

AmnioRepair® Allograft Coding Reference Guide

AmnioRepair® Allograft is a lyophilized placental membrane allograft that is aseptically processed to preserve the native extracellular matrix and endogenous proteins. AmnioRepair is indicated for use as a biological barrier or wound cover. AmnioRepair is a Human Cellular and Tissue Based Product (HCT/P) per 21 CFR Part 1271. Each allograft is restricted to homologous use for use in procedures on a single occasion by a licensed physician or surgeon.

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
Q4235	AmnioRepair, per sq cm

HCPCS Modifiers	
Code	Description
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient

Physician	
CPT® Code	Description
Application	
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
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
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
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; 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)
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
15276	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; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
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
15278	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; 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)

Coding and Billing for Skin Substitute Grafts

- Skin substitute graft application code selection is based on defect site location and size. Add together the surface area of multiple wounds in the same anatomical locations as indicated in the code descriptions group, such as face and scalp. Do not add together multiple wounds at different anatomic site groups.
- CPT coding guidance states that the skin substitute graft application codes include simple tissue debridement. Therefore, this debridement procedure is not separately reported or reimbursed.
- Code also the supply of the skin substitute product (refer to HCPCS coding section).

Coding and Billing for Skin Substitute Grafts (cont.)

- Prior authorization/pre-determination is recommended prior to administration of a skin substitute graft. The payer will want to review the specific product proposed for use, dosage, and medical necessity.
- It is recommended providers bill for the skin substitute graft showing the product name along with the product's NDC/UPC/HRIC, WAC or invoice price, and HCPCS code as reflected on the sample CMS-1500 claim form below.
- Ensure that the appropriate number of units is reported in field 24G. For example, because the respective skin substitute grafts are billed per square cm, if an entire 4cm x 4cm graft is used, the number of billing units to report is 16.
- If an entire graft is not used and there is wastage of the remaining product, an additional line should be reported with the appropriate HCPCS code and the JW modifier. The approximate number of sq cm wasted should be reported in field 24G.

Sample CMS-1500 Claim Form

17b. NPI										FROM		TO							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) AmnioRepair 3cm x 3 cm, 885836561833, \$2140.00										20. OUTSIDE LAB?		\$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. E11.621 B. C. D. E. F. G. H. I. J.										22. RESUBMISSION CODE		ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER										F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID, #	
24. A. DATE(S) OF SERVICE From To PLACE OF SERVICE EMG CPT/HCPCS SERVICES, OR SUPPLIES E.																			
1 XX XX XX XX XX 15275																			
2 XX XX XX XX Q4235 JC 9																			
3																			
4																			

CPT® Code (points to 15275)
Modifiers (points to JC)
HCPCS Code (points to Q4235)
Billing Units (points to 9)

OR SUPPLIER INFORMATION

Field 19: Enter the product name, the NDC\UPC\HRIC, and the WAC or invoice price. Price must be in currency format, include decimal

Field 21: Enter the ICD-10-CM diagnosis code(s)

Field 23: Enter the payer prior authorization number received during the benefit investigation

Field 24D: Enter the CPT/HCPCS code(s) for the services/products provided and any appropriate modifiers

Field 24F: Enter the charge amount for each listed service.

Field 24G: Enter the number of days or units.

UPC (Universal Product Code)			
UPC	Description	UPC	Description
885836561816	AMNIOREPAIR 16MM DISC	885836561833	AMNIOREPAIR 3X3 CM
885836561822	AMNIOREPAIR 2X2 CM	885836561844	AMNIOREPAIR 4X4CM
885836561823	AMNIOREPAIR 2X3 CM	885836561846	AMNIOREPAIR 4X6 CM
885836561824	AMNIOREPAIR 2X4 CM		

Hospital Inpatient: ICD-10-PCS Code and Description			
Ø Medical and Surgical H Skin and Breast R Replacement			
Body Part	Approach	Device	Qualifier
Select the appropriate character for the "Body Part" position	X External	K Nonautologous Tissue	4 Partial Thickness

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)	
MS-DRG	Description
<i>MS-DRG assignment will be based upon the patient's diagnosis(es) and procedure(s) performed. Other MS-DRGs may be applicable.</i>	
463	Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders with MCC
464	Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders with CC
465	Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders without CC/MCC
573	Skin Graft for Skin Ulcer or Cellulitis with MCC
574	Skin Graft for Skin Ulcer or Cellulitis with CC
575	Skin Graft for Skin Ulcer or Cellulitis without CC/MCC
576	Skin Graft Except for Skin Ulcer or Cellulitis with MCC
577	Skin Graft Except for Skin Ulcer or Cellulitis with CC
578	Skin Graft Except for Skin Ulcer or Cellulitis without CC/MCC
622	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with MCC
623	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with CC
624	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders without CC/MCC
904	Skin Grafts for Injuries with CC/MCC
905	Skin Grafts for Injuries without CC/MCC
927	Extensive Burns or Full Thickness Burns with Mechanical Ventilation >96 Hours with Skin Graft
928	Full Thickness Burn with Skin Graft or Inhalation Injury with CC/MCC
929	Full Thickness Burn with Skin Graft or Inhalation Injury without CC/MCC
957	Other O.R. Procedures for Multiple Significant Trauma with MCC
958	Other O.R. Procedures for Multiple Significant Trauma with CC
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC

CC – Complication and/or Comorbidity.

MCC – Major Complication and/or Comorbidity.

Hospital Outpatient and Ambulatory Surgery Center (ASC)

High-cost skin substitute products should only be used in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278.

Source: Calendar Year 2020 Medicare Outpatient Prospective Payment System, Final Rule, Federal Register, November 12, 2019, 61327-61335.

Note: ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
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	T	5054	G2
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	--	N1
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	T	5055	G2
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; 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)	N	--	N1

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	T	5054	G2
15276	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; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	--	N1
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	T	5054	G2
15278	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; 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)	N	--	N1

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

Status Indicator: N – Items and Services Packaged into APC Rates; payment is packaged into payment for other services. Therefore, there is no separate APC payment;

T - Procedure or Service, Multiple Procedure Reduction Applies

APC: 5054 –Level 4 Skin Procedures; 5055 –Level 5 Skin Procedures.

Payment Indicator: G2 -Non office-based surgical procedure added in CY 2008 or later; payment based on OPSS relative payment weight; N1 – Packaged service/item; no separate payment made

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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