CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4485	**Date: December 23, 2019**
	Change Request 11607

NOTE: This Transmittal is no longer sensitive and is being re-communicated December 31, 2019. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: January 2020 Update of the Ambulatory Surgical Center (ASC) Payment System

I. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the January 2020 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

EFFECTIVE DATE: January 1, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 6, 2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 4485	Date: December 23, 2019	Change Request: 11607

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SUBJECT: January 2020 Update of the Ambulatory Surgical Center (ASC) Payment System

EFFECTIVE DATE: January 1, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 6, 2020

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the January 2020 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

Calendar year (CY) 2020 payment rates for separately payable procedures/services, drugs and biologicals, including descriptors for newly created CPT and Level II HCPCS codes, are included in this notification. A January 2020 Ambulatory Surgical Center Fee Schedule (ASCFS) File, January 2020 Ambulatory Surgical Center Payment Indicator (ASC PI) File, a January 2020 Ambulatory Surgical Center Drug File, and a January 2020 ASC Code Pair file will be issued in this transmittal.

B. Policy:

1. New Device Pass-Through Categories

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPPS, categories of devices be eligible for transitional pass-through payments for at least two (2), but not more than three (3) years. Section 1833(t)(6)(B)(ii)(IV) of the Act requires that we create additional categories for transitional pass-through payment of new medical devices not described by existing or previously existing categories of devices. This policy was implemented in the 2008 revised ASC payment system. Therefore, additional payments may be made to the ASC for covered ancillary services, including certain implantable devices with pass-through status under the OPPS.

We are establishing five new device pass-through categories effective January 1, 2020. Table 1, describes these categories (see Attachment A: Policy Section Tables).

a. Device Offset from Payment:

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices in the OPPS an amount that reflects the device portion of the Ambulatory Payment Classification (APC) payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. The device offset from payment represents a deduction from pass-through payments for the applicable pass-through device. This policy was implemented in the 2008 revised ASC payment system.

We have determined that there are device offset amounts associated with four of the five new device pass-through categories effective January 1, 2020, that are included in table 1 (see Attachment A: Policy Section Tables).

i. We have determined the device offset amounts for OPPS APC 5115 (Level 5 Musculoskeletal Procedures) and OPPS APC 5116 (Level 6 Musculoskeletal Procedures) that are associated with the costs of the device

category described by HCPCS code C1734 - Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable). The device in the category described by HCPCS code C1734 should always be billed with one of the following Current Procedural Terminology (CPT) codes in the ASC setting:

- CPT code 27870 (Arthrodesis, ankle, open) which is assigned to OPPS APC 5115 for Calendar Year (CY) 2020;
- CPT code 28705 (Arthrodesis; pantalar) which is assigned to OPPS APC 5116 for Calendar Year (CY) 2020;
- CPT code 28715 (Arthrodesis; triple) which is assigned to OPPS APC 5115 for Calendar Year (CY) 2020 or;
- CPT code 28725 (Arthrodesis; subtalar) which is assigned to OPPS APC 5115 for Calendar Year (CY) 2020.

ii. We have determined the device offset amount for OPPS APC 5231 (Level 1 ICD and Similar Procedures) that is associated with the cost of the device category described by HCPCS code C1824- Generator, cardiac contractility modulation (implantable). The device in the category described by HCPCS code C1824 should always be billed in the ASC setting with CPT code 0408T (Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes), which is assigned to OPPS APC 5231 for Calendar Year (CY) 2020.

iii. We have determined the device offset amount for OPPS APC 5193 (Level 3 Endovascular Procedures) that is associated with the cost of the device category described by HCPCS code C1982 - Catheter, pressure-generating, one-way valve, intermittently occlusive. The device in the category described by HCPCS code C1982 should always be billed in the ASC setting with CPT Code 37243 (Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction), which is assigned to OPPS APC 5193 for Calendar Year (CY) 2020.

iv. We have determined the device offset amount for OPPS APC 5376 (Level 6 Urology and Related Services) that is associated with the cost of the device category described by HCPCS code C2596 - Probe, image-guided, robotic, waterjet ablation. The device in the category described by HCPCS code C2596 should always be billed in the ASC setting with CPT code 0421T (Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)), which is assigned to OPPS APC 5376 for Calendar Year (CY) 2020.

2. New Separately Payable Procedure Code Effective January 1, 2020

Effective January 1, 2020, new HCPCS codes C9757 has been created as described in Table 2 (see Attachment A: Policy Section Tables).

3. New CY2020 HCPCS Codes for Separately Payable Drugs and Biologicals Effective

January 1, 2020

For CY 2020, several new HCPCS codes have been created for reporting drugs and biologicals in the ASC setting, where there have not previously been specific codes available. These new codes are listed in Table 3 (see Attachment A: Policy Section Tables).

a. Changes to CY 2019 HCPCS and CPT Codes for Certain Drugs and Biologicals

Many HCPCS and CPT codes for drugs and biologicals have undergone changes in their HCPCS and CPT code descriptors that will be effective in CY 2020. In addition, several temporary HCPCS C-codes have been deleted effective December 31, 2019 and replaced with permanent HCPCS codes effective in CY 2020.

ASCs should pay close attention to accurate billing for units of service consistent with the dosages contained in the descriptors of the active CY 2020 HCPCS and CPT codes. Table 4, notes certain ASC drugs and biologicals that have undergone changes in their HCPCS/CPT code, their long descriptor, or both. Each product's CY 2019 HCPCS/CPT code and long descriptor is noted in the two left hand columns and the CY 2020 HCPCS/CPT code, short descriptor, and long descriptor is noted in the adjacent right hand columns (see Attachment A: Policy Section Tables).

b. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)

For CY 2020, payment for nonpass-through drugs and biologicals continues to be made at a single rate of ASP + 6 percent, which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug or biological. In addition, in CY 2019, a single payment of ASP + 6 percent continues to be made for OPPS pass-through drugs, and biologicals to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items. Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective January 1, 2020, can be found in the January 2020 update of ASC Addendum BB on the CMS website at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html.

c. Drugs and Biologicals Based on ASP Methodology with Restated Payment Rates

Some drugs and biologicals with payment rates based on the ASP methodology may have their payment rates corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payment rates will be accessible on the CMS Web site on the first date of the quarter at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Restated-Payment-Rates.html

Suppliers who think they may have received an incorrect payment for drugs and biologicals impacted by these corrections may request contractor adjustment of the previously processed claims.

4. Skin Substitutes

a. Skin Substitute Procedure Edits

The payment for skin substitute products that do not qualify for hospital outpatient prospective payment system (OPPS) pass-through status are packaged into the OPPS payment for the associated skin substitute application procedure. This policy is also implemented in the ASC payment system. The skin substitute products are divided into two groups for packaging purposes: 1) high cost skin substitute products and 2) low cost skin substitute products. High cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278. Low cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS code C5271-C5278. All OPPS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT code 15271-15278. Table 5, lists the skin substitute products and their assignment as either a high cost or a low cost skin substitute product, when applicable.

Note that ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system (see Attachment A: Policy Section Tables).

5. Coverage Determinations

The fact that a drug, device, procedure or service is assigned a HCPCS code and a payment rate under the ASC payment system does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for

coverage. For example, MACs determine whether a drug, device, procedure or other service is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11607.1	Contractors shall download the January 2020 ASC Fee Schedule (FS) from the CMS mainframe. FILENAME: MU00.@BF12390.ASC.CY20.FS.JANA.V1202 **NOTE**: The January 2020 ASCFS is a full update. **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X							VDC
11607.2	Medicare contractors shall download and install the January 2020 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY20.DRUG.JANA.V1216 **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X							VDC
11607.3	Medicare contractors shall download and install the January 2020 ASC Payment Indicator (PI) file. FILENAME: MU00.@BF12390.ASC.CY20.PI.JANA.V1209 **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X							VDC
11607.4	Medicare contractors shall download and install the January 2020 ASC Code Pair file. FILENAME: MU00.@BF12390.ASC.CY20.CP.JANA.V1209 **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X							VDC
11607.5	Contractors and Common Working File (CWF) shall add Type of Service (TOS) F, as appropriate, for HCPCS included in attachment A, tables 1-4, effective for services January 1, 2020 and later payable in the ASC setting.		X						X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11607.6	Contractors and CWF shall end date, as appropriate, the CY 2019 HCPCS/CPT codes in table 4 in their systems, effective December 31, 2019.		X						X	
11607.7	CWF, as appropriate, shall remove the TOS F records as appropriate, the CY 2019 HCPCS/CPT codes in table 4, effective December 31, 2019.								X	
11607.8	If released by CMS, Medicare contractors shall download and install the revised October 2019 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY19.DRUG.OCTB.V1216 **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X							VDC
11607.8.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service October 1, 2019- December 31, 2019 and ; 2) Were originally processed prior to the installation of the revised October 2019 ASC DRUG File.		X							
11607.9	If released by CMS, Medicare contractors shall download and install the revised July 2019 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY19.DRUG.JULC.V1216 **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X							VDC
11607.9.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service July 1, 2019- October 31, 2019 and ; 2) Were originally processed prior to the installation of the revised July 2019 ASC DRUG File.		X							
11607.10	If released by CMS, Medicare contractors shall download and install the revised April 2019 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY19.DRUG.APRC.V1216		X							VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
11607.10.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service April 1, 2019- June 30, 2019 and ; 2) Were originally processed prior to the installation of the revised April 2019 ASC DRUG File.		X							
11607.11	If released by CMS, Medicare contractors shall download and install the revised January 2019 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY19.DRUG.JANB.V1216 **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X							VDC
11607.11.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service January 1, 2019- March 31, 2019 and ; 2) Were originally processed prior to the installation of the revised January 2019 ASC DRUG File.		X							
11607.12	Contractors shall make January 2020 ASCFS fee data for their ASC payment localities available on their web sites.		X							
11607.13	Contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., CLAB, ASP, etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).		X							VDC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
11607.14	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.		X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1-7	Attachment A: POLICY SECTION TABLES

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Chuck Braver, 410-786-6719 or chuck.braver@cms.hhs.gov (ASC Payment Policy), Yvette Cousar, 410-786-2160 or yvette.cousar@cms.hhs.gov (B MAC Claims Processing Issues).

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Attachment A − Policy Section Tables

Table 1. – New Device Pass-Through Codes Effective January 1, 2020

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C1734	Orth/devic/drug bn/bn,tis/bn	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	J7
C1824	Generator, CCM, implant	Generator, cardiac contractility modulation (implantable)	J7
C1839	Iris prosthesis	Iris prosthesis	J7
C1982	Cath, pressure,valve-occlu	Catheter, pressure-generating, one-way valve, intermittently occlusive	J7
C2596	Probe, robotic, water-jet	Probe, image-guided, robotic, waterjet ablation	J7

Table 2. – New Separately Payable Procedure Code Effective January 1, 2020

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C9757	Spine/lumbar disk surgery	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	J8

Table 3. ─ New CY2020 HCPCS Codes for Separately Payable Drugs and Biologicals Effective January 1, 2020

HCPCS Code	Short Descriptor	Long Descriptor	CY 2020 SI
C9054	Injection, lefamulin	Injection, lefamulin (Xenleta), 1 mg	K2
C9055	Inj, brexanolone	Injection, brexanolone, 1mg	K2
J0642	Injection, khapzory, 0.5 mg	Injection, levoleucovorin (khapzory), 0.5 mg	K2
J7331	Synojoynt, inj., 1 mg	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	K2
J7332	Inj., triluron, 1 mg	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	K2

Table 4. ─ Other CY 2020 HCPCS Code Changes for Certain Drugs and Biologicals

CY 2019 HCPCS Code	CY 2019 Long Descriptor	CY 2020 HCPCS Code	CY 2020 Short	CY 2020 Long Descriptor
C9407	Iodine i-131 iobenguane, diagnostic, 1 millicurie	A9590	Iodine i-131 iobenguane 1mci	Iodine i-131 iobenguane, 1 millicurie
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie	A9590	Iodine i-131 iobenguane 1mci	Iodine i-131 iobenguane, 1 millicurie

Table 5. – Skin Substitute Assignments to High Cost and Low Cost Groups for CY2020

CY 2020 HCPCS Code	CY 2020 Short Descriptor	ASC PI	CY 2019 High/Low Cost Assignment	CY 2020 High/Low Cost Assignment
C9363	Integra meshed bil wound mat	N1	High	High
Q4100	Skin substitute, nos	N1	Low	Low

CY 2020 HCPCS Code	CY 2020 Short Descriptor	ASC PI	CY 2019 High/Low Cost Assignment	CY 2020 High/Low Cost Assignment
Q4101	Apligraf	N1	High	High
Q4102	Oasis wound matrix	N1	Low	Low
Q4103	Oasis burn matrix	N1	High	High
Q4104	Integra bmwd	N1	High	High
Q4105	Integra drt or omnigraft	N1	High	High
Q4106	Dermagraft	N1	High	High
Q4107	Graftjacket	N1	High	High
Q4108	Integra matrix	N1	High	High*
Q4110	Primatrix	N1	High	High*
Q4111	Gammagraft	N1	Low	Low
Q4115	Alloskin	N1	Low	Low
Q4116	Alloderm	N1	High	High
Q4117	Hyalomatrix	N1	Low	Low
Q4121	Theraskin	N1	High	High*
Q4122	Dermacell, awm, porous sq cm	N1	High	High
Q4123	Alloskin	N1	High	High*
Q4124	Oasis tri-layer wound matrix	N1	Low	Low
Q4126	Memoderm/derma/tranz/integup	N1	High	High
Q4127	Talymed	N1	High	High
Q4128	Flexhd/allopatchhd/matrixhd	N1	High	High
Q4132	Grafix core, grafixpl core	N1	High	High
Q4133	Grafix stravix prime pl sqcm	N1	High	High
Q4134	Hmatrix	N1	Low	Low
Q4135	Mediskin	N1	Low	Low
Q4136	Ezderm	N1	Low	Low
Q4137	Amnioexcel biodexcel 1sq cm	N1	High	High
Q4138	Biodfence dryflex, 1cm	N1	High	High
Q4140	Biodfence 1cm	N1	High	High
Q4141	Alloskin ac, 1cm	N1	High	High*
Q4143	Repriza, 1cm	N1	High	High
Q4146	Tensix, 1cm	N1	High	High
Q4147	Architect ecm px fx 1 sq cm	N1	High	High
Q4148	Neox neox rt or clarix cord	N1	High	High
Q4150	Allowrap ds or dry 1 sq cm	N1	High	High
Q4151	Amnioband, guardian 1 sq cm	N1	High	High

CY 2020 HCPCS Code	CY 2020 Short Descriptor	ASC PI	CY 2019 High/Low Cost Assignment	CY 2020 High/Low Cost Assignment
Q4152	Dermapure 1 square cm	N1	High	High
Q4153	Dermavest, plurivest sq cm	N1	High	High
Q4154	Biovance 1 square cm	N1	High	High
Q4156	Neoxflo or clarixflo 1 mg	N1	High	High
Q4157	Revitalon 1 square cm	N1	High	High*
Q4158	Kerecis omega3, per sq cm	N1	High	High*
Q4159	Affinity1 square cm	N1	High	High
Q4160	Nushield 1 square cm	N1	High	High
Q4161	Bio-connekt per square cm	N1	High	High
Q4163	Woundex, bioskin, per sq cm	N1	High	High
Q4164	Helicoll, per square cm	N1	High	High*
Q4165	Keramatrix, kerasorb sq cm	N1	Low	Low
Q4166	Cytal, per square centimeter	N1	Low	Low
Q4167	Truskin, per sq centimeter	N1	Low	Low
Q4169	Artacent wound, per sq cm	N1	High	High
Q4170	Cygnus, per square cm	N1	Low	Low
Q4173	Palingen or palingen xplus	N1	High	High
Q4175	Miroderm	N1	High	High
Q4176	Neopatch, per sq centimeter	N1	High	High
Q4178	Floweramniopatch, per sq cm	N1	High	High
Q4179	Flowerderm, per sq cm	N1	High	High
Q4180	Revita, per sq cm	N1	High	High
Q4181	Amnio wound, per square cm	N1	High	High*
Q4182	Transcyte, per sq centimeter	N1	Low	Low
Q4183	Surgigraft, 1 sq cm	N1	High	High*
Q4184	Cellesta or duo per sq cm	N1	High	High*
Q4186	Epifix 1 sq cm	N1	High	High
Q4187	Epicord 1 sq cm	N1	High	High
Q4188	Amnioarmor 1 sq cm	N1	Low	Low
Q4190	Artacent ac 1 sq cm	N1	Low	Low
Q4191	Restorigin 1 sq cm	N1	Low	Low
Q4193	Coll-e-derm 1 sq cm	N1	Low	Low
Q4194	Novachor 1 sq cm	N1	High	High*
Q4195+	Puraply 1 sq cm	K2	High	High
Q4196+	Puraply am 1 sq cm	K2	High	High
Q4197	Puraply xt 1 sq cm	N1	High	High
Q4198	Genesis amnio membrane 1 sqcm	N1	Low	Low
Q4200	Skin te 1 sq cm	N1	Low	Low

CY 2020 HCPCS Code	CY 2020 Short Descriptor	ASC PI	CY 2019 High/Low Cost Assignment	CY 2020 High/Low Cost Assignment
Q4201	Matrion 1 sq cm	N1	Low	Low
Q4203	Derma-gide, 1 sq cm	N1	High	High*
Q4204	Xwrap 1 sq cm	N1	Low	Low
Q4205	Membrane graft or wrap sq cm	N1	Low	Low
Q4208	Novafix per sq cm	N1	Low	High
Q4209	Surgraft per sq cm	N1	Low	Low
Q4210	Axolotl graf dualgraf sq cm	N1	Low	Low
Q4211	Amnion bio or axobio sq cm	N1	Low	Low
Q4214	Cellesta cord per sq cm	N1	Low	Low
Q4216	Artacent cord per sq cm	N1	Low	Low
Q4217	Woundfix biowound plus xplus	N1	Low	Low
Q4218	Surgicord per sq cm	N1	Low	Low
Q4219	Surgigraft dual per sq cm	N1	Low	Low
Q4220	Bellacell hd, surederm sq cm	N1	Low	Low
Q4221	Amniowrap2 per sq cm	N1	Low	Low
Q4222	Progenamatrix, per sq cm	N1	Low	Low
Q4226	Myown harv prep proc sq cm	N1	Low	Low

* These products do not exceed either the proposed MUC or PDC threshold for CY 2020, but are assigned to the high cost group because they were assigned to the high cost group in CY 2019.
+ Pass-through payment status in CY 2020. Pass-through payment status expires September 30, 2020.