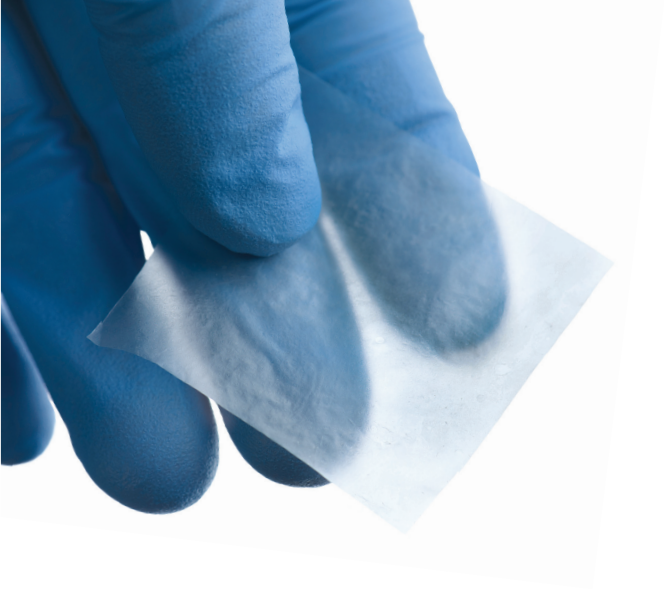

artacent® WOUND

2022 reimbursement guide

available for download at **https://www.tidesmedical.com/guide**

REIMBURSEMENT SERVICES CONTACT:

800-318-9419

337-205-3599

reimbursement@tidesmedical.com

tidesmedical®

888-494-4441

www.tidesmedical.com

we're here if you need us.

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reimbursement@tidesmedical.com

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taking your business personally.

KEVIN KABOOS
VP of Reimbursement

At Tides Medical, we sell advanced biologic products like Artacent Wound to help revolutionize access to the power of birth tissue technology. But at the end of the day, we are really in the business of helping people like you. Your business centers around patient care – and it should. With our advanced products and expert service, your patients can get the care they deserve.

As your dedicated Reimbursement Team, we are here to take the complex burden of reimbursement off your shoulders so that you can concentrate on what matters most – your patients. Our team is committed to working with yours to deliver patient-first, over-the-top service. This is at the core of what we do, every single day. **At Tides, helping you with reimbursement is a responsibility we take personally.**

diagnosis codes (ICD-10 CODES) 1.

- Artacent Wound® is a human tissue product for transplantation. It is processed and distributed in accordance with FDA requirements for Human Cellular and Tissue-based Products (HCT/P) (21 CFR Part 1271), State regulations, and the guidelines of the American Association of Tissue Banks (AATB). Caution: Federal Law restricts this product to sale by or on the order of a licensed medical professional, not for veterinary use.
- Artacent Wound is a wound covering for patients with various types of wounds including, but not limited to, diabetic ulcers, pressure ulcers, venous stasis ulcers, burns and Mohs surgery.
- We recommend reviewing your Local Coverage Determination (LCD) for approved uses.

product code (HCPCS CODE) 2.

HCPCS CODE	Q4169
DESCRIPTION	Artacent Wound®, Per square centimeter
MEDICARE PAYMENT RATE	Priced by contractor

- HCPCS codes not listed on the Medicare Part B ASP file are priced individually by Medicare Administrative Contractor (MAC). Contractors may use Wholesale Acquisition Cost® (WAC) +6% or the invoice cost[1].
- For information specific to your MAC, please contact the Tides Medical Reimursement Hotline, 800-318-9419.

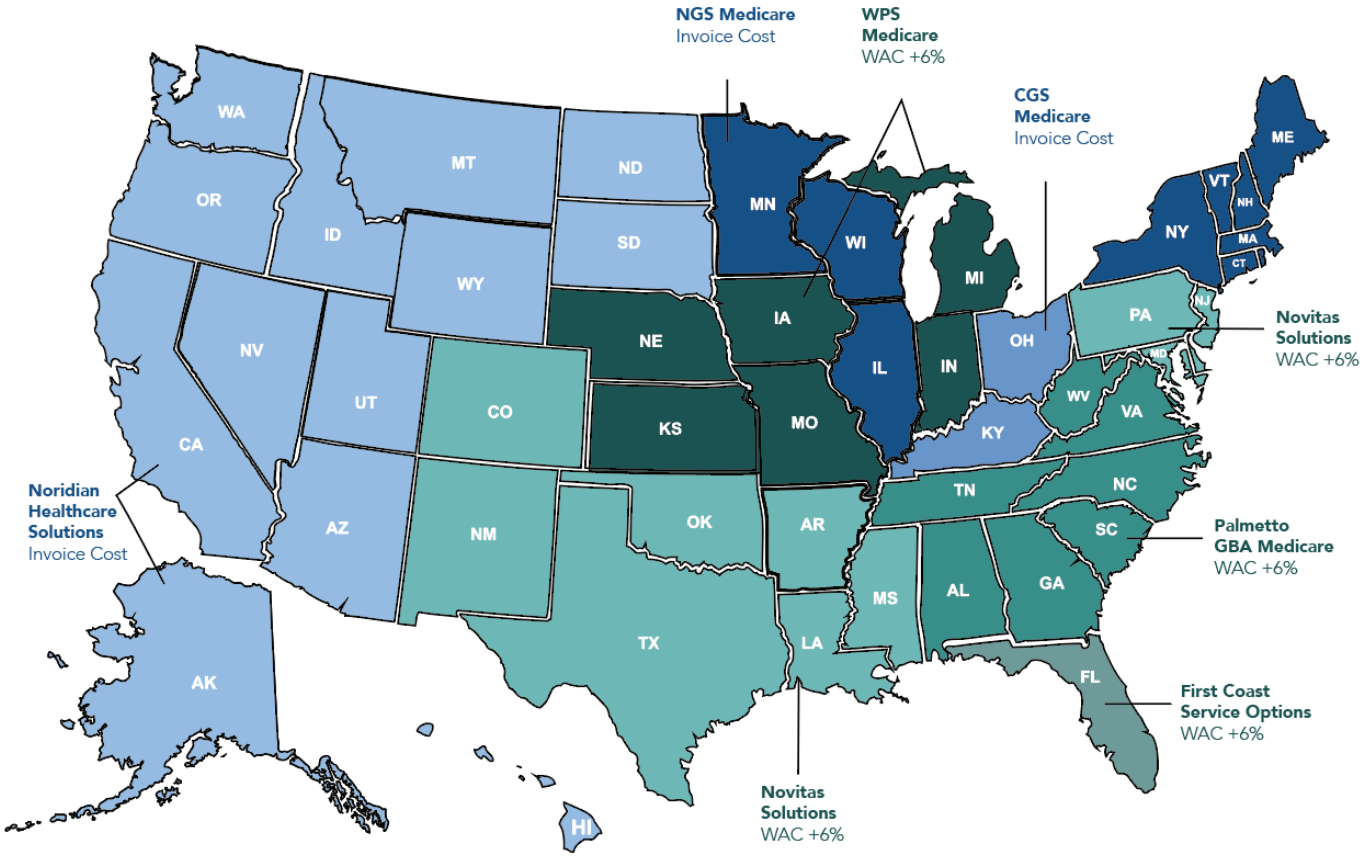
Size	Area	Billing Units
15 mm	1.77 cm^2	2
2x2 cm	4.00 cm^2	4
4x4 cm	16.00 cm^2	16
4x8 cm	32.00 cm^2	32

MAC REGION PRICING

Invoice Cost
- Noridian Healthcare Solutions
- CGS Medicare
- NGS Medicare

WAC +6%
- Novitas Solutions
- WPS Medicare
- Palmetto GBA Medicare
- First Coast Service Options

ALLOWABLE RATE FOR MEDICARE in the WAC +6% MACs: $418.70 per unit

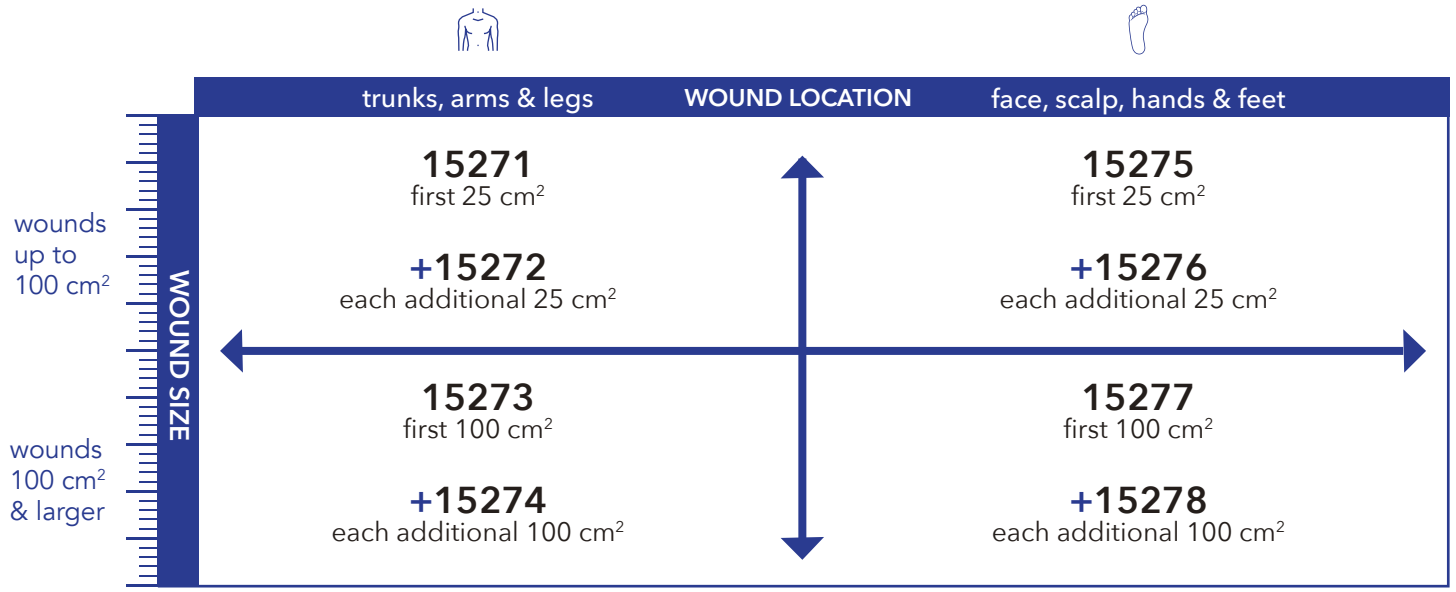


site preparation codes 3.

Code	Description
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
+15003	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
+15005	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)

- The surgical site preparation codes may not be reimbursed in the physician office; payer guidelines vary.
- Code may only be billed once per wound and the documentation should reflect medical necessity.
- If billed on the same day as the Artacent Wound® application, the application codes are subject to the multiple procedure reduction rule.
- For additional details on the utilization of the surgical site preparation codes please contact the payer directly.

application codes 4.



see page 7 for a more detailed description of application codes

application codes 4.

CPT®[1] Code	CPT® Description	Medicare National Average Payment 2022 Non-Facility (Office)	Medicare National Average Payment 2022 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	$152.27	$77.52
+15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary)	$23.53	$15.57
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	$305.23	$178.91
+15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq. cm; 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)	$80.63	$40.14
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	$157.46	$87.90
+15276	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; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	$30.80	$23.19
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	$334.30	$204.18
+15278	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; 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.)	$93.44	$50.87

billing reminders 5.

notes

helpful billing tips to remember.

1. Verify the size of Artacent Wound® applied and bill the appropriate number of units. Artacent Wound is considered a single use product; always bill for the entire piece.

2. Understand the CPT® code descriptors: look at total surface area and anatomical location.

3. Review add-on CPT® codes for larger wounds (between 25-100 cm^2).

4. Verify your billed charge for Artacent Wound. Review applicable allowables and your cost. Determine your charge using the methodology you use for other products/ services.

5. The Tides Reimbursement Hotline is available to answer any questions you may have when billing for Artacent Wound.

have billing questions?

REIMBURSEMENT SERVICES:

800-318-9419
337-205-3599
reimbursement@tidesmedical.com

billing reminders 5.

documentation checklist

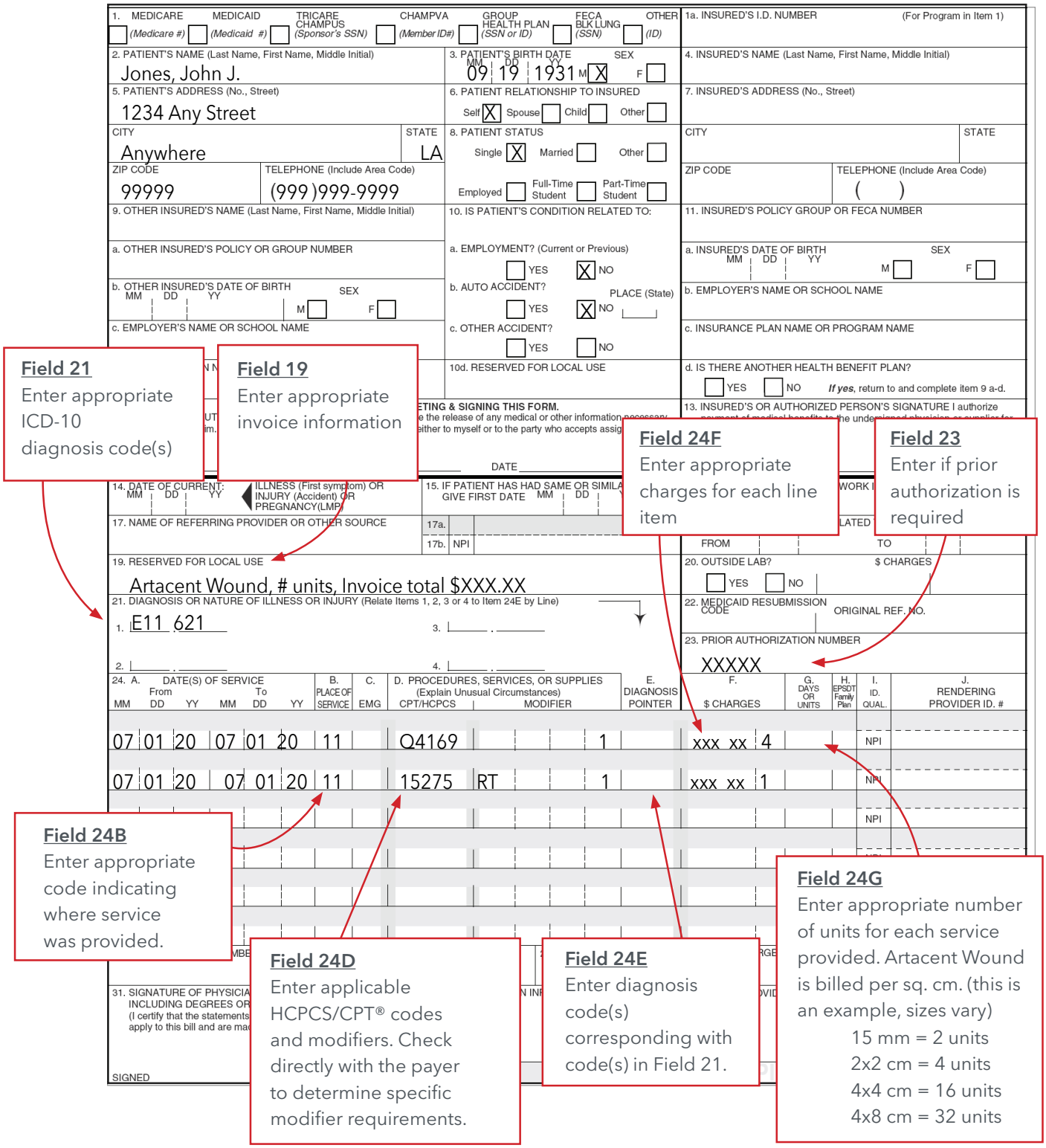
The following guidelines are suggested based on general documentation practices. For specific information please reference your Local Coverage Determination (LCD).

- [ ] Baseline measurements of the wound immediately prior to initiation of treatment (size, location, stage, duration)
- [ ] Type(s) of conservative treatment that failed to induce significant healing
- [ ] Presence or absence of infection and treatment provided/response (if applicable)
- [ ] Adequate treatment of the underlying disease contributing to the ulcer
- [ ] Adequate blood flow
- [ ] Adequate glucose control (diabetic patients)
- [ ] Clean wound bed, free of exudate or necrotic tissue
- [ ] Note Artacent Wound® by name/descriptor and provide lot number
- [ ] Wound description prior to and after Artacent Wound application
- [ ] Application number and improvement since last treatment
- [ ] Amount of Artacent Wound utilized and amount discarded (if applicable)
- [ ] Appropriate wound dressing changes, patient compliance and off-loading

notes

claims form CGS, NGS 6a.

SAMPLE CMS 1500 CLAIM FORM FOR ARTACENT WOUND FOR CGS AND NGS ONLY



Field 21
Enter appropriate ICD-10 diagnosis code(s)

Field 19
Enter appropriate invoice information

Field 24F
Enter appropriate charges for each line item

Field 23
Enter if prior authorization is required

Field 24B
Enter appropriate code indicating where service was provided.

Field 24D
Enter applicable HCPCS/CPT® codes and modifiers. Check directly with the payer to determine specific modifier requirements.

Field 24E
Enter diagnosis code(s) corresponding with code(s) in Field 21.

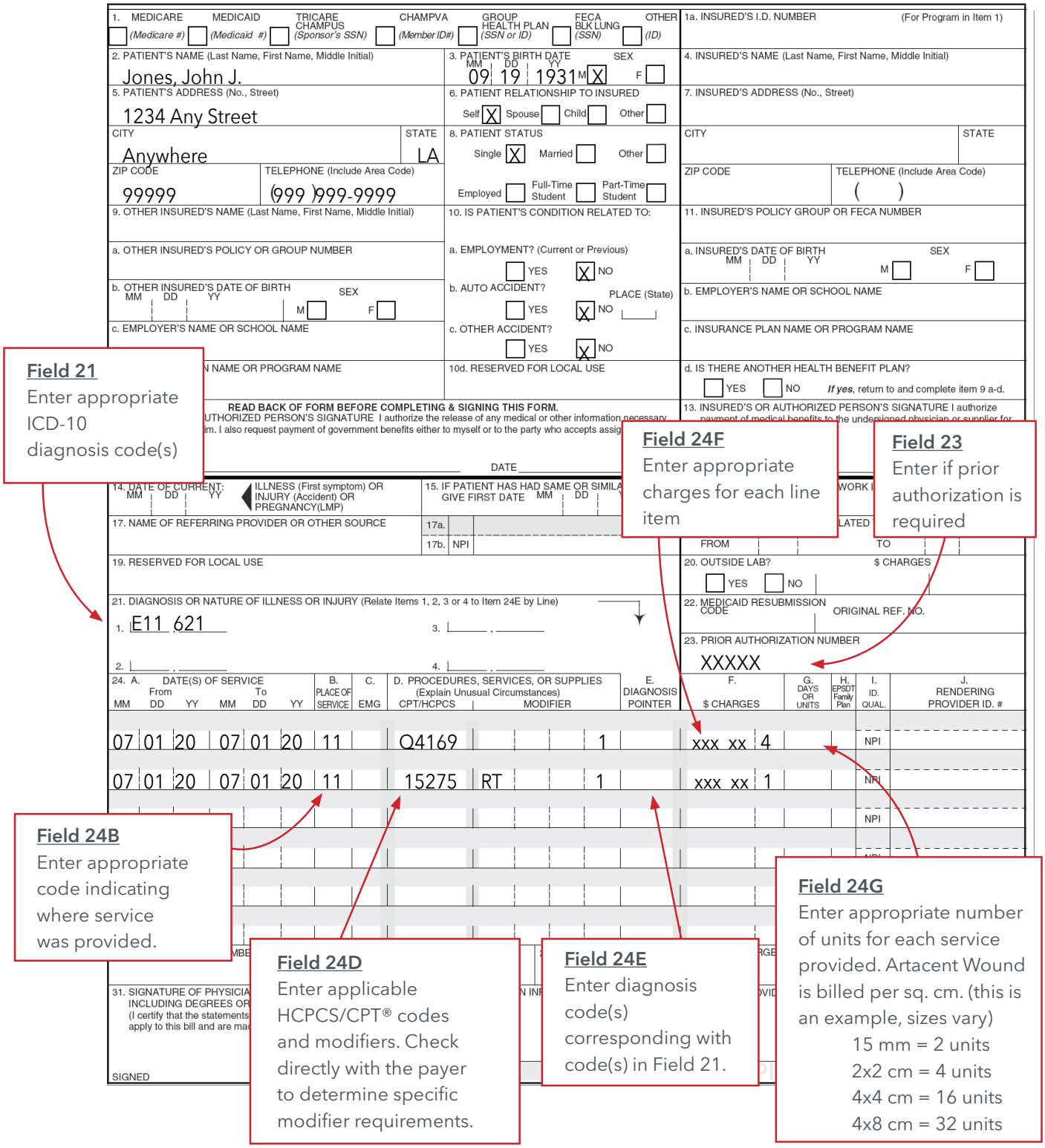
Field 24G
Enter appropriate number of units for each service provided. Artacent Wound is billed per sq. cm. (this is an example, sizes vary)

- 15 mm = 2 units
- 2x2 cm = 4 units
- 4x4 cm = 16 units
- 4x8 cm = 32 units

For internal use only.

claims form FIRST COAST, NOVITAS, PALMETTO, WPS 6b.

SAMPLE CMS 1500 CLAIM FORM FOR ARTACENT WOUND FOR FIRST COAST, NOVITAS, PALMETTO & WPS ONLY



Field 21
Enter appropriate ICD-10 diagnosis code(s)

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Enter appropriate charges for each line item

Field 23
Enter if prior authorization is required

Field 24B
Enter appropriate code indicating where service was provided.

Field 24D
Enter applicable HCPCS/CPT® codes and modifiers. Check directly with the payer to determine specific modifier requirements.

Field 24E
Enter diagnosis code(s) corresponding with code(s) in Field 21.

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Enter appropriate number of units for each service provided. Artacent Wound is billed per sq. cm. (this is an example, sizes vary)

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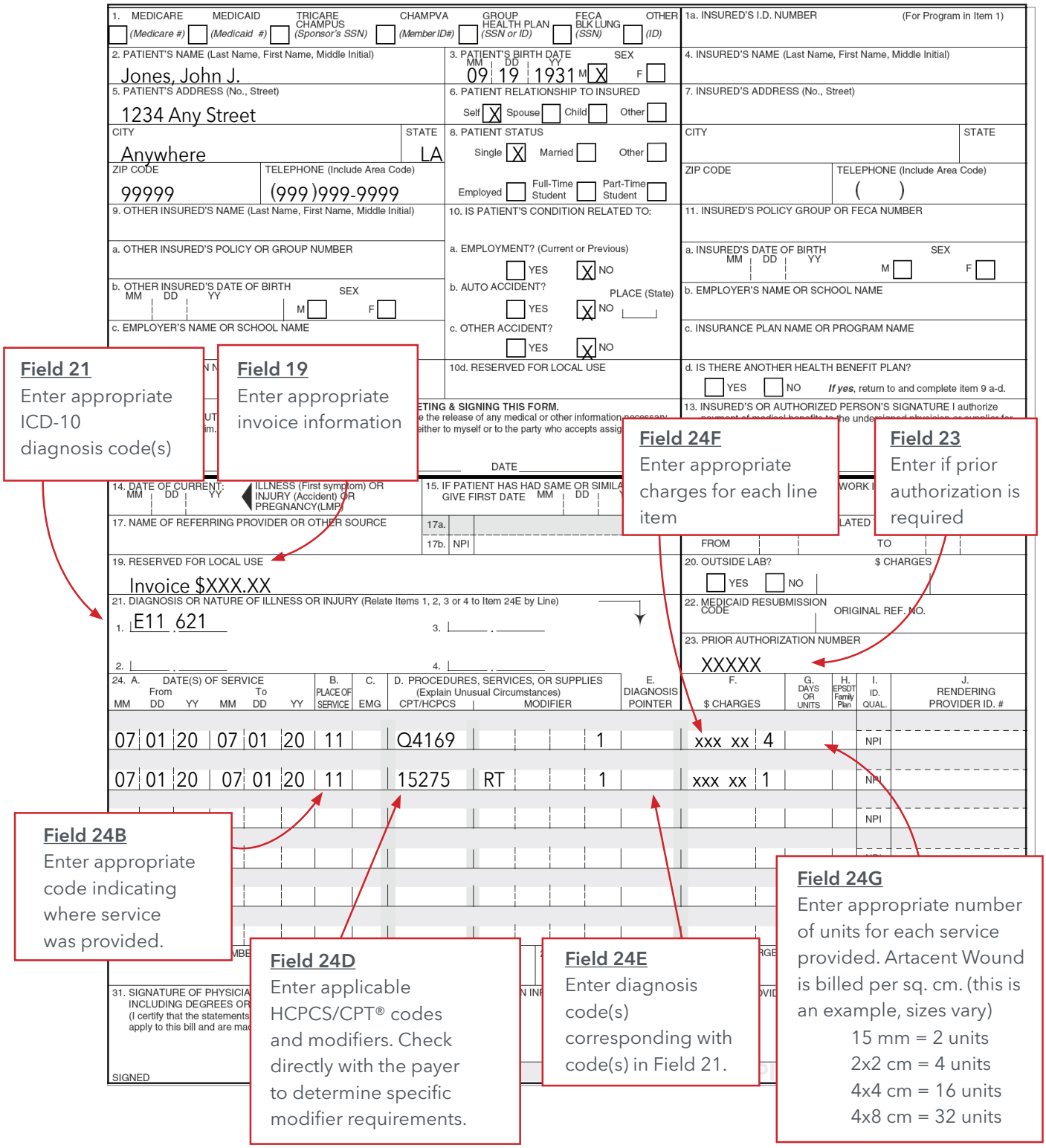
- 4x4 cm = 16 units
- 4x8 cm = 32 units

For internal use only.

claims form NORIDIAN 6c.

SAMPLE CMS 1500 CLAIM FORM FOR ARTACENT WOUND FOR NORIDIAN ONLY



Field 21
Enter appropriate ICD-10 diagnosis code(s)

Field 19
Enter appropriate invoice information

Field 24F
Enter appropriate charges for each line item

Field 23
Enter if prior authorization is required

Field 24B
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Enter appropriate number of units for each service provided. Artacent Wound is billed per sq. cm. (this is an example, sizes vary)

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- 2x2 cm = 4 units
- 4x4 cm = 16 units
- 4x8 cm = 32 units

For internal use only.

patient intake form 7.

The patient intake form should be filled out in its entirety and faxed to 337-205-3599. Once received, the Hotline team will complete the benefits investigation and return results to your office within 24-48 hours. Case managers are available Monday-Friday from 9:00am - 5:00pm CST to answer questions.

This form is available on the Tides Medical website at www.tidesmedical.com/intake

tidesmedical® Digital Patient Intake Form

Hotline Contact Info
Phone: 1-800-318-9419
E-fax: 337-205-3599

Rep Name: _____ Rep Email: _____

PROVIDER INFORMATION

Provider Name	Provider NPI	
Practice Name	Practice NPI	Practice Tax ID
Address, City, State Zip		
Office Contact Name	Phone	Fax
Office Contact Email		Preferred Contact Method ☐ Fax ☐ Email

TREATING FACILITY (IF DIFFERENT FROM ABOVE)

Facility Name			
Phone	Fax	NPI	Tax ID
Address, City, State Zip			

PATIENT INFORMATION (*NAME AND DOB REQUIRED)

Patient Name*	Phone	Date of Birth*
Address, City, State Zip		

INSURANCE INFORMATION (PLEASE ATTACH A COPY OF THE PATIENT'S INSURANCE CARDS)

Primary Insurance	Member ID	Phone
Secondary Insurance	Member ID	Phone

ARTACENT WOUND TREATMENT INFORMATION

	Diagnosis Codes *REQUIRED	Wound Size (sq cm)
Wound 1		
Wound 2		
Wound 3		

Place of Service *REQUIRED

- ◯ Physician Office
- ◯ Patient Home
- ◯ Hospital Outpatient (HOPD)
- ◯ Assisted Living
- ◯ Surgery Center
- ◯ Nursing Facility
- ◯ Other: _____

Graft Application

- ☐ 15271: Application of graft to trunk, arms, legs, total wound surface area up to 100cm²; First 25cm² wound surface area or less
- ☐ 15273: Application of graft to trunk, arms, legs, total wound surface area greater than or equal to 100cm²; First 100cm² wound surface area
- ☐ 15275: Application of graft to face, scalp, feet, etc. total wound surface area up to 100cm²; First 25cm² wound surface area or less
- ☐ 15277: Application of graft to face, scalp, feet, etc. total wound surface area greater than or equal to 100cm²; First 100cm² wound surface area

HIPAA AUTHORIZATION

By submitting this form you certify that you have received the necessary patient consent to release the medical and/or other patient information referenced on this form to Tides Medical for the purpose of using and re-disclosing this information, as necessary, for insurance verification, prior authorization, and/or claims support.

The Tides Medical® Hotline is an information service program. Reimbursement and coverage results are based on the information provided to Tides Medical® from the third party payer. Coverage and reimbursement are subject to change at any time. The Hotline results are not a guarantee of coverage and payment now or in the future.

Fax this form to Reimbursement Services: 337-205-3599

meet our reimbursement support team: **reimbursement that's right for you.**

HOTLINE REIMBURSEMENT TEAM:

Have a question about proper coding? Need help with benefit verification or billing issues for Artacent Wound®? Just give us a call! Our in-house team of reimbursement professionals is available Monday through Friday, 9:00 am to 5:00 pm CST, to help resolve common reimbursement and billing issues.

FIELD REIMBURSEMENT MANAGERS:

Depending on where your office is, you may need specialized assistance in navigating regional MAC reimbursement procedures and requirements. That's why Tides employs dedicated Field Reimbursement Managers (FRM) who are well-versed in regional standards and work directly with clinicians and their staff to tackle any reimbursement challenge.

the small print.

The reimbursement information provided is for informational purposes only. Coding and coverage should always be confirmed directly with the payer. Information provided in this guide was gathered from outside sources and does not represent a guarantee of coverage or payment now or in the future. Coding should always accurately reflect the services provided.

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[1] Medicare Claims Processing Manual, Chapter 17 Drugs and Biologicals, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf

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[1] CPT 2019 Professional Edition, 2019, American Medical Association and CMS 2019 PFS Final Rule, www.cms.gov

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[1] Medicare Claims Processing Manual, Chapter 17 Drugs and Biologicals, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf

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[1] Medicare Claims Processing Manual, Chapter 17 Drugs and Biologicals, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf

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[1] Medicare Claims Processing Manual, Chapter 17 Drugs and Biologicals, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf

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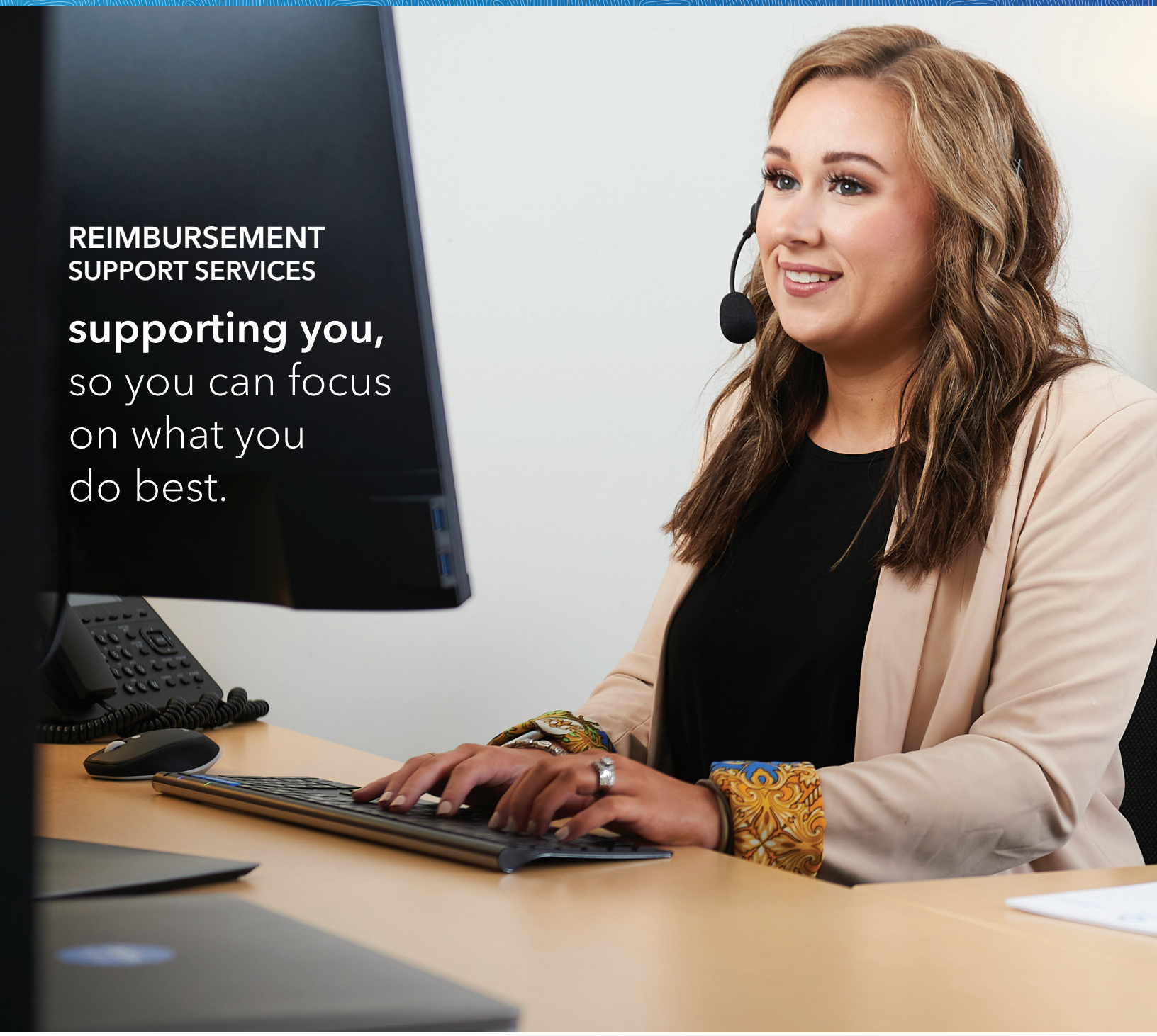

REIMBURSEMENT SUPPORT SERVICES

supporting you,
so you can focus
on what you
do best.

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