

Cosmetic surgery procedure	Current procedural terminology (CPT) ^e	FY 2003 charge	Amount of charge
Excision/destruction of minor benign skin lesions.	11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 17000, 17003, 17004, 17106, 17107, 17108, 17110, 17111, 17250.	Inpatient Charge per DRG or CPT	(a b c)
Facial Rhytidectomy	15824, 15825, 15826, 15828, 15829	Inpatient Charge per DRG or CPT	(a b c)
Genioplasty	21120, 21121	Inpatient Charge per DRG or CPT	(a b c)
Hair Restoration	15775, 15776	Inpatient Charge per DRG or CPT	(a b c)
Hip Lift	15834	Inpatient Charge per DRG or CPT	(a b c)
Laser Resurfacing	17999	Inpatient Charge per DRG or CPT	(a)
Lipectomy Suction per region	15876, 15877, 15878, 15879	Inpatient Charge per DRG or CPT	(a b c f)
Malar Augmentation	21270	Inpatient Charge per DRG or CPT	(a b c)
Mammoplasty—augmentation	19318, 19324, 19325,	Inpatient Charge per DRG or CPT	(a b)
Mandibular or Maxillary Repositioning	21194	Inpatient Charge per DRG or CPT	(a b c)
Mastopexy	19316	Inpatient Charge per DRG or CPT	(a b c)
Mentoplasty (Augmentation/Reduction)	21208, 21209	Inpatient Charge per DRG or CPT	(a b c)
Otoplasty	69300	Inpatient Charge per DRG or CPT	(a b c)
Refractive surgery (see the following two procedures):			
Radial Keratotomy	65771	CPT	(b c d)
Other Procedure (if applies to laser or other refractive surgery).	66999	CPT	(b c d)
Rhinoplasty	30400, 30410, 30430, 30435, 30450, 30460, 30462.	Inpatient Charge per DRG or CPT	(a b c)
Scar Revisions beyond CHAMPUS	13120, 13121, 13122, 13131, 13132, 13133, 13150, 13152, 13153.	Inpatient Charge per DRG or CPT	(a b c)
Sclerotherapy	36468, 36469, 36470, 36471, 15780, 15781, 15782, 15783, 15786.	Inpatient Charge per DRG or CPT	(a b c)
Tattoo Removal	15780, 15783, 17999	Inpatient Charge per DRG or CPT	(a b c)
Thigh Lift	15832	Inpatient Charge per DRG or CPT	(a b c)
Vein Stripping	37720, 37730, 37735	Inpatient Charge per DRG or CPT	(a b c)

Notes on Cosmetic Surgery Charges:

^aCharges for Inpatient surgical care services are based on the cost per DRG.

^bCharges for outpatient surgical care services are based on the cost per CPT code.

^cAll required DoD guidelines and instructions for APVs must be followed. An ambulatory procedure visit is defined in DoD Instruction 6025.8, "Ambulatory Procedure Visit (APV)," dated September 23, 1996, as immediate (day of procedure) pre-procedure and immediate post-procedure care requiring an unusual degree of intensity and provided in an 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. Care is required in the facility for less than 24 hours. All expenses and workload are assigned to the MTF-established APU associated with the referring clinic.

^dRefer to Office of the Assistant Secretary of Defense (Health Affairs) policy on Vision Correction Via Laser Surgery For Non-Active Duty Beneficiaries, April 7, 2000, for further guidance on billing for these services. The policy can be downloaded from: http://www.ha.osd.mil/policies/2000/00_003.pdf.

^eThe attending physician is to document and record the appropriate DRG/CPT code to indicate the procedure followed during cosmetic surgery. It is up to the physician to decide whether or not the services are considered medically necessary or elective.

^fEach regional lipectomy shall carry a separate charge. Regions include head and neck, abdomen, flanks, and hips.

Notes on Reimbursable Rates

¹ The cost per Diagnosis Related Group (DRG) is based on the inpatient full reimbursement rate per hospital discharge, weighted to reflect the intensity of the principal and secondary diagnoses, surgical procedures, and patient demographics involved. The ASA per RWP for use in the direct care system is comparable to procedures used by the Centers for Medicare and Medicaid Services (CMS) and CHAMPUS. These expenses include all direct care expenses associated with direct patient care. The average cost per RWP for large urban, other urban/rural, and overseas will be published annually as an adjusted standardized amount (ASA) and will include the cost of inpatient professional services. The DRG rates will apply to reimbursement from all sources, not just third party payers.

MTFs without inpatient services, whose providers are performing inpatient care in a civilian facility for a DoD beneficiary, can bill payers the percentage of the charge that

represents professional services as provided above. The ASA rate used in these cases, based on the absence of an ASA rate for the facility, will be based on the average ASA rate for the type of metropolitan statistical area the MTF resides, large urban, other urban/rural, or overseas (see paragraph I.A.1.). The UBO must receive documentation of care provided in order to produce a bill.

² Percentages can be applied when preparing bills for inpatient services. Pursuant to the provisions of 10 U.S.C. 1095, the inpatient Diagnosis Related Groups percentages are 96 % hospital and 4 % professional charges. When preparing bills for outpatient services, professional fees are based on the E/M charges, the hospital fees are based on the charges for ancillary services, pharmacy and supplies.

³ The Medical Expense and Performance Reporting System (MEPRS) code is a three digit code which defines the summary account and the subaccount within a functional category in the DoD medical system. MEPRS codes are used to ensure that

consistent expense and operating performance data is reported in the DoD military medical system. An example of the MEPRS hierarchical arrangement follows:

	MEPRS Code
Outpatient Care (Functional Category).	B
Medical Care (Summary Account).	BA
Internal Medicine (Subaccount) ..	BAA

⁴ The following chart of MEPRS work centers are DoD approved for outpatient itemized billing. Claims can be generated for encounters, ancillaries, pharmacy, DME/ DMS, etc. from these workcenters.

MEPRS code	Clinical service
BAA	Internal Medicine.