

# PLASTIC SURGERY

Provider # Federal ID #

**LOCATIONS (CIRCLE ONE)**

4A 10  
6A 12  
5C 13

REFERRING MD: (PLEASE PRINT FULL NAME) #

(AREA CODE):

**PHONE NUMBER (IF NON CMG PROVIDER)**

ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4
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PT NAME	B #
ACCT #	HX #
RP	FC HCL
ADDRESS	PCP
CITY	DOB
ZIP	ST
PHONE	SL SEX
SS#	CERT#
INS:	COPAY
VISIT DATE:	APPT TYPE:
DEPT:	PHYS. #:
PHYS NAME:	

AUTHORIZATION NUMBER:

INJURY DATE

CHANGE DATE TO

CODE	MOD	DESCRIPTION	ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4	LESION REMOVAL	CODE	MOD	DESCRIPTION
<b>OFFICE VISIT - NEW PATIENTS</b>			15877				<b>LIPOSUCTION; TRUNK</b>	19380		<b>REVISION OF RECONST. BREAST</b>
99201		LEVEL 1, BRIEF: 10 min				15878	<b>LIPOSUCTION; UPPER EXTREMITY</b>	19825		<b>RHYTIDECTOMY;NECT W/PLAT. TIGHT</b>
99202		LEVEL 2, LIMITED: 20 min				15879	<b>LIPOSUCTION; LOWER EXTREMITY</b>	20550		<b>INJ. TRIGGER POINT</b>
99203		LEVEL 3, EXPANDED: 30 min				19000*	<b>PUNCT. ASPIRATION CYST, BREAST</b>	21030		<b>DERMOID CYST EXCISION</b>
99204		LEVEL 4, COMPREHENSIVE: 45 min				19100*	<b>BIOPSY BREAST W/NEEDLE</b>	21120		<b>CHIN IMPLANT</b>
99205		LEVEL 5, COMPREHENSIVE: 60 min				19101	<b>BIOPSY BREAST INCISIONAL</b>	30400		<b>RHINOPLASTY;PRIMARY, TIP</b>
99025		<b>NEW PT. INITIAL VISIT W*PROC.</b>				19120	<b>EXC BREAST CYST: ONE OR MORE</b>	30410		<b>RHINOPLASTY; COMPLETE</b>
<b>OFFICE VISITS - EST. PATIENTS</b>			19318				<b>REDUCTION MAMMOPLASTY</b>	30420		<b>SEPTORHINOPLASTY</b>
99211		LEVEL 1, BRIEF: 5 min				19325	<b>BREAST AUGMENT W/IMPLANT</b>	30450		<b>RHINOPLASTY;SECONDARY</b>
99212		LEVEL 2, LIMITED: 10 min				19350	<b>NIPPLE/AREOLA RECONSTR.</b>	40700		<b>CLEFT LIP/NASAL DEF. PART/COMP</b>
99213		LEVEL 3, EXPANDED: 15 min				19355	<b>CORRECTION INVERTED NIPPLES</b>	42200		<b>PALATOPLASTY;SOFT &amp;/OR HARD</b>
99214		LEVEL 4, COMPREHENSIVE: 25 min				19357	<b>RECONST. W/TISSUE EXPANDER</b>	42215		<b>PALATOPLASTY;MAJOR REVISION</b>
99215		LEVEL 5, COMPREHENSIVE: 40min				19361	<b>MASTOPEXY</b>	42220		<b>PALATOPLASTY;SECONDARY</b>
99024		POST OP FU @ N/C	N/C			19361	<b>LATISSIMUS DORSI RECONSTR.</b>	67903		<b>LEVATOR REPAIR</b>
<b>OFFICE CONSULTATIONS</b>			19367				<b>TRAM-RECONST. SINGLE</b>	69300		<b>OTOPLASTY</b>
99241		LEVEL 1				19369	<b>TRAM-RECONST. DOUBLE</b>	30520		<b>SEPTOPLASTY</b>
99242		LEVEL 2				19370	<b>OPEN PERIPROSTHETIC CAPSULOT.</b>	36471		<b>INJ SCLEROSING;MULT VEINS, SM LEG</b>
99243		LEVEL 3				19371	<b>PERIPROSTHETIC CAPSULECTOMY</b>	07010		<b>FULL FACE LASER RESURFACING</b>
99244		LEVEL 4						07011		<b>PERI-ORAL LASER RESURFACING</b>
99245		LEVEL 5						07012		<b>LOWER FACE LASER RESURFACING</b>
<b>CONFIRMATORY/2ND OPINION CONSULTS</b>								07013		<b>PERI-ORBITAL LASER RESURFACING</b>
99271		LEVEL 1	11400	11600			<b>LESS THAN 0.5cm</b>	<b>SUPPLIES/DRUGS</b>		
99272		LEVEL 2	11401	11601			<b>0.6 - 1.0 CM</b>	02215		<b>SUPPLY OF IMPLANT</b>
99273		LEVEL 3	11402	11602			<b>1.1 - 2.0 CM</b>	02470		<b>SUPPLY OF T.E. (L8499)</b>
99274		LEVEL 4	11403	11603			<b>2.1 - 3.0 CM</b>	J0585		<b>BOTOX</b>
99275		LEVEL 5	11404	11604			<b>3.1 - 4.0 CM</b>	<b>TRAYS</b>		
			11406	11606			<b>OVER 4.0 CM</b>	02795		<b>TRAY, SMALL W/O ANESTH</b>
10060*		<b>I&amp;D ABSCESS, SIMPLE</b>	<b>SCALP, NECK, HANDS, FEET, GENIT.</b>				02094			<b>TRAY, SMALL, W/ANEST</b>
10061		<b>I&amp;D ABSCESS, COMPL. OR MULT.</b>	11420	11620			<b>LESS THAN 0.5cm</b>	02097		<b>SUTURE TRAY W/ANESTH</b>
10140*		<b>I&amp;D HEMATOMA</b>	11421	11621			<b>0.6 - 1.0 CM</b>	02098		<b>TRAY, MEDIUM W/SPEC. ROOM</b>
11900*		<b>INJ INTRALESIONAL UP TO 7 LESIONS</b>	11422	11622			<b>1.1 - 2.0 CM</b>	02096		<b>TRAY, LARGE W/SPEC. ROOM</b>
11950		<b>INJ FOR CONTOUR DEF. &lt; 1cc</b>	11423	11623			<b>2.1 - 3.0 CM</b>	02095		<b>TRAY/ROOM/SPEC. EQUIP</b>
11951		<b>INJ FOR CONTOUR DEF 1.1-5.0cc</b>	11424	11624			<b>3.1 - 4.0 CM</b>	<b>MISCELLANEOUS</b>		
11960		<b>INSERT TISSUE EXPANDER</b>	11426	11626			<b>OVER 4.0 CM</b>	02222		<b>CAST MATERIAL, FIBERGLASS ARM</b>
11970		<b>REPLACE TE W/IMPLANT</b>	<b>FACE, MUCOUS MEMBRANES</b>				02223			<b>CAST MATERIAL, FIBERGLASS, LEG</b>
11971		<b>REMOVE TISSUE EXPANDER</b>	11440	11640			<b>LESS THAN 0.5cm</b>	02220		<b>CAST MATERIAL, PLASTER, ARM</b>
15821		<b>BLEPH W/EXT. HERNIATED FAT PAD</b>	11441	11641			<b>0.6 - 1.0 CM</b>	02221		<b>CAST MATERIAL, PLASTER, LEG</b>
15823		<b>BLEPH W/EXCESSIVE SKIN</b>	11442	11642			<b>1.1 - 2.0 CM</b>	02301		<b>DRESSING (PT TAKE HOME)</b>
15824		<b>BROW LIFT</b>	11443	11643			<b>2.1 - 3.0 CM</b>	02023		<b>FOLEY CATHETER</b>
15831		<b>ABDOMINOPLASTY</b>	11444	11644			<b>3.1 - 4.0 CM</b>	02033		<b>SUTURE REMOVAL KIT</b>
15876		<b>LIPOSUCTION; HEAD &amp; NECK</b>	11446	11646			<b>OVER 4.0 CM</b>	99080		<b>MEDICAL REPORT</b>

OFFICE SURGERY / PROCEDURE	CPT CODE/MODIFIERS*	FEE
1ST		\$
2ND		\$
3RD		\$
4TH		\$
5TH		\$
6TH		\$

**SPECIAL INSTRUCTIONS:**

ACCIDENT

COORD. OF BENEFITS

NON COVERED SERVICE

THIRD PARTY LIEN

WORKERS COMP

OTHER; SPECIFY

**\* MODIFIERS:**

- 22 UNUSUAL SERVICE (NEED REPORT)
- 25 SEPARATELY IDENTIFIABLE E/M SAME DAY AS PROCEDURE
- 50 BILATERAL PROCEDURE
- 51 MULTIPLE PROCEDURES
- 52 REDUCED SERVICES
- 55 POST OPERATIVE MANAGEMENT ONLY
- 56 PREOPERATIVE MANAGEMENT ONLY
- 62 TWO SURGEONS
- 80 ASSISTANT SURGEON
- 78 RETURN TO OR FOR A RELATED PROC. DURING POST OP PERIOD
- 79 UNRELATED PROC BY SAME MD DURING POST OP PERIOD