# AMCHOPLAST™



AmchoPlast™ is a natural biological wound cover made from human placental tissue donated during healthy delivery. Using our proprietary AGNES process, we dehydrate and sterilize this product while retaining all the structural properties of the placental tissue along with its key growth factors to provide a protective matrix for the wound.

### **AmchoPlast Clinical Applications and Benefits:**

The unique composition of AmchoPlast, which includes a basement membrane and stromal matrix collagen, supports a variety of clinical applications. It provides an optimal scaffold for tissue regeneration and repair, promoting wound healing and cellular integration. Its biocompatible properties make it ideal for use in managing acute and chronic wounds, surgical procedures, and other tissue repair scenarios.

AmchoPlast represents a significant advancement in regenerative medicine, offering a reliable and safe solution

## AmchoPlast Ordering Information | Q4316

SKU	Size
ACM0014	14mm
ACM0018	18mm
ACM0202	2x2cm
ACM0203	2x3cm
ACM0204	2x4cm
ACM0303	3x3cm
ACM0305	3x5cm
ACM0404	4x4cm
ACM0406	4x6cm
ACM0407	4x7cm
ACM0408	4x8cm
ACM0505	5x5cm
ACM0608	6x8cm
ACM0612	6x12cm
ACM0707	7x7cm
ACM1010	10x10cm
ACM1020	10x20cm
ACM2020	20x20cm

AmchoPlast is a sterile minimally manipulated, dehydrated, human amnion, chorion membrane allograft intended for homologous use. The allograft is derived from human placental membrane collected from consenting donors. It consists of a basement membrane and stromal matrix collagen layer.





Reimbursement and coverage eligibility for the use of AmchoPlast™ Sterile dehydrated Allograft Membrane and associated procedures varies by Medicare and private payers. Coverage policies, prior authorizations, contract terms, billing edits, and site-of-service influence reimbursement.



### Place of Service (POS) Codes

POS codes are 2-digit numbers included on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare and Medicaid Services (CMS) maintain POS codes used throughout the healthcare industry. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers for reimbursement policies regarding these codes.

Place of Service Code	Place of Service Location	Place of Service Description
11	Office	Location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or Local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.

**AmchoPlast™ Sterile dehydrated Allograft Membrane** (Q4316)

is included on the Medicare Part B Average Sales Price (ASP) Drug Pricing File published quarterly by the Centers for Medicare and Medicaid Services (CMS).

Average Sales Price information is published quarterly by the Centers for Medicare and Medicaid Services (CMS) in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File. Providers are encouraged to review the ASP Pricing files posted quarterly by CMS and listed by HCPCS on CMS.gov for updates. Payment allowance limits that are not included in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File, are based on the published Wholesale Acquisition Cost (WAC) or invoice pricing. In determining the payment limit based on WAC, the contractors follow the methodology specified in Publication. 100-04, Chapter 17, Drugs and Biologicals, for calculating the Average Wholesale Price (AWP), but substitute WAC for AWP. Providers are encouraged to check with their local MACs for information on established rates.

Providers are also encouraged to check with payers to determine if an invoice is required to be submitted with the claim and/or in Box 19 of the MS-1500 claim form.

#### **CPT® Coding**

The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes. Physicians should report all surgical and medical services performed, and are responsible for determining which CPT® code(s) are appropriate.

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Downloads/clm104c17.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf

Procedure coding should be based upon medical necessity, procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Replicate makes no guarantee of coverage or reimbursement of fees. These payment rates are nationally unadjusted average amounts and do not account for differences in payment due to geographic variation. Contact your local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA.