

# Office-Based Claim Submission

Prepared for:



## ProKera® & AmnioGraft® 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 pre-cut 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.

As with all services, claims should be filed electronically whenever possible. Typically, after the initial electronic submission, services reported may be denied. At this point, the patient physical/history, a detailed operative note and invoice for the product needs to accompany the appeal. Template appeals letters are available from our Reimbursement Department.

### Reimbursement Assistance

Our Reimbursement Department is prepared to assist providers throughout the reimbursement process for procedures using ProKera® and AmnioGraft®. For further information and/or assistance, please call or e-mail:

**877-643-3118**

**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.*

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.

## Claim Submission

Coding Options	
<b>65778</b>	Placement of amniotic membrane on the ocular surface for wound healing; self-retaining
<b>65779</b>	Placement of amniotic membrane on the ocular surface for wound healing, single layer, sutured
<b>L8610*</b> or <b>V2790</b>	Ocular implant (for the cost of ProKera®) Amniotic membrane for surgical reconstruction per procedure (for the cost of the AmnioGraft® and/or ProKera®)
*Dependent upon carrier determination	

## Authorization

**Medicare** – The patient may elect to sign an Advance Beneficiary Notice (ABN) prior to performing the procedure. It is the patient's responsibility to pay for the procedure if the local Medicare carrier denies coverage. Choosing *Option 1* allows Medicare to be billed and the claim appealed if denied.

**Private carriers** – Many private carriers honor or accept the Medicare ABN. Adjust the form accordingly for the patient's insurance carrier, or as an alternative option, the patient can document in writing they will be responsible for payment if their contracted carrier denies the claim.

## Additional Information

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.

A sample claim form is shown on the reverse side. Be sure the doctor includes **detailed** notes for the condition being treated. A sample operative note is available for your use.

Our Reimbursement Department can assist you with a pre-certification and/or claim appeal in the event of a denial.

Appeals typically span 4-6 weeks before a determination is made.



