



## Physician Office Coding

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

### AMNIOBAND CODING

**AmnioBand (Membrane and Viable) should be reported per square centimeter (cm<sup>2</sup>)**

HCPCS	DESCRIPTION	ASP
Q4151	AmnioBand, Guardian per sq cm	\$155.61 <sup>1</sup>
MODIFIERS		
JC	Skin Substitute Used As Graft	
JW	Amount discarded/not administered	

#### Important Billing Instructions:

AmnioBand is included on the Medicare Part B Average Sales Price (ASP) Pricing File published by the Centers for Medicare and Medicaid Services (CMS). The amount of AmnioBand applied should be reported per square centimeter in box 24, column G of the HCFA 1500. See page 3 of this document for information on AmnioBand billing units.

#### Use of the JC Modifier:

The JC modifier was established by Medicare. Each Medicare contractor may issue its own directions for the use of JC and providers should check with their local MAC to determine reporting requirement.

#### 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. The amount discarded should be billed on a separate line with the JW modifier. The modifier is not required if no discarded amount is being billed to any payer. The unit field (HCFA 1500: box 24, column G) should reflect the amount of tissue discarded.<sup>2</sup>

#### Documentation of Wastage:

Providers and suppliers are required to document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical record including:

- Date, time, and location of ulcer treated
- Name of skin substitute 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 on graft material<sup>3</sup>

<sup>1</sup> <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html>

<sup>2</sup> <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf>

<sup>3</sup> <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf>

**PROCEDURE CODES FOR APPLICATION OF SKIN SUBSTITUTE GRAFTS**

**2019 Medicare National Average Payment – Application of High Cost Skin Substitutes**

<b>CPT CODE<sup>1</sup></b>	<b>DESCRIPTION</b>	<b>PHYSICIAN OFFICE<sup>2</sup></b>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$149.20
+15272	; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	\$27.39
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	\$314.62
+15274	; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children or part thereof (List separately in addition to code for primary procedure)	\$77.48
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$157.49
+15276	; each additional 25 sq cm wound surface area or part thereof (List separately in addition to code for primary procedure)	\$35.32
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	\$344.17
+15278	; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	\$91.54

**REFERENCES:**

1. 2019 AMA CPT Professional.
2. CY 2019 Revision to Payment Policies under the Physician’s Fee Schedule and Other Revisions to Part B (CMS-1693-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$36.0391 effective January 1, 2019.

**BILLABLE UNITS**

AmnioBand (Membrane)				
ORDER NUMBER	AMNIOBAND SIZE	HCPCS CODE	TOTAL SQUARE CM	BILLING UNITS
WC3010	10mm Disk	Q4151	0.8	1
WC3014	14mm Disk	Q4151	1.5	2
WC3016	16mm Disk	Q4151	2.0	2
WC3018	18mm Disk	Q4151	2.5	3
WC3022	2cm x 2cm	Q4151	4	4
WC3023	2cm x 3cm	Q4151	6	6
WC3024	2cm x 4cm	Q4151	8	8
WC3034	3cm x 4cm	Q4151	12	12
WC3044	4cm x 4cm	Q4151	16	16
WC3038	3cm x 8cm	Q4151	24	24
WC3046	4cm x 6cm	Q4151	24	24
WC3056	5cm x 6cm	Q4151	30	30
WC3077	7cm x 7cm	Q4151	49	49

AmnioBand (Viable)				
PRODUCT CODE	AMNIOBAND SIZE	HCPCS CODE	TOTAL SQUARE CM	BILLING UNITS
WC9014	14 mm Disk	Q4151	1.5	2
WC9018	18 mm Disk	Q4151	2.5	3
WC9002	2cm x 2cm	Q4151	4	4
WC9024	2cm x 4cm	Q4151	8	8
WC9034	3cm x 4cm	Q4151	12	12
WC9005	5cm x 5cm	Q4151	25	25

## REIMBURSEMENT SUPPORT

MTF Biologics is committed to working with health care providers to make AmnioBand available to their patients. If you have any additional questions regarding coding, coverage and payment; or require assistance with pre-certification, prior-authorization, or coverage appeals for a particular patient, please contact the **MTF Biologics Reimbursement Hotline at 866-369-9290 or email [MTF@thepinnaclehealthgroup.com](mailto:MTF@thepinnaclehealthgroup.com)**

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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.

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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.

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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.

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