



REIMBURSEMENT GUIDE: 2020 AmnioBand® Particulate

Hospital Outpatient & Ambulatory Surgical Centers (ASC)

AMNIOBAND PARTICULATE CODING

AmnioBand Particulate should be reported per milligram (mg)

HCPCS	DESCRIPTION	ASP
Q4168	AmnioBand, 1mg	N/A

AmnioBand Particulate **cannot** be billed with a skin substitute application CPT code (15271-15278) since the product is not sutured or stapled into place i.e. there is no surgical fixation. There is no specific CPT 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.

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 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.

CPT Code	DESCRIPTION	SI	APC	HOPPS Payment	ASC Payment
Application/Injection					
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Q1	505 1	\$174.73	N/A
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Q1	569 2	\$60.47	N/A
Debridement Codes					
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	T	505 2	\$319.51	\$161.45
+11045	;each additional 20 sq cm, or part thereof	N	N/A	Packaged	Packaged
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	T	505 3	\$497.02	\$251.14
+11046	;each additional 20 sq cm, or part thereof	N	N/A	Packaged	Packaged
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	J1	507 2	\$1,372.60	\$576.39
+11047	;each additional 20 sq cm, or part thereof	N	N/A	Packaged	Packaged
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, 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	T	505 1	\$174.73	N/A
97598	;each additional 20 sq cm, or part thereof	N	N/A	Packaged	N/A
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Q1	505 1	\$174.73	N/A

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

Notes:

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

J1: Comprehensive APC; all services reported on hospital claim will be packaged with payment for J1 procedure except services with a status indicator of F, G, H, L, & U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services

SI – Status Indicator

N- Payment is packaged with the primary procedure; no separate payment

Q1 – Packaged APC if billed on the same claim as a HCPCS codes assigned a status indicator “S”, “T” or “V”.

T – Paid under OPPS; multiple procedure reduction applies

References:

1. 2020 AMA CPT Professional

2. CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2020 Payment Rates (CMS-1717-FC); Addendum CN B and CN ASC Addenda.

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 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.

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.

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.



125 May Street ♦ Edison, NJ 08837 ♦ www.mtfbiologics.org
AmnioBand® and MTF Biologics are registered trademarks of the Musculoskeletal Transplant Foundation
Copyright 2020. All rights reserved by Musculoskeletal Transplant Foundation.