



+ Reimbursement Guide 2021

Physician Office
Sales Version

GRAFIX PL PRIME[◇]
GRAFIX PRIME[◇]
GRAFIX CORE[◇]

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 has designated specific CPT codes (15271-15275) for qualified healthcare providers to report the application of skin substitute graft procedures when applying CTPs/Skin substitute products. The selection of the code is based upon the location and size of the defect. Ensure the medical record reflects these elements and a procedure description including the fixation method.

Medicare reimbursement for the office visit, debridement, and the dressings are packaged into the Ambulatory Payment Classification (APC) payment rate for the procedure code and not separately paid when skin CTPs/skin substitutes are applied in the physician office (POS 11). The product is separately reimbursed by a HCPCS code (see next page).

Coding			Physician Office		HOPD Facility Rate	
CPT Codes	Code Description	APC	Status Indicator	2021 Medicare National Avg. Payment	Total Facility RVU	2021 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	\$158.76	2.45	\$85.49
+15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	\$25.82	0.5	\$17.45
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	\$326.60	5.81	\$202.73
+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	\$85.14	1.32	\$46.06
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	\$164.00	2.74	\$95.61
+15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	\$33.50	0.73	\$25.47
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	\$356.96	6.59	\$229.95
+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	\$99.45	1.66	\$57.92

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 = Items and services that are packaged into APC Rate.

Reference: The Centers for Medicare and Medicaid Services (2020, December). Physician Fee Schedule. Retrieved from: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notice/cms-1734-f>

CPT is a 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 cm².** To calculate the number of billable units multiply the length by the width of the piece of Grafix product that was applied. The below chart lists the assigned HCPCS codes for GRAFIX PL and GRAFIX and the billable units per product size.

GRAFIX PL and GRAFIX are reimbursed by Medicare based on the **Average Sales Price (ASP)** published quarterly by CMS on the cms.gov website under the ASP Drug Pricing File. **The ASP rate is per square centimeter.** The quarterly ASP can be obtained from your Osiris (now part of Smith & Nephew) Sales Representative or FRM. Providers must check contracted payment rates for private insurers.

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:

- 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. The MUE for Grafix products are as follows:
 - 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

Smith+Nephew Reimbursement Hotline

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** (see sample on page 11) 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 Services 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)**:

- 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*

For reference, pages 7-8 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



Smith+Nephew

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

1. Type of Insurance Verification Requested					
<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.					
2. Patient Information: Please list the patient's name on this form when attaching a face sheet					
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 #:	
3. Insurance Information: Please attach a copy (Front & back) of patient's insurance card(s)					
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 #:	
4. Healthcare Provider (HCP) & Facility Information: Please note, we do not verify inpatient benefits					
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 If yes, <input type="checkbox"/> Under 100 days or <input type="checkbox"/> Over 100 Days <input type="checkbox"/> Other POS: _____					
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 Network Status: <input type="checkbox"/> In <input type="checkbox"/> Out	
Facility Address:		Facility NPI:		Phone #:	
City, State, Zip:		Facility Tax ID:		Fax #:	
Managing Facility Address (if different):				MAC/Fiscal Intermediary:	
Third Party Administrator/Biller:					
5. Treatment Information: May select up to FOUR products with corresponding CPT application code groups					
<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: _____		
6. Wound Information & Diagnosis Code(s): Provide the ICD-10-CM Code(s) for the treatment condition below					
<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: _____			
7. Healthcare Provider Signature: Please include all required information and sign below					
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.					

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