



Health Budgets &
Financial Policy

**Cosmetic Surgery Estimator
(CSE) Version 6.0 Update
8 Jun 2010 @ 0800 (EDT)
10 Jun 2010 @ 1400 (EDT)**

Agenda

- **Background—Health Affairs Policy 05-020, October 2005**
- **Disclosure/Consent Required**
- **The Estimate Process**
- **2010 Rate Methodology**
- **2010 Updates & Enhancements**
- **Practice Scenarios**
- **CSE v6.0 Distribution & Effective Date**

Background

- Elective cosmetic surgery is **not** a TRICARE covered benefit.
- *However*, Health Affairs Policy 05-020 authorizes “limited volumes of cosmetic surgery procedures” in military treatment facilities to support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists.
- The policy also notes that performing cosmetic procedures often requires the same skills necessary to obtain optimal results in reconstructive surgery, therefore military providers “have a valid need to perform cosmetic surgery cases to maintain their specialty surgical skills.”

Who Can Perform Cosmetic Procedures

- HA Policy 05-020 authorizes:
 - A limited number (20% of case load) of cosmetic surgery cases performed by privileged staff and residents in the following specialties:
 - Plastic Surgery
 - Otorhinolaryngology (ENT)
 - Ophthalmology
 - Dermatology
 - Oral-Maxillofacial Surgery
 - Exception is for excision or destruction of minor benign dermatological lesions which may be performed by “qualified and privileged providers in any specialty.”

Availability of Elective Cosmetic Surgery

- Elective cosmetic surgery at MTFs is only provided on a “space available” basis and is limited to:
 - TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months.
 - Active duty personnel must have written permission from their unit commander.
- **All patients are** fully responsible and must pay for in full in advance for surgical fees, applicable institutional and anesthesia charges, as well as the cost of all implants, cosmetic injectables, and other separately billable items associated with elective cosmetic procedures.

Disclosure/Consent Required

- Sample Letter of Acknowledgement in User's Guide revised to clarify language
 - Paragraph 1 clarified payment terms and added specific references to the Federal regulations regarding debt collection
 - Paragraph 2 is unchanged and references the refund policy **printed on back of form**
 - Paragraph 3 is revised to include the title of the TRICARE Policy Manual reference: *Complications (Unfortunate Sequelae) Resulting from Noncovered Surgery or Treatment*
 - Clarifies follow-up, including follow-up care for complications, may be non-covered regardless of location of service

Cost of Cosmetic Procedures

* Professional Fees

+

* Facility Fee (Outpatient/APV or Inpatient)

(There is no facility fee for procedures performed in a provider's office)

+

Anesthesia Fee

+

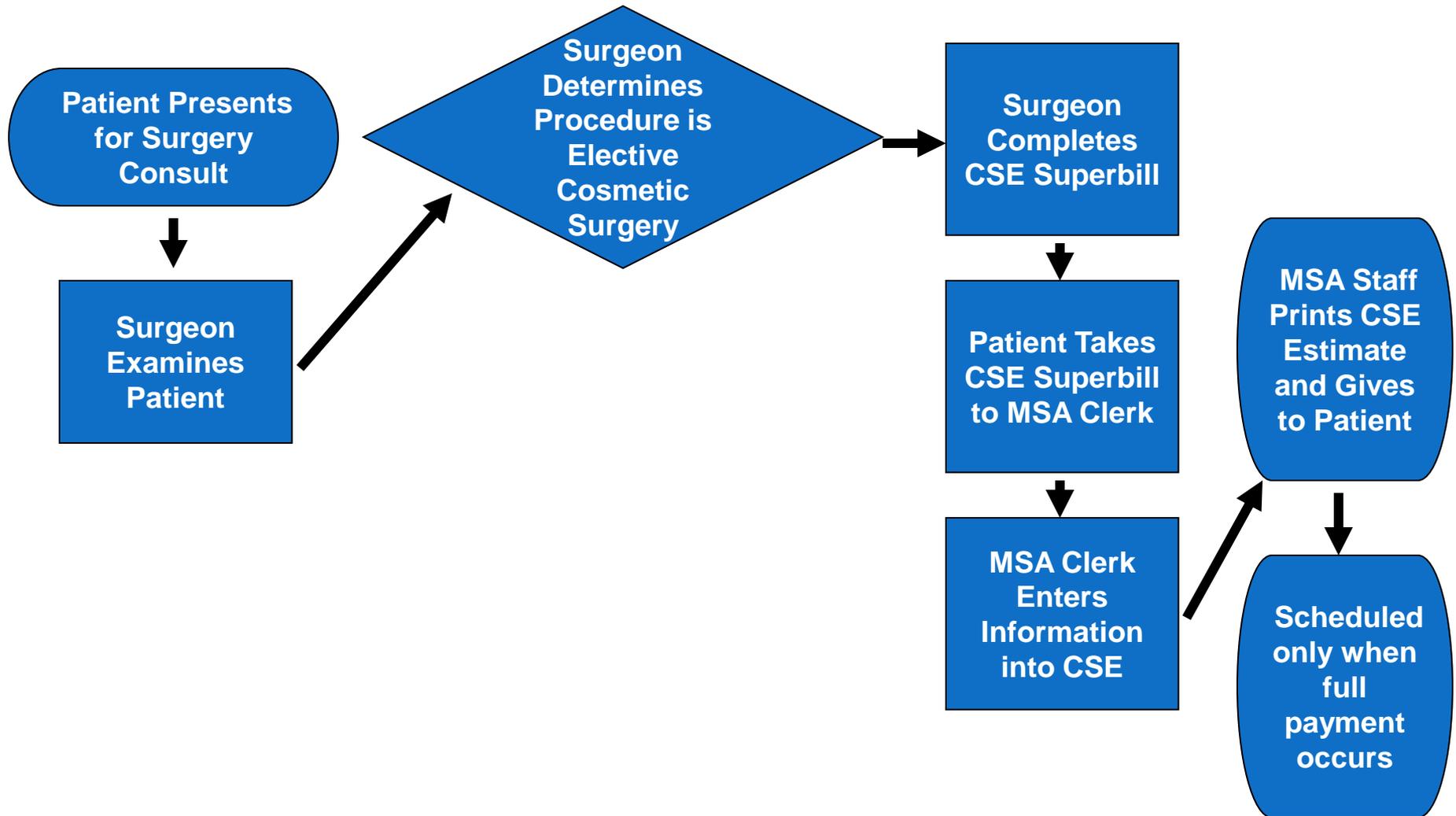
Cost of Implants & Pharmaceuticals

(e.g., Breast Implants, Chin Implants, Botox[®], Restylane[®])

= TOTAL COST

* *For bilateral or secondary procedures performed during same surgical encounter, fees are reduced by 50% for additional procedures*

The Estimate Process



Professional Fees

- Fee rounded to nearest \$1
- Fees updated to 2010 CMAC national rate, Locality 300
 - Rates are not locality-driven; same rate at every MTF
 - Y codes cross-walked to related procedure code, if applicable, for fee update, otherwise increased by 2.9% in accordance with 2010 rate methodology
- Facility professional fee applies in APV outpatient setting
- Non-Facility professional fee applies in clinic/office setting
- Business rules require entering procedure with highest value as primary; bilateral or multiple procedures discounted by 50%

Outpatient/APV Fee

- Fee rounded to nearest \$1
- Maintain TRICARE Ambulatory Payment Classification (APC) rates in v6.0
 - Majority of surgical specialists, all GME programs, and majority of procedures are performed in bedded facilities
 - Maintains facility pricing neutrality and provides equal opportunities for all MTFs in close proximity to each other
 - Absence of data to support provider/GME concerns that CS rates impact GME requirements, credential maintenance, or diminishes skill requirements to treat wounded warriors

Inpatient Fee

- Fee rounded to nearest \$1
- Calculated using TRICARE DRG weight (RWP) x FY10 TRICARE purchased care ASA rate of \$4,835.85
- Additional cosmetic procedures performed have a facility flat rate of \$1,000.00 per additional procedure

Anesthesia Fee

- Fee rounded to nearest \$1
 - Pricing based on primary procedure selected
- Anesthesia Types
 - Topical= \$0
 - Local Block = \$0
 - Moderate Sedation (99144/99149) = \$103 (2.9% increase)
 - General/MAC anesthesia

Implant & Pharmaceutical Fees

- Implants

- “Patient[s] must reimburse the MTF for any cosmetic implants.”

HA Policy 05-020, Oct 2005

- Implants are local purchases, therefore, cost varies by MTF
- Ensure that implants have been paid for
 - Sometimes patient arranges payment directly to the manufacturer
 - Proof of payment for your business record is advised to ensure policy compliance

- Pharmaceuticals

- Botox[®] Cosmetic price per unit is \$5.46 for 2010
- The cost of Botox[®] *is not included in the price* for chemodenervation procedures but discount available when performed by a Resident
- Entry in the CSE is by drop-down list

New Soft Tissue Fillers

- The following new soft tissue fillers will be listed in the User's Guide and in the CSE v6.0:
 - Artecoll®
 - Captique™
 - Collagen
 - Dermalive®/Dermadeep®
 - Hylaform®
 - Juvéderm®
 - Perlane
- If not named on the Superbill, enter name under “Other”

New and Deleted Procedures

New	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
New	19355	Correction of inverted nipples
New	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
New	19370	Open periprosthetic capsulotomy
New	19371	Periprosthetic capsulectomy
New	19380	Revision of reconstructed breast
New	67900	Repair of brow ptosis
Deleted	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid

Selecting the Primary Procedure

- **Issue:** Incorrect discounting occurs if highest priced procedure is not selected as primary when multiple procedures are priced in the CSE
- **Response:** Added a Cost Rank value (based on pricing) to the Entry Screen to assist user in selecting the primary procedure with the highest rank (higher number = more \$)
- Warning box will appear if an add-on code is entered in Box 1 & 2

Global Period Days

- **Issue:** Some cosmetic procedures achieve optimal results when repeated or touched-up, but become pricey as a result
- **Response:** Added “global period” table as an additional Appendix in the User’s Guide
 - Many procedures have a 10 or 90 day global period
 - Providers should not re-code procedures performed during the global period; may use code 99024 for post-op touch-ups, etc.

CSE v6.0 Changes

are copyright 2007 American Medical Association. All Rights Reserved. CPT is a trademark of the American Medical Association. CPT codes 99000-99499 were developed by TMA UBO and are not intended to serve as CPT codes. AMA rules and regulations apply.

Add-on codes can't be entered in Boxes 1 & 2

Highest # is Primary

Updated list

New Inquiry						Costs	
Select	Description	CPT Glossary			Cost Rank:	20	
1 & 2	What is the CPT code?	11950	Subcutaneous injection (e.g., collagen) 1 cc or less		Professional Fee:	\$0.00	
3	Where will the procedure be performed?	<input checked="" 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?	<input type="radio"/> Yes <input type="radio"/> No	Facility Cost:	
5	Will a dermatology resident perform the procedure?	N/A	6	Will the procedure be bilateral?	<input type="radio"/> Yes <input type="radio"/> No	APC	\$0.00
7	Quantitative Procedures (Sessions):	N/A	8	Add-on Code:	N/A	DRG	\$0.00
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				Bilateral Cost:	\$0.00
10	What pharmaceuticals will be provided by the MTF?					Add-on Cost:	\$0.00
						Anesthesia Cost:	\$0.00
						Pharmaceutical Cost:	\$0.00
11	Will additional procedures be performed during the same visit?					Additional Proc Cost:	\$0.00
12	Will implants or other non-covered supplies be supplied by the MTF? Include product name and price.					Implant Cost:	\$0.00
VIEW/EDIT Additional Procedures VIEW/EDIT Implants/Pharmaceuticals						Total Cost:	
11950		Subcutaneous injection of filling material (e.g., collagen) 1 cc or less				\$0.00	
Report	Print Report	Export Report	Exit Estimator				

CSE v6.0 Cost Estimate Report

Cosmetic Surgery Estimator Cost Report

Reorganized pricing to group fees together

CPT	CPT Title
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

Combined with a medically necessary Procedure? Yes

Professional Fee Cost: \$1,940.00

Place of Service Cost: \$720.00

Quantitative Procedures Procedure (total sessions):

Filler / Pharmaceutical Qty: Cost: \$0.00

Anesthesia Type Anesthesia Cost: \$200.00

Implants / Other Suppliers Implants Cost: \$0.00

Total Costs \$2,860.00

CSE v6.0 Superbill

MTF:				Patient Name:			
Provider's Name and Phone:				Visit Date: / /		Surgery Date: / /	
ICD-9 Code 1:		ICD-9 Code 2:		Anesthesia: <input type="checkbox"/> Topical		<input type="checkbox"/> Moderate Sedation	
Location: <input type="checkbox"/> Office/Minor Surgery Room		<input type="checkbox"/> Operating Room Inpatient		<input type="checkbox"/> Monitored/ General Anesthesia Care		<input type="checkbox"/> None	
		<input type="checkbox"/> Operating Room Outpatient		<input type="checkbox"/> Local			
Procedure Description				Code	Bi	Qty	Code
Lesion Removal				Breast/Chest			
Shaving of epidermal or dermal lesion, single lesion				Mastectomy - Gynecomastia			
Trunk, arms or legs				Mastopexy (Breast Lift)			
< 0.5 cm lesion diameter				11300			Reduction mammoplasty
0.6 to 1.0 cm lesion diameter				11301			Mammoplasty; augmentation w/o
1.1 to 2.0 cm lesion diameter				11302			Mammoplasty; augmentation w/ implant
> 2.0 cm lesion diameter				11303			Removal of intact mammary implant
Scalp, neck, hands, feet, genitalia				Removal of implant material			
< 0.5 cm lesion diameter				11305			Immediate insertion of implant
0.6 to 1.0 cm lesion diameter				11306			Pectoral Augment w/implant, male chest
1.1 to 2.0 cm lesion diameter				11307			Nipple enlargement
> 2.0 cm lesion diameter				11308			Nipple reduction
Face, ears, eyelids, nose, lips, mucous membrane				Excision of Excessive Skin			
< 0.5 cm lesion diameter				11310			Panniculectomy
0.6 to 1.0 cm lesion diameter				11311			Thigh Lift
1.1 to 2.0 cm lesion diameter				11312			Leg Lift
> 2.0 cm lesion diameter				11313			Hip Lift
Excision, benign lesion including margins				Buttock Lift			
< 0.5 cm excised diameter				11400			Brachioplasty (Arm Lift)
0.6 to 1.0 cm excised diameter				11401			Forearm or Hand Lift
1.1 to 2.0 cm excised diameter				11402			Submental Fat Pad (chin)
2.1 to 3.0 cm excised diameter				11403			Lift, Other Area
3.1 to 4.0 cm excised diameter				11404			*-> w/umbilical transposition
> 4.0 cm excised diameter				11406			Abdominoplasty only (mini tuck)
							15830
							15832
							15833
							15834
							15835
							15836
							15837
							15838
							15839
							15847 +
							17999-Y5831
							15780
							15781
							15782
							15783
							15786
							15787 +
							15788
							15789
							15792
							15793
							17999-Y0001
							17999-Y0002
							17999-Y0003
							17999-Y0004
							17999-Y0005
							17999-Y0006
							17999-Y0007
							17999-Y0008

More to add here!

+ Symbol for add-on codes

INSTRUCTIONS: Circle/highlight **Procedure Description**; check **Bilateral (Bi)** column (if applicable); and enter the **Quantity (Qty)** of each applicable procedure.

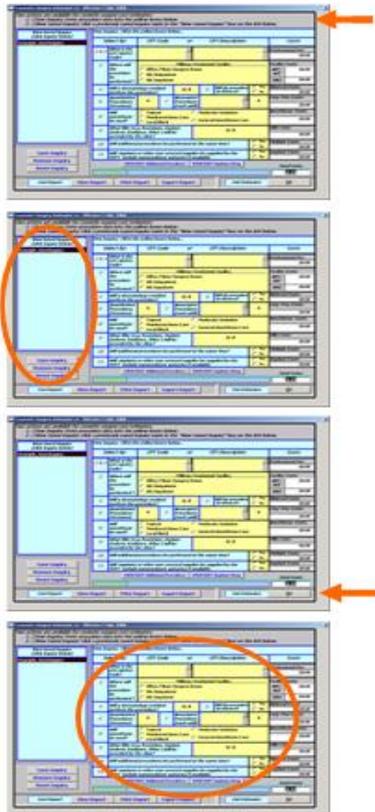
CSE v6.0 User's Guide

In addition to simple instructions at the top of the screen, the main screen has three key areas:

(1) the left bar, where inquiries are saved, viewed, removed, or reset;

(2) the bottom bar, where reports are viewed, printed, or exported; and

(3) the main panel that has numbered sections for creating an inquiry.



The user completes the yellow cells for each section by (1) typing, (As you type, a drop-down list appears from which you can select the procedure.)

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

(3) clicking a radio button.

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

Select By:	CPT Code	or	CPT Name
1 & 2	What is the CPT/HCPCS Code?		
	11400		Excision benign skin lesion/trunk, arms or legs < 0.5cm
	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 legs 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, w/adjacent bands, feet, great...
	11421		Excision benign skin lesion, w/adjacent bands, feet, great, 0.6-1.0cm
	11422		Excision benign skin lesion, w/adjacent bands, feet, great, 1.1-2.0cm
	11423		Excision benign skin lesion, w/adjacent bands, feet, great, 2.1-3.0cm

Yes
 No

Advanced Associated Procedures

1. Add one additional or associated procedure by entering 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 "Qty" box.
 3. If a checkbox next to a procedure is selected, indicate whether or not a dermatology resident will be performing the procedure in the "Resident" box.
 4. Click "Add" if the procedure will be performed bilaterally.
 5. If a subtotal amount for the procedure is selected, check what filter substance will be used from the "Injection Filter" drop down box, unless the error was set in the "Filter and Price" box, and the number of units to be used in the "Units" box.

Select an Additional or Associated Procedure by clicking on the:

CPT Code	or	CPT Description	Inj. Sub.	Filter	Filter				
or	Select by Title								
CPT Code	Description	CPT #	Facility #	Proc. Qty	Unit #	Unit #	Injection Filter	Filter #	Total Cost

Cost of Associated Procedures: \$0.00

Clear List Close

Website References & Resources

- Publically available on the TRICARE Website link http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates/cs.cfm
 - Current and historical rate tables
 - 2010 User's Guide and Superbill in PDF format
 - Link to the TRICARE Policy Manual (TPM) website
- Additional documents will be available to authorized users on the secure SharePoint site https://my.altarum.org/SitesList/UBO_CSE_2010/default.aspx
 - TPM sections applicable to common potential CS procedures
 - CPT Glossary in PDF format
 - Global period table

Practice Scenario #1: Cosmetic Procedure with a Medically Necessary Procedure

- A 35 year-old patient is scheduled to have a medically necessary abdominal hernia repaired and requests a liposuction of the abdomen be performed at the same time
- The procedure will be performed:
 - 1) In an OR/Outpatient Setting
 - 2) With General Anesthesia

Will this be combined with a medically necessary procedure during the same surgical encounter? Yes No

Description	Code	Bilateral?	Quantity
LIPOSUCTION – SUCTION ASSISTED LIPECTOMY			
Head & Neck	15876		
Trunk	15877		1



Practice Scenario #1

Live demonstration

Practice Scenario #2: Chemodenervation

- A 50-year-old patient requests Botox injections for unsightly facial wrinkles and embarrassingly sweaty palms.
- The procedure will be performed:
 - 1) In a Provider's Office (*not by a resident*)
 - 2) With Topical Anesthesia

Description	Code	Bilateral?	Quantity
CHEMODENERVATION (Procedure performed by resident? Yes No X)			
Chemodenervation; facial	64612		
Chemodenervation; neck	64613		
Chemodenervation; extremity	64614	✓	
Chemodenervation; eccrine glands, both axillae	64650		
		Units	Cost/Unit
Botox® Cosmetic	J0585	40	\$5.46



Practice Scenario #2

Live demonstration

Practice Scenario #3: Add-On Codes

- A 63-year-old patient request removal of a total of 30 skin tags on various parts of the body.
- The procedure will be performed:
 - 1) In a Provider's Office
 - 2) With Topical Anesthesia

Description	Code	Bilateral?	Quantity
REMOVAL OF BENIGN LESIONS			
Remove skin tags, any area, up to 15	11200		
Remove skin tags, ea add'l 1-10 < 0.5 cm lesion diameter	11201 + 11300		15
0.6 to 1.0 cm lesion diameter	11301		

- Note the quantity of 15 and the procedure description; should be quantity 2 or else the patient has at least 156 skins tags needing removal! (15 + 141)



Practice Scenario #3

Live demonstration

Distribution of Materials

- CSE v6.0 and all associated materials will be available for download from a secure Altarum SharePoint internet site – by COB 18 June 2010
- Files will be password protected for access control and managed by the respective Service POCs
- Internet address and passwords will be distributed to UBO Service Managers who will disseminate information to appropriate staff

Effective Date

- Cosmetic Surgery Rates are included in the CY 2010 Outpatient Itemized Billing (OIB) Rate Package which is scheduled to be effective 1 July 2010

For Additional Assistance...

- Please contact the UBO Help Desk at (703) 575-5385 or ubo.helpdesk@altarum.org

