DERMACLOSE Device Reimbursement Summary

2024 Commonly Billed Codes for DERMACLOSE Continuous External Tissue Expander

For Assistance on DERMACLOSE device reimbursement call 800-946-9012 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 device. 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 device. 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 Device:

CPT Code	Description	Physician Work RVU	Facility Total RVU	2024 Physician Payment (Facility*)	2024 Payment (Non-Facility†)
11960	**Insertion of tissue expander(s)** other than breast, including subsequent expansion	11.49	30.59	$1,001.65	$1,001.65
11971	**Removal of tissue expander(s)** without insertion of prosthetic	7.02	16.70	$546.83	$546.83
13160	**Late closure of wound** (ie, repair of dehisced wound, failed flap, etc)	12.04	23.89	$782.26	$782.26
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	2024 Physician Payment (Facility)	2024 Payment (Non-Facility)
13101 13102	**Repair - Complex: Repair, complex, trunk—** 2.6 to 7.5 cm each additional 5 cm or less (add-on code to be used in conjunction with 13101)	3.50 1.24	7.36 2.13	$241.00 $69.75	$389.98 $114.28
13121 13122	**Repair - Complex (continued): Repair, complex, scalp, arms, and/or legs—** 2.6 to 7. 5 cm each additional 5 cm or less (add-on code to be used in conjunction with 13121)	4.00 1.44	7.68 2.45	$251.48 $80.22	$417.82 $124.43

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 2024 national averages. *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

DERMACLOSE
Continuous External Tissue Expander

ICD-10-PCS

Commonly billed procedure codes used in tissue expander cases utilizing DERMACLOSE® Continuous External Tissue Expander.

ICD-10-PCS	Description
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-10-PCS	Description
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

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Inpatient Reimbursement

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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*	2024 Payment†	DRG With OJH83NZ or similar‡	2024 Payment†
T79.A29A	Traumatic compartment syndrome of unspecified lower extremity, initial encounter	923	$7,081.42	905	$11,088.43
S31.102A	Unspecified open wound of abdominal wall, epigastric region without penetration into peritoneal cavity, initial encounter	605	$6,363.05	578	$11,276.08
M72.6	Necrotizing fasciitis	558	$6,150.21	465	$13,098.59
T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter	921	$4,885.72	905	$11,088.43
T87.9	Unspecified complications of amputation stump	566	$5,254.70	465	$13,098.59
C43.4	Malignant melanoma of skin of scalp and neck	596	$7,064.61	578	$11,276.08
T81.89XA	Other complications of procedures, not elsewhere classified, initial encounter	921	$4,885.72	905	$11,088.43
S01.00XA	Unspecified open wound of scalp, initial encounter	605	$6,363.05	578	$11,276.08
S41.009A	Unspecified open wound of unspecified shoulder, initial encounter	605	$6,363.05	578	$11,276.08
S81.009A	Unspecified open wound, unspecified knee, initial encounter	605	$6,363.05	578	$11,276.08
S91.309A	Unspecified open wound, unspecified foot, initial encounter	605	$6,363.05	578	$11,276.08
S71.009A	Unspecified open wound, unspecified hip, initial encounter	605	$6,363.05	465	$13,098.59
S88.119A	Complete traumatic amputation at level between knee and ankle, unspecified lower leg, initial encounter	914	$6,355.35	905	$11,088.43
S98.029A	Complete traumatic amputation of unspecified foot at ankle level, initial encounter	914	$6,355.35	905	$11,088.43

*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 2024 Medicare National Averages.

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Ambulatory Surgery Center and Outpatient Facility Reimbursement

Commonly billed codes associated with DERMACLOSE device are:

CPT Code	Description	Facility Total RVU	2024 Physician Payment (Facility)	APC	2024 ASC* Payment Group A2	Hospital Outpatient Facility (ie, Wound Care Center) Payment
11960	**Insertion of tissue expander(s)** for other than breast, including subsequent expansion	30.59	$1,001.65	5055	$1,861.02	$3,349.89
11971	**Removal of tissue expander(s)** without insertion of prosthetic	16.70	$546.83	5073	$1,157.14	$2,653.20
13160	**Late closure of wound** (ie, repair of dehisced wound, failed flap, etc)	23.89	$782.26	5054	$945.97	$1,702.78
17999	**Unlisted skin tissue procedure**	None Assigned	Variable	5051	Value negotiated with payer†	$186.94

* 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.

† 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	Facility Total RVU	2024 Physician Payment (Facility)	APC	2024 ASC* Payment Group A2	Hospital Outpatient Facility (ie, Wound Care Center) Payment
13101 13102	**Repair - Complex: Repair, complex, trunk:** 2.6 to 7.5 cm each additional 5 cm or less (add-on code to be used in conjunction with 13101)	7.36 2.13	$241.00 $69.75	5053	$325.79	$586.43
13121 13122	**Repair - Complex** (continued): **Repair, complex, scalp, arms, and/or legs:** 2.6 to 7. 5 cm each additional 5 cm or less (add-on code to be used in conjunctions with 13121)	7.68 2.45	$251.48 $80.22	5053	$325.79	$586.43

*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.

Reimbursement Assistance Line

Please contact our reimbursement hotline for assistance with billing and reimbursement questions at:
800-946-9012 or email: reimbursement@dermaclose.com

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