

**Breast Repair and/or Reconstruction**

Surgeon's Procedure Codes	CPT <sup>®1</sup> Code Descriptors	Work Relative Value Units (RVUs) <sup>2</sup>	Physician Payment Non Facility/Facility <sup>2</sup>
<b>11970</b>	Replacement of tissue expander with permanent prosthesis	<b>8.01</b>	<b>\$628.05</b>
<b>+15777</b>	Implantation of biologic implant [e.g., acellular dermal matrix] for soft tissue reinforcement [i.e., breast, trunk]. <i>[List separately in addition to code for primary procedure]</i>	<b>3.65</b>	<b>\$223.59</b>
<b>+17999</b>	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]	<b>N/A</b>	<b>N/A</b>
<b>19324</b>	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	<b>6.80</b>	<b>\$509.62</b>
<b>19325</b>	Mammoplasty, augmentation; with prosthetic implant	<b>8.64</b>	<b>\$662.15</b>
<b>19340</b>	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	<b>13.99</b>	<b>\$1,036.11</b>
<b>19342</b>	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	<b>12.63</b>	<b>\$951.77</b>
<b>19350</b>	Nipple/areola reconstruction	<b>9.11</b>	<b>\$844.46 / \$694.81</b>
<b>19357</b>	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	<b>18.50</b>	<b>\$1,552.90</b>
<b>19361</b>	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	<b>23.36</b>	<b>\$1,628.99</b>
<b>19364</b>	Breast reconstruction with free flap	<b>42.58</b>	<b>\$2,851.72</b>
<b>19366</b>	Breast reconstruction with other technique	<b>21.84</b>	<b>\$1,458.88</b>
<b>19367</b>	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	<b>26.80</b>	<b>\$1,848.99</b>
<b>19368</b>	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	<b>33.90</b>	<b>\$2,278.93</b>
<b>19369</b>	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	<b>31.31</b>	<b>\$2,096.62</b>
<b>19370</b>	Open periprosthetic capsulotomy, breast	<b>9.17</b>	<b>\$707.73</b>
<b>19371</b>	Periprosthetic capsulectomy, breast	<b>10.62</b>	<b>\$808.93</b>
<b>19380</b>	Revision of reconstructed breast	<b>10.41</b>	<b>\$798.16</b>
<b>19396</b>	Preparation of moulage for custom breast implant	<b>2.17</b>	<b>\$298.59 / \$151.09</b>

ICD-10-CM Diagnosis Codes <sup>3</sup>	
C50 [series]	Malignant neoplasm of breast
Z85.3	Personal history of malignant neoplasm of breast
N61-64 [series]	Inflammatory disorders of breast, Hypertrophy of breast, Unspecified lump in breast, Other disorders of breast
T85.44XA, T85.44AD, T85.44XS	Capsular contracture of breast implant, initial encounter, Capsular contracture of breast implant, subsequent encounter, Capsular contracture of breast implant, sequela
N65 [series]	Deformity and disproportion of reconstructed breast

## Complex Abdominal Wall Reconstruction

Surgeon's Procedure Codes	CPT <sup>®1</sup> Code Descriptors	Work Relative Value Units (RVUs) <sup>2</sup>	Physician Payment Non Facility/Facility <sup>2</sup>
+15777	Implantation of biologic implant [e.g., acellular dermal matrix] for soft tissue reinforcement [i.e., breast, trunk]. <i>[List separately in addition to code for primary procedure]</i>	3.65	\$223.59
+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]	N/A	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. <i>[List separately in addition to code for the incisional or ventral hernia repair]</i>	4.88	\$278.50
<b>Ventral/ Incisional</b>			
11008	Removal of prosthetic material or mesh, abdominal wall for infection [e.g., for chronic or recurrent mesh infection or necrotizing soft tissue infection].	5.00	\$286.03
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	19.86	\$1,541.42 / \$1,361.98
49560	Repair initial incisional or ventral hernia; reducible	11.92	\$765.86
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	15.38	\$965.76
49565	Repair recurrent incisional or ventral hernia; reducible	12.37	\$797.45
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	15.53	\$974.38
49585	Repair umbilical hernia, age 5 years or older; reducible	6.59	\$461.17
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	7.08	\$492.39
<b>Laparoscopic</b>			
43280	Laparoscopy, surgical, esophagogastric fundoplasty [e.g., Nissen, Toupet procedures]	18.10	\$1,124.39
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed;with implantation of mesh	30.10	\$1,807.71
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	17.40	\$1,149.16
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	19.35	\$1,274.05
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum and ileocolostomy	22.95	\$1,392.84
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy	33.99	\$2,068.98
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	30.09	\$1,854.01
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	34.58	\$2,131.43
44227	Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection or anastomosis	28.62	\$1,735.22
49650	Laparoscopy, surgical; repair initial inguinal hernia	6.36	\$443.94
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	8.38	\$577.09
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	14.94	\$963.25
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion,when performed); reducible	13.76	\$878.20
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	16.84	\$1,071.64

Surgeon's Procedure Codes		CPT®1 Code Descriptors	Work Relative Value Units (RVUs) <sup>2</sup>	Physician Payment Non Facility/Facility <sup>2</sup>	
Laparoscopic	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	15.08	\$952.84	
	49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	22.11	\$1,372.38	
	49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	N/A	N/A	
Inguinal	49505	Repair initial inguinal hernia, age 5 years or over; reducible	7.96	\$539.77	
	49507	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated	9.09	\$606.88	
	49520	Repair recurrent inguinal hernia, any age; reducible	9.99	\$655.69	
	49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	11.48	\$743.61	
	49525	Repair inguinal hernia, sliding, any age	8.93	\$594.32	
	Hiatal	39540	Repair, diaphragmatic hernia [other than neonatal], traumatic; acute	14.57	\$902.60
		39541	Repair, diaphragmatic hernia [other than neonatal], traumatic; chronic	15.75	\$980.84
39561		Resection, diaphragm; with complex repair [e.g., prosthetic material, local muscle flap]	19.99	\$1,291.28	
43325		Esophagogastric fundoplasty; with fundic patch [Thal-Nissen procedure]	22.60	\$1,389.97	
43327		Esophagogastric fundoplasty partial or complete; laparotomy	13.35	\$852.72	
43328		Esophagogastric fundoplasty partial or complete; thoracotomy	19.91	\$1,173.92	
43333		Repair, paraesophageal hiatal hernia [including fundoplication], via laparotomy, except neonatal; with implantation of mesh or other prosthesis	21.46	\$1,318.55	
43335		Repair, paraesophageal hiatal hernia [including fundoplication], via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	23.97	\$1,397.86	
43337		Repair, paraesophageal hiatal hernia, [including fundoplication], via thoraco abdominal incision, except neonatal; with implantation of mesh or other prosthesis]	27.65	\$1,692.51	
Stoma		44141	Colectomy, partial; with skin level cecostomy or colostomy	29.91	\$1,899.95
	44143	Colectomy, partial; with end colostomy and closure of distal segment [Hartmann type procedure]	27.79	\$1,732.35	
	44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	29.91	\$1,841.09	
	44312	Revision of ileostomy; simple (release of superficial scar) [Separate procedure].	9.43	\$613.34	
	44314	Revision of ileostomy; complicated (reconstruction in-depth) [Separate procedure]	16.74	\$1,043.28	
	44320	Colostomy or skin level cecostomy	19.91	\$1,249.64	
	44340	Revision of colostomy; simple [release of superficial scar] [Separate procedure]	9.28	\$647.43	
	44345	Revision of colostomy; complicated [reconstruction in-depth].[Separate procedure]	17.22	\$1,093.89	
	44346	Revision of colostomy; with repair of paracolostomy hernia [Separate procedure]	19.63	\$1,230.62	
	44605	Suture of large intestine; (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	22.08	\$1,355.88	
	45136	Excision of ileoanal reservoir with ileostomy	30.82	\$1,986.80	

**ICD-10-CM Diagnosis Codes<sup>3</sup>**

<b>J98.6</b>	Disorders of diaphragm
<b>K40 [series]</b>	Inguinal hernia
<b>K41 [series]</b>	Femoral hernia
<b>K42 [series]</b>	Umbilical hernia
<b>K43 [series]</b>	Ventral hernia
<b>K44 [series]</b>	Diaphragmatic hernia
<b>K45 [series]</b>	Other abdominal hernia
<b>K46 [series]</b>	Unspecified abdominal hernia
<b>K50 [series]</b>	K50 Crohn's disease [regional enteritis]
<b>K51 [series]</b>	Ulcerative colitis
<b>K56 [series]</b>	Paralytic ileus and intestinal obstruction without hernia
<b>K94 [series]</b>	Complications of artificial openings of the digestive system
<b>S31 [series]</b>	Open wound of lower back and pelvis

## Head and Neck Reconstruction/ENT Repair

Surgeon's Procedure Codes	CPT®1 Code Descriptors	Work Relative Value Units (RVUs) <sup>2</sup>	Physician Payment Non Facility/Facility <sup>2</sup>
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	1.83	\$151.81 / \$99.05
+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]	0.50	\$35.53 / \$26.20
+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]	N/A	N/A
<b>Nose</b>			
30420	Rhinoplasty, primary; including major septal repair	16.90	\$1,394.63
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	10.32	\$832.26
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	7.01	\$633.44
30630	Repair nasal septal perforations	7.29	\$632.72
<b>Larynx</b>			
31587	Laryngoplasty, cricoid split	15.27	\$1,194.38
31590	Laryngeal reinnervation by neuromuscular pedicle	7.85	\$895.42
31599	Unlisted procedure, larynx	N/A	N/A
<b>Salivary Glands</b>			
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	4.42	\$448.25 / \$354.94
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	6.32	\$573.14 / \$469.07
<b>Pharynx</b>			
42890	Limited pharyngectomy	19.13	\$1,499.43
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	26.03	\$1,979.26
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	33.92	\$2,486.37
<b>Middle Ear</b>			
69501	Transmastoid antrotomy [simple mastoidectomy]	9.21	\$752.59
69502	Mastoidectomy; complete	12.56	\$1,002.01
69505	Mastoidectomy; modified radical	13.17	\$1,234.21
69601	Revision mastoidectomy; resulting in complete mastoidectomy	13.45	\$1,073.43
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	13.76	\$1,121.16
69604	Revision mastoidectomy; resulting in tympanoplasty	14.20	\$1,141.26
69641	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	12.89	\$1,068.41
69642	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	17.06	\$1,370.59
69643	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall without ossicular chain reconstruction	15.59	\$1,255.75
69644	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	17.23	\$1,516.30
69645	Tympanoplasty with mastoidectomy; (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	16.71	\$1,504.50
69646	Tympanoplasty with mastoidectomy, (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	18.37	\$1,490.46

Surgeon's Procedure Codes		CPT®1 Code Descriptors	Work Relative Value Units (RVUs) <sup>2</sup>	Physician Payment Non Facility/Facility <sup>2</sup>
<b>Palate</b>	<b>42205</b>	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	<b>13.66</b>	<b>\$946.03</b>
	<b>42210</b>	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	<b>15.03</b>	<b>\$1,079.17</b>
	<b>42215</b>	Palatoplasty for cleft palate; major revision	<b>8.99</b>	<b>\$752.23</b>

### ICD-10-CM Diagnosis Codes<sup>3</sup>

<b>D16.5</b>	Benign neoplasm of lower jaw bone
<b>D37 [series]</b>	Neoplasm of uncertain behavior of oral cavity and digestive organs
<b>D48.0</b>	Neoplasm of uncertain behavior of other and unspecified sites
<b>G51.0</b>	Bell's palsy
<b>H02 [series]</b>	Other disorders of eyelid
<b>K13.0</b>	Diseases of lips
<b>L90.5</b>	Scar conditions and fibrosis of skin
<b>Q10</b>	Congenital malformations of eyelid, lacrimal apparatus and orbit
<b>Q35 - Q37 [series]</b>	Cleft palate, Cleft lip, Cleft palate with cleft lip
<b>S02 [series]</b>	Fracture of skull and facial bones

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7 am - 7 pm CST	LifeCell@ReimbursementAccess.com
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## Support 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, pre-authorizations, and denied claim appeals.

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## References:

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2. National average Medicare payment is calculated using the Conversion Factor of \$35.887, as per the 2017 National Physician Fee Schedule Relative Value File January Release, 11/2/16.
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