

This document is a quick coding reference for healthcare professionals who are billing for Puregraft and related services. The codes listed in this document are not intended to be an exhaustive list of all possible codes.

### HOSPITAL OUTPATIENT DEPARTMENT/AMBULATORY SURGERY CENTER REIMBURSEMENT CODING AND REIMBURSEMENT RATES FOR PROCEDURES INVOLVING PUREGRAFT

CPT	Descriptor	2020 Physician Payment		2020 APC Assignment <sup>3</sup>	2020 HOPD Payment <sup>4</sup>	2020 ASC Payment <sup>4</sup>
		Office <sup>1</sup>	Facility <sup>2</sup>			
Fat Transfer						
<b>15769</b>	Grafting of autologous soft tissue, other, harvested by direct excision (e.g. fat, dermis, fascia).	--	\$500.20	5055	\$2,977.29	\$1,504.38
<b>15771</b>	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms and/or legs; 50cc or less injectate.	\$597.28	\$496.59	5055	\$2,977.29	\$1,504.38
<b>+15772</b>	Each additional 50cc injectate, or part thereof (list separately in addition to code for primary procedure). Use 15772 in conjunction with 15771.	\$188.39	\$146.88	--	No Payment	No Payment
<b>15773</b>	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands and/or feet; 25cc or less injectate	\$602.70	\$502.01	5054	\$1,622.74	\$819.95
<b>+15774</b>	Each additional 25cc injectate, or part thereof (List separately in addition to code for primary procedure)(Use 15774 in conjunction with 15773)	\$182.61	\$141.11	--	No Payment	No Payment
Breast Reconstruction						
<b>19380</b>	Revision of reconstructed breast	--	\$810.93	5092	\$5,237.29	\$2,193.27
<b>19366</b>	Breast reconstruction with other technique	--	\$1,457.30	5092	\$5,237.29	\$2,193.27
<b>19499</b>	Unlisted procedure, breast	n/a	n/a	5091	\$3,029.55	n/a

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>
- <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1717-cn>
- <https://www.cms.gov/node/1291131>

For additional support or questions, please contact Reimbursement Support at [reimbursement@puregraft.com](mailto:reimbursement@puregraft.com)

## INPATIENT HOSPITAL OUTPATIENT CODING FOR PROCEDURES INVOLVING PUREGRAFT

ICD-10 Procedure Coding System			
Fat Removal	OJP Series		
	Right Breast	Left Breast	Bilateral
Breast Repair	OHQT Series	OHQU Series	OHQV Series
Breast Reconstruction	OHRT Series	OHRU Series	OHRV Series
Breast Supplement	OHUT Series	OHUU Series	OHUV Series
Breast Revision	OHWT Series	OHWU Series	--

Example: OHRV07Z Replacement of Bilateral Breast with Autologous Tissue Substitute, Open Approach

### DISCLAIMER

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