

2024 BioTissue Surgical Coding Sheets



Clarix® 1K & Clarix 100

BioTissue Reimbursement Hotline: **866-369-9290**

Email: biotissuesurgical@thepinnaclehealthgroup.com

Clarix 1K and Clarix 100 are cryopreserved amniotic membrane products derived from human birth tissue. The biological integrity of the Amniotic Membrane and Umbilical Cord is maintained through a proprietary cryopreservation process, called CryoTek®.



Clarix® 1K

Cryopreserved ultra-thick amniotic membrane allograft derived from human umbilical cord.



Clarix® 100

Cryopreserved human amniotic membrane allograft

Allograft

| HCPCS | Descriptor | Physician Facility | OPPS | ASC |
|-------|---|--------------------|----------|----------|
| Q4148 | Neox 1K, Neox RT, or Clarix 1K, per square centimeter | N/A | Packaged | Packaged |
| Q4156 | Neox 100 or Clarix 100, per square centimeter | N/A | Packaged | Packaged |

Implantation of Allograft - Report in addition to primary surgical procedure

| CPT | Descriptor | Physician Facility | OPPS | ASC |
|--------|--|--------------------|--------------------|----------|
| +15777 | Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk) (List separately in addition to code for primary procedure) | \$208.55 | Packaged | Packaged |
| 17999 | Unlisted Procedure, skin, mucous membrane, and subcutaneous tissue | By Report | \$190.94/Packaged* | N/A |
| 20999 | Unlisted procedure, musculoskeletal system, general | By Report | \$224.92** | N/A |
| 22999 | Unlisted procedure, abdomen, musculoskeletal system | By Report | \$224.92** | N/A |
| 23929 | Unlisted procedure, shoulder | By Report | \$224.92** | N/A |
| 24999 | Unlisted procedure, humerus, or elbow | By Report | \$224.92** | N/A |
| 26989 | Unlisted procedure, hands, or fingers | By Report | \$224.92** | N/A |
| 27299 | Unlisted procedure, pelvis, or hip joint | By Report | \$224.92** | N/A |
| 27599 | Unlisted procedure, femur, or knee | By Report | \$224.92** | N/A |
| 27899 | Unlisted procedure, leg, or ankle | By Report | \$224.92** | N/A |
| 28899 | Unlisted procedure, foot, or toes | By Report | \$224.92** | N/A |

*CPT 17999 has a "Q1" status indicator in the OPPS. Procedures assigned a Q1 status indicator are packaged if reported on the same claim as a HCPCS code with a status indicator of "S", "T" or "V"; otherwise, it is paid separately.

**Placement of Clarix is typically done in conjunction with another orthopedic procedure that has been assigned a J1 status which triggers all other procedures appearing on the same claim to be packaged (i.e., there will be no separate payment).

Revenue Code

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

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Common Upper Extremity Procedures

| CPT | Descriptor | Physician Facility | OPPS | ASC |
|----------------------------|---|--------------------|------------|------------|
| SHOULDER PROCEDURES | | | | |
| 23410 | Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; acute | \$813.92 | \$6,823.42 | \$3,393.01 |
| 23412 | Repair of ruptured musculotendinous cuff (e.g., rotator cuff) open; chronic | \$846.00 | \$6,823.42 | \$3,393.01 |
| 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | \$966.81 | \$6,823.42 | \$3,393.01 |
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | \$1,056.19 | \$6,823.42 | \$3,393.01 |

Note: In the OPPS, CMS has assigned all of the CPT codes listed above a “J1” status indicator; as such, payment for all covered Part B services reported on the claim are packaged with the primary service for the claim, except services with OPPS SI = F, G, H, L and U.

Common Upper Extremity Procedures

| CPT | Descriptor | Physician Facility | OPPS | ASC |
|---|---|--------------------|------------|------------|
| ARM, ELBOW, WRIST, HAND, AND FINGER PROCEDURES | | | | |
| 24301 | Muscle or tendon transfer, any type, upper arm, or elbow, single (excluding 24320-24331) | \$747.13 | \$3,087.24 | \$3,393.01 |
| 24357 | Tenotomy, elbow, lateral, or medial (e.g., epicondylitis, tennis elbow, golfer’s elbow); percutaneous | \$416.45 | \$3,087.24 | \$1,518.96 |
| 25110 | Excision, lesion of tendon sheath, forearm | \$349.01 | \$1,532.92 | \$819.05 |
| 25115 | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths e.g., tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis; flexors | \$754.98 | \$1,532.92 | \$819.05 |
| 25290 | Tenotomy, open flexor or extensor tendon, forearm and/or wrist, single, each tendon | \$438.72 | \$3,087.24 | \$1,518.96 |
| 26145 | Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon | \$517.95 | \$1,532.92 | \$819.05 |
| 26160 | Excision of lesion sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger | \$318.89 | \$1,532.92 | \$819.05 |
| 26180 | Excision of tendon, flexor or extensor, each tendon | \$453.12 | \$1,532.92 | \$819.05 |
| 26350 | Repair or advancement, flexor tendon, not in zone 2 digital flexor sheath (e.g., no man’s land); primary or secondary without free graft, each tendon | \$743.85 | \$3,087.24 | \$1,518.96 |
| 26352 | Secondary with free graft (includes obtaining graft), each tendon | \$827.01 | \$6,823.42 | \$3,393.01 |
| 26356 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man’s land); primary, without free graft, each tendon | \$793.95 | \$3,087.24 | \$1,518.96 |
| 26357 | Secondary, without free graft, each tendon | \$888.89 | \$3,087.24 | \$1,518.96 |
| 26358 | Secondary, with free graft (includes obtaining graft, each tendon) | \$979.58 | \$6,823.42 | \$3,393.01 |
| 26440 | Tenolysis, flexor; palm or finger, each tendon | \$647.60 | \$1,532.92 | \$819.05 |
| 26455 | Tenolysis, extensor tendon, hand or tendon, finger, including forearm, each tendon | \$460.98 | \$1,532.92 | \$819.05 |
| 26500 | Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure) | \$685.90 | \$6,823.42 | \$3,393.01 |
| 26502 | With tendon or facial graft (includes obtaining graft) (separate procedure) | \$753.02 | \$3,087.24 | \$1,518.96 |
| 26615 | Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone | \$577.21 | \$3,087.24 | \$1,518.96 |
| 26746 | Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each | \$739.60 | \$3,087.24 | \$1,518.96 |

Common Upper Extremity Procedures, continued

| CPT | Descriptor | Physician Facility | OPPS | ASC |
|---|--|--------------------|------------|----------|
| ARM, WRIST, HAND, AND FINGER PROCEDURES, continued | | | | |
| 29848 | Endoscopy, wrist, surgical, with release of transverse carpal ligament | \$513.36 | \$1,532.92 | \$819.05 |
| 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow | \$602.74 | \$1,841.54 | \$897.79 |
| 64719 | Neuroplasty and/or transposition; ulnar nerve at wrist | \$407.94 | \$1,841.54 | \$897.79 |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel | \$437.73 | \$1,841.54 | \$897.79 |

Common Lower Extremity Procedures

| CPT | Descriptor | Physician Facility | OPPS | ASC |
|--------------------------------|---|--------------------|-------------|------------|
| HIP AND KNEE PROCEDURES | | | | |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | \$1,264.75 | \$12,552.87 | \$9,244.39 |
| 27380 | Suture of infrapatellar tendon; primary | \$621.73 | \$6,823.42 | \$3,393.01 |
| 27381 | Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft | \$815.55 | \$6,823.42 | \$4,295.02 |
| 27412 | Autologous chondrocyte implantation, knee | \$1,622.92 | \$6,823.42 | \$5,876.81 |
| 27415 | Osteochondral allograft, knee, open | \$1,355.44 | \$12,552.87 | \$9,585.12 |
| 27416 | Osteochondral autograft(s), knee, open (e.g., mosaicplasty (includes harvesting of autograft[s])) | \$970.74 | \$6,823.42 | \$3,393.01 |
| 27447 | Arthroplasty, knee, condyle, and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | \$1,262.78 | \$12,552.87 | \$9,054.68 |
| 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) includes harvesting of the autograft[s]) | \$1,043.42 | \$6,823.42 | \$3,393.01 |
| 29867 | Arthroscopy, knee, surgical; osteochondral allograft | \$1,264.42 | \$12,552.87 | \$9,719.77 |
| TENDON PROCEDURES | | | | |
| 27650 | Repair, primary, open or percutaneous, ruptured Achilles tendon | \$652.84 | \$6,823.42 | \$3,393.01 |
| 27652 | Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft) | \$665.28 | \$6,823.42 | \$4,458.07 |
| 27654 | Repair, secondary, Achilles tendon, with or without graft | \$710.13 | \$6,823.42 | \$4,275.11 |
| 27658 | Repair flexor tendon, leg, primary, without graft | \$368.00 | \$3,087.24 | \$1,518.96 |
| 27659 | Repair flexor tendon, leg, secondary with or without graft, each tendon | \$469.82 | \$6,823.42 | \$3,393.01 |
| 27665 | Repair, extensor tendon leg; secondary, with or without graft, each tendon | \$423.00 | \$6,823.42 | \$4,423.64 |
| 27675 | Repair dislocating peroneal tendons; without fibular osteotomy | \$492.74 | \$3,087.24 | \$1,518.96 |
| 27676 | Repair dislocating peroneal tendons; with fibular osteotomy | \$605.69 | \$6,823.42 | \$3,393.01 |
| 27680 | Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s)) | \$419.07 | \$3,087.24 | \$1,518.96 |
| 27681 | Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s)) | \$505.51 | \$3,087.24 | \$1,518.96 |
| 27685 | Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure) | \$463.93 | \$3,087.24 | \$1,518.96 |
| 27686 | Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each | \$529.08 | \$3,087.24 | \$1,518.96 |
| 27690 | Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot) | \$633.19 | \$6,823.42 | \$3,393.01 |
| 27691 | Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (e.g., anterior tibial or posterior through interosseous space, flexor or digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) | \$737.30 | \$6,823.42 | \$3,393.01 |

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| Common Lower Extremity Procedures, continued | | | | |
|---|---|--------------------|----------------|------------|
| CPT | Descriptor | Physician Facility | OPPS | ASC |
| ARTHROPLASTY PROCEDURES | | | | |
| 27700 | Arthroplasty, ankle | \$644.00 | \$6,823.42 | \$5,190.49 |
| 27702 | Arthroplasty, ankle; with implant (total ankle) | \$950.77 | \$17,774.76 | N/A |
| 27703 | Arthroplasty, ankle; revision, total ankle | \$1,095.81 | Inpatient Only | N/A |
| FRACTURE, ARTHRODESIS, AND RECONSTRUCTION PROCEDURES | | | | |
| 27766 | Open treatment of medial malleolus fracture, includes internal fixation, when performed | \$603.07 | \$6,823.42 | \$3,393.01 |
| 27769 | Open treatment of posterior malleolus fracture, includes internal fixation, when performed | \$721.92 | \$6,823.42 | \$3,393.01 |
| 27792 | Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed | \$642.36 | \$6,823.42 | \$4,345.95 |
| 27814 | Open treatment of bimalleolar ankle fracture (e.g., lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed | \$759.24 | \$6,823.42 | \$4,385.22 |
| 27822 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip | \$866.96 | \$6,823.42 | \$4,415.38 |
| 27823 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip | \$975.98 | \$6,823.42 | \$4,387.50 |
| 27826 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation, when performed; of fibula only | \$782.49 | \$6,823.42 | \$4,441.85 |
| 27827 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation, when performed; of tibia only | \$1,109.56 | \$12,552.87 | \$8,755.39 |
| 27828 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula | \$1,311.24 | \$12,552.87 | \$8,661.07 |
| 27829 | Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed | \$703.26 | \$6,823.42 | \$4,551.97 |
| 27870 | Arthrodesis, ankle, open | \$996.28 | \$12,552.87 | \$9,300.00 |
| 27871 | Arthrodesis, tibiofibular joint, proximal or distal | \$686.89 | \$12,552.87 | \$8,195.51 |
| 28035 | Release, tarsal tunnel (posterior tibial nerve decompression) | \$355.88 | \$1,841.54 | \$897.79 |
| 28238 | Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (e.g., Kidney type procedure) | \$484.22 | \$6,823.42 | \$3,393.01 |
| 28289 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal | \$457.71 | \$3,087.24 | \$1,518.96 |
| 28296 | Hallux valgus correction with metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedure) | \$508.45 | \$3,087.24 | \$1,518.96 |
| 28299 | Hallux valgus correction by double osteotomy | \$589.65 | \$6,823.42 | \$4,333.72 |
| 28306 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal | \$404.67 | \$6,823.42 | \$3,393.01 |
| 28308 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each | \$385.68 | \$3,087.24 | \$1,518.96 |
| 28415 | Open treatment of calcaneal fracture, includes internal fixation, when performed | \$1,108.90 | \$6,823.42 | \$4,479.69 |
| 28420 | Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft) | \$1,283.41 | \$12,552.87 | \$8,668.71 |
| 28445 | Open treatment of talus fracture, includes internal fixation, when performed | \$1,037.86 | \$6,823.42 | \$4,442.42 |
| 28465 | Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each | \$637.78 | \$6,823.42 | \$4,256.32 |

| Common Lower Extremity Procedures, continued | | | | |
|--|---|--------------------|-------------|-------------|
| CPT | Descriptor | Physician Facility | OPPS | ASC |
| FRACTURE, ARTHRODESIS, AND RECONSTRUCTION PROCEDURES, continued | | | | |
| 28485 | Open treatment of metatarsal fracture, includes internal fixation, when performed, each | \$561.16 | \$6,823.42 | \$4,386.36 |
| 28505 | Open treatment of fracture, great toe, phalanx, or phalanges, includes internal fixation, when performed | \$492.74 | \$3,087.24 | \$1,518.96 |
| 28525 | Open treatment of fracture, phalanx, or phalanges, other than great toe, includes internal fixation, when performed, each | \$405.65 | \$3,087.24 | \$1,518.96 |
| 28531 | Open treatment of sesamoid fracture, with or without internal fixation | \$180.72 | \$6,823.42 | \$3,393.01 |
| 28555 | Open treatment of tarsal bone dislocation, includes internal fixation, when performed | \$658.07 | \$6,823.42 | \$4,404.29 |
| 28585 | Open treatment of talotarsal joint dislocation, includes internal fixation, when performed | \$700.96 | \$6,823.42 | \$4,782.45 |
| 28615 | Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed | \$823.08 | \$6,823.42 | \$4,342.54 |
| 28645 | Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed | \$483.57 | \$3,087.24 | \$1,518.96 |
| 28675 | Open treatment of interphalangeal joint dislocation, when performed | \$412.20 | \$3,087.24 | \$1,518.96 |
| 28705 | Arthrodesis; pantalar | \$1,202.21 | \$17,774.76 | \$12,699.07 |
| 28715 | Arthrodesis; triple | \$929.49 | \$12,552.87 | \$9,821.71 |
| 28725 | Arthrodesis, subtalar | \$771.35 | \$12,552.87 | \$9,005.07 |
| 28730 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse | \$717.99 | \$12,552.87 | \$9,594.93 |
| 28735 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (e.g., flatfoot correction) | \$767.10 | \$12,552.87 | \$9,495.71 |
| 28737 | Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (e.g., Miller type procedure) | \$683.94 | \$12,552.87 | \$9,745.39 |
| 28740 | Arthrodesis, midtarsal or tarsometatarsal, single joint | \$610.60 | \$6,823.42 | \$4,891.14 |
| 28750 | Arthrodesis, great toe; metatarsophalangeal joint | \$570.66 | \$6,823.42 | \$4,745.74 |
| 28755 | Arthrodesis, great toe; interphalangeal joint | \$332.31 | \$6,823.42 | \$3,393.01 |
| 28760 | Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (e.g., Jones type procedure) | \$566.73 | \$6,823.42 | \$4,275.11 |

Note: In the OPPS, CMS has assigned all of the CPT codes listed above a “J1” status indicator; as such, payment for all covered Part B services reported on the claim are packaged with the primary service for the claim, except services with OPPS SI=F, G, H, L and U.

| Robotic-Assisted Laparoscopic Radical Prostatectomy | | | | |
|---|---|--------------------|------------|------------|
| CPT | Descriptor | Physician Facility | OPPS | ASC |
| 55866 | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed | \$1,163.25 | \$9,817.97 | N/A |
| 64910 | Nerve repair with synthetic conduit or vein allograft (e.g., nerve tube), each nerve | \$752.37 | \$6,353.57 | \$4,290.84 |
| 64999 | Other Procedures of the Nervous System | By Report | \$282.49 | N/A |
| 38570 | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple | \$508.45 | \$5,503.30 | \$2,705.53 |
| 38571 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy | \$647.27 | \$9,817.97 | \$4,540.76 |

Inpatient

| DRG | Descriptor | Payment |
|-----|---|-------------|
| 469 | Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity with MCC or Total Ankle Replacement | \$23,313.93 |
| 470 | Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity w/o MCC | \$13,174.91 |
| 500 | Soft Tissue Procedures with MCC | \$22,704.79 |
| 501 | Soft Tissue Procedures with CC | \$12,152.68 |
| 502 | Soft tissue procedure w/o CC/MCC | \$9,681.11 |
| 503 | Foot Procedures with MCC | \$18,777.59 |
| 504 | Foot Procedures with CC | \$12,092.46 |
| 505 | Foot Procedures without CC/MCC | \$11,942.63 |
| 508 | Major shoulder or elbow joint procedure w/o CC/MCC | \$10,040.29 |
| 515 | Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC | \$22,135.56 |
| 516 | Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC | \$14,288.87 |
| 517 | Other Musculoskeletal System and Connective Tissue O.R. Procedures w/o CC/MCC | \$10,463.19 |
| 562 | Fracture, sprain, strain and dislocation except femur, hip, pelvis & thigh with MCC | \$10,647.33 |
| 563 | Fracture, sprain, strain & dislocation except femur, hip, pelvis & thigh w/o MCC | \$6,270.63 |
| 907 | Other OR Procedures for Injuries with MCC | \$26,042.45 |
| 908 | Other OR Procedures for Injuries with CC | \$14,031.91 |
| 909 | Other OR Procedures for Injuries w/o MCC/CC | \$9,496.27 |

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Imaging

| CPT | Descriptor | Physician Facility | OPPS | ASC |
|-------|--|--------------------|-------------------|----------|
| 73620 | Radiologic examination, foot; 2 views | \$7.20 | \$86.67/Packaged* | Packaged |
| 73630 | Radiologic examination, foot; complete, minimum 3 views | \$7.86 | \$86.67/Packaged* | Packaged |
| 73650 | Radiologic examination, calcaneus, minimum 2 views | \$7.53 | \$86.67/Packaged* | Packaged |
| 76881 | Ultrasound, extremity, nonvascular, real time with image documentation; complete | \$41.91 | \$104.87 | \$10.48 |
| 76882 | Ultrasound, extremity, nonvascular, real time with image documentation, limited; anatomic specific | \$31.76 | \$104.87 | Packaged |

*CPT codes with a “Q1” status indicator in the OPPS are packaged if reported on the same claim as a HCPCS code with a status indicator of “S”, “T” or “V”; otherwise, it is paid separately.

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Notes & References

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.

CY 2024 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY 2024 Payment Rates (CMS 1786-FC); Addendum B and ASC Addenda.

CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS 1786-FC); Addendum B. All MPFS Fee Schedules calculated using CF of \$32.74 effective January 1, 2024.

DRG values were calculated using a base rate of \$6,497.77 and Capital Standard Payment of \$503.83. The base payment rate assumes the hospital submitted quality data and is a user of EHR. A hospital's base payment rate will change if the hospital does not meet either or both of these measures. Calculations were based on data provided in FY 2024 IPPS Final Rule (Tables 1B, 1D, and 5).

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