

Coding Information for the Hospital Purchasing Committee

PRODUCT: GORE® BIO-A® Tissue Reinforcement

2011 Edition†



PURPOSE OF THIS INFORMATION

The addition of new products to the hospital formulary often involves review by a cross-functional committee. Review can include evaluation for necessary additions or adjustments to the hospital's inventory and charge systems to appropriately account for the new products. For this administrative purpose, new products are sometimes correlated with the surgical services in which they are commonly used, either alone or in conjunction with other products or materials.

GORE® BIO-A® Tissue Reinforcement is intended for use in the reinforcement of soft tissue. Examples of applications where GORE® BIO-A® Tissue Reinforcement may be used include, but are not limited to, hernia repair (in non-load bearing applications), muscle flap reinforcement, and general tissue reconstructions. It is contraindicated for reconstruction of cardiovascular defects. Please refer to Instructions for Use for additional information.

GORE® BIO-A® Tissue Reinforcement may be used in a wide range of surgical services within its indication, and the table below provides the typical ranges of surgical services with which the product could reasonably be expected to be utilized; however it is not a comprehensive list. The table uses the organizational layout of the CPT® and ICD-9 CM coding scheme, and examples of particular surgical services within those ranges offer further refinement. Provision of these code ranges or specific codes does not imply the clinical appropriateness for use in any particular clinical situation. Clinical appropriateness can only be made by a physician on a case-by-case basis. Guidance intended for assistance with coding of individual claims for service requires a much greater level of specificity which is beyond the scope of this review. Please refer to appropriate coding resources such as CPT®, ICD-9 CM, and specialty coding guides intended for that purpose.

EXAMPLES: Surgical Interventions Potentially Utilizing GORE® BIO-A® Tissue Reinforcement

CPT® Surgery Section (HCPCS Level I)	Example, Code Range Within Section	Specific Examples
Integumentary	Skin, subcutaneous 11000-11044	Debridement skin / muscle / tissue, abdominal wall 11005
	Breast 19000-19499	Excision chest wall 19260, 19271, 19272 Breast reconstruct with free flap 19364
	Flaps; skin or deep tissues 15570-15738	Muscle flap; trunk 15734
Musculoskeletal	Excision; neck and thorax 21550-21632	Radical resection 21557
	Excision; back and flank 21930-21935	Radical resection 21935
	Excision; abdomen 22900	Excision, subfascial 22900
	Excision; shoulder 23065-23222	Radical resection 23077
Mediastinum and diaphragm	Diaphragm, repair 39501-39561	Resection with complex repair 39561
	Esophageal, repair 43300-43245	Repair, paraesophageal hiatal hernia 43333, 43335, 43337
Digestive	Abdominal, peritoneal, omentum 49180-49255	Excision intra-abdominal tumors 49203-49255
	Repair (hernioplasty) 49491- 49999	Repair ventral hernia 49560-49568
Female genital	Vagina, repair 57200-57335	Paravaginal defect repair, vaginal approach 57284 Insertion of mesh, other prosthesis, repair of pelvic floor defect, each site +57267

ICD-9 Procedure, Tabular	Example, Code Range Within Tab	Specific Examples
Operations on integumentary system (85-86)	Operations on the breast (85)	Transverse Rectus Abdominus Myocutaneous (TRAM) flap; pedicled TRAM 85.72 Free TRAM 85.73
Operations on musculoskeletal system (76-84)	Excision lesion of muscle, tendon, fascia, and bursa, except hand (83)	Excision of lesion of soft tissue 83.39 Other excision of soft tissue 83.49
Operations on digestive system (42-54)	Repair of hernia (53) Other operations on abdominal region (54)	Repair incisional hernia with graft or prosthesis 53.61 Laparoscopic repair other hernia, abdominal wall 53.63 Excision / destruction of lesion / tissue abdominal wall 54.3
Operations on respiratory system (30-34)	Operations on chest wall, pleura, mediastinum, diaphragm (34)	Excision of lesion of tissue of diaphragm 34.81 Excision / destruction lesion of chest wall 34.4
Operations of female genital system (65-71)	Operations of vagina and cul-de-sac (70)	Repair cystocele and rectocele with graft, prosthesis 70.53 Repair cystocele with graft, prosthesis 70.54 Repair rectocele with graft, prosthesis 70.55

OTHER INFORMATION

HCPCS Level II, III	Code / Short Description	Comment
Device "C" code (Medicare)	Generally not applicable, related surgery primarily performed on inpatient basis	If used with Medicare approved outpatient procedure (i.e., not Status C inpatient only), <i>C1781 mesh, implantable, absorbable or non-absorbable as appropriate on O.P. claims.</i>
Revenue Center	Description	Comment
278	Implantable Devices Charged to Patients	Refer to CMS 2552-10. ^A

^A Medicare Provider Reimbursement Manual P2, Ch 40, Form CMS 2552-10.

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