



Leneva is an injectable allograft adipose matrix developed for the treatment of soft tissue defects.

HCPCS	Description	Hospital Outpatient			ASC	Physician Facility
		SI*	APC	Payment	Payment	MPFS
J3590	Unclassified biologics	N	N/A	Packaged	Packaged	N/A

Important Billing Instructions: When reporting an unclassified biologic, payers require that additional information to be provided in Box 80 of the UB-04 claim form. While reporting requirements will vary across payers, typical information requested include the name of the product, strength, dosage administered and route of administration. Please check with local payers for additional reporting requirements.

ORDERING INFORMATION

Catalog Number	Description	Volume
WC5101	Leneva, Adipose Matrix 1.5 cc	1.5 cc
WC5103	Leneva, Adipose Matrix 3 cc	3 cc

CODING AND REIMBURSEMENT

CPT	Description	Hospital Outpatient			ASC	Physician Facility	Physician Non-Facility
		SI*	APC	Payment	Payment	MPFS	MPFS
11042	Debridement, subcutaneous tissue (includes epidermis, dermis and subcutaneous tissue if performed); first 20 sq. cm or less	T	5052	\$319.51	\$161.45	\$63.16	\$128.84
+11045	; each additional 20 sq. cm, or part thereof	N	NA	Packaged	Packaged	\$27.79	\$42.95
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq. cm or less	T	5053	\$497.02	\$251.14	\$161.32	\$239.63
+11046	; each additional 20 sq. cm, or part thereof	N	NA	Packaged	Packaged	\$58.47	\$76.51
17999	Skin tissue procedure	Q1	5051	\$174.73	N/A	By Report	By Report
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	T	5051	\$174.73	\$46.56	\$54.50	\$81.56
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	T	5053	\$497.02	\$59.91	\$77.59	\$110.80
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	T	5053	\$497.02	\$77.23	\$109.35	\$149.05
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	T	5052	\$319.51	\$85.53	\$118.73	\$163.85
96372	Therapeutic/Prophylactic/Diagnostic Injectable sc/im	Q1	5692	\$60.47	N/A	\$14.44	\$14.44

Notes

N = Payment packaged with other services provided.

T = Paid separately under OPPS, multiple procedure reduction applied

Q1 = Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V". Otherwise paid separately.

Diagnostic Related Groups

Leneva may be used in a variety of surgical procedures. DRG assignment will be based upon principal diagnosis, specific secondary diagnoses, procedures, sex, and discharge status reported to payer. Because of the wide variety of diagnoses and procedures for which Leneva could be utilized, various DRGs could be assigned to a patient receiving this tissue. The table below provides only some of the more common DRGs that may be assigned. The list below is informational only, and not meant to be construed as a guarantee of payment, nor is it exhaustive of all possible DRG assignments. Additionally, commercial health plans may have additional restrictions, limitations or carve outs associated with these services based on the providers contract at the time of service.

DRG	Description	Payment
564	Other musculoskeletal system and connective tissue diagnoses with mcc	\$9,335.42
565	Other musculoskeletal system and connective tissue diagnoses with cc	\$6,053.82
566	Other musculoskeletal system and connective tissue diagnoses without cc/mcc	\$4,678.21
573	Skin Graft for Skin Ulcer or Cellulitis with MCC	\$32,817.83
574	Skin Graft for Skin Ulcer or Cellulitis with CC	\$19,274.68
575	Skin Graft for Skin Ulcer or Cellulitis without CC/MCC	\$10,848.10
592	Skin Ulcers with MCC	\$11,016.66
593	Skin Ulcers with CC	\$7,086.77
594	Skin Ulcers without CC/MCC	\$4,999.27
604	Trauma to the Skin, Subcutaneous Tissue and Breast with MCC	\$9,042.15
605	Trauma to the Skin, Subcutaneous Tissue & Breast without MCC	\$5,406.76
606	Minor skin disorders with mcc	\$9,233.55
607	Minor skin disorders without mcc	\$5,100.52
637	Diabetes with mcc	\$8,555.62
638	Diabetes with cc	\$5,458.63
639	Diabetes without cc/mcc	\$3,786.03

References:

1. 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
2. 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
3. DRG values calculated using a base rate of \$5,711.89 and Capital Standard Payment of \$462.33. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User. This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2020 IPPS Final Rule CN (Tables 1A, 1D, and 5CN). ICD-10-CM Expert for Physicians 2020, ©2018 Optum360, LLC. All rights reserved
4. ICD-10-CM Expert for Physicians 2020, ©2019 Optum360, LLC. All rights reserved
5. ICD-10-PCS 2020, ©2019 Optum360, LLC. All rights reserved

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@thepinnaclehealthgroup.com or 866-369-9290

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

Leneva and MTF Biologics are registered trademarks of the Musculoskeletal Transplant Foundation
Copyright 2020. All rights reserved by Musculoskeletal Transplant Foundation.