



## 2020 PHYSICIAN OFFICE CODING AND REIMBURSEMENT GUIDE Breast Reconstructive Applications

### Renuva<sup>®</sup> Allograft Adipose Matrix

| HCPCS     | Description   | MPFS Non-Facility |
|-----------|---|-------------------|
| J3590     | Unclassified biologics                                | Based on Invoice  |
| Modifiers |   |                   |
| JW        | Drug amount discarded/not administered to any patient |                   |

Physicians should report all surgical and medical services performed and are responsible for determining which CPT code appropriately describes the work performed.

#### Important Billing Instructions:

Renuva is not included on the Medicare Part B Average Sales Price (ASP) Pricing File published by the Centers for Medicare and Medicaid Services (CMS) at this time. When reporting an unclassified biologic, payers require that additional information be provided in Box 19 of the CMS 1500 claim form. Per Chapter 17 of the Medicare Claims Processing Manual, Renuva is paid based on invoice.

- Box 19 on the CMS-1500 claim form allows the provider to include the invoice cost and product details, including name and dosage. Payment based on invoice cost does not delay the electronic processing of claims.
- Providers should check with local payers to determine if an invoice is required to be submitted with the claim.
- Providers should check with local payers regarding appropriate use of modifiers.

#### Use of the JW Modifier

Effective January 1, 2017, providers and suppliers are required to report the JW modifier on Part B drug claims for discarded drugs and biologicals. Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical record including:

- Date, time, and location of treatment
- Name of drug or biological and how product supplied
- Approximate amount of product unit used
- Approximate amount of product unit discarded
- Reason for the wastage
- Manufacturer's serial/lot/batch or other unit identification number

The drug discarded should be billed on a separate line with the JW modifier. The unit field should reflect the amount of drug discarded. The modifier is not required if no discarded drug is being billed to any payer. (Please refer to: [MLN Matters<sup>®</sup> Number: MM9603](#) and the FAQs at [JW Modifier: Drug/Biological Amount Discarded/Not Administered To Any Patient Frequently Asked Questions](#))

## CPT Codes

| CPT   | Description   | Non-Facility MPFS |
|-------|---|-------------------|
| 11950 | Subcutaneous injection of filling material (e.g., collagen); 1 cc or less   | \$81.56           |
| 11951 | Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc  | \$110.80          |
| 11952 | Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc | \$149.05          |
| 11954 | Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc   | \$163.85          |

## 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   |
| D05.00-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 in significant deformity) |
| 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                    |

## References

1. 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.
2. 2020 CPT Professional, ©American Medical Association
3. ICD-10-CM Expert for Physicians 2020, ©2019 Optum360, LLC. All rights reserved.

## REIMBURSEMENT SUPPORT

**MTF@thepinnaclehealthgroup.com or 866-369-9290**

---

The information contained in this document is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that providers consult their payer organization with regard to local reimbursement policies.

---

The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by MTF Biologics concerning levels of reimbursement, payment or charge. Similarly, all CPT®, HCPCS and ICD-10 codes are supplied for informational purposes only and represent no statement, promise or guarantee by MTF Biologics that these codes will be appropriate or that reimbursement will be made.

---

ICD-10 is based on the official version of the World Health Organization's Tenth Revision, International Classification of Diseases. CPT® codes and descriptions only are copyright American Medical Association. All Rights Reserved.

---

CPT® does not include fee schedules, relative values or related listings. The source for this information is the Center for Medicare and Medicaid Services (CMS) and various commercial payers. The content provided by CMS is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by the local Medicare Administrative Contractor and commercial payers.

---

