



DermaClose® Reimbursement Summary

2015 National Medicare Reimbursement Rate Summary for
DermaClose® Continuous External Tissue Expander

Physician Reimbursement

The Medicare national average payment rates are provided in this document as a frame of reference for customers. Medicare rates are publicly posted rates and many other payers use the Medicare payment levels to set their own rate. The identification of payment rates is not a guarantee of coverage by Medicare or other payers, as there may be non-coverage policies related to the DermaClose®. Each Provider is responsible for verifying coverage with the patient's insurance carrier, including the applicability of any non-coverage decision that may exist for the DermaClose®. Moreover, the identification of codes in this document should not be construed as providing clinical advice, dictating reimbursement policy, or substituting the judgment of a practitioner. It is always the Provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered.

Commonly billed codes associated with DermaClose®:

CPT Code	Description	RVU	2015 Physician Payment (Facility*)	2015 Payment (Non-Facility**)
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	26.85	\$961.23	Payer Dependent
11971	Removal of tissue expander(s) without insertion of prosthetic	9.08	\$325.06	\$475.42
13160	Late closure of wound: i.e. repair of dehisced wound, failed flap, etc.	23.07	\$825.90	Payer Dependent
17999	Unlisted skin tissue procedure	None Assigned	Value negotiated with payert	Value negotiated with payert

* Facility refers to hospitals, ASCs and SNFs

** Nonfacility refers to all other (e.g. physician office)

† Claim must be accompanied with appropriate documentation

Subsequent to the use of continuous external tissue expansion final repair / closure codes may include:

CPT Code	Description	RVU	2015 Physician Payment (Facility)	2015 Payment (Non-Facility)
13101	Repair - Complex: Repair, complex, trunk:	7.14	\$255.61	\$393.08
13102	2.6 to 7.5cm each additional 5 cm or less (add on code to be used in conjunction with 13101)	2.12	\$75.87	\$122.08
13121	Repair - Complex (continued):	7.55	\$270.29	\$424.59
13122	Repair, complex, scalp, arms, and/or legs: 2.6 to 7.5cm each additional 5cm or less (add-on code to be used in conjunctions with 13121)	2.44	\$87.35	\$133.53

NOTE: A 90-day global period is attached to the 11960 code. The use of the 58 modifier (planned staged procedure by the same physician) for subsequent procedures may be helpful for clarification. Some providers have used this reduced modifier (52) in combination with CPT 11960 and 11971. Providers are encouraged to work with their insurance companies to confirm proper billing codes. Payment amounts are 2015 national averages. Current Procedural Terminology (CPT) © 2015 American Medical Association. All Rights Reserved. *Please note that the term "Facility" refers to payment provided to physicians when procedure is performed in a hospital or clinic not owned by physicians. "Non-facility" refers to payments provided to free-standing clinics; the additional amount is intended to provide for overhead costs. †Carriers will establish RVU's and payment amounts for these services, generally on an individual case basis following of documentation such as an operative report.

Inpatient Reimbursement

Common ICD-9-CM Procedure Codes

Codes used in tissue expander cases utilizing DermaClose® Continuous External Tissue Expander

Code	Description
86.93	Insertion of tissue expander- Insertion (subcutaneous) (soft tissue) of expander (one or more) in scalp (subgaleal space), face, neck, trunk except breast, and upper and lower extremities for development of skin flaps for donor use.
86.05	Removal of tissue expander for other than breast

Examples of ICD 9 Procedure Code on DRG Grouping

Used in tissue expander cases utilizing DermaClose® Continuous External Tissue Expander

ICD-9-CM Code (Examples)	Description	DRG W/O 86.93	2015 Payment**	DRG With 86.93	2015 Payment**
958.92	Traumatic compartment syndrome of lower extremity	0923	\$4,309.95	0905	\$8,146.57
879.2	Open wound of abdominal wall, anterior, w/o mention of complication	0605	\$4,495.30	0578	\$7,720.14
728.86	Necrotizing fasciitis	0558	\$4,998.56	0465	\$11,415.98
998.83	Non-healing surgical wound	0921	\$3,872.39	0905	\$8,146.57
997.60	Unspecified complication of amputation stump	0566	\$4,030.17	0465	\$11,415.98
172.4	Malignant melanoma of skin of scalp and neck	0596	\$5,588.04	0578	\$7,720.14
998.83	Non-healing surgical wound	0921	\$3,872.39	0905	\$8,146.57
873.0	Open wound of scalp w/o complication	0605	\$4,495.30	0578	\$7,720.14
880.0	Open wound of shoulder region w/o complication	0605	\$4,495.30	0578	\$7,720.14
891.0	Open wound of knee leg (except thigh) and ankle w/o complication	0605	\$4,495.30	0578	\$7,720.14
892.0	Open wound of foot except toe(s) alone w/o complication	0605	\$4,495.30	0578	\$7,720.14
894.2	Multiple and unspecified open wound of lower limb with tendon involvement	0566	\$4,030.17	0465	\$11,415.98
897.0	Traumatic amputation of leg(s) (complete) (partial) unilateral below knee w/o complication	0914	\$4,111.11	0905	\$8,146.57
896.0	Traumatic amputation of foot (complete) (partial) unilateral w/o complication	0914	\$4,111.11	0905	\$8,146.57

HCPCS Supply Code

Used in tissue expander cases utilizing DermaClose® Continuous External Tissue Expander

HCPCS Codes	Payment
A4649 - Surgical Supply; Miscellaneous	Variable*

*Carriers will establish payment amounts for these supplies, generally on an individual case basis following review of documentation such as an operative report. Claims must be accompanied by appropriate documentation.

**Rates noted are 2015 Medicare National Averages

Ambulatory Surgery Center and Outpatient Facility Reimbursement

Commonly billed codes associated with DermaClose are:

CPT Code	Description	RVU	2015 Physician Payment (Facility)	APC	2015 ASC* Payment Group A2	Hospital Outpatient Facility (i.e. Wound Care Center) Payment
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	26.85	\$961.23	329	\$1,261.51	\$2,300.64
11971	Removal of tissue expander(s) without insertion of prosthetic	9.08	\$325.06	0022	\$999.94	\$1,823.59
13160	Late closure of wound: i.e. repair of dehisced wound, failed flap, etc.	23.07	\$825.90	328	\$771.43	\$1,406.87
17999	Unlisted skin tissue procedure	None Assigned	** Variable	0012	None Assigned	\$59.61

*Ambulatory surgery centers (ASC), also known as outpatient surgery centers or same day surgery centers, are health care facilities where surgical procedures not requiring an overnight hospital stay are performed. Such surgery is commonly less complicated than that requiring hospitalization. An ASC must be certified and approved to enter into a written agreement with CMS.

Subsequent to the use of continuous external tissue expansion final repair / closure codes may include:

CPT Code	Description	RVU	2015 Physician Payment (Facility)	APC	ASC* Payment Group A2	Hospital Outpatient Facility (i.e. Wound Care Center) Payment
13101 13102	Repair - Complex: Repair, complex, trunk: 2.6 to 7.5cm each additional 5 cm or less (add on code to be used in conjunction with 13101)	7.14 2.12	\$255.61 \$75.87	327	\$235.76	\$429.95
13121 13122	Repair - Complex (contiued): Repair, complex, scalp, arms, and/or legs: 2.6 to 7.5cm each additional 5 cm or less (add-on code to be used in conjunctions with 13121)	7.14 2.44	\$270.29 \$87.35	327	\$235.76	\$429.95

Reimbursement Assistance Line

WCT, Inc. offers assistance to our customer that may have additional or specific questions related to reimbursement. Please contact our reimbursement hotline for assistance with billing and reimbursement questions at: **800-946-9012 ext. 5** or email: reimbursement@dermaclose.com



www.dermaclose.com

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