2018 Adhesion Reduction Reimbursement Fact Sheet (GYNECARE INTERCEED® Absorbable Adhesion Barrier)

Finding the appropriate ICD-10-PCS Code[1]

STEP 1: Using the table below, select the appropriate codes from each column in the respective order.

Procedure Code	Body Part	Approach	Device	Qualifier
3EØ: Administration Physiological Systems & Anatomical Regions	L Pleural Cavity M Peritoneal Cavity P Female Reproductive	Ø Open	5 Adhesion Barrier	Z No Qualifier

STEP 2: Combine the code in the respective order from left to right. This is your ICD-10-PCS Code.

For example, the code for **Introduction of Adhesion Barrier into Pleural Cavity, Open Approach (3EØLØ5Z)** would be created in the steps below:

Example: STEP 1: Procedure Code 3EØ **+** Body Part L **+** Approach Ø **+** Device 5 **+** Qualifier Z **= STEP 2: 3EØLØ5Z**

Surgeon CPT& DRG Codes

SURGEON CPT CODE[2]	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT[3]
	TOTAL ABDOMINAL HYSTERECTOMY	
5815Ø	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	$1,Ø42
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	1,274
582ØØ	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	1,423
	SUPRACERVICAL ABDOMINAL HYSTERECTOMY	
5818Ø	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	$983
	RADICAL ABDOMINAL HYSTERECTOMY	
5821Ø	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	$1,917
5824Ø	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	3,Ø16
	MYOMECTOMY	
5814Ø	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	$935
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	1,167
	ADHESION LYSIS	
5874Ø	Lysis of adhesions (salpingolysis, ovariolysis)	$9Ø9

Surgeon CPT & DRG Codes (continued)

PREGNANCY

5912Ø	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	$822
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	823
5913Ø	Surgical treatment of ectopic pregnancy; abdominal pregnancy	961
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	95Ø
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	91Ø
5951Ø	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	2,393

INPATIENT FACILITY

DRG	DESCRIPTION*	AVERAGE LENGTH OF STAY (DAYS)[4]	NATIONAL AVERAGE DRG PAYMENT[4]
734	Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy with CC/MCC	5.3	$13,11Ø
735	Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy without CC/MCC	2.2	7,885
739	Uterine, Adnexa Procedures for Non-Ovarian/Adnexal Malignancy with MCC	9.4	2,342
74Ø	Uterine, Adnexa Procedures for Non-Ovarian/Adnexal Malignancy with CC	4.Ø	1Ø,374
741	Uterine, Adnexa Procedures for Non-Ovarian/Adnexal Malignancy without CC/MCC	2.1	7,62Ø
742	Uterine & Adnexa Procedures for Non-Malignancy with CC/MCC	4.Ø	9,877
743	Uterine & Adnexa Procedures for Non-Malignancy without CC/MCC	2.Ø	6,475
744	D&C, Conization, Laparoscopy & Tubal Interruption with CC/MCC	5.7	1Ø,241
745	D&C, Conization, Laparoscopy & Tubal Interruption without CC/MCC	2.6	6,389

*CC stands for Complications and Comorbidities while MCC refers to Major Complications and Comorbidities. These are a measure of the severity of an illness indicating additional diagnoses present on a case that may increase the expected resource consumption beyond that of the same case without a CC or MCC under the current Medicare definition. Whether a complication or comorbidity is classified as a CC or MCC is defined by Medicare.

GYNECARE INTERCEED ABSORBABLE ADHESION BARRIER: IMPORTANT SAFETY INFORMATION

INDICATIONS: GYNECARE INTERCEED® Absorbable Adhesion Barrier is indicated as an adjuvant in open (laparotomy) gynecologic pelvic surgery for reducing the incidence of postoperative pelvic adhesions after meticulous hemostasis is achieved consistent with microsurgical principles.

CONTRAINDICATIONS: The use of GYNECARE INTERCEED® Absorbable Adhesion Barrier is contraindicated in the presence of frank infection. GYNECARE INTERCEED® Adhesion Barrier is not indicated as a hemostatic agent. Appropriate means of achieving hemostasis must be employed.

WARNINGS: The safety and effectiveness of GYNECARE INTERCEED® Adhesion Barrier in laparoscopic surgery or any procedures other than open (laparotomy) gynecologic microsurgical procedures have not been established.
Postoperative adhesions may be induced by GYNECARE INTERCEED® Adhesion Barrier application if adjacent tissues (eg, ovary and tube) and structures are coapted or conjoined by the device, or if GYNECARE INTERCEED® Adhesion Barrier is folded, wadded or layered. Postoperative adhesions may occur in the presence of GYNECARE INTERCEED® Adhesion Barrier if meticulous hemostasis is not achieved prior to application. As with all foreign substances, GYNECARE INTERCEED® Adhesion Barrier should not be placed in a contaminated surgical site.

PRECAUTIONS: Use only a single layer of GYNECARE INTERCEED® Adhesion Barrier, since multiple layers of packing or folding will not enhance the adhesion barrier characteristics and may interfere with the absorption rate of GYNECARE INTERCEED® Adhesion Barrier. Care should be exercised in applying GYNECARE INTERCEED® Adhesion Barrier to a pelvic organ not to constrict or restrict it. If the product comes in contact with blood prior to completing the procedure, it should be discarded, as fibrin deposition cannot be removed by irrigation and may promote adhesions formation. Ectopic pregnancies have been associated with fertility surgery of the female reproductive tract. No data exist to establish the effect, if any, of GYNECARE INTERCEED® Adhesion Barrier on the occurrence of ectopic pregnancies. No adequate studies have been conducted in women who have become pregnant within the first month after exposure to GYNECARE INTERCEED® Adhesion Barrier. No teratogenic studies have been performed. Therefore, avoidance of conception should be considered during the first complete menstrual cycle after use of GYNECARE INTERCEED® Adhesion Barrier. The safety and effectiveness of using GYNECARE INTERCEED® Adhesion Barrier in combination with other adhesion prevention treatments have not been clinically established. GYNECARE INTERCEED® Adhesion Barrier is supplied sterile. As the material is not compatible with autoclaving or ethylene oxide sterilization, GYNECARE INTERCEED® Adhesion Barrier must not be resterilized. Foreign body reactions may occur in some patients. Interactions may occur between GYNECARE INTERCEED® Adhesion Barrier and some drugs used at the surgical site. Pathologists examining sites of GYNECARE INTERCEED® Adhesion Barrier placement should be made aware of its usage and of the normal cellular response to GYNECARE INTERCEED® Adhesion Barrier 'to facilitate proper evaluation of specimens'.

ADVERSE REACTIONS: The type and frequency of adverse events reported are consistent with events typically seen following surgery. Postsurgical adhesions may occur in the presence of GYNECARE INTERCEED® Adhesion Barrier.

For more information, please consult your doctor or call 1-888-GYNECARE to speak with a nurse.

1. ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). **2.** All Current Procedural Terminology (CPT) five digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2017 American Medical Association. **3.** Medicare Physician Fee Schedule (MPFS), Final Rule [CMS- 1676-F], Federal Register, Vol. 82, No. 219, Wednesday, November 15, 2017; 2018 Physician Conversion Factor (CF) = $35.9996. **4.** Medicare Inpatient Prospective Payment System Final Rule [CMS-1677-F], Federal Register (Vol. 82, Issue 155), Monday, August 14, 2017; Final National Average DRG Payment.

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