**Reimbursement and HCPCS Code**

**for AutoloGel System**

**Consideration of a new HCPCS Code**

CytoMedix submitted a request for a new Healthcare Common Procedure Coding System (HCPCS) Code in 2006, but was denied and instructed to bill under an existing code (A4550). **Depending on the setting where AutoloGel is being used, the codes currently being used are not sufficient, and CytoMedix should consider seeking a new HCPCS code.**

* A4550-Surgical Tray has been discontinued and reimbursement is at the Medicare Administrative Contractors’ (MAC) discretion.
* A4649-Surgical Supply, Miscellaneous is limited to inpatient settings only.

The CMS’s HCPCS Level II Code Modification Request Process is attached.

**Dates:** To be considered for inclusion in the year 2014 HCPCS update, a completed request must be received no later than close of business (COB) **Thursday, January 3, 2013**. CMS will issue decisions in November 2013.

**HCPCS Workgroup:** TheHCPCS Coding Workgroup is responsible for the additions, deletions and revisions to the HCPCS codes. National codes are updated annually and become effective January 1st each year. The Workgroup is largely comprised of representative analysts from various CMS components that deal with the claims processing, payment policies and coverage policies of the items and services that are billed to the Medicare and Medicaid programs. Non-CMS members of the Workgroup include representatives from the Statistical Analysis Durable Medical Equipment Carrier, from the Veterans Administration and from the National Association of State Medicaid Directors.

**Volume of Claims:** When Simon&Co. spoke to Bob Roth of Hooper Lundy, he indicated that, before the Workgroup considers the recommendation, the HCPCS Workgroup would like documentation that a “sufficient” volume of AutoloGel is being used to warrant a separate HCPCS code. The claims can be from Medicare, Medicaid and private insurers.

**Discussion of HCPCS Codes Currently Used for AutoloGel System**

In the attached HCPCS Level II Code Modification Request Process, CMS suggests it may be helpful “to contact third party payers for Medicare, Medicaid and private insurers to determine if, in their determination, existing HCPCS codes identify the item.”

* **Medicare:** CMS declined to create a new, separate code, but asked that CytoMedix bill under code A4550-Surgical Tray.
  + However, the 2013 HCPCS Annual Update[[1]](#footnote--1) denotes A4550 as a “discontinued” code, and it is within the MACs discretion to reimburse for items using this code (See discussion below).
* **Medicaid:** Both IL and MN reimburse for AutoloGel as a device using code A4649-Surgical Supply, Misc.
  + However, the 2013 HCPCS Annual Update denotes A4649 as “inpatient only” code.

**Issues with A4550:**

As CytoMedix’s reimbursement consultants noted several years ago, “surgical trays are only paid separately for a few select office-based surgical procedures.”

* **Some Medicare payers will not reimburse separately for surgical trays.** The 2012 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Code Jurisdiction List[[2]](#footnote-0) declares that under most circumstances the A4550 codes fall under the jurisdiction of the local carriers also know as the MACs. Each MAC sets it own fee schedule and reimbursement policies.
* **Medicare does not reimburse separately for surgical trays used during in-office services.** The Medicare Physician Fee Schedule bundles payment for the drugs, supplies and equipment that the physician uses during the in-office service as a direct expense in the calculation of the Work Relative Value Unit (RVU).
  + In the 2013 Physician Fee Schedule, A4550 is listed as a bundled code: “Payment for covered services are always bundled into payment for other services not specified.” And “If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient).”
  + Therefore, the physician will not receive separate reimbursement for the AutoloGel system and CytoMedix will need to price the system competitively to ensure usage.
* **A4550 has been discontinued.** Carriers can reimburse facilities (such as hospitals or ambulatory surgical centers) for these costs when the physician performs the procedure at the facility. However, the 2013 HCPCS Annual Update tags A4550 as a “discontinued” code.

**Issues with A4649**

CytoMedix’s reimbursement consultants declared regarding A4649, “payers will generally ask for invoices and pay a percentage of what is submitted.”

* **Items under code A4649 can be bundled into or excluded from the bundle payment.** In the 2013 Physician Fee Schedule, A4649 is listed as a bundled/excluded code, meaning there are no RVUs and no payment amounts for these services.
  + “If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident. (An example is an elastic bandage furnished by a physician incident to physician service.)
  + However, if the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (i.e., colostomy supplies) and should be paid using another payment provision.”
* **MACs determine reimbursement of items under code A4649**. The 2012 DMEPOS Code Jurisdiction List declares that under most circumstances the A4649 codes fall under the jurisdiction of the local carriers, the MACs.
  + Jurisdiction goes to the Local Carrier if incident to a physician's service (not separately payable) or if supply for implanted prosthetic device or implanted DME. If other, DME MAC.
  + As such, it is a carrier priced (e.g., not otherwise classified, individual determination, carrier discretion, gap-filled amounts) procedure and could be priced under multiple methodologies.
* **Code A4649 is for inpatient services only.** Carriers can reimburse facilities (such as hospitals or ambulatory surgical centers) for these costs when the physician performs the procedure at the facility.
  + However, the 2013 HCPCS Annual Update denotes A4649 as “inpatient only” code.

**Current Procedural Terminology**

Carolyn Fylling reported “Cytomedix submitted a request for a CPT code to the American Medical Association (AMA) in 2007 for harvesting, processing, and application of AutoloGel PRP gel.  They declined to consider the request because of lack of RCTs in the literature, lack of Professional Society Support, and the CMS national non-coverage decision.  They recommended we try and get a HCPCS code.”

**As many of the circumstances cited by the AMA have changed, CytoMedix should submit a new request.**

* There is a national coverage decision with evidence development.
* A sufficient number of new studies have been published to support the national coverage decision with evidence development.
* Additionally,CytoMedix should ask their physician supporters to approach the professional societies to support a new CPT code for harvesting, processing and application of PRP gel.
  + American Podiatric Medical Association
  + American Professional Wound Care Association
  + American Board of Cardiovascular Perfusion

**CPT Process:** As outlined on the AMA’s CPT webpage[[3]](#footnote-1): “Medical specialty societies, individual physicians, hospitals, third-party payers and other interested parties may submit applications for changes to CPT for consideration by the Editorial Panel. The AMA’s CPT staff reviews all requests to revise CPT including applications for new and revised codes…. If AMA staff determines that the request presents a new issue or significant new information on an item that the Panel reviewed previously, the application is referred to members of the CPT Advisory Committee for evaluation and commentary.”

The deadline for submission of CPT proposals for the 2015 Medicare Payment Schedule is **February 16, 2013**.

**PRP Injection CPT Code:**

As aside, on July 1, 2010, the AMA CPT introduced a new category III (new technology) code for the performance of platelet rich plasma (PRP) injection procedures. The specific wording of the code follows:

“0232T—Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed (Do not report 0232T in conjunction with 20550, 20551, 20600-20610, 20926, 76942, 77002, 77012, 77021, 86965.)”

1. 2013 HCPCS Annual Update, <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html> [↑](#footnote-ref--1)
2. http://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html?redirect=/center/dme.asp [↑](#footnote-ref-0)
3. http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page? [↑](#footnote-ref-1)