DURAMATRIX® CODING AND PAYMENT

DuraMatrix Suturable is a white, non-friable, conformable, resorbable, membrane matrix consisting of highly purified collagen derived from bovine dermis. The membrane is flexible and conforms to the contours of the defect site. The product's mechanical strength allows the membrane matrix to be sutured in place. DuraMatrix Suturable is supplied sterile, nonpyrogenic, in various sizes, and for single use only.

Indications for Use
DuraMatrix Suturable is indicated as a dura substitute for the repair of dura mater.

DuraMatrix may be used in a variety of craniectomy and craniotomy procedures. Some of the ICD codes for these procedures are listed below. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers that best reflect the actual service(s) furnished to a particular patient. Providers should consult with the appropriate payer(s) if they have questions regarding billing and coding and follow the payers' guidelines.

Hospital Inpatient Coding and Payment

Hospitals code the procedures based upon the surgeon's operative notes. ICD-9-CM procedure codes associated craniectomy and craniotomy procedures include:

- 01.25 Other craniectomy
- 01.39 Other incision of brain
- 01.59 Other excision or destruction of lesion or tissue of brain
- 01.6 Excision of lesion of skull
- 02.92 Repair of brain

These ICD-9-CM procedure codes map to one of the following MS-DRGs:

- 025 Craniotomy and Endovascular Intracranial Procedures with MCC
- 026 Craniotomy and Endovascular Intracranial Procedures with CC
- 027 Craniotomy and Endovascular Intracranial Procedures without CC/MCC
- 131 Cranial/facial procedures with CC/MCC
- 132 Cranial/facial procedures without CC/MCC
- 515 Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC
- 516 Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC
- 517 Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC
- 955 Craniotomy for multiple significant trauma

The FY2015 associated Medicare payment rates for these MS-DRGs include:

MS-DRG	2015 Adjusted Standardized CMS MS-DRG Payment to Hospital
025	$25,472.77
026	$17,624.92
027	$13,404.12
131	$13,920.35
132	$ 8,367.59
515	$18,931.04
516	$12,000.52
517	$10,131.20
955	$32,727.46

Physician Coding and Payment

CPT Code	Descriptor	2015 CMS Fee Schedule
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	$1,937.89
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	$2,528.28
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	$2,056.11
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	$2,249.44
61500	Craniectomy; with excision of tumor or other bone lesion of skull	$1,390.99
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	$2,321.66
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	$2,928.22
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	$3,988.98

61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	$3,907.05
61570	Craniectomy or craniotomy; with excision of foreign body from brain	$1,995.39
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	$2,125.11

References:
AMA 2015 Current Procedural Terminology
CY2015 CMS Physician Fee Schedule, Final Rule
CY2015 CMS OPPS Final Rule
FY2015 CMS IPPS Final Rule

Disclaimers
Stryker cannot guarantee coverage or payment for products or procedures. Coverage determinations are made based on individual patient conditions and can vary depending on local payer policies. For more specific information, please contact your Medicare Administrative Contractor or Private Payer.
Every reasonable effort has been made to ensure the accuracy of the information in this guide. However, the ultimate responsibility for coding and claims submission lies with the provider of services (e.g., physician, hospital, or other facility).
Stryker makes no representation, guarantee, or warranty, expressed or implied, that this report is error-free or that the use of this information will prevent differences of opinion with third-party payers and will bear no responsibility or liability for the results or consequences of its use. Our recommendations do not guarantee coverage or payment of the technology or procedure. Providers should accurately report the patient's condition and the services and supplies they provide to their patients. Reimbursement is dynamic. Coding and payment rates change from time to time. Providers should consult with payers and follow their guidelines as appropriate.
A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.