

2022 Medicare Physician and Facility Coding & Reimbursement Guide

Neox[®] 1K, Neox[®] 100, and Neox[®] RT

Neox 1K, Neox RT, Neox 100, are human amniotic membrane products derived from placenta or umbilical cord tissue. The biological integrity of the amniotic membrane is maintained through a proprietary CryoTek[®] process. These products are registered with the U.S. Food and Drug Administration (FDA) as Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/P) under Section 361 of the Public Health Service (PHS) Act.

The Neox product line is indicated for use as a wound covering for dermal ulcers and defects.

Product line		
Neox 1K	Neox RT	Neox 100
 Cryopreserved umbilical cord derived allograft	 Terminally sterilized umbilical cord derived allograft	 Cryopreserved amniotic membrane allograft

Allograft				
HCPCS	Descriptor	Non-Facility MPFS		
Q4148	Neox [®] Cord 1K, Neox [®] Cord RT, or Clarix [®] Cord 1K, per square centimeter	Based on Invoice or WAC		
Q4156	Neox [®] 100 or Clarix [®] 100, per square centimeter	Based on Invoice or WAC		
HCPCS	Descriptor	Inpatient	HOPPS	ASC
Q4148	Neox [®] Cord 1K, Neox [®] Cord RT, or Clarix [®] Cord 1K, per square centimeter	N/A	Packaged	Packaged
Q4156	Neox [®] 100 or Clarix [®] 100, per square centimeter	N/A	Packaged	Packaged

Skin Substitute Application Procedure Codes

Physician Fee Schedule – Facility and Non-Facility Settings (CY 2022)				
CPT Code	Code Description	RVU	Physician Non-Facility	Physician Facility
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	1.50	\$159.88	\$85.13
+15272	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	0.33	\$25.95	\$18.00
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	3.50	\$327.72	\$201.41
+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)	0.80	\$86.86	\$46.37
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	1.83	\$164.38	\$94.82
+15276	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	0.50	\$33.57	\$25.95
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	4.00	\$359.56	\$229.44
+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)	1.00	\$100.36	\$57.79

Skin Substitute Application Procedure Codes –

Facility Reimbursement – Hospital Outpatient Department and Ambulatory Surgical Center Settings (CY 2022)						
CPT Code	Code Description	APC	Status Indicator OPPS (SI)	Hospital Outpatient	Payment Indicator ASC	Ambulatory Surgical Center
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	5054	T	\$1,749.26	G2	\$887.09
+15272	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	N/A	N	\$0	N1	\$0
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	5055	T	\$3,596.22	G2	\$1,823.73
+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)	N/A	N	\$0	N1	\$0
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	5054	T	\$1,749.26	G2	\$887.09
+15276	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	N/A	N	\$0	N1	\$0
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	5054	T	\$1,749.26	G2	\$887.09
+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)	N/A	N	\$0	N1	\$0

OPPS Status Indicator - **T** = Significant Procedure, Multiple Reduction Applies
N = Items and Services Packaged into APC Rates

ASC Status Indicator - **N1** = Packaged service/item; no separate payment made
G2 = Non-office based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

+ = Add-on code

***Modifier 58 should be used if an autograft or another skin substitute is applied as part of a staged procedure applied during a different surgical encounter after the initial placement of the skin substitute.

Revenue Code	
Revenue Code	Descriptor
636	Pharmacy Extension 025X-Drug Requiring Detailed Coding

Inpatient Facility Reimbursement		
DRG	Descriptor	Payment
463	Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders with MCC	\$34,977.92
464	Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders with CC	\$19,382.68
465	Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders without CC/MCC	\$12,011.02
573	Skin graft for Skin Ulcer or Cellulitis with MCC	\$36,077.35
574	Skin graft for Skin Ulcer or Cellulitis with CC	\$21,145.15
575	Skin graft for Skin Ulcer or Cellulitis without CC/MCC	\$11,484.10

Notes:

- The payment rates specified in this document are Centers for Medicare & Medicaid Services (CMS) national unadjusted averages. Actual payment rates will vary based on geographic adjustments and are updated quarterly. Commercial payment rates will vary per contract.
- By Report – For CPT codes that have not been assigned RVUs (e.g., miscellaneous codes), there is no national payment rate. Providers must provide detailed operative notes describing the service provided. If there is an existing service with an established CPT code that involves similar work, that CPT code may be provided as a suggested crosswalk for payment purposes.
- If required, please utilize appropriate modifiers with Neox® 1K, Neox® RT and Neox® 100 products
- JC - Skin substitute used as a graft,
- JW - Portion of skin substitute discarded (required for ALL MACS as of January 1, 2017).
- For drugs and biologicals not included in the ASP Medicare Part B Drug Pricing File, payment is based on WAC or invoice pricing.
- CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1751-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.6062 effective January 1, 2022.
- Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association.

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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 each case. TissueTech 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.

Available Sizes & Billing Quantities

Catalogue Number	Size – cm ²	Billing Quantity*
NEOX 1K (Q4148)		
NX-10-2010	2.0 X 1.0	2
NX-10-1515	1.5 X 1.5	3
NX-10-2020	2.0 X 2.0	4
NX-10-3020	3.0 X 2.0	6
NX-10-2525	2.5 X 2.5	7
NX-10-3030	3.0 X 3.0	9
NX-10-4030	4.0 X 4.0	12
NX-10-6030	6.0 X 3.0	18
NX-10-8030	8.0 X 3.0	24
NEOX RT (Q4148)		
NX-UR-2010	2.0 X 1.0	2
NX-UR-2020	2.0 X 2.0	4
NX-UR-3020	3.0 X 2.0	6
NX-UR-3030	3.0 X 3.0	9
NX-UR-4030	4.0 X 3.0	12
NX-UR-6030	6.0 X 3.0	18
NX-UR-8030	8.0 X 3.0	24
NEOX 100 (Q4156)		
NX-02-2020	2.0 X 2.0	4
NX-02-3030	3.0 X 3.0	9
NX-02-4040	4.0 X 4.0	16
NX-02-7070	7.0 X 7.0	49

*Rounded up to the nearest whole number.

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