

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.

Box 19: 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.

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

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

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





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

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.

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.

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