



**AMNIOX REIMBURSEMENT HOTLINE 866-369-9290**  
**EMAIL ADDRESS AMNIOX@THEPINNACLEHEALTHGROUP.COM**

## 2019 MEDICARE FACILITY REIMBURSEMENT GUIDE NEOX CORD 1K, NEOX 100, NEOX CORD RT and NEOX FLO

NEOX CORD 1K, NEOX 100 and NEOX FLO are cryopreserved human umbilical cord and/or amniotic membrane products. The biological integrity of the Amniotic Membrane and Umbilical Cord is maintained through a proprietary and patented cryopreservation process, called CRYOTEK®. These products are registered with the Food and Drug Administration (FDA) as Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/P) under Section 361 of the Public Health Service (PHS) Act.

The Neox product line is indicated for use as a wound covering for dermal ulcers and defects.



NEOX CORD 1K	NEOX CORD RT	NEOX 100
Cryopreserved umbilical cord matrix	Terminally sterilized umbilical cord matrix	Cryopreserved amniotic membrane matrix

### ALLOGRAFT

HCPCS	DESCRIPTOR	INPATIENT	HOPPS	ASC
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter	N/A	Packaged	Packaged
Q4156	Neox 100 or Clarix 100, per square centimeter	N/A	Packaged	Packaged

### SKIN SUBSTITUTE APPLICATION PROCEDURE CODES

HCPCS	DESCRIPTOR	HOPPS	ASC
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	\$1,548.96	\$797.53
15272	Each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Packaged	Packaged
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	\$2,766.13	\$1,424.22
15274	Each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Packaged	Packaged
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	\$1,548.96	\$797.53
15276	Each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Packaged	Packaged
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	\$1,548.96	\$797.53
15278	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)	Packaged	Packaged

Disclaimer: The guidance contained in this document, dated January 1, 2019, is provided for informational purposes only and represents no statement, promise or guarantee by AmnioX® Medical Inc. concerning reimbursement, payment, charges. Similarly, all CPT codes and HCPCS codes are supplied for informational purposes only and represent no statement, promise or guarantee by AmnioX Medical Inc. that these code selections will be appropriate for a given service or that reimbursement will be made to the provider. This Guide is not intended to increase or maximize reimbursement by a Payer. AmnioX Medical Inc. strongly recommends that you consult your individual Payer Organization with regard to its relative and current reimbursement policies.



**AMNIOX REIMBURSEMENT HOTLINE 866-369-9290**  
**EMAIL ADDRESS [AMNIOX@THEPINNACLEHEALTHGROUP.COM](mailto:AMNIOX@THEPINNACLEHEALTHGROUP.COM)**

## REVENUE

REVENUE CODE	DESCRIPTOR
636	Pharmacy Extension 025X-Drug Requiring Detailed Coding

## INPATIENT

DRG	DESCRIPTOR	PAYMENT
573	Skin graft for Skin Ulcer or Cellulitis with MCC	\$31,638.78
574	Skin graft for Skin Ulcer or Cellulitis with CC	\$18,350.67
575	Skin graft for Skin Ulcer or Cellulitis without CC/MCC	\$10,595.06

Disclaimer: The guidance contained in this document, dated January 1, 2019, is provided for informational purposes only and represents no statement, promise or guarantee by AmnioX® Medical Inc. concerning reimbursement, payment, charges. Similarly, all CPT codes and HCPCS codes are supplied for informational purposes only and represent no statement, promise or guarantee by AmnioX Medical Inc. that these code selections will be appropriate for a given service or that reimbursement will be made to the provider. This Guide is not intended to increase or maximize reimbursement by a Payer. AmnioX Medical Inc. strongly recommends that you consult your individual Payer Organization with regard to its relative and current reimbursement policies.



**AMNIOX REIMBURSEMENT HOTLINE 866-369-9290**  
**EMAIL ADDRESS AMNIOX@THEPINNACLEHEALTHGROUP.COM**



### NEOX FLO

Lyophilized umbilical cord and amniotic membrane product in particulate form for the replacement or supplementation of damaged or inadequate integumental tissue.

### ALLOGRAFT PARTICULATE

HCPCS	DESCRIPTOR	HOPPS	ASC
Q4155	Neox FLO or CLARIX FLO, 1mg	Packaged	Packaged
*96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$58.20/ Packaged*	N/A
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	By Report	By Report

\*CPT 96372 has a "Q1" status indicator in the HOPPS. Procedures assigned a Q1 status indicator are packaged if reported on the same claim as a HCP-PCS code with a status indicator of "S", "T" or "V"; otherwise it is paid separately.

### REVENUE

REVENUECODE	DESCRIPTOR
636	Pharmacy Extension 025X-Drug Requiring Detailed Coding

### NOTES & REFERENCES

- The payment rates specified in this document are Centers for Medicare & Medicaid Services (CMS) national unadjusted averages. Actual payment rates will vary based on geographic adjustments and are updated quarterly. Commercial payment rates will vary per contract.
- Hospital Outpatient Prospective Payment – Final Rule with Comment and Final CY2019 Payment Rates (CMS-1695-FC); Addendum B and ASC Addenda.
- If required, please utilize appropriate modifiers with NEOX CORD 1K, NEOX CORD RT and NEOX 100 products (i.e. JC - Skin substitute used as a graft). Check with local payer for guidance.
- NEOX FLO cannot be billed with a skin substitute application CPT code (15271-15278) as the product is not anchored during treatment. Use appropriate CPT code based on how product applied.
- DRG values calculated using a base rate of \$5565.30 and Capital Standard Payment of \$459.41. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User. This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2019 IPPS Final Rule CN (Tables 1A, 1D, and 5).
- 2019 AMA CPT Professional Edition

Disclaimer: The guidance contained in this document, dated January 1, 2019, is provided for informational purposes only and represents no statement, promise or guarantee by AmnioX® Medical Inc. concerning reimbursement, payment, charges. Similarly, all CPT codes and HCPCS codes are supplied for informational purposes only and represent no statement, promise or guarantee by AmnioX Medical Inc. that these code selections will be appropriate for a given service or that reimbursement will be made to the provider. This Guide is not intended to increase or maximize reimbursement by a Payer. AmnioX Medical Inc. strongly recommends that you consult your individual Payer Organization with regard to its relative and current reimbursement policies.



**AMNIOX REIMBURSEMENT HOTLINE 866-369-9290**  
**EMAIL ADDRESS AMNIOX@THEPINNACLEHEALTHGROUP.COM**

## AVAILABLE SIZES & BILLING QUANTITIES

CATALOGUE NUMBER	SIZE (CM2)	BILLING QUANTITY*
<b>NEOX CORD 1K (Q4148)</b>		
NX-10-2010	2.0 X 1.0	2
NX-10-1515	1.5 X 1.5	3
NX-10-2020	2.0 X 2.0	4
NX-10-3020	3.0 X 2.0	6
NX-10-2525	2.5 X 2.5	7
NX-10-3030	3.0 X 3.0	9
NX-10-4030	4.0 X 4.0	12
NX-10-6030	6.0 X 3.0	18
NX-10-8030	8.0 X 3.0	24
<b>NEOX CORD RT (Q4148)</b>		
NX-UR-2010	2.0 X 1.0	2
NX-UR-2020	2.0 X 2.0	4
NX-UR-3020	3.0 X 2.0	6
NX-UR-3030	3.0 X 3.0	9
NX-UR-4030	4.0 X 3.0	12
NX-UR-6030	6.0 X 3.0	18
NX-UR-8030	8.0 X 3.0	24
<b>NEOX 100 (Q4156)</b>		
NX-02-2020	2.0 X 2.0	4
NX-02-3030	3.0 X 2.0	6
NX-02-4040	4.0 X 4.0	16
NX-02-7070	7.0 X 4.0	49
<b>NEOX FLO (Q4155)</b>		
NX-FL-25mg	25	25
NX-FL-50mg	50	50
NX-FL-100mg	100	100
NX-FL-150mg	150	150

\*Rounded up to the nearest whole number.

Disclaimer: The guidance contained in this document, dated January 1, 2019, is provided for informational purposes only and represents no statement, promise or guarantee by AmnioX® Medical Inc. concerning reimbursement, payment, charges. Similarly, all CPT codes and HCPCS codes are supplied for informational purposes only and represent no statement, promise or guarantee by AmnioX Medical Inc. that these code selections will be appropriate for a given service or that reimbursement will be made to the provider. This Guide is not intended to increase or maximize reimbursement by a Payer. AmnioX Medical Inc. strongly recommends that you consult your individual Payer Organization with regard to its relative and current reimbursement policies.