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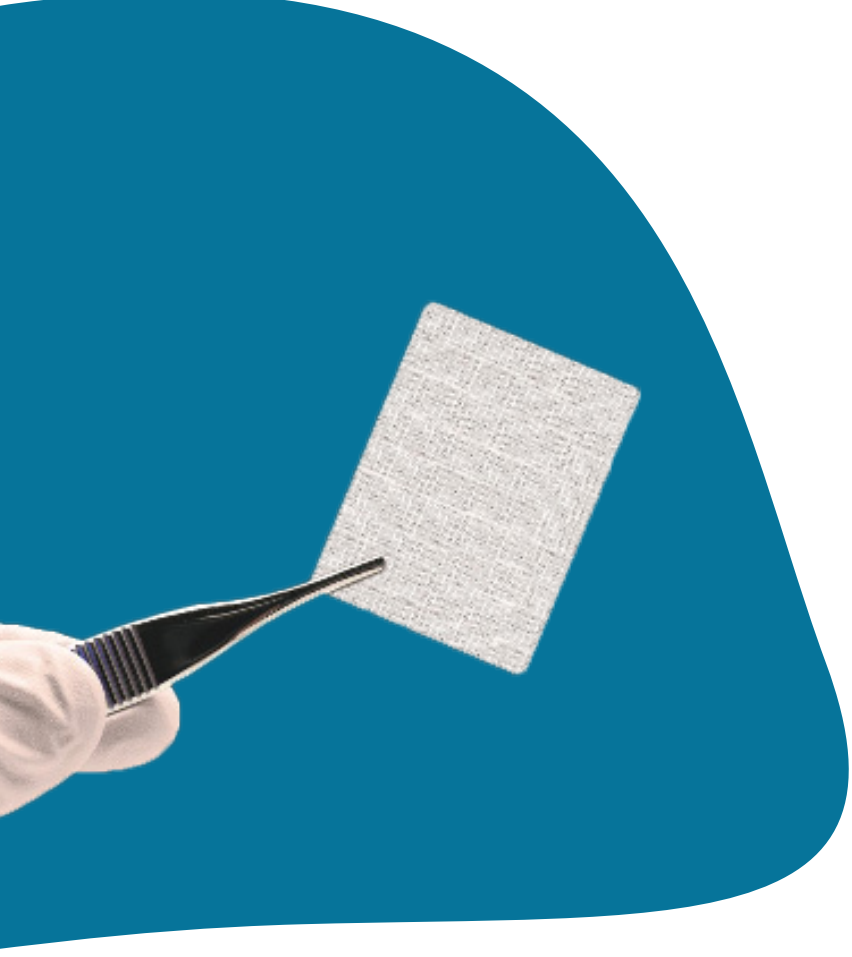

Reimbursement Guide 2020

Hospital Outpatient Department

Sales version

GrafixPL◇ + Grafix◇

Smith+Nephew Reimbursement Hotline
Phone: 866-988-3491
Fax: 866-304-6692 ▪ 443-472-4274

Customer Support
Phone: 888-674-9551

2020 Grafix and GrafixPL Reimbursement Guide for the Hospital Outpatient Department (HOPD)

CPT Procedure Codes and Medicare Payments

Medicare does not separately reimburse HOPDs for most cellular tissue products CTPs/skin substitutes. Instead, the skin substitute product, debridement, and dressings are packaged into one Ambulatory Payment Classification (APC) payment rate for the procedure code. HOPDs should report both the CPT application code(s) and the applicable GrafixPL or Grafix HCPCS code: **Q4132 for Grafix Core** and **Q4133 for GrafixPL Prime or Grafix Prime**.

Coding			Outpatient Hospital		ASC	
CPT Codes	Code Description	APC	Status Indicator	2020 Medicare National Avg. Payment	Status Indicator	2020 Medicare National Avg. Payment
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	5054	T	$1,622.56	G2	$797.93
+15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged
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	5055	T	$2,976.96	G2	$1,424.94
+15274	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)		N	Packaged	N1	Packaged
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	5054	T	$1,622.56	G2	$797.93
+15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged
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	5054	T	$1,622.56	G2	$797.93
+15278	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)		N	Packaged	N1	Packaged

Important Notes: The Medicare payment amounts listed do not reflect adjustments for deductible, copayments, coinsurance, sequestration or any other reductions. All payment amounts listed are based on national averages and will vary by geographical locations.
Status Indicators: T = Significant procedure, multiple reduction applies; N and N1 = Items and services are packaged into APC Rate; G2 = Non-office-based surgical procedure added in CY 2008 or later (payment based on OPPS relative payment weight).
Reference: The Centers for Medicare and Medicaid Services (2019, November). Hospital Outpatient PPS – Addendum A and Addendum B Updates. Retrieved from: https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.

Product HCPCS Codes and Modifiers

Grafix HCPCS Codes, UPC Codes and Billing Units:

GrafixPL and Grafix are billed per square centimeter. **One billable unit is 1 cm^2**. To calculate the number of billable units multiply the length by the width of the Grafix product that was applied. The below chart lists the assigned HCPCS codes for Grafix products and the billable units per product size.

Preservation and Storage	Product Description	Part Number	UPC Code	Billing Units (per sq cm)	HCPCS Q-Code
Lyopreserved and stored at room temperature	GrafixPL PRIME 16 mm Disc (2 cm^2)	PS13016	859857003395	2	Q4133
	GrafixPL PRIME 1.5 x 2 cm (3 cm^2)	PS13015	859857003388	3	Q4133
	GrafixPL PRIME 2 x 3 cm (6 cm^2)	PS13023	859857003371	6	Q4133
	GrafixPL PRIME 3 x 3 cm (9 cm^2)	PS13033	859857003449	9	Q4133
	GrafixPL PRIME 3 x 4 cm (12 cm^2)	PS13034	859857003364	12	Q4133
	GrafixPL PRIME 5 x 5 cm (25 cm^2)	PS13055	859857003357	25	Q4133
Cryopreserved and stored at -75°C to -85°C	Grafix PRIME 16 mm Disc (2 cm^2)	PS60013	859857003340	2	Q4133
	Grafix PRIME 1.5 x 2 cm (3 cm^2)	PS11015	859857003081	3	Q4133
	Grafix PRIME 2 x 3 cm (6 cm^2)	PS11023	859857003067	6	Q4133
	Grafix PRIME 3 x 4 cm (12 cm^2)	PS11034	859857003074	12	Q4133
	Grafix PRIME 5 x 5 cm (25 cm^2)	PS11055	859857003098	25	Q4133
	Grafix CORE 16 mm Disc (2 cm^2)	PS60014	859857003333	2	Q4132
	Grafix CORE 1.5 x 2 cm (3 cm^2)	PS12015	859857003104	3	Q4132
	Grafix CORE 2 x 3 cm (6 cm^2)	PS12023	859857003050	6	Q4132
	Grafix CORE 3 x 4 cm (12 cm^2)	PS12034	859857003111	12	Q4132
	Grafix CORE 5 x 5 cm (25 cm^2)	PS12055	859857003128	25	Q4132

Important Notes:

1. The payment amounts referenced are based on 2020 Medicare national averages and do not include copayments/deductibles, sequestration, or wage index adjustments.
2. Sequestration: Since April 1, 2013, all Medicare claims with a date-of-service on or after April 1, 2013 are subjected to a 2 percent sequestration amount, which remains in effect until 2022.
3. Medicare HOPD and ASC actual payments are adjusted according to the area wage index. Medicare uses the Wage Index to account for regional differences in the cost of wages.
4. The Medically Unlikely Edit (MUE) is the maximum units of a product reimbursed in one application per day. MUE for Grafix CORE Q4132 = 50 units. MUE for GrafixPL PRIME and Grafix PRIME Q4133 = 113 units.
5. Payers including some Medicare Administrative Contractors (MACs) will require use of certain modifiers. Please check with the patient's insurance plan or MAC to identify whether modifiers are required with Q4132 or Q4133.
    a. Common Modifiers:
        i. JC – skin substitute used as a graft
        ii. JD – skin substitute not used as a graft
        iii. JW – discarded skin substitute, not used (wastage)

Osiris Reimbursement Support Services

Smith+Nephew Reimbursement Hotline

For assistance with reimbursement questions, contact the Smith+Nephew Reimbursement Hotline Monday through Friday from 8:00 am - 7:00 pm EST at **1-866-988-3491.**

Smith+Nephew Reimbursement Hotline staff can assist with the following:

- Patient-specific insurance verifications
- Payer policy and Medicare Local Coverage Determination (LCD) information
- Nurse Case Manager review of documentation and coding
- Prior authorization and pre-determination support
- Individual claims support
- General coding and reimbursement questions

To initiate insurance verification support for your patients, please submit a complete **Insurance Verification Request (IVR) Form** with a signed practitioner authorization and fax to **866-304-6692.**

The provider is responsible for verifying individual contract or reimbursement rates with each payer.
The Smith+Nephew Reimbursement Hotline is not able to confirm contracted or reimbursable rates on your behalf.

Field Reimbursement Support

For educational support on behalf of the patient related to IVR forms, product coding, claims, billing, denials, and appeals, please reach out directly to your **Osiris (now part of Smith+Nephew) Field Reimbursement Manager (FRM)**. Your FRM contact is listed below:

- FRM Name: _____
- FRM Email: _____
- FRM Phone: _____

For a list of common payers in your state and their current coverage policy for Grafix products, please ask your Sales representative or FRM for a Local Coverage Summary.

ICD-10 Diagnosis Codes

Diagnosis Code Guidelines for Wound Care:

GrafixPL and Grafix coverage is based on medical necessity and subject to payer coverage guidelines. For most payers, GrafixPL and Grafix are considered medically necessary as an adjunct in the treatment of chronic ulcers that fail to progress toward healing after a period of standard wound care. Providers should always follow payer coverage guidelines for covered indications. Examples of common lower-extremity chronic wounds include:

- Diabetic foot ulcers (DFU) / diabetic ulcers of the lower extremities (ankle)
- Venous stasis ulcers (VSU) / venous leg ulcers (VLU)
- Pressure ulcers
- Chronic non-healing surgical or trauma wounds of the lower extremity with co-morbidities

ICD-10 Codes

It is recommended that providers select the most specific primary and secondary diagnosis codes to accurately describe the reason the wound is not healing properly, and codes that indicate the wound is chronic and describe the location, severity, and laterality (*for lower extremity ulcers*).

Example of specific DFU codes:

- Primary diagnosis: E11.621, *type 2 diabetes mellitus with a foot ulcer*
- Secondary diagnosis: L97.522, *non-pressure chronic ulcer of other part of left foot with fat layer exposed*

Example of specific VLU codes:

- Primary diagnosis: I87.312, *chronic venous hypertension (idiopathic) with ulcer of left lower extremity*
- Secondary diagnosis: L97.222, *non-pressure chronic ulcer of left calf with fat layer exposed*

Reimbursement Disclaimer

Information on reimbursement in the U.S. is provided as a courtesy. Due to the rapidly changing nature of the law and the Medicare payment policy, and reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided “AS IS” and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise. This information has been compiled based on data gathered from many primary and secondary sources, including the American Medical Association, and certain Medicare contractors. Providers must confirm or clarify coding and coverage from their respective payers, as each payer may have differing formal or informal coding and coverage policies or decisions. Providers are responsible for accurate documentation of patient conditions and for reporting of products in accordance with particular payer requirements.