

## Ambulatory Surgery Center and Outpatient Facility Reimbursement

### Commonly billed codes associated with DermaClose are:

CPT Code	Description	Facility Total RVU	2017 Physician Payment (Facility)	APC	2017 ASC* Payment Group A2	Hospital Outpatient Facility (i.e. Wound Care Center) Payment
11960	<b>Insertion of tissue expander(s)</b> for other than breast, including subsequent expansion	27.26	\$968.51	5055	\$1,354.26	\$2,504.69
11971	<b>Removal of tissue expander(s)</b> without insertion of prosthetic	9.11	\$326.18	5073	\$1,032.03	\$2,148.91
13160	<b>Late closure of wound:</b> i.e. repair of dehisced wound, failed flap, etc.	23.08	\$829.94	5054	\$771.98	\$1,427.77
17999	<b>Unlisted skin tissue procedure</b>	None Assigned	** Variable	5051	1.59	\$153.12

\*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	2017 Physician Payment (Facility)	APC	ASC* Payment Group A2	Hospital Outpatient Facility (i.e. Wound Care Center) Payment
13101 13102	<b>Repair - Complex: Repair, complex, trunk:</b> 2.6 to 7.5cm each additional 5 cm or less (add on code to be used in conjunction with 13101)	7.32 2.15	\$261.37 \$76.98	5053	\$244.98	\$453.10
13121 13122	<b>Repair - Complex (continued): Repair, complex, scalp, arms, and/or legs:</b> 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	\$276.05 \$88.44	5053	\$244.98	\$453.10

### 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**



www.dermaclose.com | 1721 Lake Drive West, Chanhassen, MN 55317 | 1-800-896-0436

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# DermaClose® Reimbursement Summary

## 2017 Commonly Billed Codes for DermaClose® Continuous External Tissue Expander

For Assistance on DermaClose Reimbursement call 800-946-9012 ext. 5 or email reimbursement@dermaclose.com

### 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	2017 Physician Payment (Facility*)	2017 Payment (Non-Facility**)
11960	<b>Insertion of tissue expander(s)</b> for other than breast, including subsequent expansion	11.49	27.26	\$968.51	Payer Dependent
11971	<b>Removal of tissue expander(s)</b> without insertion of prosthetic	3.41	9.11	\$326.18	\$476.20
13160	<b>Late closure of wound:</b> i.e. repair of dehisced wound, failed flap, etc.	12.04	23.08	\$829.94	Payer Dependent
17999	<b>Unlisted skin tissue procedure</b>	Value negotiated with payert		None Assigned	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	Physician Work RVU	Facility Total RVU	2017 Physician Payment (Facility)	2017 Payment (Non-Facility)
13101 13102	<b>Repair - Complex: Repair, complex, trunk:</b> 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 2.15	\$261.37 \$76.98	\$401.37 \$124.68
13121 13122	<b>Repair - Complex (continued): Repair, complex, scalp, arms, and/or legs:</b> 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	\$276.05 \$88.44	\$433.23 \$135.34

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 2017 national averages. Current Procedural Terminology (CPT) © 2017 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



### 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	OJPS3NZ	Removal of Tissue Expander from Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
Removal of Tissue Expander for other than breast	OJPT3NZ	Removal of Tissue Expander from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJPV3NZ	Removal of Tissue Expander from Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJPW3NZ	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	OJH03NZ	Insertion of Tissue Expander into Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJH13NZ	Insertion of Tissue Expander into Face Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJH43NZ	Insertion of Tissue Expander into Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJH53NZ	Insertion of Tissue Expander into Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJH63NZ	Insertion of Tissue Expander into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJH73NZ	Insertion of Tissue Expander into Back Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJH83NZ	Insertion of Tissue Expander into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJH93NZ	Insertion of Tissue Expander into Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHB3NZ	Insertion of Tissue Expander into Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHC3NZ	Insertion of Tissue Expander into Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHD3NZ	Insertion of Tissue Expander into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHF3NZ	Insertion of Tissue Expander into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHG3NZ	Insertion of Tissue Expander into Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHH3NZ	Insertion of Tissue Expander into Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHJ3NZ	Insertion of Tissue Expander into Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHK3NZ	Insertion of Tissue Expander into Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHL3NZ	Insertion of Tissue Expander into Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHM3NZ	Insertion of Tissue Expander into Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHN3NZ	Insertion of Tissue Expander into Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
	OJHP3NZ	Insertion of Tissue Expander into Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
OJHQ3NZ	Insertion of Tissue Expander into Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach	
OJHR3NZ	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

Disclaimer: the information provided is general coding information only; it is not advice about how to code, complete or submit any particular claim for payment. The information described herein is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information should not replace current medicare or specific payer policies and/or state or federal laws and regulations. It is always the provider's responsibility to determine medical necessity and to submit appropriate codes, charges, and modifiers for services that are rendered. Although we supply this information to the best of our knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. Payers or their local branches may have their own coding and reimbursement requirements. Before filing any claims, providers should verify these requirements with the payer.

## Inpatient Reimbursement



### 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*	2017 Payment**	DRG With OJH83NZ or similar***	2017 Payment**
T79.A29A	Traumatic compartment syndrome of unspecified lower extremity, initial encounter	923	\$4,900.75	905	\$8,228.35
S31.102A	nspecified open wound of abdominal wall, epigastric region without penetration into peritoneal cavity, initial encounter	605	\$4,861.99	578	\$8,249.23
M72.6	Necrotizing fasciitis	558	\$5,008.10	465	\$12,187.48
T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter	921	\$4,144.59	905	\$8,228.35
T87.9	Unspecified complications of amputation stump	566	\$4,321.70	465	\$12,187.48
C43.4	Malignant melanoma of skin of scalp and neck	596	\$5,767.24	578	\$8,249.23
T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter	921	\$4,144.59	905	\$8,228.35
S01.00XA	Unspecified open wound of scalp, initial encounter	605	\$4,861.99	578	\$8,249.23
880.0	Open wound of shoulder region w/o complication	605	\$4,861.99	578	\$8,249.23
S81.009A	Unspecified open wound, unspecified knee, initial encounter	605	\$4,861.99	578	\$8,249.23
S91.309A	Unspecified open wound, unspecified foot, initial encounter	605	\$4,861.99	578	\$8,249.23
S71.009A	Unspecified open wound, unspecified hip, initial encounter	566	\$4,321.70	578	\$8,249.23
S88.119A	Complete traumatic amputation at level between knee and ankle, unspecified lower leg, initial encounter	914	\$4,552.49	905	\$8,228.35
S98.029A	Complete traumatic amputation of unspecified foot at ankle level, initial encounter	914	\$4,552.49	905	\$8,228.35

\*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 2017 Medicare National Averages