

Physician Office Sample Claim

Q4151: AmnioBand Membrane and AmnioBand Viable should be reported with code Q4151. The units in column G should reflect the total tissue size (i.e. a 2x2 will be reported with 4 total units).

<u>Application Codes</u>: The appropriate application codes should be selected based on size and location of the wound. Most commonly for wound sizes less than or equal to 25 cm², CPT 15275 is reported for diabetic foot ulcers and CPT 15271 for venous leg ulcers. The respective add-on codes 15276 for DFU or 15272 VLU are added for each additional 25 cm², or fraction thereof.

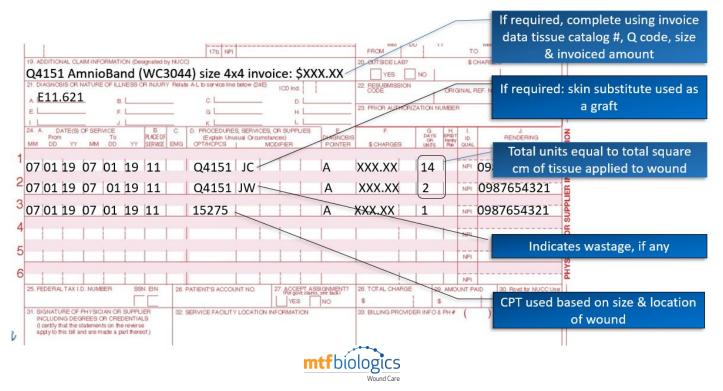
<u>Box 19</u>: Effective July 1, 2019 AmnioBand is reimbursed via ASP methodology. Some Medicare Administrative Contractors (MACs) may require additional invoice data be provided in Box 19 or EDI loop 2300 segment NTE. It is recommended to include the MTF Biologics product code, HCPCS, description and invoiced amount, as shown below. *Noridian EDI: Enter procedure code and invoice price, for each Q code, in loop 2400/SV101-7.

<u>Modifiers:</u> Use the JW modifier to indicate wastage amount, if any is required. Modifier JC may be required depending on your MAC. When required, the JC modifier is appended on the line of AmnioBand that is applied to the wound

<u>Wastage</u>: Wastage is reimbursable but should be minimized as much as possible. Any amount of wasted material should be clearly documented in the medical record with the following information:

- 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



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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. 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 August 2018)





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 (cm²)

| HCPCS | DESCRIPTION | ASP |
|-----------|-----------------------------------|-----------------------|
| Q4151 | AmnioBand, Guardian per sq cm | \$155.61 ¹ |
| 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.²

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 material³

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

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

³ 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

| CPT CODE ¹ | DESCRIPTION | PHYSICIAN OFFICE ² |
|--------------------------|--|-------------------------------|
| 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 additional 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

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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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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