Ambulatory Surgery Center and Outpatient Facility Reimbursement

Commonly billed codes associated with DermaClose are:

CPT Code	Description	Facility Total RVU	2016 Physician Payment (Facility)	APC	2016 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	27.27	$977.23	5055	$1,195.26	$2,137.49
11971	**Removal of tissue expander(s)** without insertion of prosthetic	9.22	$330.33	5074	$790.85	$1,414.28
13160	**Late closure of wound:** i.e. repair of dehisced wound, failed flap, etc.	23.27	$833.72	5055	$1,195.26	$2,137.49
17999	**Unlisted skin tissue procedure**	None Assigned	** Variable	5051	1.59	$117.83

*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	Facility Total RVU	2016 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)	7.32 2.16	$262.26 $77.39	5053	$239.70	$305.10
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)	7.73 2.48	$276.95 $88.85	5053	$239.70	$305.10

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**

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PR-0047_F

DermaClose® Reimbursement Summary

2016 Commonly Billed Codes 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	Physician Work RVU	Facility Total RVU	2016 Physician Payment (Facility*)	2016 Payment (Non-Facility**)
11960	**Insertion of tissue expander(s)** for other than breast, including subsequent expansion	11.49	27.27	$977.23	Payer Dependent
11971	**Removal of tissue expander(s)** without insertion of prosthetic	3.41	9.22	$330.33	$483.32
13160	**Late closure of wound:** i.e. repair of dehisced wound, failed flap, etc.	12.04	23.27	$833.72	Payer Dependent
17999	**Unlisted skin tissue procedure**	Value negotiated with payer†		None Assigned	Value negotiated with payer†

* 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	Physician Work RVU	Facility Total RVU	2016 Physician Payment (Facility)	2016 Payment (Non-Facility)
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)	3.50 1.24	7.32 2.16	$262.26 $77.39	$403.06 $124.68
13121 13122	**Repair - Complex (continued): 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)	4.00 1.44	7.73 2.48	$276.95 $88.85	$434.95 $136.15

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 2016 national averages. Current Procedural Terminology (CPT) © 2016 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.

DermaClose
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Approximate Conversions of ICD-9-CM Procedures to ICD-10-PCS

Some commonly billed procedure codes used in tissue expander cases utilizing DermaClose® Continuous External Tissue Expander.

ICD-9-CM	ICD-10-PCS	Description
86.05 Removal of Tissue Expander for other than breast	0JPS3NZ	Removal of Tissue Expander from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JPT3NZ	Removal of Tissue Expander from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JPV3NZ	Removal of Tissue Expander from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JPW3NZ	Removal of Tissue Expander from Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach

ICD-9-CM	ICD-10-PCS	Description
86.93 Insertion of Tissue Expander	0JH03NZ	Insertion of Tissue Expander into Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JH13NZ	Insertion of Tissue Expander into Face Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JH43NZ	Insertion of Tissue Expander into Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JH53NZ	Insertion of Tissue Expander into Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JH63NZ	Insertion of Tissue Expander into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JH73NZ	Insertion of Tissue Expander into Back Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JH83NZ	Insertion of Tissue Expander into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JH93NZ	Insertion of Tissue Expander into Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHB3NZ	Insertion of Tissue Expander into Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHC3NZ	Insertion of Tissue Expander into Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHD3NZ	Insertion of Tissue Expander into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHF3NZ	Insertion of Tissue Expander into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHG3NZ	Insertion of Tissue Expander into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHH3NZ	Insertion of Tissue Expander into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHJ3NZ	Insertion of Tissue Expander into Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHK3NZ	Insertion of Tissue Expander into Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHL3NZ	Insertion of Tissue Expander into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHM3NZ	Insertion of Tissue Expander into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHN3NZ	Insertion of Tissue Expander into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHP3NZ	Insertion of Tissue Expander into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHQ3NZ	Insertion of Tissue Expander into Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
	0JHR3NZ	Insertion of Tissue Expander into Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach

Dermaclose reimbursement assistance: 800-946-9012 ext. 5 or email: reimbursement @dermaclose.com

Inpatient Reimbursement

DermaClose
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Examples of ICD 10 Procedure Code on DRG Grouping

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

ICD-10-CM Code (Examples)	Description	DRG W/O OJH83NZ*	2016 Payment**	DRG With OJH83NZ or similar***	2016 Payment**
T79.A29A	Traumatic compartment syndrome of unspecified lower extremity, initial encounter	923	$4,792.88	905	$8,404.22
S31.102A	nspecified open wound of abdominal wall, epigastric region without penetration into peritoneal cavity, initial encounter	605	$4,735.01	578	$8,155.63
M72.6	Necrotizing fasciitis	558	$4,993.64	465	$11,425.08
T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter	921	$4,109.70	905	$8,404.22
T87.9	Unspecified complications of amputation stump	566	$4,227.20	465	$11,425.08
C43.4	Malignant melanoma of skin of scalp and neck	596	5,535.69	578	$8,155.63
T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter	921	$4,109.70	905	$8,404.22
S01.00XA	Unspecified open wound of scalp, initial encounter	605	$4,735,01	578	$8,155.63
880.0	Open wound of shoulder region w/o complication	605	$4,735.01	578	$8,155.63
S81.009A	Unspecified open wound, unspecified knee, initial encounter	605	$4,735.01	578	$8,155.63
S91.309A	Unspecified open wound, unspecified foot, initial encounter	605	$4,735.01	578	$8,155.63
S71.009A	Unspecified open wound, unspecified hip, initial encounter	566	$4,735.01	465	$8,155.63
S88.119A	Complete traumatic amputation at level between knee and ankle, unspecified lower leg, initial encounter	914	$4,320.50	905	$8,404.22
S98.029A	Complete traumatic amputation of unspecified foot at ankle level, initial encounter	914	$4,320.50	905	$8,404.22

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 2016 Medicare National Averages