY	Procedure Description	Code	BI	QTY	Procedure Description	Code	BI	QTY
SKIN TAG REMOVAL				INTRALASER INJECTION							
Removal of skin tags, up to 15 lesions	11200			Intraneural injection	15024						
Removal of skin tags, up to 1-10 lesions	11201*			Transcranial injection, 7 or less	15025				11500		
				Transcranial injection, 8 or more	15026				11501		
LESION REMOVAL				Subcutaneous Injection of Filling Material							
Removal of epidermal or dermal lesions (pigment lesions)				1.0 cc or less	11950						
Trunk, arms or legs				1.1 - 5.0 cc	11951						
0.5 on lesion diameter	11300			More than 10.0 cc	11952						
1.0 to 1.0 on lesion diameter	11301			Other facial reconstructive, enter price per unit and qty below							
1.1 to 2.0 on lesion diameter	11302			Radiance/Radiance®	12450-01						
2.0 on lesion diameter	11303			Cymra®	12450-02						
Scalp, neck, hands, feet, genitalia				Hydroxyl	12450-03						
0.5 on lesion diameter	11305			Zyrtast®	12450-04						
1.0 to 1.0 on lesion diameter	11306			Aréfil®	12450-05						
1.1 to 2.0 on lesion diameter	11307			Comogest/Comogest®	12450-06						
2.0 on lesion diameter	11308			Hydroxyl	12450-07						
Scalp, neck, hands, feet, genitalia				Cymra®	12450-08						
0.5 on lesion diameter	11310			Hydroxyl	12450-09						
1.0 to 1.0 on lesion diameter	11311			Zyrtast®	12450-10						
1.1 to 2.0 on lesion diameter	11312			Aréfil®	12450-11						
2.0 on lesion diameter	11313			Comogest/Comogest®	12450-12						
Excision of Benign Lesion (excluding margins)				Hydroxyl	12450-13						
Trunk, arms or legs				Cymra®	12450-14						
0.5 on excised diameter	11400			Hydroxyl	12450-15						
1.0 to 1.0 on excised diameter	11401			Zyrtast®	12450-16						
1.1 to 2.0 on excised diameter	11402			Aréfil®	12450-17						
2.0 on excised diameter	11403			Comogest/Comogest®	12450-18						
1.1 to 4.0 on excised diameter	11404			Hydroxyl	12450-19						
4.0 on excised diameter	11405			Cymra®	12450-20						
Scalp, neck, hands, feet, genitalia				Hydroxyl	12450-21						
0.5 on excised diameter	11420			Zyrtast®	12450-22						
1.0 to 1.0 on excised diameter	11421			Aréfil®	12450-23						
1.1 to 2.0 on excised diameter	11422			Comogest/Comogest®	12450-24						
2.0 to 3.0 on excised diameter	11423			Hydroxyl	12450-25						
3.0 to 4.0 on excised diameter	11424			Cymra®	12450-26						
4.0 on excised diameter	11425			Hydroxyl	12450-27						
Scalp, neck, hands, feet, genitalia				Zyrtast®	12450-28						
0.5 on excised diameter	11440			Aréfil®	12450-29						
1.0 to 1.0 on excised diameter	11441			Comogest/Comogest®	12450-30						
1.1 to 2.0 on excised diameter	11442			Hydroxyl	12450-31						
2.0 to 3.0 on excised diameter	11443			Cymra®	12450-32						
3.0 to 4.0 on excised diameter	11444			Hydroxyl	12450-33						
4.0 on excised diameter	11445			Zyrtast®	12450-34						
Excision, Cutaneous Vascular Proliferative Lesions				Aréfil®	12450-35						
1.0 sq cm	17106			Comogest/Comogest®	12450-36						
10.0 - 50.0 sq cm	17107			Hydroxyl	12450-37						
Over 50.0 sq cm	17108			Cymra®	12450-38						
Excision, Benign Lesions (not skin tags or cutaneous proliferative)				Hydroxyl	12450-39						
Excision, 1-4 benign lesions	17110			Zyrtast®	12450-40						
Excision, 5 or more benign lesions	17111			Aréfil®	12450-41						
Cutaneous Cysticercosis				Comogest/Comogest®	12450-42						
Cysticary granulation tissue (proud flesh, sinus or fistula)	17200			Hydroxyl	12450-43						
BRIDGEMANSHIP, BRIDGEMANSHIP, BRIDGEMANSHIP				Cymra®	12450-44						
Blepharoplasty, lower eyelid	15820			Hydroxyl	12450-45						
Blepharoplasty, lower eyelid with/without herniated fat pad	15821			Zyrtast®	12450-46						
Blepharoplasty, upper eyelid	15822			Aréfil®	12450-47						
Blepharoplasty, internal approach	57003			Comogest/Comogest®	12450-48						
Blepharoplasty, external approach	57004			Hydroxyl	12450-49						
Blepharoplasty, combined	57005			Cymra®	12450-50						
ORBITALITY				Hydroxyl	12450-51						
Primary, lateral & ear cartilage or elevation of tip	30400			Zyrtast®	12450-52						
Primary, complete	30410			Aréfil®	12450-53						
Primary, alar cartilage repair	30420			Comogest/Comogest®	12450-54						
Secondary, minor revision	30430			Hydroxyl	12450-55						
Secondary, intermediate revision	30438			Cymra®	12450-56						
Secondary, major revision	30450			Hydroxyl	12450-57						
Secondary to cleft lip/palate, lip only	30460			Zyrtast®	12450-58						
Secondary to cleft lip/palate, lip, septum, columella	30462			Aréfil®	12450-59						
				Comogest/Comogest®	12450-60						
				Hydroxyl	12450-61						
				Cymra®	12450-62						
				Hydroxyl	12450-63						
				Zyrtast®	12450-64						
				Aréfil®	12450-65						
				Comogest/Comogest®	12450-66						
				Hydroxyl	12450-67						
				Cymra®	12450-68						
				Hydroxyl	12450-69						
				Zyrtast®	12450-70						
				Aréfil®	12450-71						
				Comogest/Comogest®	12450-72						
				Hydroxyl	12450-73						
				Cymra®	12450-74						
				Hydroxyl	12450-75						
				Zyrtast®	12450-76						
				Aréfil®	12450-77						
				Comogest/Comogest®	12450-78						
				Hydroxyl	12450-79						
				Cymra®	12450-80						
				Hydroxyl	12450-81						
				Zyrtast®	12450-82						
				Aréfil®	12450-83						
				Comogest/Comogest®	12450-84						
				Hydroxyl	12450-85						
				Cymra®	12450-86						
				Hydroxyl	12450-87						
				Zyrtast®	12450-88						
				Aréfil®	12450-89						
				Comogest/Comogest®	12450-90						
				Hydroxyl	12450-91						
				Cymra®	12450-92						
				Hydroxyl	12450-93						
				Zyrtast®	12450-94						
				Aréfil®	12450-95						
				Comogest/Comogest®	12450-96						
				Hydroxyl	12450-97						
				Cymra®	12450-98						
				Hydroxyl	12450-99						
				Zyrtast®	12450-100						
				Aréfil®	12450-101						
				Comogest/Comogest®	12450-102						
				Hydroxyl	12450-103						
				Cymra®	12450-104						
				Hydroxyl	12450-105						
				Zyrtast®	12450-106						
				Aréfil®	12450-107						
				Comogest/Comogest®	12450-108						
				Hydroxyl	12450-109						
				Cymra®	12450-110						
				Hydroxyl	12450-111						
				Zyrtast®	12450-112						
				Aréfil®	12450-113						
				Comogest/Comogest®	12450-114						
				Hydroxyl	12450-115						
				Cymra®	12450-116						
				Hydroxyl	12450-117						
				Zyrtast®	12450-118						
				Aréfil®	12450-119						
				Comogest/Comogest®	12450-120						
				Hydroxyl	12450-121						
				Cymra®	12450-122						
				Hydroxyl	12450-123						
				Zyrtast®	12450-124						



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Cosmetic Surgery Superbill Header

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 2012		Page 1 of
MTF: 1		Patient Name: 6		
Provider's Name and Phone: 2		Visit Date: / / 7	Surgery Date: / /	
ICD-9 Code 1: 3	ICD-9 Code 2: 4	Anesthesia: <input type="checkbox"/> Local Block		
Location: <input type="checkbox"/> Provider's Office <input type="checkbox"/> Operating Room Inpatient 5 <input type="checkbox"/> Operating Room Outpatient		<input type="checkbox"/> Monitored/General Anesthesia Care 8 <input type="checkbox"/> Topical <input type="checkbox"/> Moderate Sedation <input type="checkbox"/> None		
9 Will this procedure be combined with a medically necessary procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No				

- MTF:** Print the name of the MTF where the elective cosmetic surgery procedure(s) selected will be performed.
- Provider's Name and Phone:** Print your full name and office phone number.
- ICD-9-CM Code 1:** For all elective cosmetic procedures, the first listed diagnosis code must be from the V50.X series. For example:
 - V50.0 Hair transplant
 - V50.1 Other plastic surgery for unacceptable cosmetic appearance
 - V50.3 Ear piercing
 - V50.8 Other
- ICD-9-CM Code 2:** Enter a second ICD-9-CM code when applicable.
- Location:** Select one of the following procedure locations:
 - Provider's Office
 - Operating Room—Outpatient
 - Operating Room—Outpatient
- Patient Name:** Print the patient's full name.
- Visit Information:** Enter the elective cosmetic surgery consultation visit date and surgery date, if known.
 - Enter dates using the format: MM/DD/YYYY.
 - Consultation visit and surgery dates are used by the MSA clerk for post-procedure verification. Surgery cannot be performed without prior payment.
- Anesthesia:** Select one of the following anesthesia options:
 - Topical
 - Local
 - Moderate Sedation
 - General/Monitored Anesthesia Care
 - None
- Combined with Medically Necessary Procedure:** Indicate here whether or not the elective cosmetic procedure(s) selected will be performed during the same surgical encounter as a medically necessary procedure.



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Superbill Columns

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Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL			
Removal of skin tags, up to 15 lesions	11200		
Removal of skin tags, ea addl 1-10 lesions	11201 +		
LESION REMOVAL			
Shaving of Epidermal or Dermal Lesions (single lesion)			
Trunk, arms or legs			
≤ 0.5 cm lesion diameter	11300		
0.6 to 1.0 cm lesion diameter	11301		
1.1 to 2.0 cm lesion diameter	11302		
> 2.0 cm lesion diameter	11303		

Please highlight or circle the procedure(s) selected.

10. **Procedure Description:** Abbreviated procedure descriptions based on official American Medical Association (AMA) CPT® descriptions are provided on the Superbill. Your MTF's UBO can provide you with a copy of the CSE CPT®/Procedure Glossary for more detailed procedure descriptions.
11. **Code:** Where applicable, AMA CPT® codes are used to refer to elective cosmetic procedures.
 - However, some elective cosmetic procedures do not have an official CPT® code assigned to them. To generate pricing for these procedures, TMA UBO Y-codes are used to identify these procedures in the CSE.
 - TMA UBO Y-codes use the format: 17999-YXXXX.
12. **Bilateral:** Specify, where applicable, whether or not a procedure will be performed bilaterally.
 - = White boxes indicate procedures that are available for bilateral pricing. Enter an "X" or "✓" in the box provided to indicate a bilateral procedure.
 - = Grey boxes indicate that the bilateral option is not available. If multiple quantities are required, enter the number of procedures required in the "Qty" column.
13. **Quantity:** Specify, where applicable, the quantity or number of sessions required for each procedure.
 - = White boxes indicate procedures that can be priced in multiple quantities or generally require more than 1 session for optimal results. Enter the appropriate quantity or number of sessions in the box provided.
 - = Grey boxes indicate procedures that are generally performed with a quantity of 1 and do not require multiple sessions.



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Instructions for Specific Procedures

Injections of Chemodenervation Agents

- Special pricing is available when a chemodenervation procedure is performed by a Dermatology resident physician. Indicate here whether or not the chemodenervation procedure selected will be performed by a Dermatology resident.
- Chemodenervation procedures require billing for the professional service as well as the pharmaceutical used. In addition to selecting the code for procedure to be performed, please select the pharmaceutical that will be used and enter the number of units required in the "Qty" column. MSA staff will obtain the price per unit from the pharmacy and enter it into the CSE to generate a price estimate.

Procedure Description	Code	Bi	Qty
CHEMODENERVATION			
Performed by a Dermatology Resident?	Y <input type="checkbox"/> N <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		
(Select a pharmaceutical; enter price per unit and qty below)		Price	Qty
Botox®	J0585	\$5.36	
Dysport®	J0586		
Other	J2488		

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- If a pharmaceutical other than Botox® or Dysport® is used, select "Other" and write in the name of the pharmaceutical that will be used. This information will be included on the cost estimate report provided to the patient.

Subcutaneous Injections of Filling Material

- Subcutaneous injection procedures require billing for the professional service, as well as the pharmaceutical used. In addition to selecting the code for procedure to be performed, please select the pharmaceutical that will be used and enter the number of units required in the "Qty" column. MSA staff will obtain the price per unit from the pharmacy and enter it into the CSE to generate a price estimate.
- If a pharmaceutical other than those listed on the Superbill will be used, select "Other" and write in the name of the pharmaceutical that will be used. This information will be included on the cost estimate report provided to the patient.

Procedure Description	Code	Bi	Qty
INJECTIONS			
Intralesional Injection			
Intralesional Injection; 7 or less	11900		
Intralesional Injection; 8 or more	11901		
Subcutaneous Injection of Filling Material			
1.0 cc or less	11950		
1.1 - 5.0 cc	11951		
5.1 - 10.0 cc	11952		
More than 10.0 cc	11954		
Soft Tissue Fillers			
(Select a pharmaceutical; enter price per unit and qty below)		Price	Qty
Radiesse®/Radiessse®	J3490-01		
Restylane®	J3490-02		
Zyderm®	J3490-03		
Zyplast®	J3490-04		
Artefil®	J3490-05		
Cosmoplast®/Cosmoderm®	J3490-06		
Cymetra®	J3490-07		
Evolence®	J3490-08		
Juvederm®	J3490-09		
Fascian®	J3490-10		
Sculptra®	J3490-11		
Silicone	J3490-12		
Other:	J3490		

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Hair Transplants

- Micro/mini hair grafts (procedure code 17999-Y5775) are priced in blocks of 500 hairs. Enter the quantity based on blocks of 500 hairs.
- For example:
 - 501 hairs would be entered as a quantity of 2
 - 1,001 hairs would be entered as a quantity of 3.

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

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Biologic Implants

- 15777 (implantation of biologic implant) is a new CPT® code introduced for 2012. 15777 is an add-on code that may be used with any of the skin substitute graft procedures and/or the 14 breast procedures listed below:

Procedure Description	Code	Bi	Qty
BREAST / CHEST AUGMENTATION			
Mastopexy (Breast Lift)	19316		
Mammoplasty; reduction	19318		
Mammoplasty; augmentation w/o implant	19324		
Mammoplasty; augmentation w/implant	19325		
Removal of intact mammary implant	19328		
Removal of implant material	19330		
Immediate insertion of implant	19340		
Delayed insertion of implant	19342		
Nipple / areola reconstruction	19350		
Correction of inverted nipples	19355		
Breast reconstr; immed / delayed	19357		
Open periprosthetic capsulotomy; breast	19370		
Periprosthetic capsulectomy; breast	19371		
Revision of reconstructed breast	19380		
BIOLOGIC IMPLANT (May be used w/any of the above breast procedures)			
implantation of biologic implant	15777 +		

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Procedure Description	Code	Bi	Qty
SKIN SUBSTITUTE GRAFT			
Trunk, arms, legs			
Wound area ≤ 100 sq cm; first 25 sq cm	15271		
Wound area ≤ 100 sq cm; ea add'l 25 sq cm	15272 +		
Wound area ≥ 100 sq cm; first 100 sq cm	15273		
Wound area ≥ 100 sq cm; ea add'l 100 sq cm	15274 +		
Face, scalp, eyelids, mouth, neck, ears, genitalia, hands, feet			
Wound area ≤ 100 sq cm; first 25 sq cm	15275		
Wound area ≤ 100 sq cm; ea add'l 25 sq cm	15276 +		
Wound area ≥ 100 sq cm; first 100 sq cm	15277		
Wound area ≥ 100 sq cm; ea add'l 100 sq cm	15278 +		
BIOLOGIC IMPLANT			
(May be used w/ any of the above skin graft procedures)			
implantation of biologic implant	15777 +		

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Pharmaceutical or Implant/Supply Only

- Please complete this section of the Superbill when a cost estimate for pharmaceuticals, implants, or supplies is required without a corresponding procedure.
- Enter the name and quantity of the item needed in space provided. MSA staff will obtain the price per unit and enter it into the CSE to generate a price estimate.

PHARMACEUTICAL ONLY		Price	Qty
Name:	J9999		
IMPLANT/SUPPLY ONLY		Price	Qty
Name:	C9999		

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Additional Information

Global Periods

Cosmetic surgery global periods refer to the time frame immediately following surgery during which routine post operative follow-up care (e.g., replacing stitches or treating infected wounds) is provided without additional charge to the patient. Professional services related to the original procedure should not be re-coded during the global period. Instead, CPT® code 99024 is used for a post operative visit to indicate that an evaluation and management service was performed related to the original procedure. CPT® code 99024 does not generate professional or facility fees for the patient. However, all additional implants, pharmaceuticals, and separately billable supplies utilized during the global period must be billed to the patient at the full reimbursement rate.

Most cosmetic surgeries have a global period of 0, 10, or 90 days. Ninety day global periods are assigned to major surgeries and 10 day global periods are assigned to minor surgeries. Procedures that have a global period of 0 days are not subject to the global period packaging and applicable rates would apply to the procedure for every date of service performed.

Post-operative global periods start the first day following surgery. All post-operative care/services provided are included in the global package if they do not require additional trips to the operating room.

Note: This rule does not apply if the visit is for a problem unrelated to the diagnosis for which the surgery was performed or is for an added course of treatment other than the normal recovery from surgery.

-TRICARE Reimbursement Manual 6010.58-M, Chapter 1, Section 16

Example:

Chemodervation procedures have a 10-day global period. There should be no additional professional fee for "touch-ups" performed during this period. However, there is a charge for any additional pharmaceutical used. The Cosmetic Surgery Superbill should be completed to indicate the additional units of pharmaceutical required and MSA staff will generate a cost estimate report for the patient.

Complications from Surgery

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

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

Exclusions:

1. The complication occurs in the same body system or the same anatomical area of the non-covered treatment; and
2. The complication is one that commonly occurs.

An example of a complication that commonly occurs is one that occurs often enough that it is ordinarily disclosed during the process of informed consent.

-TRICARE Policy Manual 6010.57-M, Chapter 4, Section 1.1



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Standard Cosmetic Surgery Process

Step 1: Consultation

The patient will contact you to schedule a consultation. At the consultation, determine if the procedure is medically necessary or elective cosmetic. If the surgery is determined elective cosmetic, complete and provide the patient with a Cosmetic Surgery Superbill 2012.

Step 2: Procedure Estimate and Payment

The patient presents the completed Cosmetic Surgery Superbill to the MSA office. The MSA clerk enters the information from the completed Superbill into the Cosmetic Surgery Estimator and generates an estimated bill of the total cost of the procedure(s) for the patient. If the patient chooses to undergo the procedure(s), they must pay for all services, in full, prior to scheduling the procedure(s). In addition to paying for the procedure(s), the patient is required to sign a letter of acknowledgment before the surgery can be scheduled and performed. In the letter of acknowledgment, the patient agrees to pay for any additional fees for services rendered. Upon receipt of the signed letter of acknowledgment, the MSA clerk can notify you that payment has been received.

Step 3: Schedule and Undergo Procedure

The patient presents the receipt provided at the MSA office to the Surgery Clinic. The procedure is scheduled and performed as scheduled.

Step 4: Post-Procedure

After the procedure is completed, the MSA clerk reviews the documentation of the event to ensure that paid procedures were performed and to determine whether additional or alternate procedures were performed. The patient is responsible for any additional fees incurred. If no additional procedures, services, or supplies were performed or used, no additional bill will be generated.