



**TO:** Physicians, Physician Assistants (PA), Advanced Practice Registered Nurses (APRN), and Podiatrists

**RE:** Update to the Billing Guidance to the HCPCS Codes for Skin Substitutes

Effective November 1, 2018, the Department of Social Services (DSS) has updated the billing guidance for the skin substitute products listed as manually priced (MP) on the physician office and outpatient fee schedule.

Providers are now required to bill their actual acquisition costs for any of the skin substitutes that are coded under the following Healthcare Common Procedure Coding System (HCPCS) codes:

Procedure Code	Procedure Description
Q4100	Skin substitute nos
Q4103	Oasis burn matrix
Q4117	Hyalomatrix
Q4118	Matristem micromatrix
Q4122	Dermacell
Q4124	Oasis tri-layer wound matrix
Q4125	Arthroflex
Q4126	Memoderm/derma/tranz/integup
Q4127	Talymed
Q4128	Flexhd/allopatchhd/matrixhd
Q4130	Strattice tm
Q4134	Hmatrix
Q4135	Mediskin
Q4136	Ezderm
Q4137	Amnioexcel or biodexcel 1cm
Q4138	Biodfence dryflex 1cm
Q4139	Amnio or biodmatrix inj 1cc
Q4140	Biodfence 1cm
Q4141	Alloskin ac 1 cm
Q4142	Xcm biologic tiss matrix 1cm
Q4143	Repriza 1cm
Q4145	Epifix inj 1mg
Q4146	Tensix 1cm
Q4147	Architect ecm px fx 1 sq cm
Q4148	Neox neox rt or clarix cord

Q4149	Excellagen 0.1 cc
Q4150	Allowrap ds or dry 1 sq cm
Q4151	Amnioband guardian 1 sq cm
Q4152	Dermapure 1 square cm
Q4153	Dermavest plurivest sq cm
Q4154	Biovance 1 square cm
Q4155	Neoxflo or clarixflo 1 mg
Q4156	Neox 100 or clarix 100
Q4157	Revitalon 1 square cm
Q4158	Kerecis omega3 per sq cm
Q4159	Affinity1 square cm
Q4160	Nushield 1 square cm
Q4161	Bio-connekt per square cm
Q4162	Windex flw bioskn flw 0.5cc
Q4163	Woundex bioskin per sq cm
Q4164	Helicoll per square cm
Q4165	Keramatrix per square cm
Q4166	Cytal per square centimeter
Q4167	Truskin per sq centimeter
Q4168	Amnioband 1 mg
Q4169	Artacent wound per sq cm
Q4170	Cygnus per sq cm
Q4171	Interfyl 1 mg
Q4172	Puraply or puraply am
Q4173	Palingen or palingen xplus
Q4174	Palingen or promatrix
Q4175	Miroderm
Q4176	Neopatch per sq centimeter
Q4177	Floweramnioflo 0.1 cc
Q4178	Floweramniopatch per sq cm
Q4179	Flowerderm per sq cm
Q4180	Revita per sq cm
Q4181	Amnio wound per square cm
Q4182	Transcyte per sq centimeter

All of the skin substitutes found on the physician office and outpatient fee schedule will continue to be listed as manually priced and they will continue to require prior authorization.

All claims submitted with HCPCS codes for skin substitute products will suspend for manual pricing. DSS will price the details based on the submitted invoice documenting the actual acquisition costs.

### **Guidance for Outpatient Hospitals Billing Skin Substitutes:**

This provider bulletin does not apply to facilities paid under the Outpatient Prospective Payment System (OPPS) payment methodology. Facilities paid under OPPS should continue to follow the Connecticut Medical Assistance Program's (CMAP's) Addendum B to determine the method of payment for all outpatient services. CMAP's Addendum B can be accessed via [www.ctdssmap.com](http://www.ctdssmap.com) by selecting the "Hospital Modernization" Web page.

### **Documentation Requirements:**

All documentation for the medical/behavioral health visits must be in compliance with Section 17b-262-349 of the Regulations of Connecticut State Agencies. Original invoices and receipts for skin substitute products must be retained in the patient's medical record, as required by Section 17b-262-349. Post payment financial adjustments may result if the invoice is not available or if the billed amount does not match the invoice. These documents must be available upon request for auditing purposes.

If you have questions about this provider bulletin, please contact Dana Robinson-Rush, Health Policy Consultant, Medical Policy at (860) 424-5615 or [dana.robinson-rush@ct.gov](mailto:dana.robinson-rush@ct.gov).