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

PHYSICIAN CODING GUIDE

DermACELL AWM®
Advanced Decellularized Dermis

CPT[1] Code	CPT Code	RVUs[2] OFFICE	2020 Payment OFFICE	RVU FACILITY	2020 Payment FACILITY
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	4.29	$154.83	2.45	$88.42
+15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary	.75	$27.07	.51	$18.41
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	8.93	$322.28	5.82	$210.04
+15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq. cm; each additional 100 sq. cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	2.26	$81.56	1.32	$47.64
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	4.48	$161.38	2.75	$99.25
+15276	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; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	.98	$35.37	.75	$27.07
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	9.79	$353.32	6.60	$238.19
+15278	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; each additional 100 sq. cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	2.67	$96.36	1.67	$60.27
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	10.04	$362.34	6.45	$22.78
+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)	2.08	$75.07	1.32	$47.64
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	11.44	$412.87	7.65	$276.09
+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	$126.32	2.66	$96.00

* 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.

[1] CPT 2020 Professional Edition, 2019 American Medical Association (AMA); CPT is a trademark of the AMA

[2] Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU.

The above table illustrates potential CPT codes that can be used to denote surgical skin procedures and the application of Dermacell AWM for the management of wounds. Medicare RVUs and national average payment rates have been included for both the facility setting and the physician's office. When services are provided in the physician's office (non-facility) RVUs are higher to reflect the increased costs that the practice must absorb.
The following table provides a list of some common CPT code modifiers. A complete list is available in the AMA CPT book and on the Medicare website. Use of modifiers is subject to payor guidelines.

CPT/HCPCS Modifier Options	
Modifier[2]	**Description**
-JC	Skin Substitute Used as Graft.
-JW	Drug Amount Discarded/Not Administered to Any Patient. Used to report wastage when payor guidelines require separate reporting.
-22	
-50	Bilateral Procedure. When CPT codes are not identified as bilateral in the code description or parenthetical a modifier -50 may be appended when the procedure is performed bilaterally.
-51	Multiple Procedures. When more than one procedure is performed at the same session a modifier -51 is appended to additional procedures. It is not appended to codes listed as "add-on" codes.
-59	Distinct Procedural Service
-80	Assistant Surgeon: Surgical assistant services may be identified by adding the modifier 80 to the usual procedure members. This modifier should be reported to identify surgical assistant services performed in a non-teaching setting or in a teaching setting when a resident was available, but the surgeon opted not to use the resident. In the latter case, the service is generally not covered by Medicare.

When reporting office based (non-facility) cellular and/or tissue based products (CTP's) for skin wounds in procedures that are not performed in the hospital outpatient or ASC setting of care, the product utilized in the procedure should be reported on the claim form using the appropriate HCPCS Level II "Q" code. The third party payor determines the coverage and reimbursement guidelines for graft material reimbursement. One common payment methodology uses Average Sales Price (ASP) plus a percentage. This is determined by the third party payor dependent on coverage guidelines and is not standardized across all carriers. Each administrative contractor, insurance carrier and case specific coverage plan should be queried for reporting guidelines and available remuneration.

HCPCS Coding Pathway Options	
HCPCS Code[3]	**HCPCS Code Description**
Q4122	Dermacell®, Dermacell AWM® or Dermacell AWM Porous, 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-20-030

[3] CMS 2020 PFS Final Rule, www.cms.gov