

Xenograft Implant Coding Guidance

Physician

The following Common Procedural Terminology (CPT) codes represent physician services related to abdominal hernia repair. Medicare payment amounts are unadjusted, physician payments for procedures performed in a hospital or ASC setting.

| Open Hernia Repair Procedures | | |
|-------------------------------------|--|----------------------------------|
| CPT® * Code | CPT® Description | Medicare Payment ¹ |
| DIAPHRAGMATIC HERNIA | | |
| 39503 | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia | \$6,175 |
| 39540 | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute | \$903 |
| 39541 | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic | \$981 |
| EPIGASTRIC HERNIA | | |
| 49570 | Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure) | \$432 |
| 49572 | Repair epigastric hernia (e.g., preperitoneal fat); incarcerated or strangulated | \$535 |
| FEMORAL HERNIA | | |
| 49550 | Repair initial femoral hernia, any age; reducible | \$597 |
| 49553 | Repair initial femoral hernia, any age; incarcerated or strangulated | \$654 |
| 49555 | Repair recurrent femoral hernia; reducible | \$620 |
| 49557 | Repair recurrent femoral hernia; incarcerated or strangulated | \$752 |
| HIATAL/PARAESOPHAGEAL HERNIA | | |
| 43333 | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis | \$1,319 |
| 43335 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis | \$1,398 |
| 43337 | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis | \$1,693 |
| INCISIONAL/VENTRAL HERNIA | | |
| 49560 | Repair initial incisional or ventral hernia; reducible | \$766 |
| 49561 | Repair initial incisional or ventral hernia; incarcerated or strangulated | \$966 |
| 49565 | Repair recurrent incisional or ventral hernia; reducible | \$797 |
| 49566 | Repair recurrent incisional or ventral hernia; incarcerated or strangulated | \$974 |
| INGUINAL HERNIA | | |
| 49491 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks post conception age, with or without hydrocelectomy; reducible | \$813 |
| 49492 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks post conception age, with or without hydrocelectomy; incarcerated or strangulated | \$994 |
| 49495 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible | \$392 |

| Open Hernia Repair Procedures | | |
|---|---|-------------------------------------|
| CPT®* Code | CPT® Description | Medicare Payment¹ |
| 49496 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated | \$562 |
| 49500 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible | \$408 |
| 49501 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated | \$628 |
| 49505 | Repair initial inguinal hernia, age 5 years or older; reducible | \$540 |
| 49507 | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated | \$607 |
| 49520 | Repair recurrent inguinal hernia, any age; reducible | \$656 |
| 49521 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated | \$744 |
| 49525 | Repair inguinal hernia, sliding, any age | \$594 |
| LUMBAR HERNIA | | |
| 49540 | Repair lumbar hernia | \$699 |
| SPIGELIAN HERNIA | | |
| 49590 | Repair spigelian hernia | \$594 |
| UMBILICAL HERNIA | | |
| 49580 | Repair umbilical hernia, younger than age 5 years; reducible | \$340 |
| 49582 | Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated | \$479 |
| 49585 | Repair umbilical hernia, age 5 years or older; reducible | \$461 |
| 49587 | Repair umbilical hernia, age 5 years or older; incarcerated or strangulated | \$492 |
| IMPLANTATION OF MESH (SYNTHETIC OR BIOLOGIC) | | |
| +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) | \$278 |

| Laparoscopic Hernia Repair Procedures | | |
|--|--|-------------------------------------|
| CPT®* Code | CPT® Description | Medicare Payment¹ |
| INCISIONAL HERNIA | | |
| 49654 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible | \$878 |
| 49655 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated | \$1,072 |
| 49656 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible | \$953 |
| 49657 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated | \$1,372 |
| INGUINAL HERNIA | | |
| 49650 | Laparoscopy, surgical; repair initial inguinal hernia | \$444 |
| 49651 | Laparoscopy, surgical; repair recurrent inguinal hernia | \$577 |
| PARAESPAGEAL HERNIA | | |

| Laparoscopic Hernia Repair Procedures | | |
|--|---|---|
| CPT®* Code | CPT® Description | Medicare Payment¹ |
| 43280 | Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) | \$1,124 |
| 43282 | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh | \$1,808 |
| VENTRAL/UMBILICAL/SPIGELIAN/EPIGASTRIC HERNIA | | |
| 49652 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible | \$772 |
| 49653 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated | \$963 |
| UNLISTED/MISCELLANEOUS HERNIA | | |
| 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy | Carrier Priced** |

Hospital Outpatient

The following CPT codes represent hospital services related to abdominal repair. Payment amounts are unadjusted Medicare Hospital Outpatient Prospective system payments based on Ambulatory Payment Classifications (APCs).

| Open Hernia Repair Procedures | | | | |
|-------------------------------------|---|--|------------------|--|
| CPT®* Code | CPT® Description | OPPS Status Indicator ² | APC ³ | Medicare OPPS Payment ³ |
| DIAPHRAGMATIC HERNIA | | | | |
| 39503 | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia | C | Inpatient Only | |
| 39540 | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute | C | Inpatient Only | |
| 39541 | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic | C | Inpatient Only | |
| EPIGASTRIC HERNIA | | | | |
| 49570 | Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure) | J1 | 5341 | \$2,863 |
| 49572 | Repair epigastric hernia (e.g., preperitoneal fat); incarcerated or strangulated | J1 | 5341 | \$2,863 |
| FEMORAL HERNIA | | | | |
| 49550 | Repair initial femoral hernia, any age; reducible | J1 | 5341 | \$2,863 |
| 49553 | Repair initial femoral hernia, any age; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| 49555 | Repair recurrent femoral hernia; reducible | J1 | 5341 | \$2,863 |
| 49557 | Repair recurrent femoral hernia; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| HIATAL/PARAESOPHAGEAL HERNIA | | | | |
| 43333 | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis | C | Inpatient Only | |
| 43335 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis | C | Inpatient Only | |
| 43337 | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis | C | Inpatient Only | |
| INCISIONAL/VENTRAL HERNIA | | | | |
| 49560 | Repair initial incisional or ventral hernia; reducible | J1 | 5341 | \$2,863 |
| 49561 | Repair initial incisional or ventral hernia; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| 49565 | Repair recurrent incisional or ventral hernia; reducible | J1 | 5361 | \$4,199 |
| 49566 | Repair recurrent incisional or ventral hernia; incarcerated or strangulated | J1 | 5361 | \$4,199 |
| INGUINAL HERNIA | | | | |
| 49491 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks post conception age, with or without hydrocelectomy; reducible | J1 | 5361 | \$4,199 |
| 49492 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks post conception age, with or without hydrocelectomy; incarcerated or strangulated | J1 | 5341 | \$2,863 |

| Open Hernia Repair Procedures | | | | |
|---|---|------------------------------------|------------------|------------------------------------|
| CPT®* Code | CPT® Description | OPPS Status Indicator ² | APC ³ | Medicare OPPS Payment ³ |
| 49495 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible | J1 | 5341 | \$2,863 |
| 49496 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| 49500 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible | J1 | 5341 | \$2,863 |
| 49501 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| 49505 | Repair initial inguinal hernia, age 5 years or older; reducible | J1 | 5341 | \$2,863 |
| 49507 | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| 49520 | Repair recurrent inguinal hernia, any age; reducible | J1 | 5341 | \$2,863 |
| 49521 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| 49525 | Repair inguinal hernia, sliding, any age | J1 | 5341 | \$2,863 |
| LUMBAR HERNIA | | | | |
| 49540 | Repair lumbar hernia | J1 | 5361 | \$4,199 |
| SPIGELIAN HERNIA | | | | |
| 49590 | Repair spigelian hernia | J1 | 5341 | \$2,863 |
| UMBILICAL HERNIA | | | | |
| 49580 | Repair umbilical hernia, younger than age 5 years; reducible | J1 | 5341 | \$2,863 |
| 49582 | Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| 49585 | Repair umbilical hernia, age 5 years or older; reducible | J1 | 5341 | \$2,863 |
| 49587 | Repair umbilical hernia, age 5 years or older; incarcerated or strangulated | J1 | 5341 | \$2,863 |
| IMPLANTATION OF MESH (SYNTHETIC OR BIOLOGIC) | | | | |
| +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) | N | | Payment Packaged |

| Laparoscopic Hernia Repair Procedures | | | | |
|---------------------------------------|---|------------------------------------|------------------|------------------------------------|
| CPT®* Code | CPT® Description | OPPS Status Indicator ² | APC ³ | Medicare OPPS Payment ³ |
| INCISIONAL HERNIA | | | | |
| 49654 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible | J1 | 5362 | \$6,970 |

| Laparoscopic Hernia Repair Procedures | | | | |
|--|---|--|------------------------|--|
| CPT®* Code | CPT® Description | OPPS Status Indicator² | APC³ | Medicare OPPS Payment³ |
| 49655 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated | J1 | 5362 | \$6,970 |
| 49656 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible | J1 | 5362 | \$6,970 |
| 49657 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated | J1 | 5362 | \$6,970 |
| INGUINAL HERNIA | | | | |
| 49650 | Laparoscopy, surgical; repair initial inguinal hernia | J1 | 5361 | \$4,199 |
| 49651 | Laparoscopy, surgical; repair recurrent inguinal hernia | J1 | 5361 | \$4,199 |
| PARAESOPHAGEAL HERNIA | | | | |
| 43280 | Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) | C | Inpatient Only | |
| 43282 | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh | C | Inpatient Only | |
| VENTRAL/UMBILICAL/SPIGELIAN/EPIGASTRIC HERNIA | | | | |
| 49652 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible | J1 | 5361 | \$4,199 |
| 49653 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated | J1 | 5361 | \$4,199 |
| UNLISTED/MISCELLANEOUS PROCEDURE | | | | |
| 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy | J1 | 5361 | \$4,199 |

Hospital Inpatient

The following ICD-10-PCS procedure codes describe certain abdominal repair procedures. ICD-10-PCS procedure codes are developed by selecting a procedure code, body part, approach, device and/or qualifier.

| ICD-10-PCS Procedure Code ⁴ | Body Part | Approach | Device | Qualifier |
|---|---|--|--|----------------|
| ØYU: Lower Anatomical Region Supplement | 5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left A Inguinal Region, Bilateral E Femoral Region, Bilateral | Ø Open 4 Percutaneous Endoscopic | 7 Autologous Tissue Substitute J Synthetic Substitute K Non-autologous Tissue Substitute | Z No Qualifier |
| ØWU: General Anatomical Region Supplement | F Abdominal Wall | Ø Open 4 Percutaneous Endoscopic | 7 Autologous Tissue Substitute J Synthetic Substitute K Non-autologous Tissue Substitute | Z No Qualifier |
| ØBU: Respiratory System Supplement | R Diaphragm, Right S Diaphragm, Left | Ø Open 4 Percutaneous Endoscopic | 7 Autologous Tissue Substitute J Synthetic Substitute K Non-autologous Tissue Substitute | Z No Qualifier |

MS-DRG assignment is based on the reported ICD-10-PCS procedure codes as well as the reported ICD-10-CM diagnosis codes. The following table lists the MS-DRGs to which abdominal repair procedures may be assigned, with national average payments.

| MS-DRG | Description | Medicare MS-DRG Payment ⁵ |
|--------|--|--------------------------------------|
| 163 | MAJOR CHEST PROCEDURES W MCC | \$29,933 |
| 164 | MAJOR CHEST PROCEDURES W CC | \$15,396 |
| 165 | MAJOR CHEST PROCEDURES W/O CC/MCC | \$10,673 |
| 326 | STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | \$32,006 |
| 327 | STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | \$15,445 |
| 328 | STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | \$9,158 |
| 350 | INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | \$14,470 |
| 351 | INGUINAL & FEMORAL HERNIA PROCEDURES W CC | \$8,351 |
| 352 | INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | \$5,972 |
| 353 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | \$17,143 |
| 354 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | \$9,989 |
| 355 | HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | \$7,572 |
| 907 | OTHER O.R. PROCEDURES FOR INJURIES W MCC | \$23,067 |
| 908 | OTHER O.R. PROCEDURES FOR INJURIES W CC | \$12,275 |
| 909 | OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | \$7,818 |

CC = Complications and/or Comorbidities

MCC = Major Complications and/or Comorbidities

Ambulatory Surgery Center

The following table lists the CPT code along with the Medicare national average payments.

The following CPT codes represent ambulatory surgical services related to abdominal repair. Payment amounts are unadjusted Ambulatory Surgery Center (ASC) payments.

| Open Hernia Repair Procedures | | | |
|--------------------------------------|---|---|---|
| CPT®* Code | CPT® Description | ASC Status Indicator⁶ | Medicare ASC Payment³ |
| EPIGASTRIC HERNIA | | | |
| 49570 | Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure) | A2 | \$1,455 |
| 49572 | Repair epigastric hernia (e.g., preperitoneal fat); incarcerated or strangulated | A2 | \$1,455 |
| FEMORAL HERNIA | | | |
| 49550 | Repair initial femoral hernia, any age; reducible | A2 | \$1,455 |
| 49553 | Repair initial femoral hernia, any age; incarcerated or strangulated | A2 | \$1,455 |
| 49555 | Repair recurrent femoral hernia; reducible | A2 | \$1,455 |
| 49557 | Repair recurrent femoral hernia; incarcerated or strangulated | A2 | \$1,455 |
| INGUINAL HERNIA | | | |
| 49495 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible | A2 | \$1,455 |
| 49496 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated | A2 | \$1,455 |
| 49500 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible | A2 | \$1,455 |
| 49501 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated | A2 | \$1,455 |
| 49505 | Repair initial inguinal hernia, age 5 years or older; reducible | A2 | \$1,455 |
| 49507 | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated | A2 | \$1,455 |
| 49520 | Repair recurrent inguinal hernia, any age; reducible | A2 | \$1,455 |
| 49521 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated | A2 | \$1,455 |
| 49525 | Repair inguinal hernia, sliding, any age | A2 | \$1,455 |
| LUMBAR HERNIA | | | |
| 49540 | Repair lumbar hernia | A2 | \$2,040 |
| SPIGELIAN HERNIA | | | |
| 49590 | Repair spigelian hernia | A2 | \$1,455 |
| UMBILICAL HERNIA | | | |
| 49580 | Repair umbilical hernia, younger than age 5 years; reducible | A2 | \$1,455 |
| 49582 | Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated | A2 | \$1,455 |
| 49585 | Repair umbilical hernia, age 5 years or older; reducible | A2 | \$1,455 |
| 49587 | Repair umbilical hernia, age 5 years or older; incarcerated or strangulated | A2 | \$1,455 |
| VENTRAL OR INCISIONAL HERNIA | | | |

Open Hernia Repair Procedures

| CPT®* Code | CPT® Description | ASC Status Indicator ⁶ | Medicare ASC Payment ³ |
|---|--|-----------------------------------|-----------------------------------|
| 49560 | Repair initial incisional or ventral hernia; reducible | A2 | \$1,455 |
| 49561 | Repair initial incisional or ventral hernia; incarcerated or strangulated | A2 | \$1,455 |
| 49565 | Repair recurrent incisional or ventral hernia; reducible | A2 | \$2,040 |
| 49566 | Repair recurrent incisional or ventral hernia; incarcerated or strangulated | A2 | \$1,455 |
| IMPLANTATION OF MESH (SYNTHETIC OR BIOLOGIC) | | | |
| +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) | N1 | Payment Packaged |

Laparoscopic Hernia Repair Procedures

| CPT®* Code | CPT® Description | ASC Status Indicator ⁶ | Medicare ASC Payment ³ |
|--|---|-----------------------------------|-----------------------------------|
| INCISIONAL HERNIA | | | |
| 49654 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible | G2 | \$3,278 |
| 49655 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated | G2 | \$3,278 |
| 49656 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible | G2 | \$3,278 |
| 49657 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated | G2 | \$3,278 |
| INGUINAL HERNIA | | | |
| 49650 | Laparoscopy, surgical; repair initial inguinal hernia | A2 | \$2,040 |
| 49651 | Laparoscopy, surgical; repair recurrent inguinal hernia | A2 | \$2,040 |
| VENTRAL/UMBILICAL/SPIGELIAN/EPIGASTRIC HERNIA | | | |
| 49652 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible | G2 | \$2,040 |
| 49653 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated | G2 | \$2,040 |

Device Codes

Relevant Healthcare Common Procedure Coding System (HCPCS) codes that may be used to report the Colorado Therapeutics tissue matrix.

| HCPCS Code | Code Description |
|------------|---|
| C1763 | Connective tissue, non-human (includes synthetic) |

*Current Procedural Terminology © 2016 American Medical Association, All Rights Reserved

¹ CMS-1654-F – Physician Fee Schedule final rule CY2017, effective through December 31, 2017

² Medicare Hospital Outpatient Prospective Payment System (OPPS) Status Indicators describe the payment status of procedures and devices in the hospital outpatient setting; C = Inpatient only procedure procedure not paid under OPPS, J1 =, N = No additional payment, payment included in line items with APCs for incidental service

³ CMS-1656-CN, January 2017 Addenda Updates– Hospital Outpatient Prospective Payment Addendum B April 2017 Update, and Ambulatory Surgical Center Payment Systems Addendum AA April 2017 Update

⁴ ICD-10-PCS Official Guidelines for Coding and Reporting. U.S. Department of Health and Human Services, effective October 1, 2017

⁵ CMS-1655-F; CN1-3 – Hospital Inpatient Prospective Payment System final rule FY2017, effective through September 30, 2017

⁶ Medicare Ambulatory Surgery Center (ASC) Status Indicators describe the payment status of procedures and devices in ASC setting; A2 = Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight, G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight, N1 = Packaged service/item; no separate payment made.

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