ACell®

Reimbursement and Coding Guide

Wound & Burn

ACell Reimbursement Support Center

Providing Reimbursement Support Services and Resources for All ACell® Products*

The ACell Reimbursement Support Center – supported by The Pinnacle Health Group – is available to assist with questions for all ACell products, including:

- **MatriStem UBM™ Products:**
  Cytal® Wound Matrix | Cytal® Burn Matrix | MicroMatrix® | Gentrix® Surgical Matrix | Gentrix® Hiatal
- **Partnered Products:**
  ABRA® Abdominal | ABRA® Surgical

800-826-2926 Option 7
acell@thepinnaclehealthgroup.com

Monday - Friday: 8:30am - 6:00pm EST
48-hour response time (closed major holidays)

Available Services

Benefit Verification helps you research:

- Basic patient benefits
- Insurance coverage
- Patient copays
- Appropriate billing codes

Specific Contact Information:
Email: BV@thepinnaclehealthgroup.com
Fax: 215-369-9198

Prior Authorization helps you:

- Research prior authorization submission steps and required information
- Submit the prior authorization request (optional)

Claim Appeals helps you:

- Research information required to appeal a denied claim
- Submit the appeal (optional)

General Reimbursement helps you:

- Research coverage policy information for ACell products
- Access ACell product reference tools
- Review inadequate reimbursements

ACell®

Reimbursement and Coding Guide

Wound & Burn

MicroMatrix® and Cytal® devices facilitate the remodeling of functional, site-appropriate tissue. Comprised of ACell's proprietary MatriStem UBM™ (Urinary Bladder Matrix) technology, these biologically-derived devices maintain an intact epithelial basement membrane which facilitates cellular infiltration and capillary ingrowth. MicroMatrix and Cytal wound devices are appropriate for acute wounds and chronic wounds.

Reimbursement and eligibility for coverage for the use of these products and associated procedures varies by Medicare and payers. Coverage policies, prior authorizations, contract terms, billing edits, and site of service influence reimbursement. It is recommended that providers verify coverage and billing policies.

The following information is shared for educational purposes only to help answer common coding and reimbursement questions. While ACell believes this information to be correct, information is subject to change without notice.

For assistance with reimbursement questions, contact the Reimbursement Support Center by phone at **800-826-2926, x 7** or by email at **acell@thepinnaclehealthgroup.com**.

PLEASE NOTE: The payments specified in this document reflect Medicare national unadjusted published payments from the Centers for Medicare & Medicaid Services (CMS). Actual payment rates will vary based on geographical adjustments. As such, all codes provided herein are for illustrative purposes and shall not be construed as a warranty, statement, promise, or guarantee that these codes are accurate or that the product will be covered in all instances, and if covered, that reimbursement in the amounts specified will be received.

The decision of how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the QHPs and other providers. Coding requirements are subject to change at any time; please check with your local payer regularly for updates.

Indications for Use

Refer to Product Label for Full Instructions for Use

MicroMatrix® (particulate) is intended for the management of wounds including: partial and full-thickness wounds, pressure ulcers, venous ulcers, diabetic ulcers, chronic vascular ulcers, tunneled/undermined wounds, surgical wounds (donor sites/grafts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence), trauma wounds (abrasions, lacerations, second-degree burns, skin tears) and draining wounds. This device is intended for one-time use.

Cytal® Wound Matrix (1-Layer, 2-Layer, 3-Layer, 6-Layer) is intended for the management of wounds including: partial and full-thickness wounds, pressure ulcers, venous ulcers, diabetic ulcers, chronic vascular ulcers, tunneled/undermined wounds, surgical wounds (donor sites/grafts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence), trauma wounds (abrasions, lacerations, second-degree burns, skin tears) and draining wounds. This device is intended for one-time use.

Cytal® Burn Matrix (meshed sheets) is intended for the management of wounds including: second-degree burns, partial and full-thickness wounds, pressure ulcers, venous ulcers, diabetic ulcers, chronic vascular ulcers, tunneled/undermined wounds, surgical wounds (donor sites/grafts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence), trauma wounds (abrasions, lacerations, skin tears) and draining wounds. This device is intended for one-time use. Cytal Burn Matrix is contraindicated for third-degree burns.

Skin Graft Procedures:
CPT and HCPCS Codes and Medicare Payments

Physician

Skin graft procedures that incorporate the use of Cytal should be reported with the appropriate HCPCS and CPT codes reflected in the clinical documentation. Cytal may be reported with the HCPCS code Q4166 and the procedure may be reported with CPT codes 15271-15278. The selection of the CPT code is based upon the location and size of the defect. Ensure the medical record reflects these elements with a procedure description including the fixation method.

Private payers and Medicare may allow separate payment for Cytal when applied in the physician office.

It is recommended that providers check individual payer and Medicare local coverage determinations (LCD) prior to performing skin graft procedures with Cytal to determine indications and limitations.

The 2020 Medicare payment rates, listed in the following table, are national unadjusted payment rates. Check with your MAC for payment rates specific to your region.

CPT Code	Description	Facility	Non-Facility (Office)
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	$88.42	$154.82
+15272	Each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	$18.41	$27.07
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	$210.04	$322.28
+15274	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)	$47.64	$81.56
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	$99.25	$161.68
+15276	Each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	$27.07	$35.37
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	$238.19	$353.32
+15278	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)	$60.27	$96.36

MicroMatrix should be reported with wound management codes (97597-97610), debridement codes (11042-11047) or evaluation/management codes (99211-99215) based on the physician work that is documented in the medical record.

+ Add-on code

ACell Wound and Burn Devices

HCPCS Codes and Modifiers

- When reporting the use of Cytal or MicroMatrix it is important to report accurate billing units of service consistent with the square centimeter (sq. cm.) units described in the HCPCS code product descriptor. Examples of calculating the sq. cm.:
    - Cytal Wound Matrix Size 3 x 7 cm Multiply 3 x 7 = 21 sq. cm.
    - Cytal Burn Matrix Size 5 x 5 cm Multiply 5 x 5 = 25 sq. cm.

HCPCS Code and Description	HCPCS Modifier
Q4118 - MicroMatrix, 1 mg	JD skin substitute not used as a graft
Q4166 - Cytal, per sq cm	JC skin substitute used as a graft JD skin substitute not used as a graft

CMS requires providers to report discarded amounts of products on a separate claim line item by attaching the JW modifier to the HCPCS code to describe wastage.

JW - drug amount discarded, not administered

Other Modifiers

When billing for the application of Cytal or MicroMatrix for a patient who is still within the 90 day global period for a surgical procedure it may be necessary to append one of the following modifiers to the claim to identify post surgical care that may be paid separately:

Modifier	Definition
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
78	Unplanned return to the operative/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period

Product Identifiers

In addition to the HCPCS and CPT codes it is also necessary to include the product identifier in box 19 of the CMS 1500 claim form or loop 2400 of the electronic form. This product identifier will specify which form of Cytal or MicroMatrix was used and help to facilitate appropriate reimbursement. A complete list of Cytal and MIcroMatrix products and the accompanying product identifier can be found on the next page.

Item #	Product Name	Description*	Product Identifier
MM0020	MICROMATRIX	20mg MicroMatrix	86190000112
MM0030	MICROMATRIX	30mg MicroMatrix	86190000113
MM0060	MICROMATRIX	60mg MicroMatrix	86190000114
MM0100	MICROMATRIX	100mg MicroMatrix	86190000115
MM0100F	MICROMATRIX	100mg MicroMatrix Fine Particles	86190000116
MM0200	MICROMATRIX	200mg MicroMatrix	86190000117
MM0500	MICROMATRIX	500mg MicroMatrix	86190000118
MM1000	MICROMATRIX	1000mg MicroMatrix	86190000120
BMM0505	CYTAL BURN MATRIX	5cm x 5cm Cytal Burn Matrix	86190000109
BMM0710	CYTAL BURN MATRIX	7cm x 10cm Cytal Burn Matrix	86190000110
BMM1015	CYTAL BURN MATRIX	10cm x 15cm Cytal Burn Matrix	86190000111
WS0303	CYTAL WOUND MATRIX	3cm x 3.5cm Cytal Wound Matrix 1-Layer	86190000139
WS0307	CYTAL WOUND MATRIX	3cm x 7cm Cytal Wound Matrix 1-Layer	86190000140
WS0710	CYTAL WOUND MATRIX	7cm x 10cm Cytal Wound Matrix 1-Layer	86190000141
WS1015	CYTAL WOUND MATRIX	10cm x 15cm Cytal Wound Matrix 1-Layer	86190000142
WSM0505	CYTAL WOUND MATRIX	5cm x 5cm Cytal Wound Matrix 2-Layer	86190000143
WSM0710	CYTAL WOUND MATRIX	7cm x 10cm Cytal Wound Matrix 2-Layer	86190000144
WSM1015	CYTAL WOUND MATRIX	10cm x 15cm Cytal Wound Matrix 2-Layer	86190000145
WSR0505	CYTAL WOUND MATRIX	5cm x 5cm Cytal Wound Matrix 3-Layer	86190000146
WSR0710	CYTAL WOUND MATRIX	7cm x 10cm Cytal Wound Matrix 3-Layer	86190000147
WSR1015	CYTAL WOUND MATRIX	10cm x 15cm Cytal Wound Matrix 3-Layer	86190000148
WSR1625	CYTAL WOUND MATRIX	16cm x 25cm Cytal Wound Matrix 3-Layer	86190000182
WSR1635	CYTAL WOUND MATRIX	16cm x 35cm Cytal Wound Matrix 3-Layer	86190000183
WSX0505	CYTAL WOUND MATRIX	5cm x 5cm Cytal Wound Matrix 6-Layer	86190000149
WSX0710	CYTAL WOUND MATRIX	7cm & 10cm Cytal Wound Matrix 6-Layer	86190000150
WSX1015	CYTAL WOUND MATRIX	10cm x 15cm Cytal Wound Matrix 6-Layer	86190000151

Hospital Outpatient and Ambulatory Surgical Center (ASC)

Medicare has designated specific HCPCS codes (C5271-C5278) for facilities to report skin graft procedures when used with low cost skin substitute products. For 2020, Cytal is designated by CMS as a low cost skin substitute product. These codes are used in place of the CPT skin graft procedure codes (15271-15278). The selection of the code is based upon the location and size of the defect. Ensure the medical record reflects these elements and a procedure description including the fixation method.

Cytal is reported separately from the skin graft C5271-C5278 (See HCPCS codes on page 6). Based on Medicare outpatient facility payment policy, Cytal is not separately paid. Reimbursement for Cytal and the procedure are bundled under a single payment.

It is recommended that providers check individual payer and Medicare local coverage determinations (LCD) coverage policies prior to performing skin graft procedures with Cytal to determine indications and limitations. As payment policies differ among private payers, check with the plan to determine if the product is separately paid. In addition, also verify if the payer accepts C5271-C5278 or 15271-15278 CPT codes.

The 2020 Medicare payment rates, listed in the follwing table, are national unadjusted payment rates. Check with your MAC for payment rates specific to your region.

			Outpatient Hospital		ASC	
HCPCS Code	Description	APC	Status Indicator	Payment	Status Indicator	Payment
C5271	Application of low cost 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	5053	T	$497.02	G2	$251.14
+C5272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged
C5273	Application of low cost 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	5054	T	$1,622.74	G2	$819.95
+C5274	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	Packaged	N1	Packaged
C5275	Application of low cost 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	5053	T	$497.02	G2	$251.14
+C5276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged
C5277	Application of low cost 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	5053	T	$497.02	G2	$251.14
+C5278	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	Packaged	N1	Packaged

MicroMatrix should be reported with wound management codes (97597-97610), debridement codes (11042-11047) or evaluation/management codes (99211-99215) based on the physician work that is documented in the medical record.

+ Add-on code

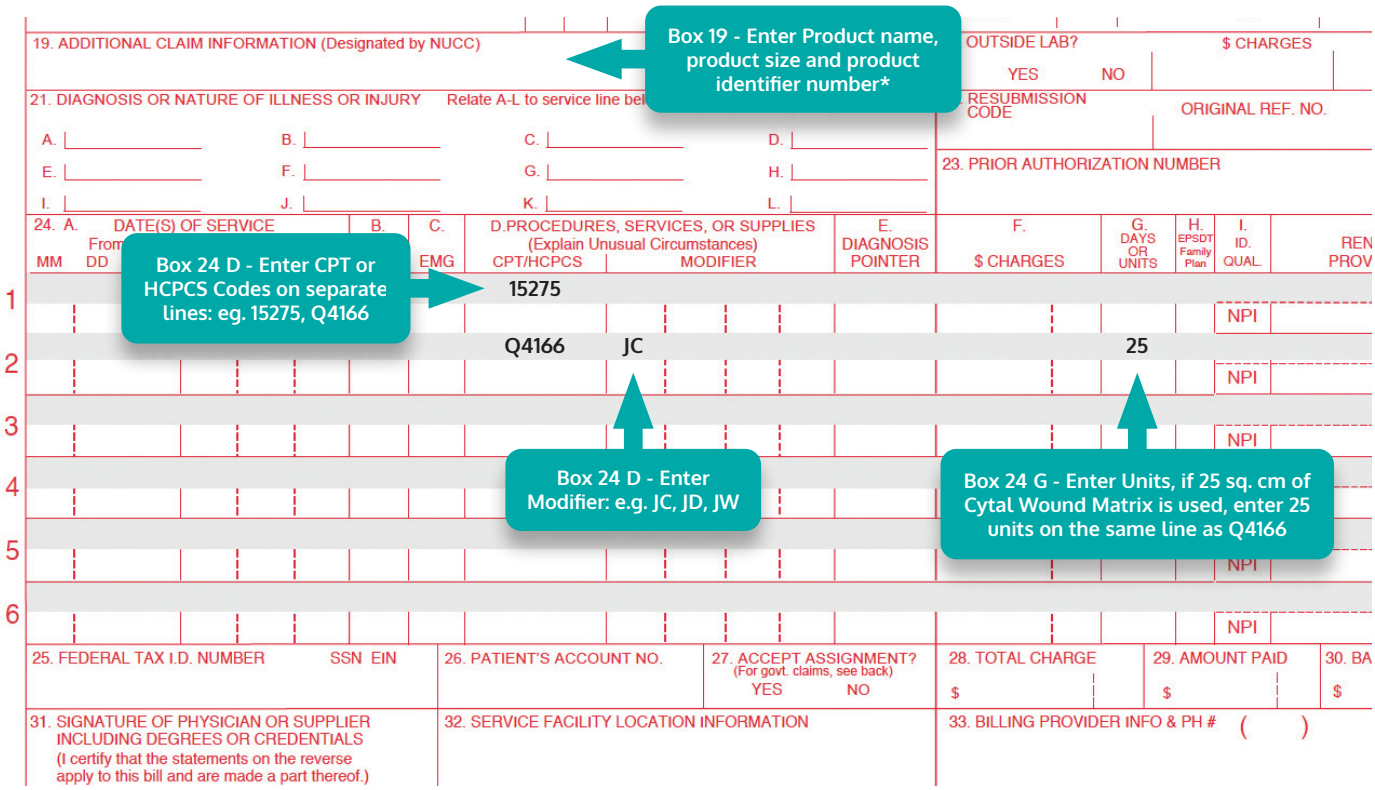
G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight

N - Items and services are packaged into Ambulatory Payment Classification (APC)

N1 - Packaged service/item; no separate payment made

T - Significant procedure, multiple reduction applies

Sample CMS-1500 Claim Form-Physician Office



* It is recommended that a copy of the invoice for Cytal or MicroMatrix be included along with the claim.

Sample Product Coding and Billing

When sample product is provided in either a physician office or hospital outpatient center the physician or hospital cannot receive reimbursement for the product but they may submit a claim for the application of the product. For more information on how to submit a claim for sample product contact the ACell Reimbursement Support Center at **800-826-2926 Option 7** or by e-mail at **acell@thepinnaclehealthgroup.com**.

Hospital Inpatient Codes and Payments

Medicare uses a prospective payment system to reimburse hospitals for inpatient services based on Medicare Severity Diagnosis Related Groups (MS-DRGs). Services are classified into clinically cohesive groups that exhibit similar use of hospital resources. Hospitals receive a single payment for all services provided during an inpatient admission based on the MS-DRG assigned, regardless of the actual length of stay or costs of services. Only one MS-DRG may be assigned per patient stay. The MS-DRG assignment to the categories of Complications or Comorbidities (CCs) and/or Major Complications or Comorbidities (MCCs) is influenced by the medical record documentation describing certain clinical circumstances. Diagnoses and procedures are reported with ICD-10 codes.

The following tables are examples of potential ICD-10-PCS procedure codes that are available for hospitals when reporting inpatient skin graft procedures. This is not an all-inclusive list. Consult the 2020 ICD-10-PCS book for a complete list of procedure codes.

0HR - Medical and Surgical
Skin and Breast - Replacement

Section:	**0** - Medical and Surgical
Body System:	**H** - Skin and Breast
Operation:	**R** - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	Approach	Device	Qualifier
0 - Skin, Scalp **1** - Skin, Face **2** - Skin, Right Ear **3** - Skin, Left Ear **4** - Skin, Neck **5** - Skin, Chest **6** - Skin, Back **7** - Skin, Abdomen **8** - Skin, Buttock **9** - Skin, Perineum **A** - Skin, Inguinal **B** - Skin, Right Upper Arm **C** - Skin, Left Upper Arm **D** - Skin, Right Lower Arm **E** - Skin, Left Lower Arm **F** - Skin, Right Hand **G** - Skin, Left Hand **H** - Skin, Right Upper Leg **J** - Skin, Left Upper Leg **K** - Skin, Right Lower Leg **L** - Skin, Left Lower Leg **M** - Skin, Right Foot **N** - Skin, Left Foot	**X** - External	**7** - Autologous Tissue Substitute **K -** Nonautologous Tissue Substitute	**3** - Full-Thickness **4** - Partial-Thickness

Wound and Burn - ICD-10-PCS Skin Graft Procedures

Body Part	Approach	Device	Qualifier
0 - Skin, Scalp **1** - Skin, Face **2** - Skin, Right Ear **3** - Skin, Left Ear **4** - Skin, Neck **5** - Skin, Chest **6** - Skin, Back **7** - Skin, Abdomen **8** - Skin, Buttock **9** - Skin, Perineum **A** - Skin, Inguinal **B** - Skin, Right Upper Arm **C** - Skin, Left Upper Arm **D** - Skin, Right Lower Arm **E** - Skin, Left Lower Arm **F** - Skin, Right Hand **G** - Skin, Left Hand **H** - Skin, Right Upper Leg **J** - Skin, Left Upper Leg **K** - Skin, Right Lower Leg **L** - Skin, Left Lower Leg **M** - Skin, Right Foot **N** - Skin, Left Foot	**X** - External	**J** - Synthetic Substitute	**3** - Full-Thickness **4** - Partial-Thickness **Z** - No Qualifier

Body Part	Approach	Device	Qualifier
Q - Finger Nail **R** - Toe Nail **S** - Hair	**X** - External	**7** - Autologous Tissue Substitute **J** - Synthetic Substitute **K** - Nonautologous Tissue Substitute	**Z** - No Qualifier

0HR - Medical and Surgical
Skin and Breast - Replacement

Section:	**0** - Medical and Surgical
Body System:	**H** - Skin and Breast
Operation:	**R** - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	Approach	Device	Qualifier
T - Breast, Right **U** - Breast, Left **V** - Breast, Bilateral	**O** - Open	**7** - Autologous Tissue Substitute	**5** - Latissimus Dorsi Myocutaneous Flap **6** - Transverse Rectus Abdominis Myocutaneous Flap **7** - Deep Inferior Epigastric Artery Perforator Flap **8** - Superficial Inferior Epigastric Artery Flap **9** - Gluteal Artery Perforator Flap **Z** - No Qualifier

Body Part	Approach	Device	Qualifier
T - Breast, Right **U** - Breast, Left **V** - Breast, Bilateral	**O** - Open	**J** - Synthetic Substitute **K** - Nonautologous Tissue Substitute	**Z** - No Qualifier

Body Part	Approach	Device	Qualifier
T - Breast, Right **U** - Breast, Left **V** - Breast, Bilateral	**3** - Percutaneous **X** - External	**7** - Autologous Tissue Substitute **J** - Synthetic Substitute **K** - Nonautologous Tissue Substitute	**Z** - No Qualifier

Body Part	Approach	Device	Qualifier
W - Nipple, Right **X** - Nipple, Left	**O** - Open **3** - Percutaneous **X** - External	**7** - Autologous Tissue Substitute **J** - Synthetic Substitute **K** - Nonautologous Tissue Substitute	**Z** - No Qualifier

Wound and Burn - ICD-10-PCS Application of a Wound Dressing

For inpatient procedures, the application of a wound dressing may be appropriate for coding purposes where Cytal Wound and Burn Matrix products are applied (not an all-inclusive list; consult ICD-10-PCS book for complete list of procedures).

2W2 - Placement
Anatomical Regions - Dressing

Section:	**2** - Placement
Body System:	**W** - Anatomical Regions
Operation:	**2** - Dressing: Putting material on a body region for protection

Body Part	Approach	Device	Qualifier
0 - Head	**X** - External	**4** - Bandage	**Z** - No Qualifier
1 - Face			
2 - Neck			
3 - Abdominal Wall			
4 - Chest Wall			
5 - Back			
6 - Inguinal Region, Right			
7 - Inguinal Region, Left			
8 - Upper Extremity, Right			
9 - Upper Extremity, Left			
A - Upper Arm, Right			
B - Upper Arm, Left			
C - Lower Arm, Right			
D - Lower Arm, Left			
E - Hand, Right			
F - Hand, Left			
G - Thumb, Right			
H - Thumb, Left			
J - Finger, Right			
K - Finger, Left			
L - Lower Extremity, Right			
M - Lower Extremity, Left			
N - Upper Leg, Right			
P - Upper Leg, Left			
Q - Lower Leg, Right			
R - Lower Leg, Left			
S - Foot, Right			
T - Foot, Left			
U - Toe, Right			
V - Toe, Left			

MS-DRG

The 2019 Medicare payment rates, listed in the following tables, are national unadjusted payment rates. Check with your MAC for payment rates specific to your region.

Skin Graft - Hospital Inpatient

MS-DRG	Description*	Payment**
463	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease with mcc	$32,278
464	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease with cc	$18,231
465	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease without cc/mcc	$11,825
570	Skin debridement with mcc	$17,740
571	Skin debridement with cc	$10,325
572	Skin debridement without cc/mcc	$6,926
573	Skin graft for skin ulcer or cellulitis with mcc	$32,818
574	Skin graft for skin ulcer or cellulitis with cc	$19,275
575	Skin graft for skin ulcer or cellulitis without cc/mcc	$10,848
576	Skin graft except for skin ulcer or cellulitis with mcc	$29,940
577	Skin graft except for skin ulcer or cellulitis with cc	$14,914
578	Skin graft except for skin ulcer or cellulitis without cc/mcc	$10,048

* Comorbidities and Complications/Major Comorbidities and Complications (cc/mcc)

** 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)

Burn - Hospital Inpatient

ACell product payment is included in the DRG payment; may be identified on the hospital claim using the HCPCS and/or revenue code; captured as a surgical supply for hospital cost accounting.

Burn Inpatient Procedures that may be appropriate for coding purposes where Cytal Wound and Burn Matrix products are applied (not an all-inclusive list; please consult ICD-10-PCS book for complete list of procedures).

MS-DRG	Description*	Payment**
927	Extensive burns or full thickness burns with mechanical ventilation 96+ hours with skin graft	$123,136
928	Full-thickness burn with skin graft or inhalation injury with cc/mcc	$38,249
929	Full-thickness burn with skin graft or inhalation injury without cc/mcc	$18,161

* Comorbidities and Complications/Major Comorbidities and Complications (cc/mcc)

** 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)

Product Payment

- Is included in the DRG payment.
- May be identified on the hospital claim using a revenue code but it is not itemized for payment.
- Is captured as a surgical supply for hospital cost accounting.

Sources

- CPT® 2020 Professional (2019) American Medical Association.
- CPT® Assistant through 2018
- CPT® Changes through 2018
- Medicare - National Correct Coding Initiative Policy Manual, Revision Date Effective January 1, 2019
- 2020 Medicare Hospital Outpatient Prospective Payment System (CMS-1717-FC) CN Addendum B
- 2020Ambulatory Surgery Center Prospective Payment System (CMS-1717-FC) CN Addendum AA
- CMS-1715-F Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019/Downloads
- FY 2020Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (CMS 1716-CN), Effective October 1, 2019
- 2020 Physician Fee Schedule RVU File
- 2020 ICD-10-PCS The Complete Official Code Set

The ACell Reimbursement Support Center

Monday - Friday: 8:30 am - 6:00 pm, Eastern
800-826-2926, x 7 | acell@thepinnaclehealthgroup.com

ACell's Reimbursement Support Center is dedicated to providing answers to all of your reimbursement questions. Services available for all ACell products include benefit verification, prior authorizations, claim appeals, and general coding and billing questions.

ACell®
Healing Through Regenerative Medicine

ACell, Inc.
6640 Eli Whitney Drive
Columbia, MD 21046
www.acell.com
800-826-2926

MK-0212.08 | 2020