

## Physician Office Sample Claim

**Box 19:** Allopatch (Q4128) is not currently reimbursed via ASP methodology. Invoice data may be required in Box 19 or EDI loop 2300 segment NTE. It is recommended to include the **HCPCS Q-code, tissue name, MTF Biologics tissue code, tissue size, and invoiced amount** as shown below. \*For Jurisdiction E & F Medicare Administrative Contractor, Noridian Healthcare Solutions, EDI Only: Enter procedure code and invoiced amount, for Q code in loop 2400/SV101-7.

**Q4128:** Allopatch should be reported with code Q4128. The units in column G should reflect the total tissue size (i.e. a 2x2 will be reported with 4 total units).

**Application Codes:** The appropriate application codes should be selected based on size and location of the wound. Most commonly for wound sizes less than or equal to 25 cm<sup>2</sup>, CPT 15275 is reported for diabetic foot ulcers (DFUs) and CPT 15271 for venous leg ulcers (VLUs). The respective add-on codes 15276 for DFUs or 15272 VLUs are added for each additional 25 cm<sup>2</sup>, or fraction thereof.

**Modifiers:** Modifier JC is appended on the Allopatch that is applied to the wound. Use the JW modifier to indicate wastage amount, if any.

Product wastage is reimbursable but should be minimized as much as possible. 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

19. ADDITIONAL CLAIM INFORMATION (Designated by N/C/C)										17d NPI		FROM		TO		18. UIC		19. TT			
Q4128 AlloPatch (WC0404) size 4x4 invoice: \$XXX.XX												20. OUTSIDE LAB?		\$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. N							
E11.621														23. PRIOR AUTHORIZATION NUMBER							
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM Family No.		I. ID. QUAL.			
1	01	01	18	01	01	18	11		Q4128	JC		A	XXX.XX	14		09					
2	01	01	18	01	01	18	11		Q4128	JW		A	XXX.XX	2		0987654321					
3	01	01	18	01	01	18	11		15275			A	XXX.XX	1		0987654321					
4																					
5																					
6																					
25. FEDERAL TAX I.D. NUMBER			SSN EIN			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For graft cases, see 1037)			28. TOTAL CHARGE			29. AMOUNT PAID						
									YES NO			\$			\$						
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)										32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH#						
SIGNED										DATE					a. NPI b. NPI						

Complete using invoice data: Q code, tissue catalog #, size & invoiced amount

Skin substitute used as a graft

Total units equal to total square cm of tissue

Indicates Wastage

CPT used based on size of wound

For questions on coding and billing please contact the Pinnacle Health Group at (866) 369-9290 or via email [MTF@thepinnaclehealthgroup.com](mailto:MTF@thepinnaclehealthgroup.com)