

HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER CODING INFORMATION

EFFECTIVE JANUARY 1, 2022

PRODUCT DESCRIPTION

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

HCPSCS code Q4154 - BIOVANCE®, per sq cm.

CMS packages payment for all skin substitutes with the primary procedure with which they are used (e.g. application of skin substitute graft). For 2022, BIOVANCE - Q4154 is assigned to the High Cost Skin Substitute Category and should be reported with the applicable CPT code described below.

Payment Rates							
CPT Code	Descriptor	SI OPPS	APC	Hospital Outpatient Department	SI ASC	Ambulatory Surgery Center	Physician Fee Facility
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	T	5054	\$1,749.26	G2	\$886.26	\$85.13
+15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	\$18.00
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	T	5055	\$3,596.22	G2	\$1,822.02	\$201.41
+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)	N	N/A	Packaged	N1	Packaged	\$46.37
Wound Location: Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbita, 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	T	5054	\$1,749.26	G2	\$886.26	\$94.82
+15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	\$25.96
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	T	5054	\$1,749.26	G2	\$886.26	\$229.44
+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)	N	N/A	Packaged	N1	Packaged	\$57.79

Facilities should select the most appropriate revenue code based on the services provided and internal accounting policies.

Revenue Code	Description
0278	Medical Supplies – Other Implant
0360	Operating room services - General
0636	Drugs requiring specific identification – Detailed Coding

Report the number of units based on product codes/description and total square centimeters.

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

**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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