

EFFECTIVE JANUARY 1, 2022

PRODUCT DESCRIPTION

BIOVANCE® is an amniotic membrane allograft supplied as a single dehydrated sterile sheet.

HCPCS code Q4154 - BIOVANCE, per sq cm.

BIOVANCE should be reported per square centimeter.

2022 Medicare National Average Payment Rates Effective January 1, 2022 for the Application of BIOVANCE® as a Skin Substitute Graft

Payment Rates		
CPT Code	Descriptor	Physician Fee Office
Wound Location: Trunk, arms and legs		
15271	Application of skin substitute graft to trunk, arms, legs, total surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$159.88
+15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	\$25.96
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm wound surface area, or 1% of body area of infants and children	\$327.72
+15274	Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body surface area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$86.86
Wound Location: Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet and/or multiple digits		
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$164.38
+15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	\$33.57
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total 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	\$359.56
+15278	Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body surface area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$100.36

Note: Physician Fee Office payment rate is based on Physician Fee Schedule CY2022 Conversion Factor of \$34.60

HCPCS AND UNITS REPORTING:

Report both the applicable CPT code for the product application and the BIOVANCE HCPCS code (Q4154) on the claim. Report the number of units based on total square centimeters used (see below):

Product Code	Product Size	Total Square CM	Units Billed
DHAM0012	1x2	2	2
DHAM0022	2x2	4	4
DHAM0023	2x3	6	6
DHAM0024	2x4	8	8
DHAM0035	3x3.5	11	11
DHAM0044	4x4	16	16
DHAM0055	5x5	25	25
DHAM0066	6x6	36	36

PRODUCT PAYMENT

BIOVANCE is not included on the Part B Average Sales Price (ASP) listed by CMS at this time; ASP is calculated by the Medicare Administrative Contractor (MAC) based on manufacturer's quarterly data submission. Most MACs do not require submission of a hard copy invoice with the claim. Complete box 19 on the CMS-1500 claim form/Narrative Section on electronic format 837P including the: product name; product code/number; product size and invoice price to ensure proper payment.

PRODUCT WASTAGE AND REPORTING

Any amount of wasted product should be billed with -JW modifier and clearly documented in the medical record with the following information:

- Date, time, and location of ulcer treated
- Name of the skin substitute and how product supplied
- Approximate amount of product unit used
- Approximate amount of product unit discarded
- Reason for the wastage
- Manufacturer's serial/lot/batch or other identification number of graft material

For more information please contact Celularity Reimbursement Support at 1-844-963-2273, prompt 5 or email: reimbursement@celularity.com

This document is provided as general guidelines for providers. Following these guidelines does not guarantee coverage or payment but does provide a basis upon which to support medical necessity for BIOVANCE®.

The information contained herein is not intended as coding advice. The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Celularity concerning levels of reimbursement, payment, eligibility, charges or that these policies and codes will be appropriate for specific services or products provided or that reimbursement will be made. It is always the providers' responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. Celularity recommends that you consult your local CMS MAC or other applicable payor organization with regard to specific reimbursement policies, coverage, documentation and payment.

For product information or adverse reaction reporting, telephone 1-844-963-2273 or visit BIOVANCE.com. Please refer to the BIOVANCE® Package Insert for complete product information.

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