

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
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	13.86	6.68	\$500.20	T	\$2,977.29	5055	\$1,504.38
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate [Report only once per session]	13.76/16.55	6.73	\$496.59/ \$597.28	T	\$2,977.29	5055	\$1,504.38
+15772	Each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) [Use 15772 in conjunction with 15771]	4.07/5.22	2.5	\$146.88/ \$188.39	N	Packaged	N/A	Packaged
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet, 25 cc or less injectate [Report only once per session]	13.91/16.7	6.83	\$502.01/ \$602.70	T	\$1,622.74	5054	\$819.95
+15774	Each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) [Use 15774 in conjunction with 15773]	3.91/5.06	2.41	\$141.11/ \$182.61	N	Packaged	N/A	Packaged

OPPS Status Indicators¹:

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.
T = Procedure or service, multiple procedure reduction applies. Paid under OPPS; separate APC payment.

*Coding Update^{6,7}:

As of January 2020, Code 20926, Tissue grafts, other (eg, paratenon, fat, dermis), has been deleted from the Musculoskeletal System/Grafts (or Implants) subsection and replaced with 5 new codes (15769 to 15774) in the Integumentary System/Other Flaps and Grafts subsection. The 5 new CPT codes were created to better report the various forms of soft-tissue grafting that previously were reported with deleted Code 20926. As Code 20926 was reported by multiple specialties and was used for many types of tissue grafts involving significantly different procedures across these specialties (eg, fat or muscle soft tissue grafts, autologous fat grafting/lipofilling, and the injection of protein-rich plasma), it was potentially misvalued. This code was ambiguous and did not accurately differentiate between soft-tissue grafts (including fat) that are harvested and used en bloc, and the liposuction-based harvest, minimal manipulation preparation and small aliquot soft tissue injections commonly called "fat grafting." In addition, Code 20926 did not differentiate between either volume graft or recipient site.

As Code 15769 describes autologous soft tissue grafts, such as fat, dermis, fascia, or other soft tissues, which are harvested via direct excision from a donor site and then placed en bloc into a defect in a separate recipient site during the same operative session. This work is most similar to the work described in deleted Code 20926. Code 15769 will replace the initial intent of Code 20926, which was designed prior to current understanding of "fat grafting."

Codes 15771 to 15774 describe autologous fat grafting. The techniques used for autologous fat grafting are significantly different than the intent of deleted Code 20926. CPT Codes 15771, 15772, 15773, and 15774 will be used when liposuction is used to harvest autologous fat, which is then reinserted to fill a soft-tissue defect. You will select the proper code(s) based on anatomic site and amount harvested. Note that +15772 and +15774 are add-on codes and can only be reported with their appropriate base codes. Codes 15771 to 15774 include Harvest. (Fat graft is harvested via a liposuction technique). Preparation (Fat graft or "lipoaspirate" is gently centrifuged to separate fat from blood and oils), and Placement ("Prepared" fat graft is injected in small aliquots into the soft tissue defect using small cannulas). The volumes listed in the code descriptors of codes 15771 to 15774 are based on total injectate. For multiple sites of injection, add the total volume of injectate to anatomic sites grouped together in the code descriptor.

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 - 6:00 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.

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.

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 2020. Contact CMS or your local MAC for specific information as payment rates listed are subject to change.

References: 1. Federal Register, Vol. 85, No. 2/224, January 3, 2020, 61142. CMS-1717—CN. 42 CFR Parts 405, 410, 412, 414, 416, 419, and 486. Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Revisions of Organ Procurement Organizations Conditions of Coverage; Prior Authorization Process and Requirements for Certain Covered Outpatient Department Services; Potential Changes to the Laboratory Date of Service Policy; Changes to Grandfathered Children's Hospitals-Within-Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots; Correction. Data from: 2020 CN Addendum B. 12.20.19—Final OPPS Payment by HCPCS Code for CY 2020, and 2020 CN Addendum AA—Final ASC Covered Surgical Procedures for CY 2020 (Including Surgical Procedures for Which Payment is Packaged). 2. CPT® is a registered trademark of the American Medical Association. ©2020 American Medical Association. All rights reserved. 3. National average Medicare payment is calculated using the Conversion Factor of \$36.0896, as per the Federal Register, Vol. 84, No. 221, November 15, 2019, 62568. CMS-1715-F and IFC. 42 CFR Parts 403, 409, 410, 411, 414, 415, 416, 418, 424, 425, 489, and 498. Data from: 2020 National Physician Fee Schedule Relative Value File January Release, 11/8/2019. 4. Kozlow J, French C. A closer look at what's new in coding as the year begins. CPT Corner. *Plast Surg News*. 2008;29-30. 5. Tissue grafting procedures CPT® Assistant Online. 2019;29(10):5-7.

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

