



REIMBURSEMENT GUIDE: 2020 AmnioBand® Particulate Coding

Physician Office Coding

Physicians should report all surgical and medical services performed, and are responsible for determining which CPT code(s) appropriately describe the work performed.

AmnioBand Particulate cannot be billed with the skin substitute application CPT codes (15271-15278) since the product is not sutured or stapled into place i.e. there is no surgical fixation. There is no specific code for the application/injection of this allograft. Provided below are possible codes that could be reported. The code selected by the provider will depend on site and method of application/injection. The debridement codes have also been provided as a reference. It is the provider’s responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered.

AMNIOBAND PARTICULATE CODING

AmnioBand Particulate should be reported per milligram (mg)

HCPCS	DESCRIPTION	ASP
Q4168	AmnioBand, 1mg	N/A
MODIFIER		
JW	Amount of drug/biological discarded	

Important Billing Instructions:

AmnioBand Particulate 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, AmnioBand Particulate 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

Providers and suppliers are required to report the JW modifier on Medicare 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 portion is being billed to any payer. (Please refer to: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf> and the FAQs at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf>)

PROCEDURE CODES THAT MAY BE ASSOCIATED WITH THE USE OF AMNIOBAND PARTICULATE

CPT Code	Code Descriptor	Facility	Non-Facility
Allograft			
HCPCS	DESCRIPTION		
Q4168	AmnioBand, 1mg	N/A	Invoice
Application/Injection			
+15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e. breast, trunk)	\$225.56	\$225.56
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	By Report	By Report
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$14.44	\$14.44
Debridement Codes			
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq. cm or less	\$63.16	\$128.84
+11045	; each additional 20 sq. cm, or part thereof	\$27.79	\$42.95
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq. cm or less	\$161.32	\$239.63
+11046	; each additional 20 sq. cm, or part thereof	\$58.47	\$76.51
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq. cm or less	\$236.75	\$323.36
+11047	; each additional 20 sq. cm, or part thereof	\$103.22	\$127.40
97597	Debridement (e.g. high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq. cm or less	\$37.89	\$98.89
97598	; each additional 20 sq. cm, or part thereof	\$26.71	\$47.28
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g. wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	N/A	N/A

Notes:

+ - Add on code. List separately in addition to primary procedure

REFERENCES:

1. 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.
2. 2020 AMA CPT Professional.
3. ICD10-CM Expert for Physicians 2020, ©2019 Optum360, LLC. All rights reserved.

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BILLABLE UNITS

AmnioBand Particulate					
ORDER NUMBER	DRY COVERAGE (cm ²)	RECOMMENDED SALINE FOR REHYDRATION (ml*)	REHYDRATED VOLUME (cc*)	REHYDRATED COVERAGE (cm*)	BILLING UNITS
WC3040	2 x 4	0.2	0.10 – 0.15	1 x 1	40 mg
WC3080	4 x 4	0.4	0.25 – 0.30	1 x 1.5	80 mg
WC3160	4 x 8	0.8	0.30 – 0.35	1.5 x 2	160 mg

*Actual area of coverage and rehydrated volumes may vary based on clinical technique

REIMBURSEMENT SUPPORT

MTF Biologics is committed to working with health care providers to make AmnioBand Particulate 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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