

Histofreezer[®]
FLEX

ADVANCED PORTABLE
CRYOSURGERY



**How to Get Reimbursed
for Cryosurgery**



Information provided is for example and comparison only. It does not represent a guarantee or assurance that services will be considered or paid.

After Action Medical and Dental Supply, LLC does not guarantee reimbursement levels or that codes will be considered when submitted.

We recommend that offices billing these procedures for the first time direct questions to their carrier representatives.

Recommended CPT Codes

For billing and reimbursement purposes, it is recommended that the following Common Procedure Terminology (CPT) codes be used, as provided by the American Medical Association. (Refer to Integumentary System-Destruction Benign or Premalignant Lesions.)

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Actinic keratosis	
17000	Destruction (e.g., laser surgery, electro-surgery, chemosurgery, surgical curettment), premalignant lesions (e.g., actinic keratoses); first lesion
17003	2nd through 14 lesions, each (list separately in addition to code for first lesion) (Use 17003 in conjunction with 17000)
17004	Destruction (e.g., laser surgery, electro-surgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions
Verruca vulgaris, Verruca plantaris, Verruca plana, Molluscum contagiosum, Lentigo, Seborrhic keratosis	
17110	Destruction (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions
17111	15 or more lesions

Acrochordon (Skin tags)	
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Each additional 10 lesions
Condylomata acuminata, Molluscum contagiosum	
46916	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery)
54056	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54065	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery)
56501	Destruction of lesion(s), vulva; simple (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery)
56515	Extensive (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery)

It is important to note that appropriate diagnosis codes must be submitted to substantiate medical necessity for the procedure. Additionally, the appropriate modifier code must also accompany the respective CPT code to insure payment where multiple lesions or second applications may occur.

Finally, adequate documentation of the procedure performed should be contained in the patient's chart to substantiate the service billed.

The following is a list of modifier codes that may be used in conjunction with CPT code submission.

Modifier	Code Usage
-50	Procedures performed on both sides of the body (mirror image) at the same operative session
-51	Subsequent lesions or multiple procedure treated on same side of the body, same day
-59	Distinct procedural services distinct or independent from other non-e/m services performed on same day
-76	Repeat procedure by same physician
-77	Repeat procedure by fellow physician

Reporting procedures

Reporting procedures described by codes 17000-17004 varies from carrier to carrier, and in many cases is left up to the physician to interpret. The following examples of reporting methods are for illustration purposes only and should not be assumed to be acceptable to all carriers, but should be applicable in most circumstances.

Following is an example of one common method for reporting the destructions of premalignant lesions when reporting these procedures to most common carriers:

# of lesions	Use codes
1	17000
2	17000, and 17003-(50 or 51)
3	17000, and 17003-(50 or 51) x 2
4 through 14	17000, and 17003-(50 or 51) x 3
15 or more	17004 x 1

Representative average reimbursements, 2019 ¹		
CPT Code	Medicare/Medicaid	
	Facility	Non-Facility
17000	\$55.14	\$66.67
17003	\$2.52	\$5.77
17004	\$102.71	\$155.33
17110	\$70.64	\$112.80
17111	\$86.85	\$133.71
11200	\$75.68	\$90.46
11201	\$17.30	\$19.46
46916	\$149.20	\$246.15
46924	\$187.76	\$544.19
54056	\$114.60	\$145.24
54065	\$179.11	\$227.41
56501	\$122.89	\$147.76
56515	\$209.03	\$242.18

¹Payments vary from state to state. Check with your local carrier for specific reimbursement rates.

Medicare reimbursement

The 17000 series for destruction of skin lesion codes was adopted by HCFA January 1, 1998.

Health Maintenance Organization (HMO) reimbursement

Cryosurgery is a covered service by most HMOs. Basically, there are two formats for HMO service providers:

1. Group practice, in which patients receive all care from one group practice, with only super-specialty care being referred out of the practice. Typically, physicians in this format are employed full-time by the HMO and have no fee-for-service practice. In this case, the service is covered under the standard capitation payments.
2. Independent/Individual Practice Association (IPA), in which the primary care practitioner acts as the "gatekeeper" for all care rendered to a given patient, requiring written referral to a specialist outside the practice (preferably a plan participant). Generally, the physician and practice association share in a "capitation" payment designed to cover all care. The association pays specialists from a "pool" and withholds a "risk incentive," a percentage of which is paid, by the formula, to the participating specialists at the end of the year, based on plan utilization.

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Private Insurers and Blue Shield

Most of these types of third-party insurers pay claims based on a set fee schedule by procedure code, although Blue Shield plans may use "Usual, Customary, and Reasonable" (UCR) reimbursement screens which are based on profile analyses. Plan participating physicians, receiving UCR payments directly from the insurer, are required to accept the plan-allowed amounts as payment in full. Participating physicians can usually access reimbursement information from the insurer using their provided numbers. Non-participating physicians are not required to accept UCR levels.



Histofreezer [®] FLEX			
Kit Item #/Description	Canister	Cones	Buds
50SM-Mixed Kit	50 treatment count canister	40	30
80SM-Mixed Kit	80 treatment count canister	40	50
50SC-Cone Only Kit	50 treatment count canister	80	N/A
50SB-Bud Only Kit	50 treatment count canister	N/A	50
240LR-Replacement Canister	222mL/244g canister	2ct-5mm 2ct-9mm	2

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