
Program Memorandum

Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal B-00-30

Date: JUNE 2000

CHANGE REQUEST 1196

SUBJECT: Clarification of Billing for G0170 and G0171

In the November 2, 1999 *Federal Register*, Final Rule on the Medicare Physician Fee Schedule for Calendar 2000 (p. 59426), two new codes were introduced for application of tissue cultured skin grafts, G0170 and G0171.

This clarification will assist carriers in properly processing claims for these codes. The practice expenses for both G0170 and G0171 do not contain the payments for the specific tissue cultured skin graft product used in the procedure. In order to provide payment for the product used, the codes Q0183, Q0184, or Q0185 should be used in conjunction with the G codes.

For example, if a physician used Apligraf® on a vascular wound measuring 20 square centimeters, then the proper coding would be G0170 plus 20 units of Q0185.

The Q codes are currently carrier-priced. Carriers can price these Q codes by the usual gap filling methods.

The carrier must always determine whether the procedures are reasonable and medically necessary and may request documentation, when necessary, to assist in their decision making.

Carriers must inform physicians of this Program Memorandum (PM) through their next regularly scheduled bulletin or through other appropriate vehicles.

This PM is effective upon issuance.

This PM should be implemented 30 days after issuance.

These instructions should be implemented within your current operating budget.

This PM may be discarded after May 1, 2001.

If you have any questions, contact Laurie Feinberg (410) 786-7069.