

# Coding Information for the Hospital Purchasing Committee

## PRODUCT: GORE® SEAMGUARD® Bioabsorbable Staple Line Reinforcement

2011 Edition†



### PURPOSE OF THIS INFORMATION

The addition of new products to the hospital formulary often involves review by a “Purchasing Committee” or similar cross-functional team. This review may include evaluation for necessary additions or adjustments to (for example) the hospital’s inventory and charge systems, in order to appropriately account for the new product. For this administrative purpose, new products are sometimes correlated with the surgical services in which they are commonly used.

**GORE® SEAMGUARD® Bioabsorbable Products** can be used in a wide spectrum of surgical services, making it impractical to list all service / procedure codes that could be involved. Instead, code ranges are provided below, with an example of particular services with which this material could reasonably be used. 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.

Coding guidance intended to assist billing / reimbursement purposes requires a much greater level of specificity which is beyond the scope of this review. Please refer to appropriate coding resources for guidance intended for that purpose.

### GORE® SEAMGUARD® Bioabsorbable Staple Line Reinforcement

GORE® SEAMGUARD® Bioabsorbable Staple Line Reinforcement is intended for use in surgical procedures in which soft tissue transection or resection with staple line reinforcement is needed. This can include a range of definitive surgical repairs such as:

- Buttressing and reinforcement of staple lines during lung resections, blebectomies, lobectomies, bullectomies, bronchial resections, segmentectomies, pneumo-reductions, and other incisions and excisions of the lung and bronchus
- Reinforcement of the gastric staple line for bariatric surgical procedures (e.g., bypass and sleeve gastrectomy)
- Reinforcement of small intestine and colorectal resection / anastomosis (e.g., colectomy)
- Reinforcement of excisions of the rectum (e.g., sigmoid resection)

### EXAMPLES: Surgical Procedures Potentially Utilizing GORE® SEAMGUARD® Bioabsorbable Staple Line Reinforcement

CPT® Surgery Section (HCPCS Level I)	Example, Code Range Within Section	Specific Examples
Subsection: Respiratory System	Lungs and Pleura 32035 - 32999	Removal, resection 32440-32504
Subsection: Digestive System	Stomach 43500- 43999	Bariatric, restrictive, “open” 43842-43860 Bariatric, restrictive, “lap” 43644-43645, 43775
Subsection: Digestive System	Intestines 44005 - 44799	Colectomy 44140-44160
Subsection: Digestive System	Rectum 45000-45825	Lap repair 45400-45499 Repair 45540-45825
ICD-9 Procedure, Tabular	Example, Code Range Within Tab	Specific Examples
Excision lung and bronchus (32)	Local excision / destruction of lesion or tissue 32.2x; Segmental resection of lung 32.3x; Lobectomy of lung 32.4x	Thoroscopic segmental resection of lung 32.30
Other operations on stomach (44)	Gastroenterostomy 44.3x	Lap gastroenteroscopy 44.38
Incisions, excision, anastomosis of intestine (45), Other operations on intestine (46), Rectum (48)	Excision, isolation, resection, anastomosis of intestine 45.5x-45.79	Open, other left hemicolectomy 45.75

### 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. <sup>A</sup>

<sup>A</sup> Medicare Provider Reimbursement Manual P2, Ch 40, Form CMS 2552-10.

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