COOK MEDICAL Biodesign® ADVANCED TISSUE REPAIR

2017 Coding and Reimbursement Guide for Biodesign® Nipple Reconstruction Cylinder

The information provided herein reflects Cook Medical's understanding of the procedure(s) and/or devices(s) from sources that may include, but are not limited to, the CPT®coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third-party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook Medical does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. We encourage you, when making coding decisions, to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you may submit claims. Cook Medical does not promote the off-label use of its devices.

If you have any questions, please contact our reimbursement team at
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Introduction

The Biodesign® Nipple Reconstruction Cylinder is a medical device offering surgeons a tool that can be used in conjunction with breast reconstruction surgeries as well as inverted nipple repair. As with many medical devices, its use results in CPT coding questions. Coding questions around this device are particularly complicated because of coding and reimbursement guidelines surrounding multiple procedures performed during the same postoperative period and operative setting.

Nipple Reconstruction

19350 – Nipple/areola reconstruction

With the implementation on January 1, 2012, of CPT code +15777, "Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)", it is unclear whether there now exists a code (in addition to 19350) to describe the use of a Biodesign Nipple Reconstruction Cylinder as part of a nipple reconstruction procedure. Surgeons are encouraged to discuss the following coding scenarios with their local payers:

(a) Report CPT code +15777 in addition to CPT code 19350

OR

(b) Report CPT code 19350 with the "-22" modifier appended to indicate "increased procedural services [when the service(s) provided is greater than that usually required for the listed procedure]." Payers will typically require a written report, such as an operative note, that describes the additional service(s) and may result in additional payment if approved by the payer.

OR

(c) Report the placement of the Nipple Reconstruction Cylinder with CPT code 19499, "Unlisted procedure, breast," in addition to CPT code 19350 for the nipple reconstruction. Payers will typically require a written report, such as an operative note, that describes the additional service(s) and may result in additional payment if approved by the payer.

Tattooing

In any instance, if a physician performs breast reconstruction, the CPT code will be based on the underlying reconstructive procedure performed. If the nipple/areola reconstruction is performed within the postoperative period, then code 19350 should be appended with modifier -58, "Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period."

According to the AMA, CPT code 19350 is inclusive of tattooing, whether performed at the time of reconstruction or within the postoperative period. If tattooing were performed in the absence of nipple reconstruction, CPT codes 11920-11922 may be reported as appropriate.

In instances where breast reconstruction and nipple reconstruction procedures are performed during the same operative setting, the multiple procedure reduction will apply. The most extensive procedure will be paid at 100%, followed by a 50% reduction in subsequent procedures performed. A CPT code with a "+" is an add-on code and will not be subject to the multiple procedure discount, but will receive full payment under the physician fee schedule.

2017 Medicare Reimbursement for Nipple Reconstruction

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT Code	Description	Facility Payment (National Medicare Avg)[1]	APC	Facility Payment (National Medicare Avg)[2]	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg)[3]	Fee When Procedure Is Performed in Office (National Medicare Avg)[3]
19350	Nipple/areola reconstruction	$1,005.57	5091	$2,498.42	$694.81	$844.46
+15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Packaged service/item; no separate payment made			$223.59	$223.59

Note: Alternative payment policies may apply when multiple services are performed at the same encounter, including but not limited to, multiple procedure payment reductions and comprehensive ambulatory payment classifications (C-APC).

Outpatient Hospital

Medicare requires hospitals to report, if applicable, device(s) used in the hospital outpatient setting by using Level II HCPCS codes, or C-codes, in addition to the CPT code that accurately describes the service/procedure performed. When reporting the Biodesign Nipple Reconstruction Cylinder in an outpatient hospital setting, report:

C1763	**Connective tissue, non-human (includes synthetic)**

1. 2017 Medicare Ambulatory Surgery Center Fee Schedule
2. 2017 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule
3. 2017 Medicare Physician Fee Schedule