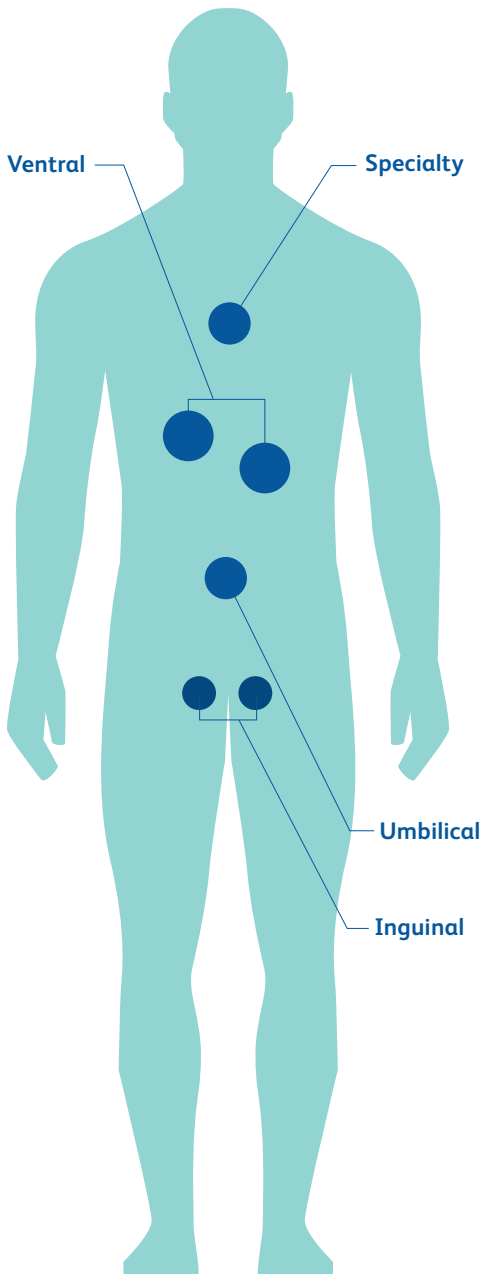




2023 Reimbursement Guide Soft Tissue Repair



Coding for hernia mesh



Inpatient procedures

The price of mesh is included in the DRG payment.

Outpatient

2023 CPT changes to anterior abdominal hernia repair coding

- Effective January 1, 2023, the AMA approved the deletion of 18 CPT codes for reporting abdominal hernia repair (49560, 49561, 49565, 49566, 49568, 49570, 49572, 49580, 49582, 49585, 49587, 49590, 49652-49657) as well as the addition of new codes that redesign the reporting of ventral hernia repair family, including incisional, umbilical, epigastric, spigelian, and parastomal hernia repair.
- New CPT codes 49591-49596 and 49613-49618 describe the repair of an anterior abdominal hernia (ie, epigastric, incisional, ventral, umbilical, spigelian), by any approach (ie, open, laparoscopic, robotic) and includes the implantation of mesh or another prosthesis. These codes are reported only once based on the total defect size for one or more anterior abdominal hernia(s).
- New CPT codes 49621-49622 describe the repair of a parastomal hernia, by any approach and includes the implantation of mesh or other prosthesis.
- New add-on CPT code +49623 describes the removal of non-infected mesh or other prosthesis at the time of anterior abdominal or parastomal hernia repairs. Removal of infected mesh may be reported with CPT 11008.
- Mesh is considered the standard of care. The cost of the mesh is included in the CPT payment. No additional codes are needed.

Open inguinal, lumbar, and femoral hernias

- Inguinal, femoral and lumbar hernia CPT codes are not affected by the above changes.
- Mesh is considered the standard of care. The cost of the mesh is included in the CPT payment. No additional codes are needed.

Coding for BD mesh

- Phasix™, Phasix™ ST, XenMatrix™ and XenMatrix™ AB are treated like synthetic mesh. No additional payment is available for these or any other hernia repair mesh.
- HCPCS code C1781, mesh (implantable), is appropriate for all hernia mesh. It does not provide additional payment.

Glossary

APC – Ambulatory Payment Classifications

CC – Complications and/or Comorbidity

CPT – Current Procedural Terminology

DRG – Diagnosis Related Group

HCPCS – Healthcare Common Procedure Coding System

ICD-10-PCS – International Classification of Disease, 10th Revision, Procedure Classification System

MCC – Major Complications and/or Comorbidity

MS-DRG – Medicare Severity-Diagnosis Related Group

RVU – Relative Value Unit

MS-DRGs

MS-DRG	Description	Medicare National Average Payment 2023
Stomach, esophageal and duodenal procedures		
326	Stomach, esophageal and duodenal procedures with MCC	\$35,112
327	Stomach, esophageal and duodenal procedures with CC	\$17,569
328	Stomach, esophageal and duodenal procedures without CC/MCC	\$11,371
Peritoneal adhesiolysis		
335	Peritoneal adhesiolysis with MCC	\$25,269
336	Peritoneal adhesiolysis with CC	\$14,590
337	Peritoneal adhesiolysis without CC/MCC	\$10,807
Major small and large bowel procedures		
329	Major small and large bowel procedures with MCC	\$31,714
330	Major small and large bowel procedures with CC	\$16,843
331	Major small and large bowel procedures without CC/MCC	\$11,722
Anal and stomal procedures		
347	Anal and stomal procedures with MCC	\$17,411
348	Anal and stomal procedures with CC	\$9,473
349	Anal and stomal procedures without CC/MCC	\$6,840
Inguinal and femoral hernia procedures		
350	Inguinal and femoral hernia procedures with MCC	\$16,168
351	Inguinal and femoral hernia procedures with CC	\$10,085
352	Inguinal and femoral hernia procedures without CC/MCC	\$7,560
Hernia procedures except inguinal and femoral		
353	Hernia procedures except inguinal and femoral with MCC	\$19,672
354	Hernia procedures except inguinal and femoral with CC	\$12,018
355	Hernia procedures except inguinal and femoral without CC/MCC	\$9,413
Breast procedures (i.e. flap reinforcement)		
582	Mastectomy for malignancy with CC/MCC	\$13,272
583	Mastectomy for malignancy without CC/MCC	\$10,363
584	Breast biopsy, local excision and other breast procedures with CC/MCC	\$14,651
585	Breast biopsy, local excision and other breast procedures without CC/MCC	\$12,629
Wound debridements for injuries		
901	Wound debridements for injuries with MCC	\$30,172
902	Wound debridements for injuries with CC	\$13,594
903	Wound debridements for injuries without CC/MCC	\$8,338

MS-DRGs

MS-DRG	Description	Medicare National Average Payment 2023
Other O.R. procedures for injuries		
907	Other O.R. procedures for injuries with MCC	\$26,517
908	Other O.R. procedures for injuries with CC	\$14,107
909	Other O.R. procedures for injuries without CC/MCC	\$9,361
Other O.R. procedures for multiple significant trauma		
957	Other O.R. procedures for multiple significant trauma with MCC	\$50,832
958	Other O.R. procedures for multiple significant trauma with CC	\$28,608
959	Other O.R. procedures for multiple significant trauma without CC/MCC	\$17,620

HCPCS Codes

Codes	Description
Q4100*	Skin substitute, not otherwise specified (i.e., AlloMax [®] Surgical Graft)
C1781	Mesh (implantable) – (i.e., BD Synthetic Mesh, AlloMax [®] Surgical Graft, Phasix [®] Mesh, Phasix [®] ST Mesh, XenMatrix [®] Surgical Graft and XenMatrix [®] AB Surgical Graft)
L8699	Prosthetic implant, not otherwise specified (Ambulatory surgery center)

Modifiers

Codes	Description
JC	Skin substitute used as a graft
22	Increased procedural services
50	Bilateral procedure
51	Multiple procedures
59	Distinct procedural service

Revenue Codes

Codes	Description
272	Sterile supply
278	Other implant

CPT Codes

		2023 National Average Medicare Rates		
CPT Codes	Description	Physician Professional Component	Outpatient Hospital APC Payment	Ambulatory Surgery Center APC Payment
Mesh implant and removal				
+0437T**	Implantation of nonbiologic or synthetic implant (e.g., polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	MAC PRICED	Packaged	Packaged
+11008	Removal of mesh in abdominal wall for infection (List separately in addition to code for primary procedure)	\$267	Inpatient Only	Inpatient Only
+15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk) (List separately in addition to code for primary procedure)	\$211	Packaged	Packaged
+49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic)	\$194	Packaged	Packaged
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	\$378	Inpatient Only	Inpatient Only
Component separation				
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk (note: report 15734 twice if procedure is bilateral)	\$1,480	\$3,253	\$1,694
Diaphragmatic hernia				
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic, acute	\$851	Inpatient Only	Inpatient Only
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic, chronic	\$918	Inpatient Only	Inpatient Only
Enterolysis				
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	\$1,076	Inpatient Only	Inpatient Only
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	\$908	\$5,212	N/A
Femoral hernia				
49550	Repair initial femoral hernia, any age; reducible	\$574	\$3,542	\$1,666
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	\$628	\$3,542	\$1,666
49555	Repair recurrent femoral hernia; reducible	\$601	\$3,542	\$1,666
49557	Repair recurrent femoral hernial incarcerated or strangulated	\$717	\$3,542	\$1,666
Inguinal hernia				
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$519	\$3,542	\$1,666
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$584	\$3,542	\$1,666
49520	Repair recurrent inguinal hernia, any age; reducible	\$628	\$3,542	\$1,666
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$711	\$3,542	\$1,666
49525	Repair inguinal hernia, sliding, any age	\$570	\$3,542	\$1,666
Laparoscopic – inguinal hernia				
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$430	\$5,212	\$2,499
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$561	\$5,212	\$2,499
Lumbar hernia				
49540	Repair lumbar hernia	\$674	\$5,212	\$2,499
Parastomal hernia repair				
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	\$1,164	Inpatient Only	Inpatient Only
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	\$731	Inpatient Only	Inpatient Only
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	\$902	Inpatient Only	Inpatient Only
TRAM or DIEP Flap				
+15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk) (List separately in addition to code for primary procedure)	\$211	Packaged	Packaged
Unlisted				
49659**	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	MAC PRICED	\$5,212	N/A
Wound irrigation				
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	\$35/ \$100	\$181	N/A
+97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	\$24/ \$44	Packaged	N/A

CPT Codes

		2023 National Average Medicare Rates		
CPT Codes	Description	Physician Professional Component	Outpatient Hospital APC Payment	Ambulatory Surgery Center APC Payment
Paraesophageal hiatal hernia repair				
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	\$1,128	Inpatient Only	Inpatient Only
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	\$1,236	Inpatient Only	Inpatient Only
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	\$1,211	Inpatient Only	Inpatient Only
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	\$1,298	Inpatient Only	Inpatient Only
43336	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	\$1,411	Inpatient Only	Inpatient Only
43337	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	\$1,503	Inpatient Only	Inpatient Only
Laparoscopic fundoplasty				
43280	Laparoscopy, surgical, esophagogastric fundoplasty (e.g., nissen, toupet procedures)	\$1,064	\$9,087	N/A
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	\$1,513	\$9,087	N/A
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$1,703	\$9,087	N/A
+43283	Laparoscopy, surgical, esophageal lengthening procedure (e.g., collis gastroplasty or wedge gastroplasty) (list separately in addition to code for primary procedure)	\$154	Inpatient Only	Inpatient Only
Robotic				
52900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	Not valid for Medicare		
2023 New anterior abdominal hernia repair coding				
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	\$337	\$3,542	\$1,666
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	\$469	\$5,212	\$2,499
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	\$565	\$3,542	\$1,666
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	\$736	\$5,212	\$2,499
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	\$759	\$3,542	\$1,666
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	\$1,008	Inpatient Only	Inpatient Only
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	\$416	\$3,542	\$1,666
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	\$563	\$5,212	\$2,499
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	\$630	\$3,542	\$1,666
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	\$847	Inpatient Only	Inpatient Only
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	\$872	Inpatient Only	Inpatient Only
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	\$1,222	Inpatient Only	Inpatient Only

** CPT 49659 Physician status code is "C." C = carriers price the code. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation, such as, operative report.

ICD-10 Codes

Code	Description
Right inguinal	
0YU507Z	Supplement right inguinal region with autologous tissue substitute, open approach
0YU50JZ	Supplement right inguinal region with synthetic substitute, open approach
0YU50KZ	Supplement right inguinal region with nonautologous tissue substitute, open approach
0YU547Z	Supplement right inguinal region with autologous tissue substitute, percutaneous endoscopic approach
0YU54JZ	Supplement right inguinal region with synthetic substitute, percutaneous endoscopic approach
0YU54KZ	Supplement right inguinal region with nonautologous tissue substitute, percutaneous endoscopic approach
Left inguinal	
0YU607Z	Supplement left inguinal region with autologous tissue substitute, open approach
0YU60JZ	Supplement left inguinal region with synthetic substitute, open approach
0YU60KZ	Supplement left inguinal region with nonautologous tissue substitute, open approach
0YU647Z	Supplement left inguinal region with autologous tissue substitute, percutaneous endoscopic approach
0YU64JZ	Supplement left inguinal region with synthetic substitute, percutaneous endoscopic approach
0YU64KZ	Supplement left inguinal region with nonautologous tissue substitute, percutaneous endoscopic approach
Bilateral inguinal	
0YUA07Z	Supplement bilateral inguinal region with autologous tissue substitute, open approach
0YUA0JZ	Supplement bilateral inguinal region with synthetic substitute, open approach
0YUA0KZ	Supplement bilateral inguinal region with nonautologous tissue substitute, open approach
0YUA47Z	Supplement bilateral inguinal region with autologous tissue substitute, percutaneous endoscopic approach
0YUA4JZ	Supplement bilateral inguinal region with synthetic substitute, percutaneous endoscopic approach
0YUA4KZ	Supplement bilateral inguinal region with nonautologous tissue substitute, percutaneous endoscopic approach
Right femoral	
0YU707Z	Supplement right femoral region with autologous tissue substitute, open approach
0YU70JZ	Supplement right femoral region with synthetic substitute, open approach
0YU70KZ	Supplement right femoral region with nonautologous tissue substitute, open approach
0YU747Z	Supplement right femoral region with autologous tissue substitute, percutaneous endoscopic approach
0YU74JZ	Supplement right femoral region with synthetic substitute, percutaneous endoscopic approach
0YU74KZ	Supplement right femoral region with nonautologous tissue substitute, percutaneous endoscopic approach
Left femoral	
0YU807Z	Supplement left femoral region with autologous tissue substitute, open approach
0YU80JZ	Supplement left femoral region with synthetic substitute, open approach
0YU80KZ	Supplement left femoral region with nonautologous tissue substitute, open approach
0YU847Z	Supplement left femoral region with autologous tissue substitute, percutaneous endoscopic approach
0YU84JZ	Supplement left femoral region with synthetic substitute, percutaneous endoscopic approach
0YU84KZ	Supplement left femoral region with nonautologous tissue substitute, percutaneous endoscopic approach

ICD-10 Codes

Bilateral femoral	
0YUE07Z	Supplement bilateral femoral region with autologous tissue substitute, open approach
0YUE0JZ	Supplement bilateral femoral region with synthetic substitute, open approach
0YUE0KZ	Supplement bilateral femoral region with nonautologous tissue substitute, open approach
0YUE47Z	Supplement bilateral femoral region with autologous tissue substitute, percutaneous endoscopic approach
0YUE4JZ	Supplement bilateral femoral region with synthetic substitute, percutaneous endoscopic approach
0YUE4KZ	Supplement bilateral femoral region with nonautologous tissue substitute, percutaneous endoscopic approach
Hernia procedures except inguinal and femoral	
0WUF07Z	Supplement abdominal wall with autologous tissue substitute, open approach
0WUF0JZ	Supplement abdominal wall with synthetic substitute, open approach
0WUF0KZ	Supplement abdominal wall with nonautologous tissue substitute, open approach
0WUF47Z	Supplement abdominal wall with autologous tissue substitute, percutaneous endoscopic approach
0WUF4JZ	Supplement abdominal wall with synthetic substitute, percutaneous endoscopic approach
0WUF4KZ	Supplement abdominal wall with nonautologous tissue substitute, percutaneous endoscopic approach
Component separation	
0KNK0ZZ	Release right abdomen muscle, open approach
0KNL0ZZ	Release left abdomen muscle, open approach
0KNK4ZZ	Release right abdomen muscle, percutaneous endoscopic approach
0KNL4ZZ	Release left abdomen muscle, percutaneous endoscopic approach
Restriction of esophagogastric junction	
0DV44ZZ	Restriction of esophagogastric junction, percutaneous endoscopic approach
Repair abdominal wall stoma	
0WQFXZZ	Repair abdominal wall, stoma, external approach
Diaphragmatic repair	
0BUR07Z	Supplement right diaphragm with autologous tissue substitute, open approach
0BUR0JZ	Supplement right diaphragm with synthetic substitute, open approach
0BUR0KZ	Supplement right diaphragm with nonautologous tissue substitute, open approach
0BUR47Z	Supplement right diaphragm with autologous tissue substitute, percutaneous endoscopic approach
0BUR4JZ	Supplement right diaphragm with synthetic substitute, percutaneous endoscopic approach
0BUR4KZ	Supplement right diaphragm with nonautologous tissue substitute, percutaneous endoscopic approach
0BUS07Z	Supplement left diaphragm with autologous tissue substitute, open approach
0BUS0JZ	Supplement left diaphragm with synthetic substitute, open approach
0BUS0KZ	Supplement left diaphragm with nonautologous tissue substitute, open approach
0BUS47Z	Supplement left diaphragm with autologous tissue substitute, percutaneous endoscopic approach
0BUS4JZ	Supplement left diaphragm with synthetic substitute, percutaneous endoscopic approach
0BUS4KZ	Supplement left diaphragm with nonautologous tissue substitute, percutaneous endoscopic approach

This is not a comprehensive list of codes. Coding constantly changes so please reference the AMA and CMS websites www.cms.gov; www.ama-assn.org and your local providers for additional information.

We cannot instruct a provider how to bill. We can only provide possible codes that may be appropriate for the activities performed on a particular patient on a particular date of service which are fully supported by detailed notes in the patient's medical record. The provider of service must ascertain which codes are appropriate for the activities actually performed.

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1.800.614.7965
reimbursementsupport@bd.com

BD, Warwick, RI, 02886, U.S.
1.844.8.BD.LIFE (844.823.5433)

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