



2020 HOSPITAL OUTPATIENT & AMBULATORY SURGERY CENTER CODING & REIMBURSEMENT GUIDE Breast Reconstructive Applications

Renuva® Allograft Adipose Matrix

HCPCS	Description	Hospital Outpatient			ASC	Physician Facility
		SI*	APC	Payment	Payment	MPFS
J3590	Unclassified biologics	N	N/A	Packaged	Packaged	N/A

Important Billing Instructions: When reporting an unclassified biologic, payers require that additional information to be provided in Box 80 of the UB-04 claim form. While reporting requirements will vary across payers, typical information requested includes the name of the product, strength, dosage administered and route of administration. Please check with local payers for additional reporting requirements.

CPT Codes and Descriptors

CPT	Description	Hospital Outpatient			ASC	Physician Facility	Physician Non-Facility
		SI*	APC	Payment	Payment	MPFS	MPFS
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less	T	5051	\$174.73	\$46.56	\$54.50	\$81.56
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc	T	5053	\$497.02	\$59.91	\$77.59	\$110.80
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc	T	5053	\$497.02	\$77.23	\$109.35	\$149.05
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc	T	5052	\$319.51	\$85.53	\$118.73	\$163.85
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	J1	5092	\$5,237.29	\$2,193.27	\$1,031.44	N/A
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	J1	5093	\$8,135.56	\$2,679.47	\$966.48	N/A
19350	Nipple/areola reconstruction	J1	5091	\$3,029.55	\$1,118.44	\$701.22	\$859.65
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	J1	5094	\$13,853.33	\$4,683.70	\$1,565.21	N/A
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	C	N/A	N/A	N/A	\$1,640.63	N/A
19364	Breast reconstruction with free flap	C	N/A	N/A	N/A	\$2,877.06	N/A
19366	Breast reconstruction with other technique	J1	5092	\$5,237.29	\$2,193.27	\$1,457.30	N/A
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap [TRAM], single pedicle, including closure of donor site	C	N/A	N/A	N/A	\$1,858.61	N/A
19368	Breast reconstruction with TRAM, single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	C	N/A	N/A	N/A	\$2,293.13	N/A
19369	Breast reconstruction with TRAM, double pedicle, including closure of donor site	C	N/A	N/A	N/A	\$2,129.65	N/A
19370	Open periprosthetic capsulotomy, breast	J1	5091	\$3,029.55	\$1,118.44	\$718.54	N/A
19371	Periprosthetic capsulectomy, breast	J1	5091	\$3,029.55	\$1,118.44	\$821.40	N/A
19380	Revision of reconstructed breast	J1	5092	\$5,237.29	\$2,193.27	\$810.93	N/A
19396	Preparation of mouldage for custom breast implant	J1	5091	\$3,029.55	\$1,118.44	\$150.85	\$295.93

Procedure coding should be based upon medical necessity, procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. MTF Biologics and The Pinnacle Health Group make no guarantee of coverage or reimbursement of fees. These payment rates are nationally unadjusted average amounts and do not account for differences in payment due to geographic variation. Contact your local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. (Updated January 2020)

ICD-10-CM Codes and Descriptors

ICD-10-CM	Description
C50.011-C50.929	Malignant neoplasm of breast
C79.81	Secondary malignant neoplasm of breast
5.00-D05.92	Carcinoma in situ of breast
N60.11-N60.19	Diffuse cystic mastopathy (severe fibrocystic disease)
Z90.10-Z90.13	Acquired absence of breast (following medically necessary mastectomy or lumpectomy resulting
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
L90.8	Other atrophic disorders of skin
Q84.9	Congenital malformation of integument, unspecified
Z42.1	Encounter for breast reconstruction following mastectomy
Z42.8	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury

ICD-10-PCS Procedure Codes and Descriptors

ICD-10-PCS	Description
0HTT0ZZ	Resection of Right Breast, Open Approach
0HTU0ZZ	Resection of Left Breast, Open Approach
0HTWXZZ	Resection Right Nipple, External Approach
0HTXXZZ	Resection Left Nipple, External Approach
0HTV0ZZ	Resection of Bilateral Breast, Open Approach
0HOT0KZ	Alteration of Right Breast with Nonautologous Tissue Substitute, Open Approach
0HOT3KZ	Alteration of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HOU0KZ	Alteration of Left Breast with Nonautologous Tissue Substitute, Open Approach
0HOU3KZ	Alteration of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HOV0KZ	Alteration Bilateral Breasts with Nonautologous Tissue Substitute, Open Approach
0HOV3KZ	Alteration Bilateral Breasts with Nonautologous Tissue Substitute, Percutaneous Approach
0HRT0KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach
0HRT3KZ	Replacement of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRU0KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Open Approach
0HRU3KZ	Replacement of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HRV0KZ	Replacement of Bilateral Breasts with Nonautologous Tissue Substitute, Open Approach
0HRV3KZ	Replacement of Bilateral Breasts with Nonautologous Tissue Substitute, Percutaneous Approach
0HRW0KZ	Replacement Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HRW3KZ	Replacement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HRX0KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HRX3KZ	Replacement of Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HWT0KZ	Revision of Right Breast with Nonautologous Tissue Substitute, Open Approach
0HWT3KZ	Revision of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HWT7KZ	Revision of Right Breast with Nonautologous Tissue Substitute, via Natural or Artificial Opening
0HWTXKZ	Revision of Right Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HWTXKZ	Revision of Right Breast with Nonautologous Tissue Substitute, External Approach
0HWU0KZ	Revision of Left Breast with Nonautologous Tissue Substitute, Open Approach
0HWU3KZ	Revision of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HWU7KZ	Revision of Left Breast with Nonautologous Tissue Substitute, via Natural or Artificial Opening



0HWU8KZ	Revision of Left Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HWUXKZ	Revision of Left Breast with Nonautologous Tissue Substitute, External Approach
0HHT0NZ	Insertion of Tissue Expander Right Breast, Open Approach
0HHT3NZ	Insertion of Tissue Expander Right Breast, Percutaneous Approach
0HHT7NZ	Insertion of Tissue Expander Right Breast, via Natural or Artificial Opening
0HHT8NZ	Insertion of Tissue Expander Right Breast, via Natural or Endoscopic Opening
0HHU0NZ	Insertion of Tissue Expander Left Breast, Open Approach
0HHU3NZ	Insertion of Tissue Expander Left Breast, Percutaneous Approach
0HHU7NZ	Insertion of Tissue Expander Left Breast, via Natural or Artificial Opening
0HHU8NZ	Insertion of Tissue Expander Left Breast, via Natural or Endoscopic Opening
0HHV0NZ	Insertion of Tissue Expander Bilateral Breasts, Open Approach
0HHV3NZ	Insertion of Tissue Expander Bilateral Breasts, Percutaneous Approach
0HHV7NZ	Insertion of Tissue Expander Bilateral Breasts, via Natural or Artificial Opening
0HHV8NZ	Insertion of Tissue Expander Bilateral Breasts, via Natural or Endoscopic Opening
0HUT0KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Open Approach
0HUT0KZ	Supplement Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUT8KZ	Supplement Right Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic
0HUU0KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Open Approach
0HUU3KZ	Supplement Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach
0HUU8KZ	Supplement Left Breast with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
0HUV0KZ	Supplement Bilateral Breasts with Nonautologous Tissue Substitute, Open Approach
0HUV3KZ	Supplement Bilateral Breasts with Nonautologous Tissue Substitute, Percutaneous Approach
0HUV8JZ	Supplement Bilateral Breasts with Nonautologous Tissue Substitute, Natural or Endoscopic
0HUW0KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Open Approach
0HUW3KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUW8KZ	Supplement Right Nipple with Nonautologous Tissue Substitute, via Natural or Endoscopic
0HUX0KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Open Approach
0HUX3KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach
0HUX8KZ	Supplement Left Nipple with Nonautologous Tissue Substitute, via Natural or Endoscopic Opening
3E013GC	Introduction of Other Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach

Diagnostic Related Groups*

DRG	Description	Payment
582	Mastectomy for Malignancy with CC/MCC	\$9,747.24
583	Mastectomy for Malignancy without CC/MCC	\$9,023.01

*DRGs are assigned using the principal diagnosis and additional diagnoses, the principal procedure and additional procedures, sex and discharge status. The DRGs provided represent the most likely assignment for a patient admitted for lumpectomy and/or breast reconstruction for the treatment of breast cancer.

*Notes:

C = Inpatient procedure only

N = Payment is packaged into payment for other services (no separate payment).

T = Paid separately under OPPS, multiple procedure reduction applied

J1 = Comprehensive APC; all services reported on hospital claim will be packaged with payment for J1 procedure except services with a status indicator of F, G, H, L, & U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services. Please note that in the ASC setting, services reported on the same claim will continue to be paid separately according to the ASC payment indicator.

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References

1. CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2020 Payment Rates (CMS-1717-FC); CN Addendum B and CN ASC Addenda.
2. CY 2020 Revision to Payment Policies under the Physician's Fee Schedule and Other Revisions to Part B (CMS-1715-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$36.0896 effective January 1, 2020.
3. DRG values calculated using a base rate of \$5,711.89 and Capital Standard Payment of \$462.33. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User. This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2020 IPPS Final Rule CN (Tables 1A, 1D, and 5CN).
4. ICD-10-CM Expert for Physicians 2020, ©2019 Optum360, LLC. All rights reserved
5. ICD-10-PCS 2020, ©2019 Optum360, LLC. All rights reserved
6. 2020 CPT Professional, ©American Medical Association

REIMBURSEMENT SUPPORT

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