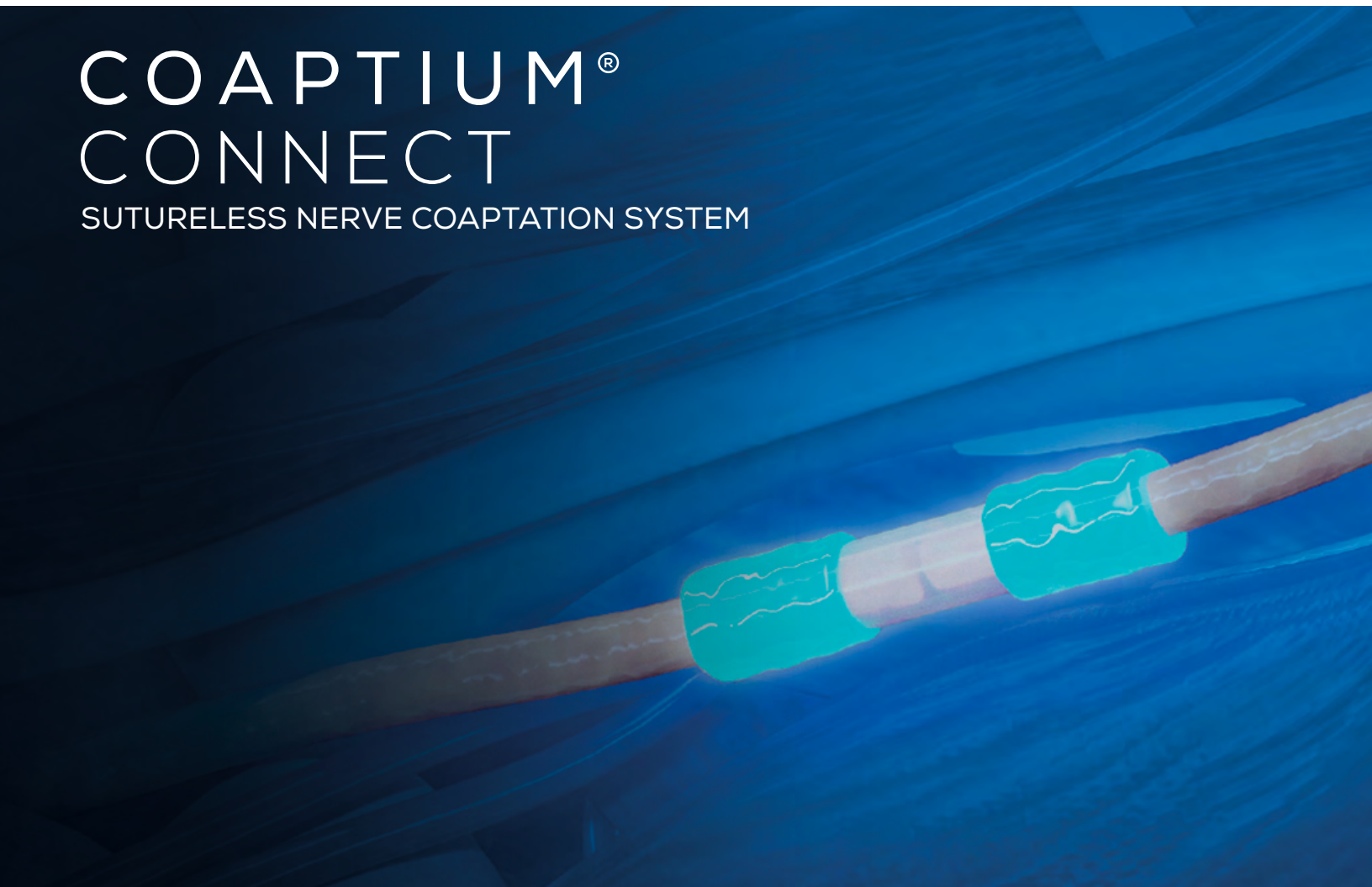


TISSIUM®

BIOMORPHIC
PROGRAMMABLE POLYMERS

COAPTUM® CONNECT

SUTURELESS NERVE COAPTATION SYSTEM



2025 Comprehensive Coding & Billing Guide

2025 CODING AND MEDICARE PAYMENT

The following CPT code may be appropriate for the use of COAPTUM® CONNECT. Included are the Medicare physician, Hospital Outpatient Prospective Payment System (OPPS), Ambulatory Surgical Center (ASC), and likely Medicare Severity Diagnosis Related Group (MS-DRG) unadjusted payment rates.

CPT Code ¹	Description	2025 Medicare Physician Payment ²	2025 OPPS (APC Payment & Status Indicator) ³	2025 ASC (Payment Indicator & Payment Rate) ⁴	2025 Inpatient (MS-DRG & Payment) ⁵
COAPTUM® CONNECT					
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	10.52 wRVUs \$748.58	APC 5432 J1 \$6,404.07	J8 \$4,430.73	DRG 042 \$12,508.16*

*Listed above is one possible DRG assignments and the Medicare national unadjusted payments. Actual DRG assignment and payment is dependent on the PCS and ICD-10 diagnosis codes (including MCC and CCs – see DRG table also) assigned and documented.

Status and Payment Indicators

Hospital Outpatient Status Indicators	
J1	Hospital part B services paid through a comprehensive APC
ASC Payment Indicators	
J8	Device-intensive procedure; paid at adjusted rate

CPT/HCPCS Modifiers

Modifier	Description
-AS	Assistant Surgeon: Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.
-22	Increased Procedural Services: Can be used to report procedures that are significantly more difficult or complex. This modifier may be appropriate in scenarios where the provider places a conduit on both sides of a graft.
-51	Multiple Procedures. When more than one procedure is performed at the same session a modifier -51 is appended to additional procedures. It is not appended to codes listed as “add-on” codes.
-58	Staged or Related Procedure (same physician). It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier -58 to the staged or related procedure.
-59	Distinct Procedural Service. Modifier -59 is used to report separate services that are distinct or independent and not normally reported together. Documentation must support the distinct service (i.e. separate area of injury in extensive injuries).
-78	Unplanned Return to the OR/Procedure Room (same physician). It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier -78 to the related procedure.

CPT/HCPCS Modifiers, Cont.

Modifier	Description
-80	Assistant Surgeon: Surgical assistant services may be identified by adding the modifier -80 to the usual procedure numbers. This modifier should be reported to identify surgical assistant services performed in a non-teaching setting or in a teaching setting when a resident was available, but the surgeon opted not to use the resident. In the latter case, the service is generally not covered by Medicare.
<i>Effective January 1st, 2015, CMS established four new modifiers to define specific subsets of the -59 modifier. Modifier -59 is still recognized but should not be used when a more descriptive modifier is available. -X{EPSU} modifiers are below.*</i>	
-XE	Separate Encounter - a service that is distinct because it occurred during a separate encounter. Only use -XE to describe separate encounters on the same DOS.
-XS	Separate Structure - a service that is distinct because it was performed on a separate organ/structure.
-XP	Separate Practitioner - a service that is distinct because it was performed by a different practitioner.
-XU	Unusual Non-Overlapping Service - the use of a service that is distinct because it does not overlap usual components of the main service.

*CMS Transmittal 1422. Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1422OTN.pdf> (Accessed May 2023)

Outpatient reporting requires that implantable devices and biologics used in procedures be coded separately using the Healthcare Common Procedure Coding System (HCPCS) Level II Codes. This code set allows line-item reporting of products used in procedures that are not already included within the reimbursement rate for the reported APC. The following HCPCS codes may be appropriate for reporting for cases involving COAPTIVUM® CONNECT.

HCPCS Code(s) ⁶	HCPCS Code Description
C1763	Connective tissue, nonhuman (includes synthetic)

2025 INPATIENT CODING AND MEDICARE PAYMENT

Inpatient procedures are coded using the ICD-10-PCS coding system.

ICD-10-PCS codes are comprised of seven characters:

- 1st character is Section
- 2nd character is Body System
- 3rd character is Root Operation
- 4th character is Body Part
- 5th character is Approach
- 6th character is Device
- 7th character is Qualifier

COAPTIVUM® CONNECT may be used in a number of inpatient peripheral nerve injury applications. Below is a guide to help select the appropriate inpatient ICD-10-PCS code(s) that may be applicable. Be sure to select the appropriate root operation (3rd character) depending on the primary objective of the procedure. These guides are not meant to be exhaustive, but rather, possible suggestions.

ICD-10-PCS Procedure Coding Guide

Use the following guide in selecting the appropriate ICD-10-PCS code(s). There may be more than one PCS code reported if additional root operations are performed.

Note: not all combinations are available with the below listed characters. Validate that the combination selected is available in the PCS coding tables.⁷ The **bolded** numeral or letter represents the character to be selected. There should be a total of seven characters in the PCS code that is selected.

Example:

PCS Code	Description
01U40JZ	Supplement Ulnar Nerve with Synthetic Substitute, Open Approach.

For example, if the procedure is an open repair of left ulnar nerve, the appropriate PCS code would be 01U40JZ. This code represents the primary procedure, and any integral procedures performed in addition to the primary procedure are not separately coded.

Section (Character 1)

0 Medical and Surgical

Body System (Character 2)

1 Peripheral Nervous System

Root Operation (Character 3)

U Supplement - Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part.

Body Part (Character 4)

Select the correct body part (not all are listed)

D Femoral Nerve

F Sciatic Nerve

G Tibial Nerve

4 Ulnar Nerve

5 Median Nerve

6 Radial Nerve

Approach (Character 5)

0 Open

ICD-10-PCS Procedure Coding Guide Cont.

Device (Character 6)

7 Autologous Tissue Substitute (for additional autografts at same session)

J Synthetic Substitute

K Nonautologous Tissue Substitute (or additional allografts at same session)

Qualifier (Character 7)

Z No Qualifier

2025 MS-DRG PAYMENTS

The following possible MS-DRG assignments are provided below along with the 2025 Medicare national unadjusted payment rates.

MS-DRG ⁵	DRG Description	2025 MEDICARE PAYMENT
040	Peripheral, Cranial Nerve and Other Nervous System Procedures with MCC	\$26,843.98
041	Peripheral, Cranial Nerve and Other Nervous System Procedures with CC	\$16,074.50
042	Peripheral, Cranial Nerve and Other Nervous System Procedures without CC/MCC	\$12,508.16

CC – Complications or Comorbidities MCC – Major Complications or Comorbidities

2025 ICD-10-CM DIAGNOSIS CODING

COAPTIVUM® CONNECT may be used in a number of peripheral nerve injury applications. Below are some examples of diagnosis codes that may be applicable. The diagnosis codes listed include injury to peripheral nerves. This is not meant to be an exhaustive list.

ICD-10-CM	ICD-10-CM Diagnosis Description
S34*	Injury of nerves at abdomen, lower back and pelvis level
S44*	Injury of nerves at shoulder and upper arm level
S54*	Injury of nerves at forearm level
S64*	Injury of nerves at wrist and hand level
S74*	Injury of nerves at hip and thigh level
S84*	Injury of nerves at lower leg level
S94*	Injury of nerves at ankle and foot level

*Requires additional character(s)

Medicare Coverage Determinations (NCD/LCD)

Check with your local Medicare Administrative Contractor (MAC) regarding any relevant National Coverage Determination (NCDs) or Local Coverage Determinations (LCDs). Medicare may cover these products on a case-by-case basis, with evidence of medical necessity. While traditional Medicare does not require or allow prior authorization or prior approval for procedures, Medicare Advantage plans are managed by commercial payers who may require prior authorization for Medicare Advantage patients. Check with your plan administrator for any prior authorization requirements.

COMMERCIAL COVERAGE DETERMINATIONS

Commercial insurance coverage policies vary, and many require prior authorization for any procedure. We encourage health care professionals to contact payer(s) directly with questions regarding coverage policies or guidelines for COAPTIVUM® CONNECT.

Rx Only

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

DESCRIPTION

COAPTIVUM® CONNECT is a bioabsorbable coaptation system for sutureless peripheral nerve repair of peripheral nerves not in continuity. The system includes a single-use syringe pre-filled with a photoactive COAPTIVUM® polymer which is used to secure an implantable three-dimensional coaptation chamber to the nerve segments that are distal and proximal to a peripheral nerve injury.

The system includes implantable components, the coaptation chamber and the COAPTIVUM® polymer, and three sterile disposable accessories: a silicone applicator (base and cap), a syringe tip, and a TISSIVUM® LIGHT cover.

The coaptation chamber and the COAPTIVUM® polymer are designed to serve as a protective interface between the peripheral nerve and the surrounding tissues over time and create a conduit for axonal growth across a nerve gap, without the use of sutures. They are soft and flexible and degrade through hydrolysis with a bioabsorption profile that is compatible with nerve healing.

The silicone applicator and syringe tip are designed to promote consistent and precise application of the COAPTIVUM® polymer onto the coaptation chamber and adjacent peripheral nerve. The TISSIVUM® LIGHT cover is for use with the reusable TISSIVUM® LIGHT, which polymerizes the COAPTIVUM® polymer on-demand. See the separate package insert for the TISSIVUM® LIGHT for the instructions for use and safety information on this associated device accessory.

The components of COAPTIVUM® CONNECT are supplied in single use sterile double peel packages and come in a variety of sizes. The TISSIVUM® LIGHT cover is supplied in a single peel pack and used as a sterile barrier for the reusable TISSIVUM® LIGHT. The TISSIVUM® LIGHT is supplied separately and packaged in a single wall corrugated cardboard box.

INDICATIONS FOR USE

COAPTIVUM® CONNECT with TISSIVUM® LIGHT is indicated for the sutureless repair of peripheral nerve injuries not in continuity in which a gap closure ≤ 1 cm is present or can be achieved with flexion of the extremity.

CONTRAINDICATIONS

COAPTIVUM® CONNECT is contraindicated in individuals with known or suspected hypersensitivity to aminated polyglycerol sebacate acrylate or the color additive FD&C Blue No. 1 Dye (brilliant blue FCF).

REFERENCES

1. CPT® is a registered trademark of the American Medical Association (AMA). Copyright 2025 AMA. All CPT codes are owned and licensed by the American Medical Association.
2. 2025 Medicare Physician Fee Schedule: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices>
3. 2025 Medicare Outpatient Hospital Fee Schedule: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates>
4. 2025 Medicare ASC Fee Schedule: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>
5. 2025 Medicare IPPS Fee Schedule: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps>
6. 2025 Medicare HCPCS Quarterly Updates: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>
7. Medicare ICD-10-CM: <https://www.cms.gov/medicare/coding-billing/icd-10-codes>

REIMBURSEMENT DISCLAIMER

This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of January 2025 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third-party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. When making coding decisions, we encourage you to seek input from the American Medical Association (AMA), relevant medical societies, Centers for Medicare & Medicaid Services (CMS), your local Medicare Administrative Contractor (MAC), and other health plans to which you submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers. The decision as to how to complete a reimbursement form, including the amount to bill, is exclusively the responsibility of the provider.

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POTENTIAL COMPLICATIONS

Possible complications can occur with any nerve repair surgical procedure including pain, infection, decreased or increased nerve sensitivity, and complications associated with use of anesthesia.

WARNINGS AND PRECAUTIONS

For information, please refer to the Instructions for Use (IFU). It is important to read the IFU thoroughly before using this product.

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APMNER01002-EN Rev. 1 06/25

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