



New CPT Codes Released from the American Medical Association and Centers for Medicare & Medicaid Services Relevant to Skin and Dermal Substitutes

Effective January 1, 2012 the American Medical Association has released several new Current Procedural Terminology (CPT®) Codes that are relevant to the application of MatriStem® products. In addition, the Centers for Medicare & Medicaid Services have introduced in January of 2011 HCPCS Level II codes relevant to MatriStem products. The new code descriptions are detailed below for reference by the clinical community:

New CPT Codes for Wound Surface Area Smaller Than 100 sq cm

- **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*
 - +15272** *Each additional 25 sq cm wound surface, or part thereof*

- **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*
 - +15276** *Each additional 25 sq cm wound surface, or part thereof*

New CPT Codes for Wound Surface Area Greater Than 100 sq cm

- **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*
 - +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*

- **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 area, or 1% of infants and children*
 - +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*

New CPT® Code for Implantation of Biologic Implants

- **15777** *Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
(List separately in addition to code for primary procedure)*

2011 Example: In 2011, the appropriate skin substitute code would be selected based on the type of skin substitute the podiatrist used. For example, for an acellular xenograft implant, report 15430-15431 (*application of an acellular xenograft implant...*)

New 2012 Example: Starting Jan. 1, 2012, the appropriate skin substitute code would be selected based only on the wound location and size, from the new code range 15271-15278 (*Application of skin substitute graft ...*)

Trunk, arms, or legs: For a wound to the trunk, arms, or legs, turn to codes 15271-15273 (*Application of skin substitute graft to trunk, arms, legs, etc.*). If the wound is smaller than 100 sq cm, report 15271 (*... total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area*) for the first 25 sq cm of graft, and add-on code +15272 (*... each additional 25 sq cm wound surface area, or part thereof [List separately in addition to code for primary procedure]*) for each additional 25 sq cm.

However, for a wound to the trunk, arms, or legs 100 sq cm or larger, report 15273 (*... 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*) for the first 100 sq cm of graft, and +15274 (*... each additional 100 sq cm wound surface area or part thereof ...*) for each additional 100 sq cm thereafter.

Other areas: For wounds to other bodily areas, such as the face, mouth, genitalia, hands, or feet, check out codes 15275-15278 (*Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits ...*). Report 15275-15276 (*... total wound surface area up to 100 sq cm ...*) for wounds up to 100 sq cm, and 15277-15278 (*... total wound surface area greater than or equal to 100 sq cm ...*) for larger wounds. Similar to +15272 and +15274, +15276 and +15278 are add-on codes, representing graft applications larger than those described in the initial codes (15275 and 15277, respectively).

HCPCS Level II

Q4118 – Matristem Micromatrix, 1mg

Q4119 – Matristem Wound Matrix, per square centimeter

Q4100 – Skin Substitutes not elsewhere specified

HCPCS/CPT Background

Each year, in the United States, health care insurers process over 5 billion claims for payment. In order for all health insurance programs (including Medicare) to ensure that these claims are processed in an orderly and consistent manner, standard codes have been devised. The HCPCS is divided into two principal subsystems, referred to as level I and level II of the HCPCS.

Level I of the HCPCS is comprised of Current Procedural Terminology (CPT), a uniform coding system maintained by the American Medical Association (AMA). Health care professionals use the CPT to identify services and procedures for which they bill public or private health insurance programs. The CPT codes are republished and updated annually by the AMA (15271 – 15278, 15777).

Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office (Q4118, Q4119, Q4100)

*****For the most appropriate ICD-9 Codes, please check local Medicare LCD Policies/3rd party Insurance Medical Policies*****

For questions regarding these codes, contact an ACell Reimbursement Specialist at 1-800-826-2926 option#4.

References

Centers for Medicare and Medicaid Services, Department of Health and Human Services. HCPCS General Information; Background Information. <http://www.cms.hhs.gov/MedHCPCSGenInfo>

*Information on reimbursement in the U.S. is provided as a courtesy. Due to the rapidly changing nature of the law and Medicare payment policy, and reliance on information provided by outside sources, the information provided by **ACell, Inc. does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified 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. Coding and Reimbursement information has been compiled based on data gathered from many primary and secondary sources, including the American Medical Association, and certain Medicare Local Contractors. Physicians and other providers must confirm or clarify coding and coverage from their respective payor, as each payor may have differing formal or informal coding and coverage policies or decisions. Physicians and providers are responsible for accurate documentation of patient conditions and for reporting of procedures and products in accordance with particular payor requirements.