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Agenda

• Background
• CSE v11 Procedure Additions, Modifications, Deletions & Rate Methodology Update
• CSE v11 Functionality
• CSE v11 Practice Scenario
• CSE v11 Distribution & Effective Date
• Questions & Answers
Background
  – 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.”
  – 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.”
• Elective cosmetic surgery is **not** a TRICARE covered benefit.

• **However**, DoD Health Affairs Policy 05-020 authorizes elective cosmetic surgery in military treatment facilities (MTFs) to “support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists.”

• Services are provided on a “space available” basis and limited to:
  – TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months.
  – Active duty personnel who have written permission from their unit commander.

• **All patients** are fully responsible 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. Patients may also be responsible for follow up care.
MHS Elective Cosmetic Procedure Process

Patient Presents for Surgery Consult

Provider Examines Patient

Provider Determines Procedure is Elective Cosmetic

Provider Completes CSE Superbill (Generates Unofficial Estimate, optional)

Patient Takes CSE Superbill to MSA Clerk

MSA Clerk Enters Information into CSE & Generates Official Estimate

MSA Clerk Prints CSE Report including Letter of Acknowledgment (LOA) and Gives to Patient

Patient signs LOA & prepays for surgery if scheduled

New Functionality
LOA updated and incorporated into CSE cost report

1) **Advance Payment Required**
   Estimated charges must be paid, in full, prior to receiving treatment.

2) **Prices Subject to Change**
   Rates are not guaranteed until estimated charges have been paid in full.

3) **Additional Charges May Apply**
   There may be additional charges for ancillary services, as well as unforeseen, but necessary, procedures undertaken during the procedure.

4) **Global Periods**
   Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges.

5) **Refunds**
   Refunds are processed for procedures not performed.

6) **Follow-up Care**
   Follow-up care is not guaranteed in an MTF and in accordance with TPM Chapter 4, Section 1.1, complications of cosmetic surgery procedures are excluded from coverage.
The DHA UBO Program Office is responsible for providing current rates for elective cosmetic procedures in the Military Health System (MHS)

The DHA UBO Cosmetic Surgery Estimator (CSE) calculates charges for elective cosmetic procedures
- Factors in all potential procedure costs, including professional, facility, anesthesia professional fees, and the cost of implants and pharmaceuticals

Released and effective 1 July every year

Rates used in the CSE are updated annually and are based on what TRICARE will allow
Quiz Question #1

• Which statement about elective cosmetic procedures in the MHS is TRUE?
  – A) Active duty personnel are not responsible for charges related to elective cosmetic procedures
  – B) Elective cosmetic procedures are generally performed to improve function or approximate normal appearance
  – C) Visits after global period days have elapsed will not incur additional charges
  – D) Elective cosmetic procedures are a TRICARE covered benefit
CSE v11 Procedure Additions, Modifications, Deletions & Rate Methodology Update
Elective Cosmetic Procedures

- Only procedures included in CSE can potentially be performed as elective cosmetic procedures
  - Procedures may be performed as medically necessary if documented as such
  - Medically necessary procedures are not priced in the CSE
- **CSE v1**: 103 potential elective cosmetic procedures
- **CSE v11**: 321 potential elective cosmetic procedures
- Many procedures added to the CSE because of feedback from the field
  - If you have any suggested elective cosmetic procedures, contact the DHA UBO Helpdesk at **ubo.helpdesk@altarum.org**
  - DHA review and approval necessary
New CSE codes:

- Created “Y-code” 17999-Y5832 – Abdominoplasty
  - a full abdominoplasty performed as a primary procedure – not an add-on to the panniculectomy
  - Edited description of “mini” abdominoplasty (17999-Y5831) in CSE to distinguish from full abdominoplasty
Deleted CSE codes:

- 36469 – Single or multiple injections of sclerosing solutions, spider veins; face
- 17999-Y0031 – Laser tattoo removal; <= 30 sq cm, each addl session
- 17999-Y0033 – Laser tattoo removal, >= 31 sq cm, each addl session
Modified CSE codes:

- 17999-Y0020 – Laser hair removal; lip, fingers, or toes
- 17999-Y0030 – Laser tattoo removal; <= 30 sq cm, single session
- 17999-Y0032 – Laser tattoo removal, >= 31 sq cm, single session
- 17999-Y5831 – “Mini” Abdominoplasty
Elective Cosmetic Procedure Rate Methodology

Professional Fees

+ 

Facility Fees

+ 

Anesthesia Fees

+ 

Cost of Implants & Pharmaceuticals
(e.g., Breast Implants, Chin Implants, Botox®, Restylane®)

= TOTAL COST
• Ambulatory Payment Classifications (APCs) are used to bill outpatient facility fees
• For some procedures, the cost of the device is included in the APC charge
• This applies to 9 CSE procedures: 19325, 19342, 19357, 17999-Y2189, 17999-5835, 17999-5837, 65760, 65765, and 65767
• When generating estimates for these procedures, do not charge for additional devices or implants
Elective Cosmetic Pharmaceutical Guidance

- Pharmaceutical prices pre-populated for: Botox®, Dysport®, and Xeomin®
  - Botox® CY14 TRICARE Allowable Price: $5.35/unit (was $5.36 in CY14)
  - Dysport® CY14 TRICARE Allowable Price: $.35/unit (was $.32/unit in CY14)
  - Xeomin® CY14 TRICARE Allowable Price: $2.85/unit (was $3.03 in CY14)
- Ability to override the pre-populated prices if the local MTF pharmacy provides a price for the pharmaceutical
- Unit price needs to be populated for fillers/injectables based on MTF’s cost
- Field for input of chemodenervation pharmaceutical units to allow for more than 50
Quiz Question #2

• Which statement is NOT true about APCs?
  - A) The cost of the device is never included in the APC rate
  - B) APCs account for outpatient facility fees
  - C) For CPT 19325, the cost of the device is included in the APC and should not be billed separately
CSE v11 Functionality
MHS Elective Cosmetic Procedure Process

1. Patient Presents for Surgery Consult
2. Provider Examines Patient
3. Provider Determines Procedure is Elective Cosmetic
4. Provider Completes CSE Superbill (Generates Unofficial Estimate, optional)
5. Patient Takes CSE Superbill to MSA Clerk
6. MSA Clerk Enters Information into CSE & Generates Official Estimate
7. MSA Clerk Prints CSE Report including Letter of Acknowledgment (LOA) and Gives to Patient
8. Patient signs LOA & prepays for surgery if scheduled
INSTRUCTIONS: Circle/highlight Procedure Description; check Bilateral (Bi) column; and enter the Quantity (Qty) of each procedure.
• Users required to input DMIS ID:
  – To download CSE files from ubocse.org
  – To use CSEv11
  – Only users from facilities that have indicated they allow/perform cosmetic procedures can access CSE.
  – Submit written request to DHA UBO if access needed: ubo.helpdesk@altarum.org
• Added additional capability to the current Microsoft Access® based CSE
  – When a user starts the CSE, the CSE will check the web service to check if updates are available
  – Minor data updates, such as default pharmaceutical costs, may be applied automatically
    • If major database updates, users will be asked to download a new version of the CSE
• Two way communication can be established between the CSE application and the DHA UBO updates server
  – A record of all estimates produced can be gathered for analysis
• The most current version of the CSE will always be available for download on ubocse.org and notification e-mails will still be sent to UBO Service and NCR MD Program Managers when updates are made
NEW: Provider Access to CSE

- MSA staff provide to providers upon request
- MSA staff enter DMIS ID, then password supplied by DHA UBO
- Providers enter “PROV” when prompted for DMIS ID, no password required
- Estimates generated by Provider clearly marked
- Official cost estimate must be generated by MSA Office
### Section 1: Enter a Primary Procedure

| 1 | Primary Procedure: |
| 2 | Procedure Location: Provider's Office OR/Outpatient OR/Inpatient |
| 3 | Will this procedure be combined with a medically necessary procedure? Yes No |
| 4 | Will this procedure be performed by a dermatology resident? N/A |
| 5 | Will this procedure be bilateral? N/A |
| 6 | Quantity: 1 |
| 7 | Add-on Code: N/A |
| 8 | Anesthesia: N/A |

### Section 2: Costs are automatically calculated

<table>
<thead>
<tr>
<th>Description</th>
<th>Professional Fee</th>
<th>Facility Fee</th>
<th>Medically Necessary Discount</th>
<th>Resident Discount</th>
<th>Bilateral Cost</th>
<th>Additional Quantity Cost</th>
<th>Add-on Cost</th>
<th>Anesthesia Fee</th>
<th>Pharmaceutical Cost</th>
<th>Additional Procedure Cost</th>
<th>Implant/Supply Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts), without LeFort I</td>
<td>$2,282.63</td>
<td>$9,182.28</td>
<td>$4,591.14</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$36,181.90</td>
<td>$0.00</td>
<td>$43,055.67</td>
</tr>
</tbody>
</table>

### Section 3: Edit Estimate Entries, View, Print, Save a Cost Report
### Section 1: Additional Procedure Entry Form

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Professional Fee + Facility Fee:</th>
<th>Resident Discount:</th>
<th>Bilateral Cost:</th>
<th>Quantity/Session Cost</th>
<th>Anesthesia Fee:</th>
<th>Pharmaceutical Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td>Additional CPT®/Procedure:</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>2</td>
<td>Will this procedure be performed by a dermatology resident?</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Will this procedure be bilateral?</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Quantity/Number of Sessions:</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5*</td>
<td>Anesthesia:</td>
<td>C None, C Topical, C Local, C Moderate Sedation, C General/Monitored</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>What pharmaceuticals will be provided by the MTF:</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Add Procedure

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
<th>Qty</th>
<th>Pro Fee</th>
<th>Facility Fee</th>
<th>Bilat Fee</th>
<th>Anest. Fee</th>
<th>Pharm Fee</th>
<th>Total Cost</th>
</tr>
</thead>
</table>

### Section 2: List of Additional Procedures Added to the Estimate

Total Additional Procedures Cost: $0.00
• Guide provides line-by-line “how-to” instructions

• Available as a PDF and as the Help function in the CSE
  – Press F1 in the CSE to access the User Guide

• Includes quick reference tables that summarize various categories of procedures

• Added a list of cost ranks to Appendix of User Guide
Quiz Question #3

Which statement is **FALSE** about CSE v11 functionality?

A) All DMIS IDs are valid and can be used to access the CSE

B) MSA clerks use the Superbill to obtain procedure information and generate estimates in the CSE

C) The CSE User Guide can be accessed using F1 while in the database

D) In order to receive automatic CSE database updates, users must be connected to the internet
CSE v11 Practice Scenario
A patient is having three (3) .3cm trunk lesions removed (CPT® 11300). A patient is also scheduled to have 28 skin tags removed (CPT® 11200 and 11201). The procedures will be performed:

1) In Provider’s Office setting
2) With local anesthesia

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Code</th>
<th>Bi</th>
<th>Qty</th>
<th>Procedure Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN TAG REMOVAL</td>
<td></td>
<td></td>
<td></td>
<td>SKIN TAG REMOVAL</td>
<td></td>
</tr>
<tr>
<td>Removal of skin tags, up to 15 lesions</td>
<td>11200</td>
<td>1</td>
<td>1</td>
<td>Rhytidectomy, forehead</td>
<td>15824</td>
</tr>
<tr>
<td>Removal of skin tags, ea addl 1-10 lesions</td>
<td>11201</td>
<td>2</td>
<td></td>
<td>Rhytidectomy, neck w/P-Flap tightening</td>
<td>15825</td>
</tr>
<tr>
<td>SHAVING OF EPIDERMAL OR DERMAL LESIONS (SINGLE LESION)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhytidectomy, cheek, chin, &amp; neck</td>
<td>15828</td>
<td></td>
<td></td>
<td>Subcutaneous Injection of Filling Material</td>
<td></td>
</tr>
<tr>
<td>Rhytidectomy, SMAS flap</td>
<td>15829</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUNK, ARMS OR LEGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 0.5 cm lesion diameter</td>
<td>11300</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.6 to 1.0 cm lesion diameter</td>
<td>11301</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 to 2.0 cm lesion diameter</td>
<td>11302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Once the estimate is generated, print a cost estimate and internal detail report
CSE v11 Distribution & Effective Date
The CSE v11 application and all associated materials will be available for download from the DHA UBO CSE Web site at: https://www.ubocse.org

Files will be password protected for controlled access

User ID and password will be distributed to UBO Service and NCR MD Program Managers who will disseminate information to MTF staff.
- Cosmetic Surgery professional fees increased by 2.32% from CSEv10 to CSEv11
- Items included in CSE v11 package:
  - CSE v11 Access database
  - CSE v11 User Guide
  - CSE v11 Rate Table
  - CSE v11 Superbill
  - CSE v11 Provider’s Guide to the Superbill
  - CSE v11 Glossary
  - CSE v11 Patient Guide
• Updated “Elective Cosmetic Procedures” section of UBO User Guide
  – Revised April 2014
• Available at UBO Web site:
• 2006 version of the UBO Manual DoD 6010.15-M is the most current version
  – Upcoming Manual updates do not change cosmetic surgery policy
  – Still reiterates and reinforces requirements in the 2005 HA Policy 05-020 memorandum
• Code Additions, Modifications, Deletions
• CSE Rates
• Letter of Acknowledgment
• Provider Version
• APC Guidance Reminder
• CSE Distribution and Effective Date
Questions?
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  – Complete a post-test available *within* the archived webinar
  – E-mail answers to UBO.LearningCenter@altarum.org
  – If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number

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