HOSPITAL OWNED OFF-CAMPUS OUT-PATIENT PROVIDER BASED DEPARTMENT

				Hospital Outpatient[1]		
CPT Code	CPT Description	APC	SI	SI	2019 Medicare Payment Rate	2019 Medicare Unadjusted Minimum Copay
15271	Application of Skin Substitute Graft	5054	T	T	$619.58	$123.92
+15272	Each Additional Area	N/A	N	N	Packaged	Packaged
15273	Application of Skin Substitute Graft	5055	T	T	$1,106.45	$221.29
+15274	Each Additional Area	N/A	N	N	Packaged	Packaged
15275	Application of Skin Substitute Graft	5054	T	T	$619.58	$123.92
+15276	Each Additional Area	N/A	N	N	Packaged	Packaged
15277	Application of Skin Substitute Graft	5054	T	T	$619.58	Packaged
+15278	Each Additional Area	N/A	N	N	Packaged	Packaged
15002*	Surgical Prep	5054	T	T	$619.58	$123.92
+15003*	Each Additional Area	N/A	N	N	Packaged	Packaged
15004*	Surgical Prep	5053	T	T	$193.16	$38.63
+15005*	Each Additional Area	N/A	N	N	Packaged	Packaged

Status/Payment Indicators SI/PI

- T = Multiple procedure reductions apply
- A2, G2 = Payment based on OPPS relative payment rate
- N, N1 = Payment included in APC rate

* Payers' coverage guidelines for 15002-15005, when performed according to the code descriptions, vary greatly. Some payer policies do not cover 15002-15005 performed at the same encounter with the application of CTPs. Other payer policies cover 15002-15005, but usually only before the first application of a CTP.

Hospital Outpatient Provider Based Department (PBD) – Off- Campus
DermACELL - Q4122 – CMS High Cost Group – January 1, 2019

As part of Medicare's PDB 2014 policy of packaging of cellular and tissue based product (CTP's) for skin wounds (formerly known as skin substitutes) the high cost/ low cost grouping was adopted to ensure adequate resource homogeneity among APC assignments for the CTP application procedures. Medicare reimburses hospital outpatient visits based on the APC to which a particular CPT code is assigned.

Dermacell is assigned to the high-cost skin substitute group as of January 1, 2019 by CMS.

The assignment to the high cost or low cost group determines the CPT coding pathways reportable and APC assignments for hospital owned off-campus outpatient (OPPS) provider based department for CTP graft procedures. The high cost CPT and APC coding pathways are provided in the tables above and are applicable for DermACELL skin substitute graft procedures performed in the outpatient settings of care.

Medicare requires that the graft material used in CTP procedures be reported using the appropriate HCPCS Level II Q code. Dermacell was assigned the brand specific Q code (Q4122) for purposes of identifying the graft material utilized in the skin substitute procedure reported with the CPT and APC codes above.

[1] 2019 Medicare Outpatient Prospective Payment System, www.cms.gov

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While there is no Medicare line item reimbursement for the graft material in the PBD, the cost of the product is included in the CPT and APC assignment through an all-inclusive package payment. The Q code and the appropriate number of units, is required on Medicare claims and support coverage determination. Allows for data collection and cost analysis for CTP's.

HCPCS Coding Pathway Options	
HCPCS Code[2]	**HCPCS Code Description**
Q4122	DermACELL®, per square centimeter

Disclaimer: *This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of January 2019 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 payors 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 payors 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 payment by payors.*

Benefits Verification/Pre-Authorization & Coding Hotline

1-866-562-6349

dermacell@mcra.com

EX-19-043

[2] 2019 HCPCS, www.cms.gov