Facility Coding to Report use of the SPY Elite® Intraoperative Perfusion Assessment System

Facilities may use the following codes to capture and report the use of the SPY Elite® System and associated disposable supplies within their system.

Inpatient ICD-9-CM Procedure Code¹
- 17.71 – Non-coronary intraoperative fluorescence vascular angiography

Outpatient HCPCS Supply Code²
- C9733 – Nonophthalmic Fluorescent vascular angiography – Crosswalks to APC 0263 – Level I Miscellaneous Radiology Procedures
  SI Q2 - Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator “T”. In all other circumstances, payment is made through a separate APC payment.

Coding for Disposable Supplies (SPY Elite® Kit)²
- A 4649 – Surgical supply; miscellaneous (sterile drape)
- J 3490 – Unlisted drugs (ICG)
- NDC# 75874-701-25 – IC-GREEN [indocyanine green for injection, USP, 25mg] for LifeCell SPY Elite® use

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. Consult the LifeCell Reimbursement Hotline at 888.543.3656 or reimbursement@lifecell.com for additional information.

For complete safety information and complete instructions for proper use of the SPY Elite® System, please refer to the Operator’s Manual and SPY Elite® Kit Instructions for Use. For more information about indocyanine green (ICG), see the full Prescribing Information contained in the SPY Elite® Kit. The SPY Elite® System is intended for use as an adjunctive method of assessing tissue perfusion in plastic, reconstructive, micro, gastrointestinal and cardiovascular surgical procedures. The SPY Elite® System is to be used under the direction of a physician.

References:

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**Physician Coding** to Report use of the
**SPY Elite® Intraoperative Perfusion Assessment System**

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### Per AMA Guidance: Select CPT® Code per Anatomic Body Part Imaged
*(List is not all inclusive. Refer to the surgery section of your CPT® book for a complete listing of unlisted codes)*

**Integumentary System:**
- 17999 – Unlisted procedure, skin, mucous membrane and subcutaneous tissue
- 19499 – Unlisted procedure, breast

**Musculoskeletal System:**
- 22999 – Unlisted procedure, abdomen, musculoskeletal system
- 28899 – Unlisted procedure, foot or toes

**Cardiovascular:**
- 37799 – Unlisted procedure, vascular surgery

**Digestive:**
- 44799 – Unlisted procedure, intestine
- 45999 – Unlisted procedure, rectum
- 49999 – Unlisted procedure, abdomen, peritoneum and omentum

For the use of the SPY Elite® System, a singular unlisted CPT® code for the involved anatomy is reported to capture all components of the procedure including injection of ICG, laser image capture, and interpretation of the SPY Elite® image; therefore the administration of the ICG agent is not separately reportable. Regardless of the number of images and interpretations, unlisted codes should only be reported one time.2 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 use of the SPY Elite® System.

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**Dictation – Tips for Success***
- Identify the SPY Elite® System by name
- Dictate anatomic body part imaged
- Dictate each clinical interpretation based on SPY Elite® image and subsequent intervention if any
- Retain the SPY Elite® image for medical record and to submit as “supporting documentation” required by insurers when reporting unlisted codes

*Complete dictation allows payors to capture inclusive use of new technology (injection of ICG, image capture, and clinical interpretation) in order to assign proper work values for reimbursement assignments. Payment is dependent upon supporting documentation and specific insurance requirements.

**Supporting Documentation**
Claims containing unlisted codes are reviewed by payors as manual claims allowing payors to make individual decisions on reimbursement based on supporting documentation such as the SPY Elite® image, letter of medical necessity, clinical literature, etc.

The LifeCell Reimbursement Hotline is available to assist in this process at no additional charge.

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**References:**
1. Current Procedure Terminology (CPT) copyright 2013 American Medical Association (AMA). All Rights Reserved. CPT® is a registered trademark of the AMA.
2. Guidance received from The American Medical Association (AMA) Current Procedure Terminology (CPT) Knowledge Base regarding physician coding in March 2012 and in August 2013 upon a formalized request from LifeCell, Inc. Currently, no level I CPT® code exists that specifically describes the SPY Elite® procedure. CPT® coding convention requires “Do not select a CPT code that merely approximates the service provided. If no such procedure or service exists, then report the service using the appropriate unlisted procedure or service code.”

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**Contact the LifeCell**
**Reimbursement Hotline**
Monday to Friday 8:00 a.m. - 8:00 p.m. ET
Tel: 888-543-3656  Fax: 866-262-6977
reimbursement@lifecell.com

Staffed with HIPAA compliant credentialed nurses and professional medical coders to support you with:
- Coding, coverage and reimbursement questions
- Conduct pre-authorizations for the SPY Elite® System
- Appeal denied claims
- Conduct post procedure audits
- Services provided at no additional cost

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