Reporting the Use of an Adhesion Barrier

The Third Quarter issue of the American Hospital Association: Coding Clinic for ICD-10-CM and ICD-10-PCS discussed the coding of an adhesion barrier, specifically Seprafilm® for a procedure correcting a right obturator nerve entrapment with sciatic neuropathy. The writer wanted to know what the correct approach value for placement of Seprafilm® on the nerve and muscle surfaces is.

When placed between traumatized tissue surfaces, adhesion barriers act as a physical barrier preventing the formation of adhesions between opposing tissues while the natural process of tissue wound healing takes place. The barrier turns into a gel that is eventually reabsorbed into the body.

The AHA’s advice suggested that when an adhesiolytic agent is placed during surgery on dissected nerve and muscle surfaces to prevent adhesion formation, is not coded separately. The placement of the barrier is not reported because it is a surgical supply, and integral to the definitive procedure. For tracking purposes, if a facility wants to track the use of adhesion barrier during surgical procedures, the codes are located in table 3E0 and are applied to a limited selection of anatomical regions.

In addition, the ICD-10-PCS Reference Manual states that “most material classified as a substance in the Administration section is in liquid form and intended to be immediately absorbed by the body or, in the case of blood and blood products, disseminated in the circulatory system. An exception is the substance value Adhesion Barrier. It is a non-liquid substance classified in the Administration section, and coded separately for tracking purposes.”

The interesting issue with this coding scenario is that when the coder goes to the 3E0 table to attempt to code the barrier for this specific procedure used on the nerve and muscle surfaces, there is no code. The only body system/regions that allow the 6th character for adhesion barrier (5) are the Pleural Cavity (L), Peritoneal Cavity (M), and Female Reproductive (P). Upon further investigation it is learned that Seprafilm® was tested and approved by the Food and Drug Administration (FDA) for open abdominal and pelvic surgeries. It would seem that is why there is no appropriate code for these nerve and muscle surfaces for this seemingly "off-label" use in this scenario.

In addition, in the fall of 2015, the Justice Department noted that the company that produces Seprafilm® agreed to pay $32.5 million to resolve criminal liability relating to the barrier. This report stated that "to respond to the diminishing number of laparotomies performed, some company sales representatives taught surgeons and other medical staff how to mix the Seprafilm® sheets into a liquid “slurry” that could be squirted through the narrow tubes used during laparoscopic surgery, even though Seprafilm® was never indicated or FDA-approved for use in laparoscopic procedures. Company sales representatives’ participation in the preparation of slurry in the operating room caused Seprafilm® to become adulterated, according to the criminal charges."

The coding lessons learned here are that in general, the coder does not report the use of an adhesion barrier during surgery, unless they want to report it for tracking
purposes. In this scenario, however, it seems there is no code for tracking purposes because it is not approved at this time for surgery other than open abdominal and pelvic surgeries.


Submitted by: Sandra Macica, MS, RHIA, CCS, NYHIMA Past President Director