

# Coding Fact Sheet

Prepared for:



## Amniotic Membrane Tissue

Effective January 1, 2011

AmnioGraft® and ProKera® Amniotic Membranes are processed, *cryopreserved* human amniotic tissue recovered from donated placental tissue secondary to elective Cesarean section delivery. AmnioGraft® is precut into various sizes, while ProKera® is a multi-component corneal-epithelial insert consisting of the preserved human amniotic membrane tissue attached to a polycarbonate ring.

All products are intended for patients needing ocular surface therapy and/or reconstruction. The membrane promotes host cell growth, epithelial cell migration and reduction of inflammation in a variety of ocular conditions such as acute chemical and thermal burns, Stevens-Johnson syndrome, and refractory or recalcitrant inflammation to facilitate faster wound healing.

### Reimbursement Assistance

Bio-Tissue is prepared to assist providers throughout the reimbursement process. For further information and/or assistance, please call or e-mail:

**877-643-3118**

**[BioTissue@trgltd.com](mailto:BioTissue@trgltd.com)**

*Information contained in this document is provided by The Reimbursement Group as reference and for information purposes only. Coding, coverage and reimbursement information provided does not constitute legal advice and does not guarantee payment. It is always the provider's responsibility to determine and submit appropriate codes and charges for services rendered. Providers may contact the payer directly regarding coverage, reimbursement and/or billing questions.*

## Reporting Procedures:

### New CPT Codes

Effective January 1, 2011, the AMA has established two new Category I Current Procedural Terminology (CPT) codes for placement of amniotic membrane on the ocular surface for wound healing and repair. CPT 65778 is for the placement of a self-retaining amniotic membrane and is the code associated with the use of ProKera®. CPT 65779 reflects the placement of a single layer amniotic membrane that is sutured and is associated with the use of AmnioGraft®. Each of these new codes have office-based RVUs assigned which allow for provision of services in the **office setting**, as well as incremental reimbursement for physician overhead, staffing, and supplies.

CPT	Descriptor
65778	Placement of amniotic membrane on the ocular surface for wound healing; self-retaining
65779	Placement of amniotic membrane on the ocular surface for wound healing, single layer, sutured

AmnioGraft® Amniotic Membrane and ProKera® are commonly used in conjunction with many ocular procedures. **See reverse side for sampling of commonly performed procedures.**

It is good business practice to pre-certify the coverage and payment with the third party payer in advance of provision of services. Supplies that are used by a provider may be associated with a separate payment based on the individual payer contract. Facilities are reminded to include the AmnioGraft® and ProKera® Amniotic Membrane supply code (V2790) in reporting services pursuant to their carrier contracts. Failure to do so may result in claims having to be appealed.

Effective November 26, 2001, AmnioGraft® was designated as an HCT/P (Human cell, tissue and cellular and tissue-based product) by the FDA.

Effective December 12, 2003, ProKera® obtained clearance as a Class II Medical Device by the FDA.



REV A 12/2010

## CPT CODING CONSIDERATIONS

CPT®	OCULAR PROCEDURES ASSOCIATED WITH AMNIOGRAFT® AND PROKERA®
65400	Excision of lesion, cornea (keratectomy, lamellar, partial) except pterygium
65420	Excision or transposition of pterygium; without graft
65426	Excision or transposition of pterygium; with graft
<b>65778</b>	<b>Placement of amniotic membrane on the ocular surface for wound healing, self-retaining</b>
<b>65779</b>	<b>Placement of amniotic membrane on the ocular surface for wound healing, single layer, sutured</b>
65780	Ocular surface reconstruction, amniotic membrane transplantation, multiple layers
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185	Revision of aqueous shunt to extraocular reservoir
67255	Scleral reinforcement (separate procedure); with graft
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	Conjunctivoplasty; with conjunctival graft or extensive rearrangement with buccal mucous membrane graft (includes obtaining graft)
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68330	Repair of symblepharon; conjunctivoplasty, without graft

**NOTE:** Do not report 65778, 65779 in conjunction with 65430, 65435, 65780 as referenced in AMA 2011 CPT Professional Coding Book.

## SUPPLY CONSIDERATIONS

HCPCS	DESCRIPTOR	
<b>MEDICARE</b>		
V2790*	Amniotic membrane for surgical reconstruction, per procedure	
<b>PRIVATE CARRIERS</b>		
V2790	Amniotic membrane for surgical reconstruction, per procedure	Dependent on carrier contract, can be used for AmnioGraft® or ProKera® Amniotic Membrane
L8610	Ocular Implant	Can be used for ProKera® Amniotic Membrane

\*Should be reported for Medicare hospital outpatient procedure. For Medicare, supply is bundled with facility payment.

## REVENUE CODES

Revenue Code	Descriptor	Product
274	Sterile Supply	AmnioGraft® Amniotic Membrane
278	Implantable Device	ProKera®

## Reimbursement Assistance

[BioTissue@trgltd.com](mailto:BioTissue@trgltd.com) OR 877-643-3118

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