



Xenogenic Biologic Tissue Matrix Coding Guidance

The Colorado Therapeutics biologic tissue matrix is a cross-linked xenogenic pericardium tissue which provides strength and durability with the revascularization properties of non-cross-linked biologic products when used in abdominal hernia repair procedures.

Physician

The following Common Procedural Terminology (CPT) codes represent physician services related to abdominal hernia repair. Medicare payment amounts are unadjusted; physician payments for procedures performed in a hospital or ASC setting.

Open Hernia Repair Procedures

CPT®* Code	CPT® Description	Medicare Payment ¹
DIAPHRAGMATIC HERNIA		
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	\$6,175
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	\$903
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	\$981
EPIGASTRIC HERNIA		
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	\$432
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	\$535
FEMORAL HERNIA		
49550	Repair initial femoral hernia, any age; reducible	\$597
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	\$654
49555	Repair recurrent femoral hernia; reducible	\$620
49557	Repair recurrent femoral hernia; incarcerated or strangulated	\$752
HIATAL/PARAESOPHAGEAL HERNIA		
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	\$1,319
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	\$1,398
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	\$1,693
INCISIONAL/VENTRAL HERNIA		
49560	Repair initial incisional or ventral hernia; reducible	\$766
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	\$966
49565	Repair recurrent incisional or ventral hernia; reducible	\$797
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	\$974
INGUINAL HERNIA		
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	\$813



CPT®* Code	CPT® Description	Medicare Payment ¹
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks post conception age, with or without hydrocelectomy; incarcerated or strangulated	\$994
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	\$392
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	\$562
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	\$408
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	\$628
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$540
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$607
49520	Repair recurrent inguinal hernia, any age; reducible	\$656
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$744
49525	Repair inguinal hernia, sliding, any age	\$594
LUMBAR HERNIA		
49540	Repair lumbar hernia	\$699
SPIGELIAN HERNIA		
49590	Repair spigelian hernia	\$594
UMBILICAL HERNIA		
49580	Repair umbilical hernia, younger than age 5 years; reducible	\$340
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	\$479
49585	Repair umbilical hernia, age 5 years or older; reducible	\$461
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	\$492
IMPLANTATION OF MESH (SYNTHETIC OR BIOLOGIC)		
+49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	\$278

Laparoscopic Hernia Repair Procedures

CPT®* Code	CPT® Description	Medicare Payment ¹
INCISIONAL HERNIA		
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	\$878
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$1,072
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	\$953
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$1,372



CPT®* Code	CPT® Description	Medicare Payment ¹
INGUINAL HERNIA		
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$444
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$577
PARAESPHEGAL HERNIA		
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	\$1,124
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$1,808
VENTRAL/UMBILICAL/SPIGELIAN/EPIGASTRIC HERNIA		
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	\$772
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$963
UNLISTED/MISCELLANEOUS HERNIA		
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Carrier Priced**



Hospital Outpatient

The following CPT codes represent hospital services related to abdominal repair. Payment amounts are unadjusted Medicare Hospital Outpatient Prospective system payments based on Ambulatory Payment Classifications (APCs).

Open Hernia Repair Procedures

CPT®* Code	CPT® Description	OPPS Status Indicator ²	APC ³	Medicare OPPS Payment ³
DIAPHRAGMATIC HERNIA				
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	C	Inpatient Only	
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	C	Inpatient Only	
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	C	Inpatient Only	
EPIGASTRIC HERNIA				
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	J1	5341	\$2,863
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	J1	5341	\$2,863
FEMORAL HERNIA				
49550	Repair initial femoral hernia, any age; reducible	J1	5341	\$2,863
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	J1	5341	\$2,863
49555	Repair recurrent femoral hernia; reducible	J1	5341	\$2,863
49557	Repair recurrent femoral hernia; incarcerated or strangulated	J1	5341	\$2,863
HIATAL/PARAESOPHAGEAL HERNIA				
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	C	Inpatient Only	
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	C	Inpatient Only	
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	C	Inpatient Only	
INCISIONAL/VENTRAL HERNIA				
49560	Repair initial incisional or ventral hernia; reducible	J1	5341	\$2,863
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	J1	5341	\$2,863
49565	Repair recurrent incisional or ventral hernia; reducible	J1	5361	\$4,199
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	J1	5361	\$4,199
INGUINAL HERNIA				
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	J1	5361	\$4,199



CPT®** Code	CPT® Description	OPPS Status Indicator ²	APC ³	Medicare OPPS Payment ³
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks post conception age, with or without hydrocelectomy; incarcerated or strangulated	J1	5341	\$2,863
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	J1	5341	\$2,863
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	J1	5341	\$2,863
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	J1	5341	\$2,863
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	J1	5341	\$2,863
49505	Repair initial inguinal hernia, age 5 years or older; reducible	J1	5341	\$2,863
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	J1	5341	\$2,863
49520	Repair recurrent inguinal hernia, any age; reducible	J1	5341	\$2,863
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	J1	5341	\$2,863
49525	Repair inguinal hernia, sliding, any age	J1	5341	\$2,863
LUMBAR HERNIA				
49540	Repair lumbar hernia	J1	5361	\$4,199
SPIGELIAN HERNIA				
49590	Repair spigelian hernia	J1	5341	\$2,863
UMBILICAL HERNIA				
49580	Repair umbilical hernia, younger than age 5 years; reducible	J1	5341	\$2,863
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	J1	5341	\$2,863
49585	Repair umbilical hernia, age 5 years or older; reducible	J1	5341	\$2,863
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	J1	5341	\$2,863
IMPLANTATION OF MESH (SYNTHETIC OR BIOLOGIC)				
+49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	N	Payment Packaged	

Laparoscopic Hernia Repair Procedures

CPT®** Code	CPT® Description	OPPS Status Indicator ²	APC ³	Medicare OPPS Payment ³
INCISIONAL HERNIA				
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	J1	5362	\$6,970



CPT®** Code	CPT® Description	OPPS Status Indicator ²	APC ³	Medicare OPPS Payment ³
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	J1	5362	\$6,970
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	J1	5362	\$6,970
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	J1	5362	\$6,970
INGUINAL HERNIA				
49650	Laparoscopy, surgical; repair initial inguinal hernia	J1	5361	\$4,199
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	J1	5361	\$4,199
PARAESOPHAGEAL HERNIA				
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	C	Inpatient Only	
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	C	Inpatient Only	
VENTRAL/UMBILICAL/SPIGELIAN/EPIGASTRIC HERNIA				
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	J1	5361	\$4,199
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	J1	5361	\$4,199
UNLISTED/MISCELLANEOUS PROCEDURE				
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	J1	5361	\$4,199



Hospital Inpatient

The following ICD-10-PCS procedure codes describe certain abdominal repair procedures. ICD-10-PCS procedure codes are developed by selecting a procedure code, body part, approach, device and/or qualifier.

ICD-10-PCS Procedure Code ⁴	Body Part	Approach	Device	Qualifier
ØYU: Lower Anatomical Region Supplement	5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left A Inguinal Region, Bilateral E Femoral Region, Bilateral	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Non-autologous Tissue Substitute	Z No Qualifier
ØWU: General Anatomical Region Supplement	F Abdominal Wall	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Non-autologous Tissue Substitute	Z No Qualifier
ØBU: Respiratory System Supplement	R Diaphragm, Right S Diaphragm, Left	Ø Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Non-autologous Tissue Substitute	Z No Qualifier

MS-DRG assignment is based on the reported ICD-10-PCS procedure codes as well as the reported ICD-10-CM diagnosis codes. The following table lists the MS-DRGs to which abdominal repair procedures may be assigned, with national average payments.

MS-DRG	Description	Medicare MS-DRG Payment ⁵
163	MAJOR CHEST PROCEDURES W MCC	\$29,933
164	MAJOR CHEST PROCEDURES W CC	\$15,396
165	MAJOR CHEST PROCEDURES W/O CC/MCC	\$10,673
326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	\$32,006
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	\$15,445
328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	\$9,158
350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	\$14,470
351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	\$8,351
352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	\$5,972
353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	\$17,143
354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	\$9,989
355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	\$7,572
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	\$23,067
908	OTHER O.R. PROCEDURES FOR INJURIES W CC	\$12,275
909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	\$7,818

CC = Complications and/or Comorbidities, MCC = Major Complications and/or Comorbidities

Ambulatory Surgery Center

The following table lists the CPT code along with the Medicare national average payments.

The following CPT codes represent ambulatory surgical services related to abdominal repair. Payment amounts are unadjusted Ambulatory Surgery Center (ASC) payments.

Open Hernia Repair Procedures

CPT® Code	CPT® Description	ASC Status Indicator ⁶	Medicare ASC Payment ³
EPIGASTRIC HERNIA			
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	A2	\$1,455
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	A2	\$1,455
FEMORAL HERNIA			
49550	Repair initial femoral hernia, any age; reducible	A2	\$1,455
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	A2	\$1,455
49555	Repair recurrent femoral hernia; reducible	A2	\$1,455
49557	Repair recurrent femoral hernia; incarcerated or strangulated	A2	\$1,455
INGUINAL HERNIA			
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	A2	\$1,455
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks post conception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	A2	\$1,455
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	A2	\$1,455
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	A2	\$1,455
49505	Repair initial inguinal hernia, age 5 years or older; reducible	A2	\$1,455
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	A2	\$1,455
49520	Repair recurrent inguinal hernia, any age; reducible	A2	\$1,455
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	A2	\$1,455
49525	Repair inguinal hernia, sliding, any age	A2	\$1,455
LUMBAR HERNIA			
49540	Repair lumbar hernia	A2	\$2,040
SPIGELIAN HERNIA			
49590	Repair spigelian hernia	A2	\$1,455
UMBILICAL HERNIA			
49580	Repair umbilical hernia, younger than age 5 years; reducible	A2	\$1,455
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	A2	\$1,455



CPT®** Code	CPT® Description	ASC Status Indicator ⁶	Medicare ASC Payment ³
49585	Repair umbilical hernia, age 5 years or older; reducible	A2	\$1,455
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	A2	\$1,455
VENTRAL OR INCISIONAL HERNIA			
49560	Repair initial incisional or ventral hernia; reducible	A2	\$1,455
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	A2	\$1,455
49565	Repair recurrent incisional or ventral hernia; reducible	A2	\$2,040
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	A2	\$1,455
IMPLANTATION OF MESH (SYNTHETIC OR BIOLOGIC)			
+49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	N1	Payment Packaged

Laparoscopic Hernia Repair Procedures

CPT®** Code	CPT® Description	ASC Status Indicator ⁶	Medicare ASC Payment ³
INCISIONAL HERNIA			
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	G2	\$3,278
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	G2	\$3,278
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	G2	\$3,278
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	G2	\$3,278
INGUINAL HERNIA			
49650	Laparoscopy, surgical; repair initial inguinal hernia	A2	\$2,040
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	A2	\$2,040
VENTRAL/UMBILICAL/SPIGELIAN/EPIGASTRIC HERNIA			
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	G2	\$2,040
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	G2	\$2,040

Device Codes

Relevant Healthcare Common Procedure Coding System (HCPCS) codes that may be used to report the Colorado Therapeutics tissue matrix.



HCPCS Code	Code Description
C1763	Connective tissue, non-human (includes synthetic)

*Current Procedural Terminology © 2016 American Medical Association, All Rights Reserved

** Medicare regional carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report

¹ CMS-1654-F – Physician Fee Schedule final rule CY2017, effective through December 31, 2017

² Medicare Hospital Outpatient Prospective Payment System (OPPS) Status Indicators describe the payment status of procedures and devices in the hospital outpatient setting; C = Inpatient only procedure procedure not paid under OPPS, J1 =, N = No additional payment, payment included in line items with APCs for incidental service

³ CMS-1656-CN, January 2017 Addenda Updates– Hospital Outpatient Prospective Payment Addendum B April 2017 Update, and Ambulatory Surgical Center Payment Systems Addendum AA April 2017 Update

⁴ ICD-10-PCS Official Guidelines for Coding and Reporting. U.S. Department of Health and Human Services, effective October 1, 2017

⁵ CMS-1655-F; CN1-3 – Hospital Inpatient Prospective Payment System final rule FY2017, effective through September 30, 2017

⁶ Medicare Ambulatory Surgery Center (ASC) Status Indicators describe the payment status of procedures and devices in ASC setting; A2 = Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight, G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight, N1 = Packaged service/item; no separate payment made.

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