

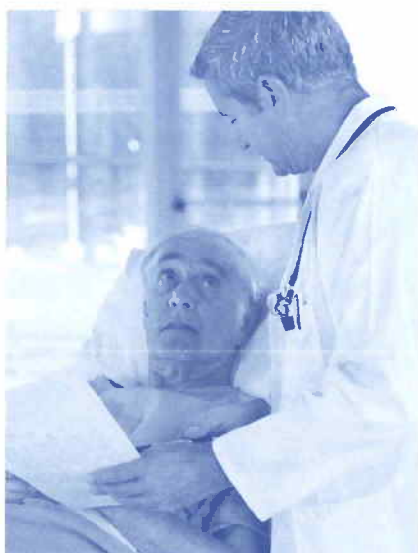
# AHA Coding Clinic®

for HCPCS

## Reporting of Implantable Devices and Biologicals-Part II

In the Second Quarter 2010 issue of *Coding Clinic for HCPCS*, an article was published regarding the appropriate reporting of implantable devices. Since the publication of that article, the Central Office on HCPCS has continued to receive numerous requests regarding the appropriate codes to report for specific devices and biologicals. Therefore, the following question and answers are being provided as additional examples and for further clarification regarding the appropriate reporting of implantable devices and/or biologics.

Hospitals should always report any applicable device codes on claims when the devices are used in conjunction with procedures reported in order to improve claims data. Prior to reporting HCPCS codes for devices and products utilized, hospitals are strongly encouraged to carefully review the codes, their corresponding code descriptors and any applicable definitions for these codes. Hospitals are also encouraged to review the latest procedure to device edits and device to procedure edits lists. Both of these lists can both be found and downloaded at [www.cms.hhs.gov/HospitalOutpatientPPS](http://www.cms.hhs.gov/HospitalOutpatientPPS).



Now let's take a look at the examples.

### QUESTION 1

At our facility, surgeons are performing traditional surgical discectomies in order to repair a spinal disc herniation. This is typically being performed by making an incision into the disc annulus fibrosus so that the protruding nucleus pulposus can be removed. Following removal of the protruding nucleus pulposus, the incision site is permanently closed using Xclose Tissue Repair System- an anular

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Every effort is made to provide accurate coding advice on HCPCS for the institutional provider setting to coincide with national Medicare instructions. This advice does not dictate coverage and reimbursement policy as determined by local Medicare contractors or any other payer; nor is it a substitution for the judgment of a qualified practitioner in the application of HCPCS codes.

Coding advice contained in this issue is effective with procedures/services provided after January 30, 2011 unless otherwise noted.

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implant to avoid subsequent disc rupture and re-herniation. The implant our facility is using is comprised of several soft tissue T-anchors and synthetic polyethylene terephthalate implants. What HCPCS code should our facility report to capture the use of this anular implant device?

### ANSWER

There is no separately reportable code for the use of Xclose Tissue Repair System. The implantation of this device is another method of closing the anulotomy following discectomy, and therefore, not separately reportable.

### QUESTION 2

At our facility some physicians are performing a new protocol for wound care. They are referring to it as autologous tissue graft application with Acell membrane. This protocol requires that blood be first drawn from the patient and separated to platelets and plasma. Acell powder is then placed into the wound and platelets are then injected into the wound. The wound is then covered in Acell membrane and stapled into place and then injected with more platelets. The Acell membrane is then covered with plasma that is mixed with thrombin. What are the appropriate CPT codes and HCPCS for autologous hemocyte tissue graft application with Acell membrane?

### ANSWER

Report CPT code 0232T, *Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed*, for the autologous



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hemocyte tissue graft application. This Category III code was made effective July 1, 2010 and includes any imaging guidance used for harvesting and the preparation for injection. Therefore, it would not be appropriate to separately report these services.

Additionally, there are no Level II HCPCS codes to report for the Acell Powder Wound Dressing and Acell membrane used in conjunction with the procedure.

### QUESTION 3

Our facility is beginning to use a new cartilage allograft material, Zimmer DeNovo NT Natural Tissue Graft, during chondroplasty. This graft material is made of minced juvenile hyaline cartilage and is mixed intra-operatively with fibrin glue prior to implantation into the cartilage defect in a single step surgery. Is there a separately reportable HCPCS code that we can use to identify the allograft

material being used? We were looking at HCPCS code J7330, *Autologous cultured chondrocyte, implant*, but are not sure if this product meets the criteria for reporting this code.

### ANSWER

It would not be appropriate to report HCPCS code J7330 for the allograft material utilized. There is no separately reportable HCPCS code available for Zimmer DeNovo NT Natural Tissue Graft.

### QUESTION 4

Our facility began using a new patch, the Zimmer Collagen Patch, to aid in rotator cuff repair tendon. This collagen repair patch is comprised of processed acellular porcine dermal tissue and is used as a reinforcement patch for rotator cuff repair. What HCPCS code should our facility assign for the use of this patch during rotator cuff repair?



### ANSWER

Report HCPCS code C1763, *Connective tissue, nonhuman (includes synthetic)*, for the Zimmer Collagen Repair Patch used during rotator cuff repair. This code assignment is to be reported for tissues made of an acellular collagen matrix, which is typically derived from a porcine or bovine source. These materials are typically used to treat urinary incontinence, repair the pelvic floor, or as in the case above, to reinforce weak soft tissues in the urological or musculoskeletal anatomy.

