



Dynamic Tissue Systems[®]

Reimbursement & Coding Guide





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ABRA® Abdominal

DynaClose®

ABRA® Surgical

DynaStretch®

ABRA® Adhesive

SutureSafe®

The following information is shared for educational purposes only to help answer common coding and reimbursement questions. The CPT® codes and code guidance noted in this guide may be applicable in some patient cases. Please consult the CPT® manual, and coding and payer guidance to determine if separate coding using an unlisted code may be appropriate. While ACell believes this information to be correct, information is subject to change without notice.

For assistance with reimbursement questions, contact the Reimbursement Hotline at reimbursement@acell.com or call **800-826-2926 x7**.

PLEASE NOTE: The payments specified in this document reflect Medicare national unadjusted published payments from the Centers for Medicare & Medicaid Services (CMS). Actual payment rates will vary based on geographical adjustments. As such, all codes provided herein are for illustrative purposes and shall not be construed as a warranty, statement, promise or guarantee that these codes are accurate or that the product will be covered in all instances, and if covered, that reimbursement in the amounts specified will be received.

The decision of how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the QHPs and other providers. Coding requirements are subject to change at any time; please check with your local payer regularly for updates.

Rx ONLY - Refer to IFU with each device for indications, contraindications, and precautions. US Toll-Free 800-826-2926 ©2017 ACell, Inc. All Rights Reserved.

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Indications for Use

Refer to Product Label for Full Instructions for Use

Indication: Dynamic Wound Closure Systems are indicated for use in controlling, reducing or closing retracted soft tissue defects. DynaStretch® Strips can be used for pre-surgical skin expansion.

Product Descriptions

ABRA® Abdominal allows for the option of primary closure for retracted mid-line abdominal defects. Installation of the ABRA® system pulls muscle planes and skin together from their lateral retracted state with relentless dynamic appositional traction, leaving the leading edge of the wound margins undisturbed when performing definitive primary closure.

ABRA® Surgical closes retracted skin defects through chronic cyclic tension. A sound primary closure replaces skin grafting and the associated rehabilitation, pain, and loss of function. ABRA® Surgical is indicated for use in preventing, controlling, reducing, and closing retracted soft tissue defects.

ABRA® Adhesive provides non-invasive closure of retracted skin defects. It creates topical atraumatic traction for open wounds.

DynaClose® provides an easy and non-invasive method to close retracted or dehisced wounds up to 5cm in width. It acts dynamically, moving with skin as it is stretched, while always providing a consistent appositional force.

SutureSafe® bridges and supports the closure of surgical incisions dynamically, allowing a cushion of skin movement while still pulling the wound margins together with gentle appositional traction. By doing so, SutureSafe may help reduce surgical site dehiscence.

DynaStretch® strips are designed to aid in pre-surgical skin expansion. Gentle, dynamic tissue stretching prior to planned excision avoids leaving a skin defect and allows for a sound primary closure.

Excerpt of Surgical Wound Closure and Repair CPT® Definitions

(For complete definitions and information, consult CPT® 2017, CPT® Assistant, and other coding and payer sources.)

Closure:

Primary Closure: Actively closing a wound immediately after completing the procedure with sutures, Steri-Strips®, or another active binding mechanism. Any typical procedure required to close the surgical wound is bundled with the primary procedure.

Secondary Closure (often interchanged with Delayed Primary Closure): Allowing the wound to close without intervention (without suture or other closure); however, when active wound closure is described as “secondary,” the term is used in place of delayed primary closure. May also include closure after an initial closure.

Delayed Primary Closure (often interchanged with Secondary Closure): Actively closing a wound, but at a later operative session beyond the procedure. May be part of a staged procedure or it may be a subsequent closure following an initial closure procedure.

Repair:

Simple Repair: Wound is superficial (involves primarily the epidermis and dermis or subcutaneous tissues with involvement of deeper structures); one layer closure. Includes local anesthesia and electrocauterization.

Intermediate Repair: In addition to closure of epidermis and dermis, requires layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia. May also include single layer closure of heavily contaminated wounds where extensive cleaning or removal of particulate matter occurs.

Complex Repair: Involves more than layered closure, viz., scar revision, debridement of traumatic lacerations or avulsions, extensive undermining, stents, or retention sutures. Includes creation of a limited defect for repairs or the debridement of complicated lacerations or avulsions.

Documentation:

- Wound should be measured and recorded in centimeters.
- For multiple wounds, add together only those of the same repair classification if anatomic sites fall into the same code descriptor. List the more complicated procedure as primary.
- Debridement is only a separate procedure when gross contamination requires extensive cleaning and removal of devitalized or contaminated tissue.

Frequently Asked Questions

1. What CPT® code(s) is appropriate when ABRA Devices are used?

- There is no specific CPT® procedure code that describes ABRA devices because CPT® codes are procedure-based, not product-based.
- When closure is part of the primary procedure (e.g. closing a primary surgical wound), the closure procedure is integral and closure is not separately coded.
- Wound closure using ABRA Adhesive strips as sole closure or repair (e.g. procedure outside of a surgical episode, physician office, etc.) may be coded using appropriate Evaluation and Management (E/M) CPT® codes in some cases. Check billing guidelines and modifier use, as applicable.

2. Are ABRA devices separately coded using unique or product-specific HCPCS code?

- No. ABRA devices are considered supplies and they are not separately identified or coded with a unique HCPCS code. When used, these products are integral to the primary surgical procedure and are not separately billed or paid in any site of service.

3. Do payers have coverage policies for ABRA devices?

- No. ABRA devices are integral to the primary (surgical) procedure in which they may be used. Payers may have coverage policies for surgical procedures where ABRA devices are used but do not reference the use of ABRA devices for closure or repair. No separate policies for use of ABRA devices have been identified at this time.

4. Can closure be coded separately with hernia repair when the hernia has developed after definitive closure of the abdomen?

- No. When a certain amount of time has passed between the initial surgery and definitive closure of the abdomen, a wide opening between the opposing fascial edges may develop in the abdominal wall. The resulting fascial defect creates a potential hernia. Since ventral/incisional hernia repair is the closing of an opening in the abdominal wall, such repair is part of the hernia repair procedure unless the defect is in a separate anatomic location. Closure is not separately coded.

5. Can negative pressure wound therapy (97605, 97606) be coded with 12032, 12034, 13101, 13102, or 13160?

- No. National Correct Coding Initiative (NCCI) guidance states that intermediate and complex repair (e.g. 12032, 12034, 13101, 13102) and secondary closure of an abdominal wound (e.g. 13160) are more extensive procedures than negative pressure wound therapy; negative pressure wound therapy would not be coded separately if applied to the same wound in the same surgical period as these procedures.

Codes and Medicare National Unadjusted Payment:

Surgical Closure and Repair Procedures

Not an all-inclusive list; other codes may apply depending on the individual patient case. Please consult CPT® 2017, CPT and other code guidance, and payment sources for additional information.

Physician and Outpatient Services

CPT® Code	Descriptor	Physician: Payment (In-Facility)	Hospital Outpatient Prospective Payment*	Ambulatory Surgery Center* Payment	Coding Notes
Repair					
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands or feet); 2.6 cm to 7.5 cm.	\$201.69 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$292.62 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$158.21 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	<ul style="list-style-type: none"> • Code pair conflict with 13160- report 13160 • Code pair conflict with 49002- report 49002 • Code pair conflict with 49900- report 49900 • May be a component of other (primary) surgical procedures
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands or feet); 7.6 cm. to 12.5 cm.	\$214.61 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$292.62 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$158.21 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	<ul style="list-style-type: none"> • Code pair conflict with 13160- report 13160 • Code pair conflict with 49002- report 49002 • Code pair conflict with 49900- report 49900 • May be a component of other (primary) surgical procedures
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	\$262.71 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$453.10 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$244.98 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	<ul style="list-style-type: none"> • 13101,13102 mutually exclusive** with 13160 • Code pair conflict with 49002- report 49002 • Code pair conflict with 49900- report 49900 • May be a component of other (primary) surgical procedures
+13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$77.16	Packaged		<ul style="list-style-type: none"> • 13101,13102 mutually exclusive** with 13160 • Code pair conflict with 49002- report 49002 • Code pair conflict with 49900- report 49900 • May be a component of other (primary) surgical procedures
Closure for a Reopened Wound					
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	\$828.31 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$1,427.77 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	\$771.98 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	<ul style="list-style-type: none"> • Code pair conflict with 12032, 12034- report 13160 • 13101,13102 mutually exclusive** with 13160
49002	Reopening of recent laparotomy	\$1,086.71 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	Inpatient only		<ul style="list-style-type: none"> • Abdominal cavity must be entered • Code pair conflict with 12032, 12034, 13101, 13102 - report 49002 • Code pair conflict with 49900- report 49900 • May be a component of other (primary) surgical procedures
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	\$845.18 --- MULTIPLE --- PROCEDURE DISCOUNT APPLIES	Inpatient only		<ul style="list-style-type: none"> • Code pair conflict with 12032, 12034, 13101, 13102, 49002- report 49900

* 2017 National Unadjusted Medicare Payments (01/2017)

** Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same patient encounter

Physician and Outpatient Services (continued)

CPT® Code	Descriptor	Physician: Payment (In-Facility)	Hospital Outpatient Prospective Payment*	Ambulatory Surgery Center* Payment	Coding Notes
Other					
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue		Payer priced		For separate and distinct procedures that are not identified with a specific CPT® code. Payers may require documentation that describes the services provided to the patient and the information about the patient condition.
22999	Unlisted procedure, abdomen, musculoskeletal system		Payer priced		
49999	Unlisted procedure, abdomen, peritoneum and omentum		Payer priced		

Modifiers

-22	Increased Procedural Service	Surgeries for which services performed are significantly greater than usually required. The biller must provide a concise statement about how the service differs from the usual and an operative report with the claim.
-51	Reopening of recent laparotomy	When multiple procedures are performed at the same session by the same provider. The additional procedure(s) or service(s) codes may be identified with modifier 51, except add-on codes.
-52	Reduced Services	When under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52.
-58	Staged or Related Procedure or Service by the Same Physician During the Postoperative Period	Indicates that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure within the global period.
-59	Distinct Procedural Service:	Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. When another already established modifier is appropriate, it should be used rather than modifier 59.
-78	Unplanned Return to the Operating /Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	Identifies treatment of a problem that requires an unplanned return to the operating/procedure room in the post-operative period related to the initial procedure (eg., unanticipated clinical condition).

Revenue Codes and HCPCS Code: Surgical Supplies

0272	Sterile Medical/Surgical Supplies and Devices	Not separately paid.
A4649	Surgical supply; miscellaneous	Not separately paid in the facility setting.

* 2017 National Unadjusted Medicare Payments (01/2017)

Inpatient Procedures

These code tables may apply to inpatient procedures where ABRA devices are used.

Not an all-inclusive list. Please refer to the 2017 ICD-10-PCS Procedure Codebook for a complete list of Tables that may apply.

ICD-10-PCS Code Table	Description
0HQ	Medical and Surgical - Skin and Breast - Repair
0JQ	Medical and Surgical - Skin and Breast - Repair
0KQ	Medical and Surgical - Muscles - Repair
0WQ	Medical and Surgical - Anatomical Regions, General - Repair

Case Examples

Case Example CPT® code 13160 Secondary closure of surgical wound or dehiscence, extensive or complicated

If a more comprehensive code does not apply, 13160 Secondary closure of surgical wound or dehiscence, extensive or complicated, may be appropriate. This code may be appropriate to describe cases of infection or dehiscence or delayed primary closure. This code describes closing multiple layers of a wound without reopening the wound.

Case Example CPT® code 49002 Reopening of recent laparotomy

Surgery involves a follow-up phase in which the abdomen is re-explored and definitive procedures may be performed “re-exploration that involves re-opening, completely exploring, and irrigating the abdomen, where no other major procedures (for example, bowel anastomosis or resections) are performed, report CPT® code 49002 (reopening of recent laparotomy.)” CPT® code 49002 may be used in instances of trauma, sepsis, or ischemic bowel surgery to examine the progress of healing, check on the integrity of an anastomosis, detect missed injuries or further ischemia, and irrigate the abdomen. Append modifier 58 (staged or related procedure by the same physician) if re-explorations of the abdomen are performed by the same surgeon (or a surgeon in the same billing group) within the global period. If a more extensive abdominal procedure is required in the same operative session, then re-exploration of the laparotomy (49002) should not be used, as it is considered inherent to the more extensive procedure and is not separately reportable.

Case Example CPT® code 49900 Suture, secondary, of abdominal wall for evisceration or dehiscence

For some patients with a recent open and the abdominal wall functions as one unit that can be re-approximated to itself, and there is not a fascial defect abdomen (e.g. when the fascial edges, subcutaneous tissue, and skin can all be mobilized and then closed primarily) CPT® code 49900 (suture, secondary, of abdominal wall for evisceration or dehiscence) may be appropriate.

Sources

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- Terri Brame, MBA, CHC, CPC, CPC-H, CGSC, CPC-I, Tie Up the Loose Ends of Surgical Wound Coding, AAPC <https://www.aapc.com/blog/24722-tie-up-the-loose-ends-of-surgical-wound-coding-2/>
- CPT® 2017 Professional Codebook
- CPT® Assistant through 2017
- CPT® Changes through 2017
- Medicare - National Correct Coding Policy Manual, Physician Version 22.3 Effective October 1, 2016
- 2017 Medicare Hospital Outpatient Prospective Payment System Correction Notices (CMS-1656-CN) Addendum B
- 2017 Ambulatory Surgery Center Prospective Payment System Correction Notice (CMS-1656-CN) Addendum A
- CMS-1654-F Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017/Downloads - Physician Fee Schedule RVU File



The ACell Reimbursement Hotline

Monday - Friday: 9:00 am - 5:00 pm, Eastern
800-826-2926, x 7 | acellreimbursement@ljra.com

ACell's Reimbursement Hotline is dedicated to providing answers to all of your reimbursement questions. It also serves as a resource for obtaining accurate billing information and reimbursement support for ACell's surgical products.



ACell, Inc.
6640 Eli Whitney Drive
Columbia, MD 21046
www.acell.com
800-826-2926