

2017 FlexHD® Breast Reconstruction Reimbursement Coding Reference

Tissue

Flex HD should be reported per square centimeter.

Flex HD should be reported by the facility where the procedure is performed.

HCPCS	Description	Status Indicator	APC	HOPPS ¹	ASC ¹
Q4128	FlexHD, AlloPatchHD, or Matrix HD, per sq. cm	N	N/A	Packaged	Packaged

Notes:

N = Items and services are packaged into primary procedure; no separate payment provided

Modifier JC – skin substitute used as a graft, is not required when reporting FlexHD with Q4128 per AMA coding guidelines. However, while CMS did not release requirements for use of the modifier, some Medicare Administrative Contractors (MACs) may establish their own requirement. To prevent inappropriately denied claims, we recommend you check with local payers and your appropriate MAC to determine if the modifiers should be used.

Procedure Code for Implantation of Tissue

Verify appropriate CPT code and documentation requirements with payer.

Report procedure codes in addition to mastectomy and reconstruction CPT codes.

*CPT-4®	Description	Status Indicator	APC	HOPPS ¹	ASC ¹	Physician ²
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) List separately in addition to code for primary procedure. Note: for bilateral breast procedure add -50 modifier	N	N/A	Packaged	Packaged	\$223.59

Notes:

Verify appropriate CPT code and documentation requirements with payer.

N = Items and services are packaged into primary procedure; no separate payment provided.

2017 Medicare National Average Rates

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Additional Procedure Codes for Breast Reconstruction

CPT-4®	Description	Status Indicator	APC	HOPPS ¹	ASC ¹	Physician ²
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	J1	5092	\$4,417.60	\$1,933.67	\$1,036.11
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	J1	5093	\$6,483.61	\$2,274.11	\$951.77
19350	Nipple/areola reconstruction	J1	5091	\$2,498.42	\$1,005.57	\$694.81
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	J1	5094	\$10,032.81	\$2,858.51	\$1,552.90
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	C	N/A	N/A	N/A	\$1,628.99
19364	Breast reconstruction with free flap	C	N/A	N/A	N/A	\$2,851.72
19366	Breast reconstruction with other technique	J1	5092	\$4,417.60	\$1,933.67	\$1,458.88
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap [TRAM], single pedicle, including closure of donor site	C	N/A	N/A	N/A	\$1,848.99
19368	Breast reconstruction with TRAM, single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	C	N/A	N/A	N/A	\$2,278.93
19369	Breast reconstruction with TRAM, double pedicle, including closure of donor site	C	N/A	N/A	N/A	\$2,096.62
19370	Open periprosthetic capsulotomy, breast	J1	5091	\$2,498.42	\$1,005.57	\$707.73
19371	Periprosthetic capsulectomy, breast	J1	5091	\$2,498.42	\$1,005.57	\$808.93
19380	Revision of reconstructed breast	J1	5092	\$4,417.60	\$1,933.67	\$798.16
19396	Preparation of moulage for custom breast implant	J1	5091	\$2,498.42	\$1,005.57	\$151.09

Notes:

Verify appropriate CPT code and documentation requirements with payer.

J1 = Comprehensive APC; all services reported on hospital claim will be packaged with payment for J1 procedure except services with a status indicator of F, G, H, L, & U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Medicare Part B = Inpatient services

C = Inpatient procedure only

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ICD - 10 CM Diagnosis Codes

ICD-10 CM	Description
C50.011-C50.929	Malignant neoplasm of breast
C79.81	Secondary malignant neoplasm of breast
D05.00-D05.92	Carcinoma in situ of breast
N60.11-N60.19	Diffuse cystic mastopathy (severe fibrocystic disease)
Z90.10-Z90.13	Acquired absence of breast (following medically necessary mastectomy or lumpectomy resulting in significant deformity)

ICD - 10 - PCS Procedure Codes and Descriptors

ICD-10 PCS	Description
OHTT0ZZ	Resection of Right Breast, Open Approach
OHTU0ZZ	Resection of Left Breast, Open Approach
OHTWXZZ	Resection Right Nipple, External Approach
OHTXXZZ	Resection Left Nipple, External Approach
OHTV0ZZ	Resection of Bilateral Breast, Open Approach
OH0T0KZ	Alteration of Right Breast with Nonautologous Tissue Substitute, Open Approach
OH0T3KZ	Alteration of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
OH0U0KZ	Alteration of Left Breast with Nonautologous Tissue Substitute, Open Approach
OH0U3KZ	Alteration of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
OH0V0KZ	Alteration Bilateral Breasts with Nonautologous Tissue Substitute, Open Approach
OH0V3KZ	Alteration Bilateral Breasts with Nonautologous Tissue Substitute, Percutaneous Approach
OHRT0KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach
OHRT3KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
OHRU0KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Open Approach
OHRU3KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
OHRV0KZ	Replacement of Bilateral Breasts with Nonautologous Tissue Substitute, Open Approach
OHRV3KZ	Replacement of Bilateral Breasts with Nonautologous Tissue Substitute, Percutaneous Approach
OHRW0KZ	Replacement Right Nipple with Nonautologous Tissue Substitute, Open Approach
OHRW3KZ	Replacement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
OHRX0KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Open Approach
OHRX3KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
OHWT0KZ	Revision of Right Breast with Nonautologous Tissue Substitute, Open Approach
OHWT3KZ	Revision of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach

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ICD-10-PCS Procedure Codes and Descriptors (con.'t)

0HWT7KZ	Revision of Right Breast with Nonautologous Tissue Substitute, via Natural or Artificial Opening
0HWTXKZ	Revision of Right Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HWTXKZ	Revision of Right Breast with Nonautologous Tissue Substitute, External Approach
0HWU0KZ	Revision of Left Breast with Nonautologous Tissue Substitute, Open Approach
0HWU3KZ	Revision of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HWU7KZ	Revision of Left Breast with Nonautologous Tissue Substitute, via Natural or Artificial Opening
0HWU8KZ	Revision of Left Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HWUXKZ	Revision of Left Breast with Nonautologous Tissue Substitute, External Approach
0HHT0NZ	Insertion of Tissue Expander Right Breast, Open Approach
0HHT3NZ	Insertion of Tissue Expander Right Breast, Percutaneous Approach
0HHT7NZ	Insertion of Tissue Expander Right Breast, via Natural or Artificial Opening
0HHT8NZ	Insertion of Tissue Expander Right Breast, via Natural or Endoscopic Opening
0HHU0NZ	Insertion of Tissue Expander Left Breast, Open Approach
0HHU3NZ	Insertion of Tissue Expander Left Breast, Percutaneous Approach
0HHU7NZ	Insertion of Tissue Expander Left Breast, via Natural or Artificial Opening
0HHU8NZ	Insertion of Tissue Expander Left Breast, via Natural or Endoscopic Opening
0HHV0NZ	Insertion of Tissue Expander Bilateral Breasts, Open Approach
0HHV3NZ	Insertion of Tissue Expander Bilateral Breasts, Percutaneous Approach
0HHV7NZ	Insertion of Tissue Expander Bilateral Breasts, via Natural or Artificial Opening
0HHV8NZ	Insertion of Tissue Expander Bilateral Breasts, via Natural or Endoscopic Opening
0HUT0KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Open Approach
0HUT0KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUT8KZ	Supplement Right Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HUU0KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Open Approach
0HUU3KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUU8KZ	Supplement Left Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HUV0KZ	Supplement Bilateral Breasts with Nonautologous Tissue Substitute, Open Approach
0HUV3KZ	Supplement Bilateral Breasts with Nonautologous Tissue Substitute, Percutaneous Approach
0HUV8JZ	Supplement Bilateral Breasts with Nonautologous Tissue Substitute, Natural or Endoscopic Opening
0HUW0KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HUW3KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUW8KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HUX0KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HUX3KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUX8KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening

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Diagnostic Related Group (DRG)

DRG	Description	Payment ³
582	Mastectomy for Malignancy with CC/MCC	\$8,942.77
583	Mastectomy for Malignancy without CC/MCC	\$7,848.48
584	Breast Biopsy, Local Excision and Other Breast Procedure with CC/MCC	\$10,705.57
585	Breast Biopsy, Local Excision and Other Breast Procedure without CC/MCC	\$9,466.36

2017 Medicare National Average Rates

REFERENCES:

1. Medicare Hospital Outpatient Prospective Payment – Final Rule with Comment and Final CY2017 Payment Rates (CMS-1656FC); Addendum B and Final ASC Addenda.
2. CY 2017 Revision to Payment Policies under the Medicare Physicians Fee Schedule and Other Revisions to Part B; Addendum B. All MPFS Fee Schedules calculated using CF of \$35.8887 effective January 1, 2017.
3. DRG values calculated using a base rate of \$5516.63 and Capital Standard Payment of \$446.81. The national average hospital Medicare base rate is the sum of the full update labor-related and nonlabor-related amount in the Federal Register, FY 2017 IPPS Final Rule (Tables 1A, 1D and 5).
4. 2017 AMA CPT Professional.
5. ICD10-CM Expert for Physicians 2017, ©2016 Optum360, LLC. All rights reserved.
6. ICD-10-PCS 2017, ©2016 Optum360, LLC. All rights reserved.

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REIMBURSEMENT SUPPORT

MTF@thepinnaclehealthgroup.com or 866-369-9290

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