

SUTUREGARD® ISR Device Reimbursement

It is the provider's responsibility to determine and submit appropriate codes, charges and modifiers for services rendered. Identification of codes in this document should not be construed as provision of clinical or coding advice.

CPT® coding of linear closure of excisional surgical wounds can be summarized as:

- **Simple linear closure**
 - A single layer of repair (e.g. sutures, staples, adhesives)

- **Intermediate linear closure:** the elements of a simple linear closure **PLUS**
 - Limited undermining (less than width of wound) **AND**
 - A deeper layer of closure (e.g. buried absorbable sutures)

- **Complex linear closure:** the elements of an intermediate closure **PLUS AT LEAST ONE OF:**
 - Free margin location (e.g. nostril, helical rim of ear, vermilion border of lip) **OR**
 - Exposed structures (bone, cartilage, neurovascular, etc) **OR**
 - Retention suture **OR**
 - Extensive undermining (measured from perpendicular line of closure and greater than the width of the wound)

The SUTUREGARD® ISR device involves the use of retention sutures and is registered as a suture retention device (21CFR878.4930). In their medical documentation, providers may choose to cite SUTUREGARD® Medical, Inc. publications (www.suturegard.com/publications) or Instructions for Use.

For informational purposes, the following chart highlights the reimbursement* for each type of closure for a scalp wound of some sample lengths:

	2.5 cm	5 cm	7.5 cm	10 cm
Simple	\$93.11	\$114.04	\$114.04	\$133.17
Intermediate	\$258.77	\$310.01	\$310.01	\$333.47
Complex	\$365.95	\$441.74	\$441.74	\$576.72

Due to the Multiple Procedure Payment Reductions (MPPR) rule, reimbursement of a linear closure is reduced by 50% if it is performed on the same day as a higher RVU procedure (e.g. Mohs surgery) as follows*:

	2.5 cm	5 cm	7.5 cm	10 cm
Simple	\$46.56	\$57.02	\$57.02	\$66.59
Intermediate	\$129.38	\$155.01	\$155.01	\$166.74
Complex	\$182.98	\$220.87	\$220.87	\$288.36



**The publicly-available 2020 Medicare national average payment rates in this document as used as a frame of reference only. The identification of payment rates is not a guarantee of payment by Medicare or other payer. It is the provider's responsibility to determine and submit appropriate codes, charges and modifiers for services rendered. Identification of codes in this document should not be construed as provision of either clinical or coding advice.*