



REIMBURSEMENT GUIDE: 2020 AlloPatch® Coding

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.

ALLOPATCH CODING

AlloPatch should be reported per square centimeter (cm²)

HCPCS	DESCRIPTION	ASP ²
Q4128	AlloPatch, per sq cm	N/A
MODIFIERS		
JC	Skin Substitute used as graft	
JW	Drug amount discarded/not administered to any patient	

Important Billing Instructions:

AlloPatch 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. Per Chapter 17 of the Medicare Claims Processing Manual, AlloPatch is paid based on invoice instead.

- Box 19 on the CMS-1500 claim form allows the provider to include the invoice cost and product details, including name and size. Payment based on invoice cost does not delay the electronic processing of claims.
- Providers billing to the Jurisdiction E or F Medicare Administrative Contractor, Noridian Healthcare Solutions, should include invoice data on EDI claims in loop 2400 segment SV101-7
- 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 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

The amount discarded should be billed on a separate line with the JW modifier. The unit field should reflect the amount of tissue discarded. The modifier is not required if no discarded amount is being billed to any payer. (Please refer to MLN Matters MM9603 Revised: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf> and JW Modifier: Drug/Biological Amount Discarded/Not Administered To Any Patient FAQs at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf>)

PROCEDURE CODES FOR APPLICATION OF SKIN SUBSTITUTE GRAFTS

2020 Medicare National Average Payment

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	\$154.82
+15272	; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	\$27.07
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	\$322.28
+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)	\$81.56
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	\$161.68
+15276	; each additional 25 sq cm wound surface area or part thereof (List separately in addition to code for primary procedure)	\$35.37
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	\$353.32
+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)	\$96.36

REFERENCES:

- 2020 AMA CPT Professional.
- 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.

BILLABLE UNITS

AlloPatch				
PRODUCT CODE	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

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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