

Breast Repair and/or Reconstruction

CPT ^{®1} Procedure Codes	CPT [®] Code Descriptors	Relative Value Units (RVUs) ² Non Facility/ Facility	Ambulatory Payment Classification (APC) ³	Hospital Outpatient Payment ³	Ambulatory Surgery Center (ASC) Payment ³
11970	Replacement of tissue expander with permanent prosthesis	17.50	5114	\$5,219.36	\$2,647.21
+15777	Implantation of biologic implant [e.g., acellular dermal matrix] for soft tissue reinforcement [i.e., breast, trunk]. [List separately in addition to code for primary procedure]	6.23	N/A	N/A	N/A
+17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [For implantation of biologic implants for soft tissue reinforcement in tissues other than breast and trunk, [report code 17999]	0.00	5051	\$153.05	N/A
19324	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	14.20	5093	\$6,483.61	\$2,274.11
19325	Mammoplasty, augmentation; with prosthetic implant	18.45	5093	\$6,483.61	\$2,274.11
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	28.87	5092	\$4,417.60	\$1,933.67
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	26.52	5093	\$6,483.61	\$2,274.11
19350	Nipple/areola reconstruction	23.53/19.36	5091	\$2,498.42	\$1,005.57
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	43.27	5094	\$10,032.81	\$2,858.51
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	45.39	N/A	N/A	N/A
19364	Breast reconstruction with free flap	79.46	N/A	N/A	N/A
19366	Breast reconstruction with other technique	40.65	5092	\$4,417.60	\$1,933.67
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	51.52	N/A	N/A	N/A
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	63.50	N/A	N/A	N/A
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	58.42	N/A	N/A	N/A
19370	Open periprosthetic capsulotomy, breast	19.72	5091	\$2,498.42	\$1,005.57
19371	Periprosthetic capsulectomy, breast	22.54	5091	\$2,498.42	\$1,005.57
19380	Revision of reconstructed breast	22.24	5092	\$4,417.60	\$1,933.67
19396	Preparation of moulage for custom breast implant	8.32 / 4.21	5091	\$2,498.42	\$1,005.57

ICD-10-PCS Codes⁴

OHT, 07T, OKT [series]	Resection/Skin and Breast, Resection/Lymphatic and Hemic Systems, Resection/Muscles
OHK, OHR, OKX [series]	Replacement/Skin and Breast
OHW [series]	Revision/Skin and Breast
OHH [series]	Insertion/Skin and Breast
OHR [series]	Dermal Regenerative Graft

Facility Diagnosis Related Groups [DRGs] & Descriptors		Medicare National Average Payment ⁵
463	Wound Debridement & Skin Graft Except Hand, For Musculo-Connective Tissue Disorder w MCC	\$32,087.72
464	Wound Debridement & Skin Graft Except Hand, For Musculo-Connective Tissue Disorder w CC	\$18,182.17
465	Wound Debridement & Skin Graft Except Hand, For Musculo-Connective Tissue Disorder w/o CC/MCC	\$12,186.44
576	Skin Graft Exc For Skin Ulcer Or Cellulitis w MCC	\$25,758.07
577	Skin Graft Exc For Skin Ulcer Or Cellulitis w CC	\$13,648.55
578	Skin Graft Exc For Skin Ulcer Or Cellulitis w/o CC/MCC	\$8,248.52
582	Mastectomy For Malignancy w CC/MCC	\$8,942.01
583	Mastectomy For Malignancy w/o CC/MCC	\$7,847.81
584	Breast Biopsy, Local Excision & Other Breast Procedures w CC/MCC	\$10,704.65
585	Breast Biopsy, Local Excision & Other Breast Procedures w/o CC/MCC	\$9,465.55
904	Skin Grafts For Injuries w CC/MCC	\$19,454.06
905	Skin Grafts For Injuries w/o CC/MCC	\$8,227.65
907	Hand Procedures For Injuries	\$8,966.45
908	Other O.R. Procedures For Injuries w MCC	\$23,065.20
909	Other O.R. Procedures For Injuries w CC	\$12,274.09
957	Other O.R. Procedures For Injuries w/o CC/MCC	\$7,817.40
958	Other O.R. Procedures For Multiple Significant Trauma w CC	\$23,011.54
959	Other O.R. Procedures For Multiple Significant Trauma w/o CC/MCC	\$15,071.30
987	Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis w MCC	\$19,839.26
988	Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis w CC	\$10,238.94
989	Non-Extensive O.R. Procedures Unrelated To Principal Diagnosis w/o CC/MCC	\$6,299,23.00

Complex Abdominal Wall Reconstruction

Surgeon's Procedure Codes	CPT®1 Code Descriptors	Relative Value Units (RVUs)² Non Facility / Facility	Ambulatory Payment Classification (APC)³	Hospital Outpatient Payment³	Ambulatory Surgery Center (ASC) Payment³	
+15777	Implantation of biologic implant [e.g., acellular dermal matrix] for soft tissue reinforcement [i.e., breast, trunk]. [List separately in addition to code for primary procedure]	6.23	N/A	N/A	N/A	
+17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [For implantation of biologic implants for soft tissue reinforcement in tissues other than breast and trunk, report code 17999]	0.00	5051	\$153.05	N/A	
+49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection. [List separately in addition to code for the incisional or ventral hernia repair]	7.76	N/A	N/A	N/A	
Ventral/ incisional	11008	Removal of prosthetic material or mesh, abdominal wall for infection [e.g., for chronic or recurrent mesh infection or necrotizing soft tissue infection]. [List separately in addition to code for primary procedure].	7.97	N/A	N/A	
	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk. [Report 15734 twice if bilateral. Modifier-51 [if Multiple Procedure] or -59 [Distinct Procedural Service] for the \$1,359.49	42.95 / 37.95	5055	\$2,503.63	\$1,352.27
	49560	Repair initial incisional or ventral hernia; reducible	21.34	5341	\$2,861.53	\$1,452.70
	49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	26.91	5341	\$2,861.53	\$1,452.70
	49565	Repair recurrent incisional or ventral hernia; reducible	22.22	5361	\$4,197.36	\$2,037.05
	49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	27.15	5361	\$4,197.36	\$2,037.05
	49585	Repair umbilical hernia, age 5 years or older; reducible	12.85	5341	\$2,861.53	\$1,452.70
	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	13.72	5341	\$2,861.53	\$1,452.70
Laparoscopic	43280	Laparoscopy, surgical, esophagogastric fundoplasty [e.g., Nissen, Toupet procedures]	31.33	5362	\$6,966.89	N/A
	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	50.37	N/A	N/A	N/A
	44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	32.02	N/A	N/A	N/A
	44188	Laparoscopy, surgical, colostomy or skin level cecostomy	35.50	N/A	N/A	N/A
	44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum and ileocolostomy	38.81	N/A	N/A	N/A
	44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy [low pelvic anastomosis] with colostomy	57.65	N/A	N/A	N/A
	44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	51.66	N/A	N/A	N/A
	44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	59.39	N/A	N/A	N/A
	44227	Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection or anastomosis	48.35	N/A	N/A	N/A
	49650	Laparoscopy, surgical; repair initial inguinal hernia	12.37	5361	\$4,197.36	\$2,037.05
	49651	Laparoscopy, surgical; repair recurrent inguinal hernia 8.38 \$576.45	16.08	5361	\$4,197.36	\$2,037.05
	49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	26.84	5361	\$4,197.36	\$2,037.05
	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	24.47	5362	\$6,966.89	\$3,272.69
	49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	29.86	5362	\$6,966.89	\$3,272.69

Surgeon's Procedure Codes	CPT® ¹ Code Descriptors	Relative Value Units (RVUs) ² Non Facility/ Facility	Ambulatory Payment Classification (APC) ³	Hospital Outpatient Payment ³	Ambulatory Surgery Center (ASC) Payment ³
Laparoscopic (continued) 49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	26.55	5362	\$6,966.89	\$3,272.69
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	38.24	5362	\$6,966.89	\$3,272.69
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	0.00	5361	\$4,197.36	N/A
Inguinal 49505	Repair initial inguinal hernia, age 5 years or over; reducible	15.04	5341	\$2,861.53	\$1,452.70
49507	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated	16.91	5341	\$2,861.53	\$1,452.70
49520	Repair recurrent inguinal hernia, any age; reducible	18.27	5341	\$2,861.53	\$1,452.70
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	20.72	5341	\$2,861.53	\$1,452.70
49525	Repair inguinal hernia, sliding, any age	16.56	5341	\$2,861.53	\$1,452.70
Hiatal 39540	Repair, diaphragmatic hernia [other than neonatal], traumatic; acute	25.15	N/A	N/A	N/A
39541	Repair, diaphragmatic hernia [other than neonatal], traumatic; chronic	27.33	N/A	N/A	N/A
39561	Resection, diaphragm; with complex repair [e.g., prosthetic material, local muscle flap]	35.98	N/A	N/A	N/A
43325	Esophagogastric fundoplasty; with fundic patch [Thal-Nissen procedure]	38.73	N/A	N/A	N/A
43327	Esophagogastric fundoplasty partial or complete; laparotomy	23.76	N/A	N/A	N/A
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	32.71	N/A	N/A	N/A
43333	Repair, paraesophageal hiatal hernia [including fundoplication], via laparotomy, except neonatal; with implantation of mesh or other prosthesis	36.74	N/A	N/A	N/A
43335	Repair, paraesophageal hiatal hernia [including fundoplication], via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	38.95	N/A	N/A	N/A
43337	Repair, paraesophageal hiatal hernia, [including fundoplication], via thoraco-abdominal incision, except neonatal; with implantation of mesh or other prosthesis]	47.16	N/A	N/A	N/A

Surgeon's Procedure Codes	CPT® ¹ Code Descriptors	Relative Value Units (RVUs) ² Non Facility/ Facility	Ambulatory Payment Classification (APC) ³	Hospital Outpatient Payment ³	Ambulatory Surgery Center (ASC) Payment ³
Stoma					
44141	Colectomy, partial; with skin level cecostomy or colostomy	52.94	N/A	N/A	N/A
44143	Colectomy, partial; with end colostomy and closure of distal segment [Hartmann type procedure]	48.27	N/A	N/A	N/A
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	51.30	N/A	N/A	N/A
44312	Revision of ileostomy; simple (release of superficial scar). [Separate procedure].	17.09	5055	\$2,503.63	\$1,352.27
44314	Revision of ileostomy; complicated (reconstruction in-depth). [Separate procedure].	29.07	N/A	N/A	N/A
44320	Colostomy or skin level cecostomy	34.82	N/A	N/A	N/A
44340	Revision of colostomy; simple [release of superficial scar]. [Separate procedure].	18.04	5055	\$2,503.63	\$1,352.27
44345	Revision of colostomy; complicated [reconstruction in-depth]. [Separate procedure].	30.48	N/A	N/A	N/A
44346	Revision of colostomy; with repair of paracolostomy hernia. [Separate procedure].	34.29	N/A	N/A	N/A
44605	Suture of large intestine; (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	37.78	N/A	N/A	N/A

ICD-10-PCS Codes ⁴	Facility Diagnosis Related Groups [DRGs] & Descriptors
OB5 [series]	Destruction/Respiratory System
OB8 [series]	Excision/Respiratory System
OBQ [series]	Repair/Respiratory System
OBU [series]	Supplement/Respiratory System
OD1 [series]	Bypass/Gastrointestinal System
OD8 [series]	Division/Gastrointestinal System
ODB [series]	Excision/Gastrointestinal System
ODJ [series]	Inspection/Gastrointestinal System
ODN [series]	Release/Gastrointestinal System
ODQ [series]	Repair/Gastrointestinal System
ODT [series]	Resection/Gastrointestinal System
ODU [series]	Supplement/Gastrointestinal System
ODV [series]	Restriction/Gastrointestinal System
OF5 [series]	Destruction/Hepatobiliary System and Pancreas
OF8 [series]	Excision/Hepatobiliary System and Pancreas
OFJ [series]	Inspection/Hepatobiliary System and Pancreas
OFN [series]	Release/Hepatobiliary System and Pancreas
OFT [series]	Resection/Hepatobiliary System and Pancreas
OH8 [series]	Division/Skin and Breast
OW2 [series]	Change/Anatomical Regions, General
OWJ [series]	Inspection/Anatomical Regions, General
OWQ [series]	Repair/Anatomical Regions, General
OWU [series]	Supplement/Anatomical Regions, General
OYQ [series]	Repair/Anatomical Regions, Lower Extremities
OYU [series]	Supplement/Anatomical Regions, Lower Extremities

Facility Diagnosis Related Groups [DRGs] & Descriptors		Medicare National Average Payment ⁵
AbWall MS-DRGs		
163	Major Chest Procedures w MCC	\$29,930.33
335	Peritoneal Adhesiolysis w MCC	\$24,468.88
336	Peritoneal Adhesiolysis w CC	\$13,976.51
337	Peritoneal Adhesiolysis w/o CC/MCC	\$9,667.10
353	Hernia Procedures Except Inguinal & Femoral w MCC	\$24,468.88
354	Hernia Procedures Except Inguinal & Femoral w CC	\$13,976.51
355	Hernia Procedures Except Inguinal & Femoral w/o CC/MCC	\$9,667.10
Major Small and Large Bowel / Intestinal Procedures		
329	Major Small & Large Bowel Procedures w MCC	\$29,583.29
330	Major Small & Large Bowel Procedures w CC	\$15,148.82
331	Major Small & Large Bowel Procedures w/o CC/MCC	\$9,912.18
332	Rectal Resection w MCC	\$28,483.13
333	Rectal Resection w CC	\$14,851.27
334	Rectal Resection w/o CC/MCC	\$9,513.26
347	Anal & Stomal Procedures w MCC	\$14,798.80
348	Anal & Stomal Procedures w CC	\$8,630.15
349	Anal & Stomal Procedures w/o CC/MCC	\$5,701.16
Esophageal Procedures		
326	Stomach, Esophageal & Duodenal Procedures w MCC	\$32,003.05
327	Stomach, Esophageal & Duodenal Procedures w CC	\$15,443.39
328	Stomach, Esophageal & Duodenal Procedures w/o CC/MCC	\$9,157.27
Cholecystectomy		
411	Cholecystectomy W C.D.E. w MCC	\$21,243.53
412	Cholecystectomy W C.D.E. w CC	\$14,145.26
413	Cholecystectomy W C.D.E. w/o CC/MCC	\$10,667.68
417	Laparoscopic Cholecystectomy w/o C.D.E. w MCC	\$14,277.64
418	Laparoscopic Cholecystectomy w/o C.D.E. w CC	\$9,838.24
419	Laparoscopic Cholecystectomy w/o C.D.E. w/o CC/MCC	\$7,524.62
Other Procedures		
356	Other Digestive System O.R. Procedures w MCC	\$22,959.07
357	Other Digestive System O.R. Procedures w CC	\$12,372.48
358	Other Digestive System O.R. Procedures w/o CC/MCC	\$8,079.77
515	Other Musculoskelet Sys & Conn Tiss O.R. Procedures w MCC	\$18,696.77
619	O.R. Procedures For Obesity w MCC	\$18,408.76
620	O.R. Procedures For Obesity w CC	\$10,655.76
621	O.R. Procedures For Obesity w/o CC/MCC	\$9,255.66
907	Other O.R. Procedures For Injuries w MCC	\$23,065.21
908	Other O.R. Procedures For Injuries w CC	\$12,274.10
909	Other O.R. Procedures For Injuries w/o CC/MCC	\$7,817.40
957	Other O.R. Procedures For Multiple Significant Trauma w MCC	\$41,094.72
958	Other O.R. Procedures For Multiple Significant Trauma w CC	\$23,011.54
959	Other O.R. Procedures For Multiple Significant Trauma w/o CC/MCC	\$15,071.31
981	Extensive O.R. Procedure Unrelated To Principal Diagnosis w MCC	\$29,487.29
982	Extensive O.R. Procedure Unrelated To Principal Diagnosis w CC	\$16,290.72
983	Extensive O.R. Procedure Unrelated To Principal Diagnosis w/o CC/MCC	\$10,622.96
987	Non-Extensive O.R. Proc Unrelated To Principal Diagnosis w MCC	\$19,839.26
988	Non-Extensive O.R. Proc Unrelated To Principal Diagnosis w CC	\$10,238.95
989	Non-Extensive O.R. Proc Unrelated To Principal Diagnosis w/o CC/MCC	\$6,299.24

Head and Neck Reconstruction/ENT Repair

Surgeon's Procedure Codes	CPT®1 Code Descriptors	Relative Value Units (RVUs)² Non Facility / Facility	Ambulatory Payment Classification (APC)³	Hospital Outpatient Payment³	Ambulatory Surgery Center (ASC) Payment³
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; total wound surface area up to 100 sq cm or less, first 25 sq cm or less wound surface area	4.23 / 2.76	5054	\$1,427.16	\$770.84
+15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof [List separately in addition to code for primary procedure]	0.99 / 0.73	N/A	N/A	N/A
+17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [For implantation of biologic implants for soft tissue reinforcement in tissues other than breast and trunk, report code 17999]	0.00	5051	\$153.05	N/A
Nose					
30420	Rhinoplasty, primary; including major septal repair	38.86	5165	\$4,129.20	\$2,036.52
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	23.19	5165	\$4,129.20	\$2,036.52
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	17.65	5164	\$2,172.76	\$939.56
30630	Repair nasal septal perforations	17.63	5164	\$2,172.76	\$939.56
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	40.74	5165	\$4,129.20	\$2,036.52
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	41.19	5165	\$4,129.20	\$2,036.52
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	44.91	5165	\$4,129.20	\$2,036.52
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	47.29	5165	\$4,129.20	\$2,036.52
Larynx					
31587	Laryngoplasty, cricoid split	33.28	5165	\$4,129.20	N/A
31590	Laryngeal reinnervation by neuromuscular pedicle	24.95	5165	\$4,129.20	\$2,036.52
31599	Unlisted procedure, larynx	0.00	5165	\$4,129.20	\$2,036.52
Salivary Glands					
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	12.49/9.89	5165	\$4,129.20	\$2,036.52
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	5.97/13.07	N/A	N/A	N/A
Pharynx					
42890	Limited pharyngectomy	41.78	5165	\$4,129.20	\$2,036.52
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	55.15	5165	\$4,129.20	\$2,036.52
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	69.28	N/A	N/A	N/A

Surgeon's Procedure Codes	CPT®1 Code Descriptors	Relative Value Units (RVUs) ² Non Facility / Facility	Ambulatory Payment Classification (APC) ³	Hospital Outpatient Payment ³	Ambulatory Surgery Center (ASC) Payment ³
Middle Ear 69501	Transmastoid antrotomy [simple mastoidectomy]	20.97	5165	\$4,129.20	\$2,036.52
69502	Mastoidectomy; complete	27.92	5165	\$4,129.20	\$2,036.52
69505	Mastoidectomy; modified radical	34.39	5165	\$4,129.20	\$2,036.52
69601	Revision mastoidectomy; resulting in complete mastoidectomy	29.91	5165	\$4,129.20	\$2,036.52
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	31.24	5165	\$4,129.20	\$2,036.52
69604	Revision mastoidectomy; resulting in tympanoplasty	31.80	5165	\$4,129.20	\$2,036.52
69641	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	29.77	5165	\$4,129.20	\$2,036.52
69642	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	38.19	5165	\$4,129.20	\$2,036.52
69643	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic, membrane repair); with intact or reconstructed wall without ossicular chain reconstruction	34.99	5165	\$4,129.20	\$2,036.52
69644	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	42.25	5165	\$4,129.20	\$2,036.52
69645	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	41.53	5165	\$4,129.20	\$2,036.52
69646	Tympanoplasty with mastoidectomy, (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	44.11	5165	\$4,129.20	\$2,036.52
Palate 42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	26.36	5164	\$2,172.76	\$939.56
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	30.07	5165	\$4,129.20	\$2,036.52
42215	Palatoplasty for cleft palate; major revision	20.96	5165	\$4,129.20	\$2,036.52

ICD-10-PCS Diagnosis Codes³

08B [series]	Excision/Eye
08N [series]	Release/Eye
08Q [series]	Repair/Eye
08R [series]	Replacement/Eye
08S [series]	Reposition/Eye
08U [series]	Supplement/Eye
09M [series]	Reattachment/Ear, Nose, Sinus
09N [series]	Release/Ear, Nose, Sinus
09O [series]	Alteration/Ear, Nose, Sinus
09Q [series]	Repair/Ear, Nose, Sinus
09R [series]	Replacement/Ear, Nose, Sinus
09S [series]	Reposition/Ear, Nose, Sinus
09U [series]	Supplement/Ear, Nose, Sinus
OCM [series]	Reattachment/Mouth and Throat
OCN [series]	Release/Mouth and Throat
OCO [series]	Alteration/Mouth and Throat
OCQ [series]	Repair/Mouth and Throat
OCR [series]	Replacement/Mouth and Throat
OCS [series]	Reposition/Mouth and Throat
OCU [series]	Supplement/Mouth and Throat
OCV [series]	Restriction/Mouth and Throat
OCX [series]	Transfer/Mouth and Throat
ODQ [series]	Repair/Gastrointestinal System
OHQ [series]	Repair/Skin and Breast
OHR [series]	Replacement/Skin and Breast
OJB [series]	Excision/Subcutaneous Tissue and Fascia
OKS [series]	Reposition/Muscles
OKU [series]	Supplement/Muscles
OKX [series]	Transfer/Muscles
ONN [series]	Release/Head and Facial Bones
ONQ [series]	Repair/Head and Facial Bones
ONR [series]	Replacement/Head and Facial Bones
ONU [series]	Supplement/Head and Facial Bones
OWF [series]	Fragmentation/Anatomical Regions, General

Facility Diagnosis Related Groups [DRGs] & Descriptors		Medicare National Average Payment ⁵
908	Other O.R. Procedures For Injuries w CC	\$12,274.10
909	Other O.R. Procedures For Injuries w/o CC/MCC	\$7,817.40
927	Extensive Burns Or Full Thickness Burns W Mv >96 Hrs w Skin Graft	\$86,160.16
928	Full Thickness Burn W Skin Graft Or Inhalation Injury w CC/MCC	\$30,975.63
929	Full Thickness Burn W Skin Graft Or Inhalation Injury w/o CC/MCC	\$15,257.35
957	Other O.R. Procedures For Multiple Significant Trauma w MCC	\$41,094.72
958	Other O.R. Procedures For Multiple Significant Trauma w CC	\$23,011.54
959	Other O.R. Procedures For Multiple Significant Trauma w/o CC/MCC	\$15,071.31
987	Non-Extensive O.R. Procedure Unrelated To Principal Diagnosis w MCC	\$19,839.26
988	Non-Extensive O.R. Procedure Unrelated To Principal Diagnosis w CC	\$10,238.95
989	Non-Extensive O.R. Proc Unrelated To Principal Diagnosis w/o CC/MCC	\$6,299.24

LifeCell Reimbursement Education Hotline

Providing reimbursement education services to assist with your coding, coverage and reimbursement questions associated with LifeCell™ products including: ALLODERM™ Regenerative Tissue Matrix, ALLODERM™ Regenerative Tissue Matrix *Ready To Use*, STRATTICE™ Reconstructive Tissue Matrix, CYMETRA™ MICRONIZED ALLODERM™ Tissue Matrix, PREVENA™ Incision Management System, and REVOLVE™ System.

Contact the LifeCell Reimbursement Education Hotline

Monday to Friday
5 am - 5 pm PST
7 am - 7 pm CST
8 am - 8 pm EST

Tel: 800-668-6812
Fax: 800-311-9291
LifeCell@ReimbursementAccess.com

(Closed on major observed holidays) **Please Note:** beginning January 2017 the contact information will change.

Hotline Services:

- Educate on correct coding, insurance coverage, policy guidelines and payment methodologies
- Assist with coding, billing options and coverage in support of accurate claims processing
- Assistance in obtaining positive coverage decisions with payors

Disclaimer:

This document has been prepared for providers using LifeCell™ products and is intended for informational purposes only, not as guidance or instructions; it does not represent a guarantee, promise or statement by LifeCell Corporation concerning guarantee of payment, or levels of reimbursement. It is not intended to increase or maximize reimbursement. The decision as to how to complete a claim form, including the codes chosen and amounts to bill is exclusively the responsibility of the provider.

* Coding selection is at the discretion of the provider. It is advised to contact your local payor directly for coding guidance and requirements when reporting the codes for LifeCell™ products.

References:

1. Current Procedure Terminology (CPT) copyright 2015 American Medical Association (AMA). All Rights Reserved. CPT® is a registered trademark of the AMA.
2. National average Medicare payment is calculated using the Conversion Factor of \$35.8043, as per the 2016 National Physician Fee Schedule Relative Value File January Release, 1/5/16 and incorporates the changes identified in Transmittal R3438CP.
3. Federal Register, Vol. 219, Part II, November 13, 2015. CMS-1633-FC. 42 CFR Parts 405, 410, 412, 413, 416, and 419. Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs.
4. OPTUM™ EncoderPro for Payers, Professional 2016 [© 2016 Optum360, LLC. All rights reserved] CPT® is a registered trademark of the American Medical Association.
5. Federal Register, Vol. 80, No. 158, Part II, August 17, 2015. CMS-1632-and IFC. 42 CFR Parts 412. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2016 Rates. Assumes that Hospital Submitted Quality Data and is a Meaningful EHR User (Update =1.7 Percent).

For more information, please contact your LifeCell Customer Solutions at **800-367-5737**, fax **800-226-2714** or visit **acelity.com**.

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