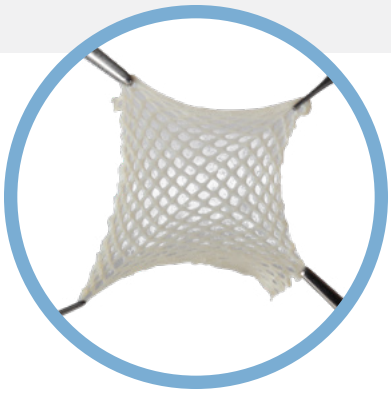
LifeNet Health®
Saving Lives. Restoring Health. Giving Hope.

DermACELL AWM®

Applied by Physicians and Other Qualified Healthcare Professionals (QHPs)



2022 CODING AND PAYMENT INFORMATION

Medicare Payment for Product Purchased for Specific Patient:

Dermacell AWM is not included in the ASP Medicare Part B Drug Pricing File that is published quarterly. CMS instructions indicate that payment allowance limits for drugs and biologicals that are not included in the ASP File are based on the published wholesale acquisition cost (WAC) or invoice price. The payment limit is 106 percent of the lesser of the lowest priced brand or median generic WAC.

Physician/QHP offices should verify if the Medicare Administrative Contractor (MAC) that processes their claims, covers Dermacell AWM and whether the MAC pays for it based on WAC or invoice price.

- If the MAC pays for Dermacell AWM based on WAC, the following information should be included in field 19 of a paper claim **or** in the narrative field of an electronic claim:
  - Product name
  - NDC code
  - WAC of product
  - WAC per sq. cm
  - Source of the WAC (e.g. Red Book)
    The current WAC can be found in the Red Book Database. Red Book is a National Drug Compendia which Medicare references for drug/biological pricing (http://micromedex.com/products/product-suites/clinical-knowledge/redbook).

- If the MAC pays for Dermacell AWM based on invoice price, the following information should be included in field 19 of a paper claim **or** in the narrative field of an electronic claim:
  - Product name
  - Product size (in sq. cm)
  - Product number
  - Invoice price per piece
  - Shipping cost

NOTE: Some payers (e.g. First Coast Service Options) only require the total product invoice cost for a specific patient in the following format (including cents): **INV. $00.00.**

Medicare Payment for Application:

Below is an overview of the 2022 Medicare national average payment rates* for the surgical prep codes 15002-15005 and application codes 15271-15278, when Dermacell AWM is applied in offices and in facilities, and when covered by Medicare.

CPT[1] Code	CPT Code	RVUs OFFICE	2022 Payment OFFICE[2]	RVU FACILITY	2022 Payment FACILITY[3]
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq. cm or 1% of body area of infants and children	10.40	$359.90	6.45	$223.21
+15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq. cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	2.09	$72.33	1.34	$46.37
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq. cm or 1% of body area of infants and children	11.81	$408.70	7.67	$265.43
+15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	3.50	$121.12	2.68	$92.74
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; first 25 sq. cm or less wound surface area	4.62	$159.88	2.46	$85.13
+15272	Each additional 25 cm2 wound surface area or part thereof	.75	$25.95	.52	$18.00
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% of body area of infants and children	9.47	$327.72	5.82	$201.41
+15274	Each additional 100 cm2 wound surface area, or part thereof, or each additional 1% of body area of infants and children	2.51	$86.86	1.34	$46.37
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq. cm; first 25 sq. cm or less wound surface area	4.75	$164.38	2.74	$94.82
+15276	Each additional 25 cm2 wound surface area or part thereof	.97	$33.57	.75	$25.95
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% of body area of infants and children	10.39	$359.56	6.63	$229.44
+15278	Each additional 100 cm2 wound surface area, or part thereof, or each additional 1% of body area of infants and children)	2.90	$100.36	1.67	$57.79

*Payments are nationally unadjusted average amounts for Medicare participating physicians and do not account for differences in payment due to geographic variation.

If you have any questions, please contact the Dermacell Benefits Verification/Pre-Authorization & Coding Hotline: 1-866-562-6349 or LifeNet@thepinnaclehealthgroup.com

References:

1. CPT 2022 Professional Edition, 2021 American Medical Association (AMA); CPT is a trademark of the AMA.
2. https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1751-f
3. https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1751-f

Disclaimer:

This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of December 2021 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third-party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor, and other health plans to which you submit claims. Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee coverage and payment by payers.

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