

Coding FAQ for physician office setting



1. What is the Q code for Hyalomatrix®?

Q4117, "Hyalomatrix per sq. cm." Append (include) the total number of units (each square centimeter is a unit). Report the total number of units based on the product package opened based on the chart below on the CMS-1500 claim form:

(2.5 cm x 2.5 cm) sheet = 7 units

(10 cm x 20 cm) = 200 units

(5 cm x 5 cm) sheet = 25 units

(18 cm x 20 cm) sheet = 360 units

(10 cm x 10 cm) = 100 units

2. What information needs to go on the CMS-1500 claim form to help support coverage?

As of January 1, 2023 Hyalomatrix has published Average Sales Price (ASP). Box 19 information is no longer necessary to be completed for claim submission.

- However, The use of a new JZ modifier is now in effect. The Modifier is not required for claims submission until July 1, 2023. Medline's recommendation is that you start to use the JZ modifier now. After July 1, 2023, claims submitted without the JZ or JW modifier may be denied as un-processable until corrected and resubmitted.
- The JZ modifier is used to indicate that the entire sheet of product was placed on the wound without any wastage. Only one claim line is needed when using the JZ modifier. Please see the "Sample Forms" sheet for more information.

NOTE: After July 1, 2023 Medicare may deny the claim as un-processable if the JZ or JW modifiers are not used.

3. How is product reimbursement determined by Medicare for Hyalomatrix?

ASP is determined by CMS on a quarterly basis. Manufacturers report to CMS quarterly their sales revenue along with any free product samples given to providers and CMS uses the data to calculate the average sales price which is published by CMS.

The ASP as calculated is marked up by six (6) percent and that is the reimbursement for a given quarter. CMS publishes the ASP at least two weeks before the start of each quarter. This means they publish ASP for January, April, July and October at least two weeks before the start of each quarter.

4. What are some reimbursement rates you have seen by other non-Medicare insurance carriers?

With some of the commercial plans, we have seen reimbursement rates in the range of \$22.00-\$80.00 per sq. cm. (or unit).

5. What fee should we set for Hyalomatrix when billing for the product?

The product fee (Q4117 component) should be marked up above the cost of the product, but we cannot advise particular rates or standards for mark-up. The office should determine the appropriate fee per square centimeter (or unit).

6. Will Medicare reimburse for the discarded amount if the entire Hyalomatrix product is not used on the wound?

Yes, Medicare's Claim Processing Manual states that the wasted amount of product will be paid for but must be properly billed with the appropriate modifier on the claim. Because of single patient use, waste is expected, however, the most appropriate size that minimizes waste should be used. Please see the Hyalomatrix size selection guide for guidance for how to select sizes to minimize waste.

7. What modifiers should be appended to the Q4117 code?

Review your state's Medicare LCD policy to determine which modifiers they require (if at all).

- Discarded waste of the product must be documented in the medical record. Approximate the amount of product used, the amount that was discarded, and the reason for the wastage. Include the manufacturer's serial/lot/batch/number.
- The JZ modifier should be appended to Q4117 if there is no wastage. Otherwise, the JW modifier should be appended. A modifier must be used, the JZ or the JW.

8. JW—drug amount discarded, not administered

Some Medicare contractors may require providers to report discarded amounts of Hyalomatrix products on a separate claim line item by attaching the JW modifier to Q4117 (i.e. resulting in two claim lines: Q4117-JW plus Q4117 for the usage amount). Providers should verify if the JW modifier is required by the Medicare contractor that processes their claims by 1.) Reviewing the pertinent LCD, if one exists, or 2.) Contacting the contractor directly. The wastage amount must be documented in the patient's medical record to support how much of the product was not used.

9. What CPT® codes are used when applying Hyalomatrix in a physician's office location, or for provider coding?

CPT code range (15271-15278), specifically:

Medicare Application Codes (15271-15278):

Code	Descriptor	Add On Code* *List separately in addition to code for primary procedure
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 up to 100 sq cm; first 25 sq cm or less wound surface area.	+15272 Each additional 25 sq cm wound surface area, or part thereof.
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 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.
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 Each additional 25 sq cm wound surface area, or part thereof.
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 Each additional 100 sq cm wound surface area, or part thereof.

10. What is the reimbursement rate for the application procedure codes 15271-15278?

You can review our coding and reimbursement sheets for the national average Medicare payment rates. The information sheets list the national Medicare payment rates for physicians for non-facility applications such as the physician office. It also list the rates when applied in a facility setting such as a hospital outpatient wound care facility.

11. What if I go to an outpatient hospital wound care facility and apply the product? What codes do I bill?

You would bill only the application CPT code range 15271-15278. Since the hospital purchased Hyalomatrix, you would not bill for the product.

12. Do the application codes 15271-15278 have any surgical global days, and if so, what are they?

CPT codes 15271-15278 have zero (0) surgical global days, per the Medicare fee schedule.

13. What is the NDC number for the product?

Hyalomatrix is not a drug, therefore it does not have a national drug code (NDC). However, Hyalomatrix has a product/item number in place of the NDC number. You may use the SKU product number listed on the box/pouch of the product. For billing purposes, please see Product Codes/NDC/HRI/GTIN page in this packet.

14. Is Hyalomatrix considered an HCT/P (Human Cells, Tissue, or Cellular and/or Tissue-Based Product)(CTP)?

No, Hyalomatrix's hyaluronic acid is biologically-derived, but it is not classified as a "361" HCT/P by the Food and Drug Administration (FDA). From a regulatory standpoint, Hyalomatrix is cleared as a 510(k) medical device. From a CMS standpoint, Hyalomatrix is coded (Q4117) as a "biologic".

Medline Reimbursement Hotline 1-833-839-HELP (4357) or email Hyalomatrix@medline.com

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Medicare physician fee schedule

Non-Facility Rate

NON-FACILITY

Medicare national payment rates for 2023

CPT®/HCPCS	Description	Physician Non-Facility Allowable ¹
15271	Application of skin substitute graft to trunk, *arms, **legs ; total wound surface area up to 100 cm ² ; first 25 cm ² or less wound surface.	\$155.88
15272	Each additional 25 cm ² wound surface area, or part thereof. (List separately in addition to code for primary procedure).	\$24.40
15273	Application of skin substitute graft to trunk, *arms, **legs – total wound surface area greater than or equal to 100 cm ² ; first 100 cm ² wound surface area, or 1% of body area of infants and children.	\$315.83
15274	Each additional 100 cm ² wound surface area, or part thereof, or each additional 1% of body area of infants or children. (List separately in addition to code for primary procedure).	\$84.04
15275	Application of skin substitute graft to face, scalp, eyelid, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits , total wound surface area up to 100 cm ² ; first 25 cm ² or less wound surface area.	\$160.63
15276	Each additional 25 cm ² wound surface area, or part thereof (List separately in addition to code for primary procedure).	\$32.87
15277	Application of skin substitute graft to face, scalp, eyelid, mouth, neck ears, orbits, genitalia, hands, feet, and/or multiple digits , total wound surface area greater than or equal to 100 cm ² ; first 100 cm ² wound surface area, or 1% of body area of infants and children.	\$350.39
15278	Each additional 100 cm ² wound surface area, or part thereof, or each additional 1% of body area of infants or children. (List separately in addition to code for primary procedure).	\$96.92
Q4117	Q4117 is now published and appears on the CMS ASP published quarterly report. All A/B MACs will pay the published ASP plus six (6) percent mark up for Q4117, Hyalomatrix.	
Q4117	Please refer to the billing and coding example on how to bill using the JZ to indicate no wastage on a single claim line OR the JW modifier when there is waste on a separate claim line from the Q4117 and the amount used on the wound. See page 1 FAQs for examples.	

*The wrists are considered part of the arm.

**The ankles are considered part of the leg.

Medicare physician fee schedule



Facility Rate

FACILITY

Medicare national unadjusted averages year 2023

CPT/HCPCS	Description	Physician Facility Allowable ¹
15271	Application of skin substitute graft to trunk, *arms, **legs ; total wound surface area up to 100 cm ² ; first 25 cm ² or less wound surface.	\$83.70
15272	Each additional 25 cm ² wound surface area, or part thereof. (List separately in addition to code for primary procedure).	\$16.61
15273	Application of skin substitute graft to trunk, *arms, **legs ; total wound surface area greater than or equal to 100 cm ² ; first 100 cm ² wound surface area, or 1% of body area of infants and children.	\$196.55
15274	Each additional 100 cm ² wound surface area, or part thereof, or each additional 1% of body area of infants or children. (List separately in addition to code for primary procedure).	\$45.07
15275	Application of skin substitute graft to face, scalp, eyelid, mouth, neck ears, orbits, genitalia, hands, feet, and/or multiple digits , total wound surface area up to 100 cm ² ; first 25 cm ² or less wound surface area.	\$93.19
15276	Each additional 25 cm ² wound surface area, or part thereof (List separately in addition to code for primary procedure).	\$25.08
15277	Application of skin substitute graft to face, scalp, eyelid, mouth, neck ears, orbits, genitalia, hands, feet, and/or multiple digits , total wound surface area greater than or equal to 100 cm ² ; first 100 cm ² wound surface area, or 1% of body area of infants and children.	\$225.35
15278	Each additional 100 cm ² wound surface area, or part thereof, or each additional 1% of body area of infants or children. (List separately in addition to code for primary procedure).	\$55.91

*The wrists are considered part of the arm.
 **The ankles are considered part of the leg.

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Reimbursement amounts listed are Medicare national averages only and do not consider the sequestration two-percent reduction in the calculations, nor do the amounts reflect local wage indices.

REFERENCE: 1. CMS-1770-F. Revisions to Payment Policies under the Medicare Physician Fee Schedule Quality Payment Program and Other Revisions to Part B for CY 2023. Published November 18, 2022. Addendum B-Relative Value units and Related Information Used in CY 2023 Final Rule. Published November 18, 2022. Accessed online January 17, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1770-f>

Hyalomatrix® Hyaluronic Acid Wound Device

Billing code— Product Codes/NDC/HRI/GTIN



When billing for any product an eleven digit NDC/HRI/GTIN number is required. National Drug Codes (NDC) are typically used for drugs. National Health Related Item Code (NHRIC) are typically used for biologics that are not drugs such as Hyalomatrix®. The move worldwide is to move to Global Trade Item Number, (GTIN). However, each of these code sets have various number of digits and the claim forms only have room currently for eleven (11) digits. The table below contain all product 11-digit code for claims filing purposes.

Description	GTIN	Converted for 11-digit billing code
Hyalomatrix®, 2.5 cm x 2.5 cm	10888277357822	88277035782
Hyalomatrix®, 5 cm x 5 cm	10888277319868	88277031986
Hyalomatrix®, 10 cm x 10 cm	10888277319875	88277031987
Hyalomatrix®, 10 cm x 20 cm	10888277319882	88277031988
Hyalomatrix®, 18 cm x 20 cm	10888277724273	88277072427
Hyalomatrix®, NS, 5 cm x 5 cm	10193489003543	93489000354

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Application procedure checklist

Hyalomatrix-Q4117 FDA-510 (K)

Date:

Patient name:

Provider name:

Physician and/or NPP

Application of CTP graft to:

e.g. Leg, Foot, LT, RT, specify location

Pre-op diagnosis:

DFU or VLU, Diabetes Mellitus, other comorbidities

Post-op diagnosis:

DFU or VLU, Diabetes Mellitus, other comorbidities

Anesthesia (type):

Patient smoking history:

Example:

Non-smoker or has refrained from smoking for at least 6 weeks prior to planned surgery. If the patient is a smoker the provider should document if the patient received counseling on effects of smoking on surgical outcomes and treatment for smoking cessation.

Procedure indication:

(reason) Presence of (type of wound) having failed to respond to documented conservative wound care measures of greater than 4 weeks. Add in other type of information for procedure. Document medical necessity reasons. If you changed products during the 12 week course of treatment the rare clinical circumstance necessitating switching to a different product must be clearly supported in the patients' medical record or listed under the indications. The procedure risks and complications were reviewed with the patient.

Types of CTP used:

Total sq cm used:

Total amount discarded:

sq cm

Reason for Hyalomatrix wastage:

Manufacturer's serial/lot/batch or other unit ID number of graft material:

Procedure description:

Type of wound, RT, LT, Location, length & depth of wound, total sq cm, other description to support the procedure. What type of fixation was used?

Provider's signature:

Sample Forms

Sample CMS-1500 Claim Form: Physician Office Setting

SAMPLE MEDICARE CLAIM ONLY, Wastage Example

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION	
	From	To	CPT/HCPCS		MODIFIER													
MM	DD	YY	MM	DD	YY													
1	01	31	23	01	31	23	11		Q4117		A,B	1150.00	23		NPI	123456789		
2	01	31	23	01	31	23	11		Q4117	JW	A,B	100.00	2		NPI	123456789		
3	01	31	23	01	31	23	11		15275		A,B	200.00	1		NPI	123456789		
4															NPI			
5															NPI			
6															NPI			
25. FEDERAL TAX I.D. NUMBER						SSN	EIN	26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For gov't. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
						<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 1450.00		\$			
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.		a. NPI		b.				

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Sample CMS-1500 Claim Form: Physician Office Setting

SAMPLE MEDICARE CLAIM, No Wastage Example

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION	
	From	To	CPT/HCPCS		MODIFIER													
MM	DD	YY	MM	DD	YY													
1	01	31	23	01	31	23	11		Q4117	JZ	A,B	1250.00	25		NPI	123456789		
2	01	31	23	01	31	23	11		15275		A,B	200.00	1		NPI	123456789		
3															NPI			
4															NPI			
5															NPI			
6															NPI			
25. FEDERAL TAX I.D. NUMBER						SSN	EIN	26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For gov't. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
						<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 1450.00		\$			
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.		a. NPI		b.				

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Hyalomatrix® Hyaluronic Acid Wound Device Coding Form



Patient Demographic Information

Patient Name: _____ Sex: Male Female
 Address: _____ City, State, ZIP: _____
 Phone #: _____ Date of Birth: _____ / _____ / _____
 Insurance: _____ Prior Authorization Number when needed: _____
 Date of Service: _____ / _____ / _____

For Physician

Wound size: Length _____ cm x Width _____ cm Total _____ sq cm

What amount of Hyalomatrix was used on the wound: _____ sq cm.

Was any Hyalomatrix discarded/wasted if yes how many: _____ sq cm.

Location of wound: RT=Right side of body LT= Left side of the body

(This information is needed for correct coding)

LOCATION OF WOUND:

Trunk, arms, legs

✓	Less than 100 sq cm	CPT® Application Codes/Skin Substitute Graft	RT or LT
	0-25 sq cm	15271 (x) 1 unit	
	26-50 sq cm	15271 (x) 1 unit, 15272 (x) 1 unit	
	51-75 sq cm	15271 (x) 1 unit, 15272 (x) 2 units	
	76-99 sq cm	15271 (x) 1 unit, 15272 (x) 3 units	
✓	100 sq cm and greater:	CPT Application Codes/Skin Substitute Graft	RT or LT
	100 sq cm	15273 (x) 1 unit	
	101-200 sq cm	15273 (x) 1 unit, 15274 (x) 1 unit	
	201-300 sq cm	15273 (x) 1 unit, 15274 (x) 2 units	
	301-400 sq cm	15273 (x) 1 unit, 15274 (x) 3 units	

LOCATION OF WOUND:

Face, scalp, eyelid, mouth, neck, ears, orbits, genitalia, hands, feet, multiple digits

✓	Less than 100 sq cm	CPT Application Codes/Skin Substitute Graft	RT or LT
	0-25 sq cm	15275 (x) 1 unit	
	26-50 sq cm	15275 (x) 1 unit, 15276 (x) 1 unit	
	51-75 sq cm	15275 (x) 1 unit, 15276 (x) 2 units	
	76-99 sq cm	15275 (x) 1 unit, 15276 (x) 3 units	
✓	100 sq cm and greater:	CPT Application Codes/Skin Substitute Graft	RT or LT
	100 sq cm	15277 (x) 1 unit	
	101-200 sq cm	15277 (x) 1 unit, 15278 (x) 1 unit	
	201-300 sq cm	15277 (x) 1 unit, 15278 (x) 2 units	
	301-400 sq cm	15277 (x) 1 unit, 15278 (x) 3 units	

For Coding Staff

Use HCPCS Code: Q4117 for Hyalomatrix with total billable units for each sq cm used.

For Medicare only: _____

(See example **Sample CMS-1500 Claim Form**)

For Medicare only: _____ JW

Total Number of Billable Units _____ for code Q4117. Make sure to include number of units in the Units Box on the claim form.

*If entire amount is used, JZ modifier is needed on claim

Bill for total amount of Hyalomatrix used and discarded. Use HCPCS Code Q4117

Size	Total Billing Units	Item Number
2.5 cm x 2.5 cm Sheet	Q4117 (x) 7 units	MSS4011H MSS4011
5 cm x 5 cm Sheet	Q4117 (x) 25 units	MSS4022H MSS4022NSH MSS4022 MSS4022NS
10 cm x 10 cm Sheet	Q4117 (x) 100 units	MSS4044
10 cm x 20 cm Sheet	Q4117 (x) 200 units	MSS4048
18 cm x 20 cm Sheet	Q4117 (x) 360 units	MSS4088

Medicare requires the use of the JW modifier for the amount of Hyalomatrix wasted. The discarded amount of Hyalomatrix must be documented in the medical record.

Include diagnosis codes (See back as reference)

IMPORTANT

Starting January 1, 2023 CMS will be tracking wastage of CPT. Please note that in the Internet Only Manual (IOM) 100-04 claims processing manual it clearly states that each provider is required to minimize waste by using the combination of available sizes of any product in the market. Please use the size selection guide on the last page of this document to assist your efforts to minimize waste.

Check boxes on back for diagnosis codes →

✓ Diabetic Mellitus—conditions	ICD-10 code
Type 1, diabetic foot ulcer	E10.621
Type 1, other skin ulcer	E10.622
Type 1, w/skin complications	E10.628
Type 1, w/diabetic peripheral angiopathy gangrene	E10.52
Type 1, w/hyperglycemia	E10.65
Type 2, w/ketoacidosis without coma	E11.10
Type 2, diabetic foot ulcer	E11.621
Type 2, other skin ulcer	E11.622
Type 2, w/skin complication	E11.628
Type 2, diabetic peripheral angiopathy gangrene	E11.52
Type 2, w/hyperglycemia	E11.65
Diabetic due to underlying cond, foot ulcer	E08.621
Diabetic due to underlying cond, skin ulcer	E08.622
Other DM code:	

Diabetic range of codes: E08.618-E09.628 E08.40-E08.59, E08.610-E08.618, E11-E13 reference ICD-10 code book for other conditions in this section.

✓ Non-pressure ulcers	ICD-10 code
Right side—ankle	
Rt ankle, limited breakdown of skin	L97.311
Rt ankle, w/fat layer exposed	L97.312
Rt ankle, w/necrosis of muscle	L97.313
Rt ankle, w/necrosis of bone	L97.314
Right side—heel & midfoot	
Rt heel, midfoot limited breakdown of skin	L97.411
Rt heel, midfoot w/fat layer exposed	L97.412
Rt heel, midfoot w/necrosis of muscle	L97.413
Rt heel, midfoot w/necrosis of bone	L97.414
Right side—foot	
Rt foot, limited breakdown of skin	L97.511
Rt foot, w/fat layer exposed	L97.512
Rt foot, w/necrosis of muscle	L97.513
Rt foot, w/necrosis of bone	L97.514
Left side—ankle	
Lt ankle, limited breakdown of skin	L97.321
Lt ankle, w/fat layer exposed	L97.322
Lt ankle, w/necrosis of muscle	L97.323
Lt ankle, w/necrosis of bone	L97.324
Left side—heel & midfoot	
Lt heel, midfoot limited breakdown of skin	L97.421
Lt heel, midfoot w/fat layer exposed	L97.422
Lt heel, midfoot w/necrosis of muscle	L97.423
Lt heel, midfoot w/necrosis of bone	L97.424
Left side—foot	
Lt foot, limited breakdown of skin	L97.521
Lt foot, w/fat layer exposed	L97.522
Lt foot, w/necrosis of muscle	L97.523
Lt foot, w/necrosis of bone	L97.524

Non-pressure chronic ulcers ICD-10 code range L97.111-L98.418.

Reference code book for others that are not listed.

Pressure Ulcers ICD-10 Diagnosis code range: L89.152-L89.894.

Note: coverage for pressure ulcers may vary by policy guidelines.

✓ Other ICD-10 code ranges See coding book	Code range
Complication of non healing surgical wound	T81.89xA
Dehiscence, wound	T81.30xA–T81.89xA range
Complication skin graft	T86.820–T86.829 range
Amputations of traumatic toe(s)	S98.1, S98.2
Amputations of traumatic of foot	S98.0, S98.3, S98.2, S98.9
Amputations traumatic leg(s)	S78.0, S88.0, S88.1
Open wound limb	S71.009A, S71.029A, S71009A
Open wound toe(s)	S91.101A–S91.259A
Open wound foot, except toe	S96, S96.929A

Review ICD-10 diagnosis book for code selection in this section.

Code Range Only

✓ Varicose veins—(right) with ulcer	ICD-10 code
Rt lower, extr w/ulcer at ankle	I83.013
Rt lower, extr w/ulcer of heel/midfoot	I83.014
Rt lower, extr w/ulcer other part of foot	I83.015
Rt lower, extr w/both ulcer ankle & inflammation	I83.213
Rt lower, extr w/both heel & midfoot, inflammation	I83.214
Rt lower, extr w/both other part of foot & inflammation	I83.215
Rt lower, w/both ulcer other part of lower extr/inflam	I83.218
✓ Varicose veins—(left) with ulcer	
Lt lower, extr w/ulcer at ankle	I83.023
Lt lower, extr w/ulcer of heel/midfoot	I83.024
Lt lower, extr w/ulcer other part of foot	I83.025
Lt lower, extr w/ulcer other part of lower leg	I83.028
Lt lower, extr w/both ulcer of heel & midfoot, inflam	I83.224
Lt lower, extr w/both other part of foot & inflammation	I83.225
Lt lower, w/both ulcer other part of lower extr/inflam	I83.228

Other DX:

✓ Atherosclerosis of native arteries—right	ICD-10 code
Rt leg w/ulceration of thigh	I70.231
Rt leg w/ulceration of calf	I70.232
Rt leg w/ulceration of ankle	I70.233
Rt leg w/ulceration of heel & midfoot	I70.234
Rt leg w/ulceration of other part of foot	I70.235
Rt leg w/ulceration of other part of lower Rt leg	I70.238
✓ Atherosclerosis of native arteries—left	
Lt leg w/ulceration of thigh	I70.241
Lt leg w/ulceration of calf	I70.242
Lt leg w/ulceration of ankle	I70.243
Lt leg w/ulceration of the heel & midfoot	I70.244
Lt leg w/ulceration of other part of foot	I70.245
Lt leg w/ulceration of other part of lower Lt leg	I70.248

Atherosclerosis of bypass grafts—coding range See ICD-10 coding book: I70.332 through I70.544 right/left locations

Other DX:

✓ Burns first degree	ICD-10 code
Rt ankle, initial encounter	T25.111A
Lt ankle, initial encounter	T25.112A
Rt foot, initial encounter	T25.121A
Lt foot, initial encounter	T25.122A
Rt toe(s) (nail), initial encounter	T25.131A
Lt toe(s) (nail), initial encounter	T25.132A
Multi sites Rt ankle, foot, initial encounter	T25.191.A
Multi sites Lt ankle, foot, initial encounter	T25.192A
✓ Burns first degree	
Rt ankle, initial encounter	T25.211A
Lt ankle, initial encounter	T25.212A
Rt foot, initial encounter	T25.221A
Lt foot, initial encounter	T25.222A
Rt toe(s) (nail), initial encounter	T25.231A
Lt toe(s) (nail), initial encounter	T25.232A
Multi sites Rt ankle, foot, initial encounter	T25.291A
Multi sites Lt ankle, foot, initial encounter	T25.292A
Other burn code range T20-T32.9 see code book	

Other DX:

✓ Other diagnosis not listed on form: write in	ICD-10 code
DX:	
DX:	
DX:	
DX:	

Hyalomatrix® Hyaluronic Acid Wound Device Benefit Verification Form

Email to hyalomatrix@medline.com | Fax completed forms to: 1-866-531-8404 | Hotline Number: 1-833-839-HELP (4357)



** Required

To best access patient eligibility and provider contract information, please provide complete information.

Section I

Patient Demographic Information**

Patient Name: _____
Address: _____ City, State, ZIP: _____
Phone #: _____ Date of Birth: ____/____/____

Section II

Patient Wound Information

Select Wound Type: Diabetic Foot Ulcer Venous Leg Ulcer Pressure Ulcer Dehisced Surgical Wound
Necrotizing Fasciitis Traumatic Burns Radiation Burns Other: _____

Is Prior Authorization or Pre-Determination anticipated or required? Yes No Not Sure

Product HCPCS: Q4117 Hyalomatrix per sq cm Date of Application ____/____/____ Anticipated Number of Applications ____

Application CPT®(s): C5271/15271 C5272/15272 C5273/15273 C5274/15274 C5275/15275 C5276/15276 C5277/15277 C5278/15278
See Page 2 for CPT descriptions

ICD-10 Diagnosis Code(s): Primary ICD-10 Diagnosis: _____ Secondary ICD-10 Diagnosis: _____ Other: _____

Section III

Patient Insurance Information**

Please include a front and back copy of patient's insurance card, if possible.

Primary Insurance Information		Secondary Insurance Information	
Participating Status (select one)	In Network	Participating Status (select one)	In Network
Insurance Name: _____	Out-of-Network	Insurance Name: _____	Out-of-Network
Policy #: _____	Group #: _____	Policy #: _____	Group #: _____
Insurance Phone #: _____		Insurance Phone #: _____	
Subscriber Name: _____		Subscriber Name: _____	
Subscriber Date of Birth: ____/____/____		Subscriber Date of Birth: ____/____/____	

Section IV

Physician Information**

Hyalomatrix Place of Service (POS): Office (POS 11) Off Campus Outpatient Hospital (POS 19) Inpatient Hosp, LTAC (POS 21) Skilled Nursing Facility (POS 32)
Outpatient Hospital, On Campus Wound Care Center (POS 22) Ambulatory Surgical Center (POS 24) Other: _____

Physician Name: _____ Specialty: _____ Site Name or Site ID#: _____
Address: _____ City, State, ZIP: _____
Contact Name: _____ Phone #: _____ Fax #: _____
NPI #: _____ Tax ID #: _____

Section V

Facility Information**

Hyalomatrix Place of Service (POS): Office (POS 11) Off Campus Outpatient Hospital (POS 19) Inpatient Hosp, LTAC (POS 21) Skilled Nursing Facility (POS 32)
Outpatient Hospital, On Campus Wound Care Center (POS 22) Ambulatory Surgical Center (POS 24) Other: _____

Facility Name or Site ID#: _____
Address: _____ City, State, ZIP: _____
Contact Name: _____ Phone #: _____ Fax #: _____
NPI #: _____ Tax ID #: _____

Section VI

Physician Declaration

By signing below, I certify that I have received the necessary patient authorization to release the medical and/or other patient information referenced on the form relating to the above referenced patient. **All information on this form** will be used for verifying insurance coverage, seeking reimbursement, and sole purpose of claim support.

Physician or Authorized Signature

Date

CPT and HCPCS Codes for Outpatient Wound Care Centers & Provider's Office

These codes may or may not be used by Non-Medicare payers C5271-C5278. When HOPDs and ASCs are verifying insurance benefits before applying the CTPs, they should also verify if codes (C5271-C5278) are in their system and payable or if the code range 15271-15278 should be reported for the application of the product. CPT code range 15271-15278 are used in a Non-facility/providers office setting. The C5272-C5278 are only used in a Hospital Outpatient Department.

CPT Code	Description
15271 OR C5271 (Medicare)	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.
15272 OR C5272 (Medicare)	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure).
15273 OR C5273 (Medicare)	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 OR C5274 (Medicare)	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 OR C5275 (Medicare)	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 OR C5276 (Medicare)	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure).
15277 OR C5277 (Medicare)	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 OR C5278 (Medicare)	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).
Q4117	Hyalomatrix per sq cm.

Common ICD-10-CM Diagnosis Codes Used on Applications for Hyalomatrix

Note: List the ulcer codes as primary and the diabetes as secondary when conditions are met

Burn Codes	
T20.20XA - T26.92XS	Burn and corrosion
T30.0 - T32.99	Burns

Ulcer & Vascular Codes	Secondary Diagnosis: Diabetes		
I83.001 - I83.229	Varicose Veins with ulcer	E08.40 - E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathy secondary diagnoses
I87.011 - I87.019	Postphlebotic syndrome with ulcer		
I87.311 - I87.319	Chronic venous hypertension with ulcer	E09.40 - E09.610	Drug or chemical induced diabetes mellitus with neurological complications
I87.331 - I87.339	Chronic venous hypertension with ulcer and inflammation		
I87.2	Venous insufficiency (chronic) (peripheral)	E10.40 - E10.69	Type 1 diabetes mellitus with diabetic neuropathy
I87.9	Disorder of vein, unspecified	E11.40 - E11.69	Type 2 diabetes mellitus with diabetic neuropathy
I70.231 - I70.25	Atherosclerosis of native arteries of leg with ulceration		
I70.331 - I70.749	Atherosclerosis of bypass graft(s) of leg with ulceration	E13.40 - E13.69	Other specified diabetes mellitus with diabetic neuropathy
L97.101 - I97.929	Non-pressure chronic ulcer		

REFERENCE: Local Coverage Determination (LCD): Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041). Novitas Solutions, Inc.