

# 2022 Adhesion Reduction Reimbursement Guide (GYNECARE INTERCEED® Absorbable Adhesion Barrier)

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## Finding the appropriate ICD-10-PCS Code<sup>1</sup>

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

Procedure Code	Body Part	Approach	Device	Qualifier
3E0: Administration Physiological Systems & Anatomical Regions	L Pleural Cavity M Peritoneal Cavity P Female Reproductive	0 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 of Adhesion Barrier into Pleural Cavity, Open Approach (3E0L05Z)

would be created in the steps below Introduction w:

Example: STEP 1: Procedure Code 3E0 + Body Part L + Approach 0 + Device 5 + Qualifier Z = STEP 2: 3E0L05Z

## Surgeon CPT & DRG Codes

SURGEON CPT CODE <sup>2</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>3</sup>
<b>TOTAL ABDOMINAL HYSTERECTOMY</b>		
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	\$ 1,040
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)	\$ 1,275
58200	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)	\$ 1,381
<b>SUPRACERVICAL ABDOMINAL HYSTERECTOMY</b>		
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	\$ 987
<b>RADICAL ABDOMINAL HYSTERECTOMY</b>		
58210	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)	\$ 1,869
58240	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	\$ 3,018
<b>MYOMECTOMY</b>		
58140	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	\$ 963
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	\$ 1,190
<b>ADHESION LYSIS</b>		
58740	Lysis of adhesions (salpingolysis, ovariolysis)	\$ 929

# Surgeon CPT & DRG Codes (continued)

## PREGNANCY

59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	\$ 842
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	\$ 843
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	\$ 977
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	\$ 927
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	\$ 2,717

## INPATIENT FACILITY

DRG	DESCRIPTION*	AVERAGE LENGTH OF STAY (DAYS) <sup>4</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>4</sup>
734	Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy with CC/MCC	3.5	\$ 14,668
735	Pelvic Evisceration, Rad Hysterectomy & Rad Vulvectomy without CC/MCC	1.7	\$ 9,322
739	Uterine, Adnexa Procedures for Non-Ovarian/Adnexal Malignancy with MCC	6.6	\$ 25,217
740	Uterine, Adnexa Procedures for Non-Ovarian/Adnexal Malignancy with CC	2.8	\$ 11,880
741	Uterine, Adnexa Procedures for Non-Ovarian/Adnexal Malignancy without CC/MCC	1.6	\$ 8,440
742	Uterine & Adnexa Procedures for Non-Malignancy with CC/MCC	2.8	\$ 11,330
743	Uterine & Adnexa Procedures for Non-Malignancy without CC/MCC	1.7	\$ 7,470

\*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: ESSENTIAL PRODUCT 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 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 (e.g., ovary and tube) and structures are coapted or conjoined by the device, or if GYNECARE INTERCEED Adhesion Barrier is folded, wadded or layered. Care must be taken to apply GYNECARE INTERCEED Adhesion Barrier in single layers, interposed between adjacent anatomic structures at risk for adhesion formation. 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. Potentially contaminated surgical sites include hysterotomy following labor and/or prolonged rupture of membranes. The performance of GYNECARE INTERCEED Adhesion Barrier at potentially contaminated surgical sites has not been determined.

### 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 re-sterilized. 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 complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert. 087421-180205

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

For product information, please visit <https://www.injmedicaldevices.com/en-US/product/gynecare-interceed-absorbable-adhesion-barrier>

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 2021 American Medical Association. 3. CY 2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1751-F, Vol. 86, No. 221; November 19, 2021); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.6062 effective January 2022. 4. Medicare Inpatient Prospective Payment System Final Rule [CMS-1752-F], Federal Register (Vol. 86, Issue 154), Friday, August 13, 2021; Final: National Average DRG Payment.

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