

Hospital Outpatient & Ambulatory Surgical Centers (ASC)

ALLOPATCH CODING

HCPSC	DESCRIPTION	APC	HOPPS ²	ASC ²
Q4128	AlloPatch, per sq cm	N/A	Packaged	Packaged
MODIFIER*				
JC	Skin substitute used as a graft			

Important Billing Instructions:

- In the Hospital Outpatient and ASC settings, the Centers for Medicare and Medicaid Services (CMS) packages payment for all skin substitutes with the primary procedure with which they are used (i.e. application of skin substitute). To account for the wide variation in price among skin substitutes for care, CMS has developed a two-tiered payment system for the CPT codes used to report the application of a skin substitute. **AlloPatch has been assigned to the High Cost category and should be reported with CPT codes 15271-15278.**
- Providers should check with local payers regarding appropriate use of modifiers.

PROCEDURE CODES FOR APPLICATION OF SKIN SUBSTITUTE GRAFTS

2020 Medicare National Average Payment – Application of High Cost Skin Substitutes

CPT CODE ¹	DESCRIPTION	FACILITY				PHYSICIAN
		SI*	APC	HOPPS ²	ASC ²	MPFS ³ Professional
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	T	5054	\$1,622.74	\$819.95	\$88.42
+15272	; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	N	N/A	Packaged	Packaged	\$18.41
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area ≥ 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	T	5055	\$2,977.29	\$1,504.38	\$210.04
+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)	N	N/A	Packaged	Packaged	\$47.64
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	T	5054	\$1,622.74	\$819.95	\$99.25
+15276	; each additional 25 sq cm wound surface area or part thereof (List separately in addition to code for primary procedure)	N	N/A	Packaged	Packaged	\$27.07
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 ≥ 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	T	5054	\$1,622.74	\$819.95	\$238.19
+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)	N	N/A	Packaged	Packaged	\$60.27

Notes:

SI = Status Indicator

T = Paid separately under OPPS. Multiple procedure reduction applied.

N = Paid under OPPS; payment is packaged into payment for other services (i.e. There is no separate payment)

References:

- 2020 CPT Professional, ©American Medical Association
- 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.
- 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

REVENUE CODES

REVENUE CODE	DESCRIPTION
0636	Drugs requiring specific identification – Detailed Coding
0278	Medical Supplies – Other Implant
0250	Pharmacy – General Classification

Note: Facilities should select the most appropriate revenue code based on the services provided and internal accounting policies

BILLABLE UNITS

AlloPatch				
ORDER NUMBER	ALLOPATCH SIZE	HCPCS CODE	TOTAL SQUARE CM	BILLING UNITS
WC1515	1.5cm X 1.5cm	Q4128	2.25	3
WC0202	2cm X 2cm	Q4128	4	4
WC0404	4cm X 4cm	Q4128	16	16
WC0418	4cm X 8cm	Q4128	32	32

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

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)

REIMBURSEMENT SUPPORT

MTF Biologics is committed to working with health care providers to make AlloPatch 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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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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