

Fat Grafting Procedures

Product HCPCS Codes & Descriptors¹

A4649	Surgical supply; miscellaneous
A9286	Hygienic item or device, disposable or non disposable, any type, each

Revenue Codes & Descriptors¹

270	Medical/Surgical Supplies and Devices-General
272	Medical/Surgical Supplies and Devices-Sterile Supply

CPT® Procedure Codes ^{2,*}	CPT® Code Descriptors ²	Total Relative Value Units (RVUs) Facility/ Nonfacility (NF) ³	Work Relative Value Units (RVUs) ³	Physician Payment (MPFS) Facility/ Nonfacility (NF) ³	Status Indicator (SI) ¹	Hospital Outpatient Payment (OPPS) ¹	Ambulatory Payment Classification (APC) ¹	Ambulatory Surgery Center (ASC) Payment ¹
19380	Revision of reconstructed breast	22.26	10.41	\$802.23	J1	\$4,915.21	5092	\$2,094.06
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	12.07	5.79	\$434.99	T	\$2,766.13	5055	\$1,424.94

*Fat grafting to address soft tissue defects in post-breast reconstruction is reported with 20926. CPT 20926 includes the harvest, preparation, and injection of fat. Suction-assisted lipectomy and closure of the donor site are not separately reported. Code may be reported once per breast. Some payers may require modifier -50 or -59.

Appropriate use of 19380 is to report major breast adjustments after reconstruction has occurred, including all of the following procedures: significant tissue excision, liposuction, fat injection, re-advancement or re-inset of flaps or if a large area or multiple areas of a reconstructed breast are injected with fat. This code may be used when reaching a threshold of multiple procedures performed. 19380 includes multiple procedures, therefore when using 19380, no other codes should be reported. 19380 is a unilateral code and is reported once per side/operative session when doing multiple procedures. For bilateral procedures, report modifier -50 or 2 units.

OPPS Status Indicators:

C = Inpatient procedures, not paid under OPPS. Admit patient. Bill as inpatient.

N = Items and services packaged into APC rates. Paid under OPPS. Payment is packaged into payment for other services. Therefore, there is no separate APC payment.

J1 = Hospital Part B services paid through a comprehensive APC. Paid under OPPS. All covered Part B services on the claim are packaged with the primary "J1" service for the claim except services with OPPS.

SI = F, G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services and certain Part B inpatient services.

The Plastic and Regenerative Medicine Reimbursement Hotline

Providing reimbursement support to assist with your coding, coverage, and reimbursement questions associated with Allergan products, including REVOLVE™ System.

CONTACT US:

✉ AllerganPRM@thepinnaclehealthgroup.com

Monday to Friday 8:30 am - 6 pm ET
(Closed on major observed holidays)

☎ 1.888.543.3656 🖨 1.877.499.2986

SUPPORT SERVICES:

Our third-party team of credentialed professional medical coders is ready to assist with your reimbursement needs including[†]:

- Coding and payment
- Insurance coverage and documentation
- Appeals support for underpaid or denied claims
- Case management for benefit verification and prior authorizations

[†]Reimbursement support provided by a third party service provider. A signed Business Associate Agreement (BAA) is required prior to receipt of protected health information (PHI). Under the U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996, a HIPAA BAA is a mandatory contract between a HIPAA-covered entity and a HIPAA business associate and is required whenever a contractor provides functions, activities, or services involving the use and/or disclosure of PHI. This contract protects the PHI in accordance with HIPAA guidelines.

Limitations apply.

Disclaimer:

This document has been prepared for providers using Allergan Plastic and Regenerative Medicine products and is intended for informational purposes only, not as guidance or instructions; it does not represent a guarantee, promise or statement by Allergan concerning guarantee of payment, or levels of reimbursement. It is not intended to increase or maximize reimbursement. The decision as to how to complete a claim form, including the codes chosen and amounts to bill is exclusively the responsibility of the provider.

Coding selection is at the discretion of the provider. It is advised to contact your local payor directly for coding guidance and requirements when reporting codes for Allergan products and/or services in which Allergan products are utilized.

All Hospital Outpatient Prospective Payment System (OPPS), Ambulatory Surgery Center (ASC), and Medicare Physician Fee Schedules (MPFS) payment rates referenced represent unadjusted Medicare rates for CY 2018. Contact CMS or your local MAC for specific information as payment rates listed are subject to change.

Please see Indications and Important Safety Information for REVOLVE™ System on reverse side.



Indications and Important Safety Information

INDICATIONS

The REVOLVE™ Advanced Adipose System (REVOLVE™ System) is used for aspiration, harvesting, filtering, and transferring of autologous adipose tissue for aesthetic body contouring. This system should be used with a legally marketed vacuum or aspirator apparatus as a source of suction. If harvested fat is to be re-implanted, the harvested fat is only to be used without any additional manipulation. REVOLVE™ System is intended for use in the following surgical specialties when the aspiration of soft tissue is desired: plastic and reconstructive surgery, gastrointestinal and affiliated organ surgery, urological surgery, general surgery, orthopedic surgery, gynecological surgery, thoracic surgery, and laparoscopic surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Contraindications to autologous fat transfer include the presence of any disease processes that adversely affect wound healing, and poor overall health status of the individual.

WARNINGS

REVOLVE™ System must be used within the same surgical procedure. Reuse of this device in the same patient in a subsequent surgical procedure, or for more than one patient, may result in infection and/or transmission of communicable diseases. Do not use the product if sterile packaging is damaged.

This device will not, in and of itself, produce significant weight reduction. This device should be used with extreme caution in patients with chronic medical conditions such as diabetes, heart, lung, or circulatory system disease or obesity. The volume of blood loss and endogenous body fluid loss may adversely affect intra and/or postoperative hemodynamic stability and patient safety. The capability of providing adequate, timely replacement is essential for patient safety.

PRECAUTIONS

REVOLVE™ System is designed to remove localized deposits of excess fat through small incision and subsequently transfer the tissue back to the patient. Use of this device is limited to those physicians who, by means of formal professional training or sanctioned continuing medical education (including supervised operative experience), have attained proficiency in suction lipoplasty and tissue transfer. Results of this procedure will vary depending upon patient age, surgical site, and experience of the physician. Results of this procedure may or may not be permanent. The amount of fat removed should be limited to that necessary to achieve a desired cosmetic effect. Filling the device with adipose tissue over the maximum fill volume line can lead to occlusion of the mesh resulting in mesh tear.

ADVERSE EFFECTS

Some common adverse effects associated with autologous fat transfer are asymmetry, over- and/or under-correction of the treatment site, tissue lumps, bleeding, and scarring. Potential adverse effects associated with REVOLVE™ System include fat necrosis, cyst formation, infection, chronic foreign body response, allergic reaction, and inflammation.

REVOLVE™ System is available by prescription only.

For more information, please see the Instructions for Use (IFU) and User Manual for REVOLVE™ System available at www.allergan.com/RevolveIFU or call 1.800.678.1605.

To report an adverse reaction, please call Allergan at 1.800.367.5737.

References: 1. Federal Register, Vol. 83, No. 248, December 28, 2018. CMS-1695-CN2. 42 CFR Parts 416 and 419. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Correction. Data from: NFRM Addendum B. 11.01.18 – Final OPPS Payment by HCPCS Code for CY 2019 and NFRM Addendum AA --Final ASC Covered Surgical Procedures for CY 2019 (Including Surgical Procedures for Which Payment is Packaged). 2. CPT® is a registered trademark of the American Medical Association. CPT ©2019 American Medical Association. All rights reserved. 3. National average Medicare payment is calculated using the Conversion Factor of \$36,0391, as per the Federal Register Vol. 83, No. 226, 2019 National Physician Fee Schedule Relative Value File January Release, November 6, 2018, Rules and Regulations 42 CFR Parts 405, 410, 411, 414, 415, 425, and 495 [CMS-1693-F, CMS-1693-IFC, CMS-5522-F3, and CMS-1707-F]. Data from: 2018 National Physician Fee Schedule Relative Value File January Release (MPFS_PRRVU19_JAN).

For more information, please contact the Reimbursement Hotline at 1.888.543.3656 or fax 1.877.499.2986.



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