

Coding and reimbursement guide

Biodesign Peyronie's Repair Graft

2024

The Biodesign Peyronie's Repair Graft is intended for implantation to reinforce soft tissue where weakness exists in the urological anatomy, including but not limited to repair of tunica albuginea defects and reinforcement in the repair of Peyronie's disease.

Introduction

This guide was developed to assist with Medicare reporting and reimbursement when using the Biodesign Peyronie's Repair Graft during surgery.

Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review [these policies](#) and contact their [carrier's medical director](#) or commercial insurers to determine if a procedure is covered. You will find QR codes for these links on the last page of this document.

Coding

Surgical repair is typically reported by one of the following Current Procedural Terminology (CPT®) codes. It is the physician's responsibility to choose a CPT code that accurately describes the procedure performed. Listed reimbursement rates do not represent adjustments specific to the provider's location or facility. Actual payment rates vary with geographic adjustment and are updated quarterly.

C-codes

If applicable, Medicare requires hospitals to report device(s) by using the Level II Healthcare Common Procedure Coding System, or "C-codes." When reporting use of Biodesign® grafts in a hospital outpatient setting, we recommend the following C-code:

C1763	Connective tissue, nonhuman (includes synthetic). These tissues include a natural, acellular collagen matrix typically obtained from porcine or bovine small intestinal submucosa, or pericardium. This bio-material is intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological or musculoskeletal anatomy. [This excludes those items that are used to replace skin.]
C1781	Mesh (implantable). A mesh implant or synthetic patch composed of absorbable or non-absorbable material that is used to repair hernias, support weakened or attenuated tissue, cover tissue defects, etc.

Physician coding and reimbursement

CPT code	Description	Ambulatory surgery center	Outpatient hospital		Physician's services
		Facility payment (national Medicare avg) ¹	APC	Facility payment (national Medicare avg) ²	Fee when procedure is performed in hospital or ASC (national Medicare avg) ³
54110	Excision of penile plaque (Peyronie's Disease)	\$1,626.15	5374	\$3,325.03	\$612.32
54111	Excision of penile plaque (Peyronie's Disease); with graft up to 5 cm in length	\$2,471.23.69	5375	\$4,935.21	\$780.95
54112	Excision of penile plaque (Peyronie's Disease); with graft >5 cm in length	\$5,796.37	5376	\$8,786.54	\$915.20
54115	Treatment of penile lesion - removal of penile implant or any other foreign body	\$1,157.18	5073	\$2,710.16	\$420.76
54300	Treatment of penile lesion - Chordee correction (hypospadias)	\$1,626.15	5374	\$3,325.03	\$632.62
54304	Treatment of penile lesion - Chordee correction (hypospadias); staged repair	\$1,626.15	5374	\$3,325.03	\$731.51

Note: Alternative payment policies may apply when multiple services are performed at the same encounter, including but not limited to multiple procedure payment reductions and comprehensive ambulatory payment classifications (C-APC).



[CMS search \(LCDs\)](#)



[Contact your medical director](#)



[Medicare fee schedules](#)



[Physician fee schedule look-up tool](#)

Contact the reimbursement team
reimbursement@cookbiotech.com

Biodesign[®]
BIOLOGIC GRAFT PORTFOLIO

Disclaimer: The information provided herein reflects Cook Biotech's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT[®] coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third-party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook Biotech does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. We encourage you, when making coding decisions, to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor, and other health plans to which you may submit claims. Cook Biotech does not promote the offlabel use of its devices.

The reimbursement rates provided are national Medicare averages published by CMS at the time this guide was created. Reimbursement rates may change due to addendum updates Medicare publishes throughout the year and may not be reflected on the guide.

1. 2024 Medicare Ambulatory Surgery Center Fee Schedule.
2. 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule.
3. 2024 Medicare Physician Fee Schedule.



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