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• Background
• CSE v15 Procedure Additions, Modifications, Deletions & Rate Methodology Update
• CSE v15 Functionality
• CSE v15 Practice Scenario
• CSE v15 Distribution & Effective Date
• Questions & Answers
Background
What Constitutes a Cosmetic Procedure?


  – **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

Start

Patient Presents for Surgery Consult

Provider Examines Patient

Determines if Procedure is Elective

Provider Completes CSE Superbill (Generates Unofficial Estimate, optional)

Patient Takes CSE Superbill to MSA Clerk

Patient signs LOA & prepays for surgery if scheduled

MSA Clerk Enters Information into CSE & Generates Official Estimate

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

• Rates used in the CSE are updated annually and are based on what TRICARE will allow.

• Released and effective on July 1, 2019 for CY19 CSE.
CSE v15 Procedure Additions, Modifications, Deletions & Rate Methodology Update
• 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

• Many procedures added to 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 and Textual Edits:**

  • **New Code: 11920 (Tattooing code)** “Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation, 6.0 sq cm or less”.

• **Textual edits:**

  • Change abbreviation for bilateral from “Bi” to “Bil”.
  • Code 17380, removed the word “preceeding” in description.
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
• CSE v15 contains two types of rates for the institutional cost of a procedure performed in an outpatient setting:
  – Ambulatory Payment Classification (APCs)
    • Used for bedded facilities (Hospitals)
  – Ambulatory Surgical Center (ASCs)
    • Used for non-bedded facilities (Clinics)
• The rates used are determined by DMIS ID
• 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
• Pharmaceutical prices pre-populated for: Botox®, Dysport®, and Xeomin®
  – Botox® CY19 TRICARE Allowable Price: $6.12/unit (was $6.15 in CY18)
  – Dysport® CY19 TRICARE Allowable Price: $1.68/unit (was 1.65/unit in CY18)
  – Xeomin® CY19 TRICARE Allowable Price: $5.09/unit (was $5.08 in CY18)
• 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
CSE v15 Functionality
MHS Elective Cosmetic Procedure Process

Start

1. Patient Presents for Surgery Consult
2. Provider Examines Patient
3. Determines if Procedure is Elective
4. Patient Takes CSE Superbill to MSA Clerk
5. Provider Completes CSE Superbill (Generates Unofficial Estimate, optional)
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

End
### INSTRUCTIONS:
- Circle/highlight **Procedure Description**
- Check **Bilateral (Bil)** column
- Enter the **Quantity (Qty)** of each procedure

### Example Procedure Table

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Code</th>
<th>Bil</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN TAG REMOVAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of skin tags, up to 15 lesions</td>
<td>11200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of skin tags, ea add 1-10 lesions</td>
<td>11201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAST / CHEST AUGMENTATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastectomy for Gynecomastia (Male)</td>
<td>19300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastectomy (Breast Lift)</td>
<td>19316</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammoplasty, reduction</td>
<td>19318</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammoplasty, augmentation w/o implant</td>
<td>19324</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shaving of Epidermal or Dermal Lesions (single lesion)</td>
<td>11300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trunk, arm or leg</td>
<td>11301</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastectomy</td>
<td>19325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastectomy, augmentation w/o implant</td>
<td>19326</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injection of mammary implant</td>
<td>19328</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of intact mammary implant</td>
<td>19330</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate insertion of implant</td>
<td>19340</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed insertion of implant</td>
<td>19342</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalp, neck, hands, feet, genitalia</td>
<td>11305</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nipple / areola reconstruction</td>
<td>19350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 0.5 cm lesion diameter</td>
<td>11306</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.6 to 1.0 cm lesion diameter</td>
<td>11307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 to 2.0 cm lesion diameter</td>
<td>11308</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 2.0 cm lesion diameter</td>
<td>11309</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revision of reconstructed breast</td>
<td>19380</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INJECTIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcutaneous Injection of Filling Material</td>
<td>11950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intralesional injection, 7 or less</td>
<td>11900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intralesional injection, 8 or more</td>
<td>11901</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Fillers (Enter a pharmaceutical, price per unit and quantity)</td>
<td>11951</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1. Follow the INSTRUCTIONS provided to circle/highlight the **Procedure Description**, check the **Bilateral (Bil)** column, and enter the **Quantity (Qty)** of each procedure.

2. Complete the form with the necessary information for each procedure.

3. Review the completed form for accuracy and completeness.
• Users required to input DMIS ID:
  – To download CSE files from http://ubocse.org
  – To use CSE v15
  – Only users from facilities that have indicated they allow/perform cosmetic procedures can access CSE.
  – Submit requests to DHA UBO for access: ubo.helpdesk@altarum.org
New in CSE v15: 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
- Note: Provider access continues with all subsequent versions
### Section 1: Enter a Primary Procedure

1. **1st Primary Procedure**: [Select Procedure Code]

### Section 2: Costs are automatically calculated

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 3: Edit Estimate Entries, View, Print, Save a Cost Report

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

Section 2: List of Additional Procedures Added to the Estimate
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
CSE v15 Practice Scenario
Example: A patient is having three (3) 0.3cm 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 in a provider’s office setting with local anesthesia.
### CPT®/Procedure Glossary

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11300</td>
<td>Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs, lesion diameter 0.5 cm or less</td>
</tr>
</tbody>
</table>

#### Procedure Location:
- Provider's Office
- OR/Outpatient (APV)
- OR/Inpatient

#### Will this procedure be combined with a medically necessary procedure?
- Yes
- No

#### Will this procedure be performed by a dermatology resident?
- N/A

#### Will this procedure be bilateral?
- N/A

#### Quantity:
- 3

#### Add-on Code:
- N/A

#### Anesthesia:
- None
- Topical
- Local
- Moderate Sedation
- General/Monitored

#### What pharmaceuticals will be provided by the MTF?
- N/A

#### Will additional elective procedures be performed during the same visit?
- Yes
- No

#### Will implants or other non-covered supplies be provided by the MTF?
- Yes
- No
### Additional Procedures

#### CPT®/Procedure Glossary

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1260</td>
<td>Removal of skin tags, multiple fibrocutaneous tags, any area, up to and including 15 lesions</td>
</tr>
<tr>
<td>1261</td>
<td>Removal of skin tags, multiple fibrocutaneous tags, any area, each additional 10 lesions, or part thereof</td>
</tr>
</tbody>
</table>

#### Notes
- **Line 1:** Additional CPT®/Procedure Code
- **Line 2:** Will this procedure be performed by a dermatology resident? N/A
- **Lines 3 & 4:** Will this procedure be bilateral? N/A
- **Line 5:** Anesthesia: C None C Topical L Local C Moderate Sedation C General/Monitored
- **Line 6:** What pharmaceuticals will be provided by the MTF: N/A

**Total Additional Procedures Cost:** $84.15

---

#### Return to Estimate
### CSE v15 Practice Scenario

**Patient Name:** TEST123  
**Date of Estimate:** 7/10/2019 10:54:18 AM  
**Procedure Location:** Provider’s Office  
**Military Treatment Facility (MTF):** CSE Provider Mode  
**Combined with a Medically Necessary Procedure:** No

<table>
<thead>
<tr>
<th>CPT/Procedure Code</th>
<th>Description</th>
<th>Bilateral</th>
<th>Qty</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>11100</td>
<td>Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs, lesion diameter 0.5 cm or less. This procedure has a 0 day global period.</td>
<td>N/A</td>
<td>3</td>
<td>$199.06</td>
</tr>
<tr>
<td>11200</td>
<td>Removal of skin tags, multiple fibrocuntaneous tags, any area, up to and including 15 lesions. This procedure has a 10 day global period.</td>
<td>N/A</td>
<td>1</td>
<td>$45.23</td>
</tr>
<tr>
<td>11211</td>
<td>Removal of skin tags, multiple fibrocuntaneous tags, any area, each additional 10 lesions, or part thereof. This procedure has a 10 day global period.</td>
<td>N/A</td>
<td>2</td>
<td>$38.92</td>
</tr>
</tbody>
</table>

**Anesthesia Type:** Local  
**Implants/Supplies:** None  
**Anesthesia Cost:** $0.00  
**Implant/Supply Cost:** $0.00  
**Combined with a Medically Necessary Procedure Discount:** $0.00

**TOTAL COST:** $283.81

All patients undergoing cosmetic procedures must sign a Letter of Acknowledgement that states the following:

> A complication may be considered a separate medical condition and thus is a covered benefit 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.Providers exclusively determine medical necessity of treatment; only medically necessary procedures are covered for TRICARE beneficiaries.

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**PATIENT’S SIGNATURE**  
**WITNESS SIGNATURE**  
**DATE**  
**DATE**

---

v15.0 (5518a)
• Once the estimate is generated, print a cost estimate and internal detail report (if applicable).
CSE v15 Distribution & Effective Date
• The CSE v15 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
Items included in CSE v15 package:

- CSE v15 Access database
- CSE v15 User Guide
- CSE v15 Superbill
- CSE v15 Provider’s Guide to the Superbill
- CSE v15 Glossary
- CSE v15 Patient Guide
• Updated “Elective Cosmetic Procedures” section of UBO User Guide
  – Revised 2018
• 2017 version of the Defense Health Agency Procedures Manual 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
Common Helpdesk Questions

• **Access Questions**
  
  1) My CSE Login/Password is not working, how do I obtain a new one?
  
  2) I keep getting an error message when I try to open the CSE, what do I do?
  
  3) How do I obtain access to the CSE for my MTF?

• **Patient Questions**
  
  1) Patient has complication from cosmetic surgery procedure performed in our facility and requests treatment of these areas. Pay vs not?
• Code Additions, Modifications, Deletions
• CSE v15 Rates
• Letter of Acknowledgment
• Provider Version
• APC and ASC Guidance Reminder
• CSE v15 Distribution and Effective Date
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