

artacent[®]

2023 reimbursement guide **artacent wound & artacent ac**

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

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taking your business personally.



JOE SPELL
CEO

At Tides Medical, we sell advanced biologic products like Artacent Wound and Artacent AC 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.

HOTLINE REIMBURSEMENT TEAM:

Have a question about proper coding? Need help with benefit verification or billing issues for Artacent® products? 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:

Our Field Reimbursement Managers (FRM) are well versed in Medicare claim requirements. They work directly with clinicians and their staff in providing LCD guidance and support during the claims and billing process. Should you have questions or need reimbursement assistance, call our reimbursement hotline to be connected with your regional FRM.

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patient intake form

1.

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

Don't forget to
select the
correct
product.

When
submitting
an intake for
Bioavance refer
to the Bioavance
reimbursement
guides
available
through your
sales agent or
FRM

tidesmedical [®] Digital Patient Intake Form			Hotline Contact Info Phone: 1-800-318-9419 E-fax: 337-205-3599	
Agent Name: _____ Agent Email: _____				
TYPE OF INSURANCE VERIFICATION REQUESTED				
<input type="checkbox"/> New patient <input type="checkbox"/> New wound <input type="checkbox"/> Re-verification <input type="checkbox"/> New insurance <input type="checkbox"/> Additional applications <input type="checkbox"/> Different product				
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 <input type="checkbox"/> Fax <input type="checkbox"/> Email		
TREATING FACILITY (IF DIFFERENT FROM ABOVE)				
Facility Name				
Phone	Fax	NPI	Tax ID	
Address, City, State Zip				
PATIENT INFORMATION (*NAME AND DOB REQUIRED) List the patient's name on this form when attaching a face sheet.				
Patient Name*		Phone	Date of Birth*	
Address, City, State Zip				
Is the patient currently residing in a skilled nursing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
INSURANCE INFORMATION (PLEASE ATTACH A COPY OF THE PATIENT'S INSURANCE CARDS)*				
Primary Insurance		Member ID	Phone	
Secondary Insurance		Member ID	Phone	
TREATMENT INFORMATION				
Has the patient received any skin substitutes in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Product *REQUIRED: <input type="checkbox"/> Artacent Wound [®] <input type="checkbox"/> Artacent AC [®] <input type="checkbox"/> Bioavance [®]				
Diagnosis Codes *REQUIRED		Wound Size (sq cm)		
Wound 1				
Wound 2				
Place of Service *REQUIRED		Graft Application		
<input type="checkbox"/> Physician Office <input type="checkbox"/> Assisted Living <input type="checkbox"/> Patient Home <input type="checkbox"/> Surgery Center <input type="checkbox"/> Hospital Outpatient (HOPD) <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other: _____		<input type="checkbox"/> 15271: Application of graft to trunk, arms, legs, total wound surface area up to 100cm ² ; First 25cm ² wound surface area or less <input type="checkbox"/> 15273: Application of graft to trunk, arms, legs, total wound surface area greater than or equal to 100cm ² ; First 100cm ² wound surface area <input type="checkbox"/> 15275: Application of graft to face, scalp, feet, etc. total wound surface area up to 100cm ² ; First 25cm ² wound surface area or less <input type="checkbox"/> 15277: Application of graft to face, scalp, feet, etc. total wound surface area greater than or equal to 100cm ² ; First 100cm ² wound surface area		
Note: Prior use of skin substitutes or global periods related to the same wound may impact reimbursement.				
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				
Incomplete forms may lead to processing delays				

MKT-020, Rev. 03

diagnosis codes (ICD-10 CODES)

2.

- Artacent Wound® and Artacent AC® are human tissue products for transplantation. Artacent Wound and Artacent AC are processed and distributed in accordance with Food and Drug Administration (FDA) requirements for Human Cellular and Tissue-based Products (HCT/P) (21 Code of Federal Regulations Part 1271, and confirmed by FDA Tissue Reference Group (TRG), confirmation letter on file at Tides Medical), 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 and Artacent AC products are 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.
- Providers should select the ICD-10 code that most accurately reflects the patient's condition.

coverage

3.

- **Based on medical necessity: Noridian, NGS, WPS and Palmetto** do not have an active Local Coverage Determination (LCD) for Skin Substitutes or Artacent AC®/Artacent Wound®. Coverage is based on medical necessity. All guidelines in the product's instructions for use must be followed. Coverage cannot be guaranteed and is ultimately determined by the payer.
- **LCD: Novitas Solutions (L35041), CGS (L36690), First Coast (L36377)** have active Local Coverage Determinations (LCD) for Skin Substitutes. The LCD should be reviewed for all coverage requirements for Artacent Wound®/ Artacent AC® including covered indications, documentation requirements and limitations. Please see the LCD numbers referenced above.
- **MUE (Medically Unlikely Edits):** Medicare covers up to 124 units per application for Artacent Wound®, and up to 36 units per application of Artacent AC®.

site preparation codes

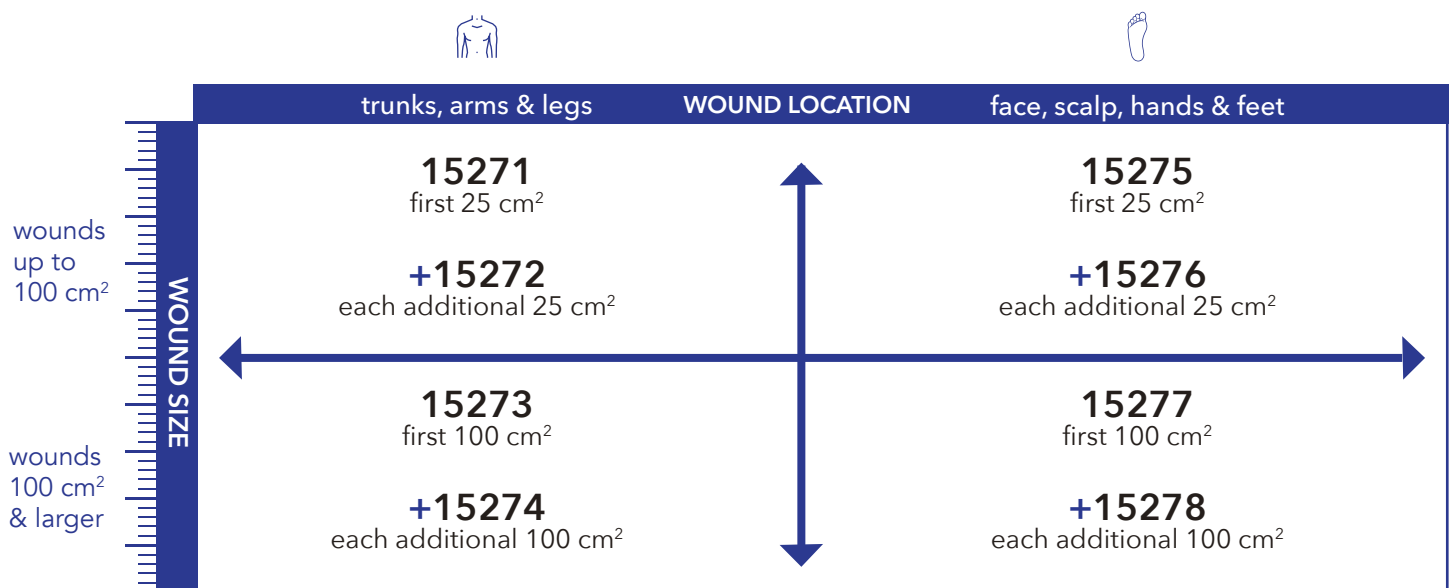
4.

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 product 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

5.



see page 7 for a more detailed description of application codes

application codes

5.

CPT® ¹ Code	CPT® Description	Medicare National Average Payment 2023 Non-Facility (Office)	Medicare National Average Payment 2023 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	\$158.29	\$86.37
+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)	\$24.98	\$17.06
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	\$325.60	\$204.39
+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)	\$86.83	\$47.23
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	\$163.91	\$95.38
+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)	\$33.80	\$25.89
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	\$361.12	\$234.06
+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.)	\$100.35	\$58.53

billing reminders

6.



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®** or **Artacent AC®** by name/descriptor and provide lot number
- ☐ Wound description prior to and after graft application
- ☐ Application number and improvement since last treatment
- ☐ Amount of graft utilized and amount discarded (if applicable)
- ☐ Appropriate wound dressing changes, patient compliance and off-loading
- ☐ Fixation method used to anchor the graft

helpful billing tips to remember.

1. Verify the size of **Artacent Wound®** or **Artacent AC®** applied and bill the appropriate number of units. Artacent Wound and Artacent AC are considered single use products; 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.
4. Verify your billed charge for Artacent Wound or Artacent AC. 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 products.

REIMBURSEMENT SERVICES:

800-318-9419

337-205-3599

reimbursement@tidesmedical.com

product-specific guidance

7.

artacent ac

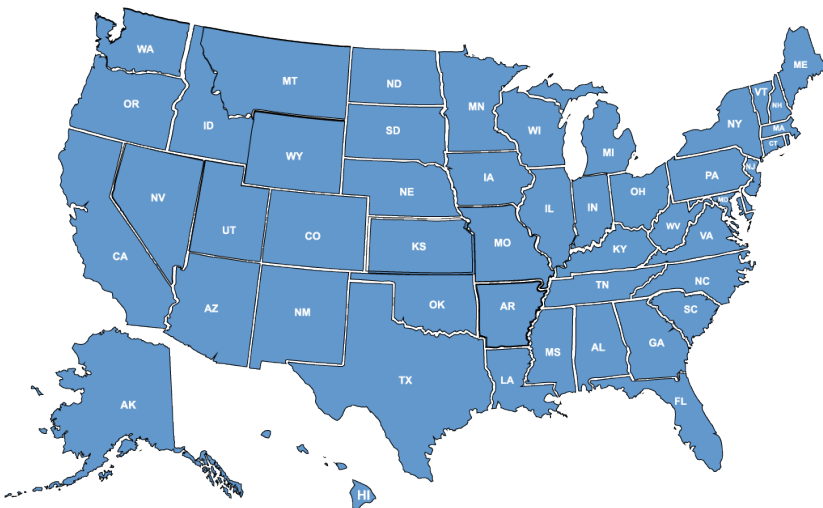
artacent wound

HCPSC CODE	Q4190
DESCRIPTION	Artacent AC®, Per square centimeter
MEDICARE PAYMENT RATE	MCR PT B ASP Methodology

HCPSC CODE	Q4169
DESCRIPTION	Artacent Wound®, Per square centimeter
MEDICARE PAYMENT RATE	MCR PT B ASP Methodology

- Product HCPCS are listed on the CMS Medicare Part B Drug and Biological ASP File
<https://www.cms.gov/medicare/medicare-fee-for-service-part-b-drugs/mcrpartbdrugavgsalesprice>
- For questions contact the Tides Medical Reimbursement Hotline, 800-318-9419

COVERAGE MAP & SIZE/UNITS FOR ARTACENT AC & ARTACENT WOUND



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
7x7 cm* Aura (frame)	36.00 cm ² *	36*

- Size available only in Artacent AC

sample claim form

8.

SAMPLE CMS 1500 CLAIM FORM FOR ARTACENT AC OR ARTACENT WOUND

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (BLK LUNG) (SSN) (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Jones, John J.		3. PATIENT'S BIRTH DATE 09 19 1931 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1234 Any Street		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY Anywhere		8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
STATE LA		Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Student <input type="checkbox"/> Part-Time <input type="checkbox"/>	
ZIP CODE 99999		TELEPHONE (Include Area Code) (999) 999-9999	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. INSURED'S POLICY GROUP OR FECA NUMBER		11. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
a. INSURED'S DATE OF BIRTH		b. EMPLOYER'S NAME OR SCHOOL NAME	
c. INSURANCE PLAN NAME OR PROGRAM NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned charging as mediator.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned charging as mediator.	
14. DATE OF CURRENT: MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR INJURY (Accident) OR PREGNANCY (LMP) GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. NPI	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
1. E11.621		23. PRIOR AUTHORIZATION NUMBER XXXXXX	
2.		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
07 01 20 07 01 20 11 Q4190 1 xxx xx xx 4		NPI	
07 01 20 07 01 20 11 15275 RT 1 xxx xx xx 1		NPI	
31. SIGNATURE OF PHYSICIAN INCLUDING DEGREES OR (I certify that the statements apply to this bill and are made in good faith.)		31. SIGNATURE OF PHYSICIAN INCLUDING DEGREES OR (I certify that the statements apply to this bill and are made in good faith.)	
SIGNED		SIGNED	

Field 21

Enter appropriate ICD-10 diagnosis code(s)

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. Product is billed per sq. cm. See Coverage map and size for correct billing units (this is an example, sizes vary).

15 mm = 2 units
2x2 cm = 4 units
4x4 cm = 16 units
4x8 cm = 32 units
7x7 cm = 36 units

For internal use only.

notes:

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.

CPT® is a registered trademark of the American Medical Association.

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PAGE 7 CPT 2023 Professional Edition, 2023 American Medical Association and CMS 2023 PFS Final Rule, www.cms.gov

PAGE 10 Medicare Claims Processing Manual, Chapter 17 Drugs and Biologicals, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf>



**REIMBURSEMENT
SUPPORT SERVICES**

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

CONTACT A REIMBURSEMENT SPECIALIST FOR HELP TODAY

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📠 337-205-3599

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www.tidesmedical.com | 888-494-4441 | 1819 w. pinhook road, suite 206 lafayette, la 70508