



# **+ Reimbursement Guide 2021**

**Hospital Outpatient Department**  
Sales Version

**GRAFIX PL PRIME<sup>◇</sup>**  
**GRAFIX PRIME<sup>◇</sup>**  
**GRAFIX CORE<sup>◇</sup>**

Smith+ Nephew Reimbursement Hotline Services  
Phone: 866-988-3491  
Fax: 866-304-6692

Customer Support  
Phone: 888-674-9551

# 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 GRAFIX PL PRIME or GRAFIX PRIME**.

Coding			Outpatient Hospital	
CPT Codes	Code Description	APC	Status Indicator	2021 Medicare National Avg. Payment
<b>15271</b>	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	\$1,715.36
+15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	Packaged
<b>15273</b>	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	\$3,522.15
+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
<b>15275</b>	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	\$1,715.36
+15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	Packaged
<b>15277</b>	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	\$1,715.36
+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

**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).

References: [The Centers for Medicare and Medicaid Services \(2020, December\), Hospital Outpatient PPS: Addendum A and Addendum B Updates](https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices). Retrieved from <https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices> (12.23.20)

CPT is a registered trademark of American Medical Association.

## Product HCPCS Codes and Modifiers

### GRAFIX HCPCS Codes, UPC Codes and Billing Units:

GRAFIX PL and GRAFIX are billed per square centimeter. **One billable unit is 1 cm<sup>2</sup>.** 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 HC PCS 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 <sup>2</sup> )	PS13016	859857003395	2	Q4133
	GrafixPL PRIME 1.5 x 2 cm (3 cm <sup>2</sup> )	PS13015	859857003388	3	Q4133
	GrafixPL PRIME 2 x 3 cm (6 cm <sup>2</sup> )	PS13023	859857003371	6	Q4133
	GrafixPL PRIME 3 x 3 cm (9 cm <sup>2</sup> )	PS13033	859857003449	9	Q4133
	GrafixPL PRIME 3 x 4 cm (12 cm <sup>2</sup> )	PS13034	859857003364	12	Q4133
	GrafixPL PRIME 5 x 5 cm (25 cm <sup>2</sup> )	PS13055	859857003357	25	Q4133
Cryopreserved and stored at -75°C to -85°C	Grafix PRIME 16 mm Disc (2 cm <sup>2</sup> )	PS60013	859857003340	2	Q4133
	Grafix PRIME 1.5 x 2 cm (3 cm <sup>2</sup> )	PS11015	859857003081	3	Q4133
	Grafix PRIME 2 x 3 cm (6 cm <sup>2</sup> )	PS11023	859857003067	6	Q4133
	Grafix PRIME 3 x 4 cm (12 cm <sup>2</sup> )	PS11034	859857003074	12	Q4133
	Grafix PRIME 5 x 5 cm (25 cm <sup>2</sup> )	PS11055	859857003098	25	Q4133
	Grafix CORE 16 mm Disc (2 cm <sup>2</sup> )	PS60014	859857003333	2	Q4132
	Grafix CORE 1.5 x 2 cm (3 cm <sup>2</sup> )	PS12015	859857003104	3	Q4132
	Grafix CORE 2 x 3 cm (6 cm <sup>2</sup> )	PS12023	859857003050	6	Q4132
	Grafix CORE 3 x 4 cm (12 cm <sup>2</sup> )	PS12034	859857003111	12	Q4132
	Grafix CORE 5 x 5 cm (25 cm <sup>2</sup> )	PS12055	859857003128	25	Q4132

### Important Notes:

- The payment amounts referenced are based on 2021 Medicare national averages and do not include copayments/deductibles, sequestration, or wage index adjustments.
- 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.
- 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.
- 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.

*Note: MUE data as of 2019*

- 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.
  - Common Modifiers:
    - JC – skin substitute used as a graft
    - JD – skin substitute not used as a graft
    - JW – discarded skin substitute, not used (wastage)

## Smith+Nephew Reimbursement Hotline Services

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### Smith+ Nephew Reimbursement Hotline Services

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

Smith+ Nephew Reimbursement Hotline Services 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.

Smith+Nephew Reimbursement Hotline Service 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

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## Diagnosis Code Guidelines for Wound Care:

GRAFIX PL and GRAFIX coverage is based on medical necessity and subject to payer coverage guidelines. For most payers, GRAFIX PL 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*

**For reference, pages 6-7 of this Field Reimbursement Manager Guide provide a list of ICD-10-CM codes related to chronic ulcers of the lower extremity. These codes are provided for information only and are not a statement or guarantee of reimbursement. The provider is ultimately responsible for verifying coverage with the patient's payer source.**

# Sample IVR Form

\*\*This is an example of a Smith+Nephew Reimbursement Hotline Services IVR Form. The version below may not be the currently effective revision. Please check with your FRM to confirm if there is an updated version of this form.



**Smith+Nephew**

**Smith+Nephew Reimbursement Hotline Services  
Insurance Verification Request (IVR) Form  
Phone: 866-988-3491 Fax: 866-304-6692**

<b>1. Type of Insurance Verification Requested</b>					
<input type="checkbox"/> New Wound <input type="checkbox"/> Additional Applications <input type="checkbox"/> Re-Verification <input type="checkbox"/> New Insurance <input type="checkbox"/> Check Out-Of-Pocket Maximum					
If a prior authorization is required, I authorize Smith and Nephew to initiate the authorization. Please select one: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach all clinical notes related to the wound treatment episode.					
<b>2. Patient Information: Please list the patient's name on this form when attaching a face sheet</b>					
First Name:		Last Name:		M.I.:	
Address:		Apt./Suite#:	City:	State:	Zip:
Date of Birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Phone #:	
<b>3. Insurance Information: Please attach a copy (Front &amp; back) of patient's insurance card(s)</b>					
Cardholder Name/Relationship:				Date of Birth:	
Primary Payer:			Plan Type:		
Policy #:		Group #:		Card Phone #:	
Secondary Payer:			Plan Type:		
Policy #:		Group #:		Card Phone #:	
Tertiary Payer:			Plan Type:		
Policy #:		Group #:		Card Phone #:	
<b>4. Healthcare Provider (HCP) &amp; Facility Information: Please note, we do not verify inpatient benefits</b>					
Place of Service: <input type="checkbox"/> Physician Office (POS11) <input type="checkbox"/> Hospital Outpatient Department (POS19/22) <input type="checkbox"/> Ambulatory Surgery Center (POS24)					
Is the patient currently in a SNF? (POS31/32): <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>If yes, <input type="checkbox"/> Under 100 days or <input type="checkbox"/> Over 100 Days <input type="checkbox"/> Other POS: _____</i>					
SNF Name:		Contact Name:		SNF Phone #:	
HCP First Name:		HCP Last Name:		M.I.:	
HCP NPI:		HCP Tax ID#:		HCP PTAN#:	
Specialty: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> PA <input type="checkbox"/> NP/FNP <input type="checkbox"/> Other: _____				HCP Payer ID/Medicaid PIN:	
Contact Name:		Phone #:		HCP Network Status: <input type="checkbox"/> In <input type="checkbox"/> Out	
Facility Name:		Facility NPI:		Facility Network Status: <input type="checkbox"/> In <input type="checkbox"/> Out	
Facility Address:		Facility Tax ID:		Phone #:	
City, State, Zip:		Facility Tax ID:		Fax #:	
Managing Facility Address (if different):				MAC/Fiscal Intermediary:	
Third Party Administrator/Biller:					
<b>5. Treatment Information: May select up to FOUR products with corresponding CPT application code groups</b>					
<input type="checkbox"/> GRAFIX PL PRIME® (Q4133)		<input type="checkbox"/> GRAFIX PRIME® (Q4133)		<input type="checkbox"/> GRAFIX CORE® (Q4132)	
<input type="checkbox"/> OASIS® Wound Matrix (Q4102)		<input type="checkbox"/> OASIS® Burn Matrix (Q4103)		<input type="checkbox"/> OASIS® ULTRA Tri-Layer Matrix (Q4124)	
CPT: Legs/Arms/Trunk ≤ 100 sq cm: <input type="checkbox"/> 15271/15272-C5271/C5272		Legs/Arms/Trunk ≥ 100 sq cm: <input type="checkbox"/> 15273/15274-C5273/C5274			
Feet/Hands/Head ≤ 100 sq cm: <input type="checkbox"/> 15275/15276-C5275/C5276		Feet/Hands/Head ≥ 100 sq cm: <input type="checkbox"/> 15277/15278-C5277/C5278			
Anticipated Application Date: _____		Number of Anticipated Applications: _____			
<b>6. Wound Information &amp; Diagnosis Code(s): Provide the ICD-10-CM Code(s) for the treatment condition below</b>					
<input type="checkbox"/> Diabetic Ulcer (Code Diabetes <u>and</u> Ulcer Location Separately): _____		<input type="checkbox"/> Burn: _____			
<input type="checkbox"/> Venous Ulcer: _____		<input type="checkbox"/> Surgical Dehiscence: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Pressure Ulcer: _____		<input type="checkbox"/> Trauma Wound: _____			
<b>7. Healthcare Provider Signature: Please include all required information and sign below</b>					
By signing below, I certify that I have obtained a valid authorization from the patient listed on this form permitting me to release the patient's protected health information (PHI) to the Smith+Nephew Reimbursement Hotline Services, Smith & Nephew, Inc., its contractors, and the patient's health insurance company as necessary to research insurance coverage and payment information to determine benefits related to GRAFIX PL®/GRAFIX® and/or OASIS® Matrix products on behalf of the patient. I further understand that completing this form does not guarantee that insurance coverage or reimbursement will be provided to the patient. I certify that the information provided on this form is current, complete, and accurate to the best of my knowledge.					
For typed signatures below: I agree that this typed signature has the same validity and meaning as my handwritten signature.					
HCP Signature: _____				Date: _____	
Disclaimer: The Smith+Nephew Reimbursement Hotline is an information service only. Benefits information is provided by the insurer or third-party payer. Results of this research are not a guarantee of coverage or reimbursement now or in the future, and Smith & Nephew disclaims liability for payment of any claims, benefits or costs.					

## 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.

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