

# HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER CODING INFORMATION

EFFECTIVE JANUARY 1, 2020

## PRODUCT DESCRIPTION

Interfyl® Human Connective Tissue Matrix - HCPCS code Q4171 - Interfyl®

**NATIONAL  
MEDICARE  
UNADJUSTED  
REIMBURSEMENT  
RATES**

- Soft tissue augmentation during surgical repair of tendon, ligament or nerves.
- There is no specific CPT code for the use of Interfyl. CPT codes may include (but may not be limited to the following):

### Payment Rates

CPT Code	Description	SI OPPS	APC	Hospital Outpatient Department	SI ASC	Ambulatory Surgery Center	Physician Fee Facility
20550	Injection(s); single tendon sheath, or ligament, aponerosis (eg, plantar "fascia")	T	5441	\$261.74	P3	\$25.98	\$40.78
20551	Injection(s); single tendon origin/insertion	T	5441	\$261.74	P3	\$27.43	\$41.50

Revenue Code	Description
0278	Medical Supplies - Other Implant
0360	Operating Room Services - General
0636	Drugs requiring specific identification - Detailed Coding

Notes and References:

SI=Status Indicators for Payment

OPPS Status Indicators (T=Paid Separately under OPPS; Multiple procedure reduction applied; Q1=Paid under OPPS; Packaged when billed with S, T, or V packaged codes)

ASC Status Indicators (P3=Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS non-facility PE RVUs; payment based on MPFS non-facility PE RVUs.)

Facilities should select the most appropriate revenue code based on the services provided and internal accounting policies.

Report the number of units based on product code/description and total milligrams.

Product Code	Product Size	Total Mg	Units Billed
HCTM050	50 mg particulate	50	50
HCTM100	100 mg particulate	100	100
HCTM030	0.3 mL Flowable	50	50
HCTM060	0.6 mL Flowable	100	100
HCTM010	1 mL Flowable	167	167
HCTM015	1.5 mL Flowable	250	250

**For more information please contact Celularity Reimbursement Support at 1-844-963-2273, prompt 5 or email: [reimbursement@celularity.com](mailto:reimbursement@celularity.com)**

This document is provided as general guidelines for providers. Following these guidelines does not guarantee coverage or payment but does provide a basis upon which to support medical necessity for Interfyl®.

The information contained herein is not intended as coding advice. The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Celularity concerning levels of reimbursement, payment, eligibility, charges or that these policies and codes will be appropriate for specific services or products provided or that reimbursement will be made. It is always the providers' responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. Celularity recommends that you consult your local CMS MAC or other applicable payor organization with regard to specific reimbursement policies, coverage, documentation and payment.

For product information or adverse reaction reporting, telephone 1-844-963-2273 or visit [Interfyl.com](http://Interfyl.com).

Please refer to the Interfyl® Package Insert for complete product information.

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