



PATIENT INSURANCE VERIFICATION RESULTS

Fax: (800) 946-5550
 Phone: (800) 533-2018

PATIENT NAME: SEE CASE ID		DATE OF BIRTH: SEE CASE ID	
CASE ID:	20448-XWP-GRAPER35	DATE:	05/21/2024
PROVIDER:	[REDACTED]	PLACE OF SERVICE:	HOME - 12
PRODUCT:	XWRAP (Q4204)	CPT CODES:	15271-8
FACILITY:	[REDACTED]		
ICD-10 DIAGNOSIS CODES: L89.609			

PRIMARY INSURANCE NAME: MEDICARE PART B - NORIDIAN	
RESULTS: COVERED AT 100% OF ALLOWED AMOUNT(S)	
DEDUCTIBLE: \$240.00	DEDUCTIBLE MET: \$240.00
OUT-OF-POCKET: NOT APPLICABLE	OUT-OF-POCKET MET: NOT APPLICABLE
CO-PAY: NOT APPLICABLE	CO-INSURANCE: 20% (COVERED)

SECONDARY INSURANCE NAME: AETNA SUPPLEMENT PLAN N	
RESULTS: COVERED AT 100% OF ALLOWED AMOUNT(S)	
DEDUCTIBLE: NOT APPLICABLE	DEDUCTIBLE MET: NOT APPLICABLE
OUT-OF-POCKET: NOT APPLICABLE	OUT-OF-POCKET MET: NOT APPLICABLE
CO-PAY: NOT APPLICABLE	CO-INSURANCE: NOT APPLICABLE

COVERAGE SUMMARY RESULTS

XWRAP (HCPCS CODE Q4204) AND APPLICATION CODES (CPT CODES 15271-15278) ARE VALID AND BILLABLE THROUGH THIS PATIENT’S PRIMARY PLAN AND DO NOT REQUIRE PRIOR AUTHORIZATION. BENEFITS ARE ACTIVE THROUGH MEDICARE AND SECONDARY PLAN COVERS PART B CO-INSURANCE ONLY. PATIENT HAS NO FINANCIAL RESPONSIBILITY. REFERENCE # 63847995318, DANIEL05212024.

PLEASE NOTE THERE IS A \$20.00 COPAY APPLIES FOR EACH SPECIALIST OFFICE VISIT WITH PATIENT’S SECONDARY INSURANCE. THIS DOES NOT RELATE TO XWRAP (Q4204).

IF PATIENT IS UNDER CARE OF A HOME HEALTH AGENCY, PART B CLAIMS MAY BE DENIED WHEN RELATED TO WOUND CARE. PLEASE CHECK WITH THE AGENCY PRIOR TO TREATMENT.

Documentation must support medical necessity according to applicable medical policies, product Instructions for Use, and FDA guidelines. It is important to always review payer medical policy for specific documentation criteria that support medical necessity. When the payer is not Medicare Part B, payment rates may vary. Please check your specific contract for payment rates. Payer will not make separate payment when consolidated billing services or Part A inpatient stay is active.

HCPCS code for product listed above must be billed as 1 unit for each SQ CM of material used, along with application CPT codes (15271 – 15278) as appropriate for location and wound size. If there is discarded material, bill HCPCS product code with -JW modifier as second line item. See local MAC for wastage and JW / JZ modifier use instructions. Please call Hotline above for any coding or billing questions.

This authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member’s evidence of coverage. The information contained in this form, including attachments, is privileged and confidential & is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or the agent responsible to deliver to the intended recipient, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify the sender immediately and shall destroy all information received.