

Smith+Nephew

OASIS®

Wound Matrix

OASIS® ULTRA

Tri-Layer Matrix

OASIS®

Burn Matrix

Reimbursement Guide 2021

Ambulatory Surgery Center
Sales version

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 Hospital-based ASCs for most cellular and/or tissue based products (CTPs). Instead, the CPT product, debridement, and dressings are packaged into one payment rate for the procedure code. ASCs should report both the CPT application code and the applicable HCPCS code:

Q4102 for OASIS® Wound Matrix and Q4124 for OASIS ULTRA Tri-Layer Matrix.

CPT codes	Code description	Payment indicator	2021 Medicare national avg. payment
C5271	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	G2*	\$266.24
+C5272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N/A	Bundled
C5273	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	G2	\$871.28
+C5274	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/A	Bundled
C5275	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	G2	\$266.24
+C5276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N/A	Bundled
C5277	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	G2	\$266.24
+C5278	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/A	Bundled

The Centers for Medicare and Medicaid Services (2020.December). Ambulatory Surgical Center PPS – Addendum BB Updates CY 2021.

Retrieved from <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notices/cms-1736-fc>

*Payment Indicator G2 definition: 'Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight. - see Addendum DD1 for full list of payment indicator definitions.

CPT procedure codes and Medicare payments

Medicare does not separately reimburse Hospital-based ASCs for most cellular and/or tissue based products (CTPs). Instead, the CPT product, debridement, and dressings are packaged into one payment rate for the procedure code. ASCs should report both the CPT application code and the applicable HCPCS code:

Q4103 for OASIS® Burn Matrix

CPT codes	Code description	Payment indicator	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	G2*	\$871.28
+15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N/A	Bundled
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	G2	\$1788.99
+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/A	Bundled
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	G2	\$871.28
+15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N/A	Bundled
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	G2	\$871.28
+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/A	Bundled

The Centers for Medicare and Medicaid Services (2020.December). Ambulatory Surgical Center PPS – Addendum BB Updates CY 2021.

Retrieved from <https://www.cms.gov/medicare/medicare-fee-service-payment/ascpaymentasc-regulations-and-notice/cms-1736-fc>

*Payment Indicator G2 definition: 'Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight. - see Addendum DD1 for full list of payment indicator definitions.

Product HCPCS codes and modifiers

OASIS® HCPCS codes, UPC codes and billing units:

All OASIS products are billed per square centimeter. **One billable unit is equal to 1 cm².** To calculate the number of billable units multiply the length by the width of the piece of OASIS product that was applied. The chart below lists the assigned HCPCS codes for OASIS products and the billable units per product size.

Product description	Part number	Box quantity	Billing units (per sq cm)	HCPCS Q-code
OASIS Wound Matrix 3 X 3.5 cm (11 cm ²)	8213-1000-33	10	11	Q4102
OASIS Wound Matrix 3 X 7 cm (21 cm ²)	8213-1000-37	10	21	Q4102
OASIS Burn Matrix 3 X 3.5 cm (11 cm ²)	8213-3000-16	5	11	Q4103
OASIS Burn Matrix 3 X 7 cm (21 cm ²)	8213-3000-18	5	21	Q4103
OASIS Burn Matrix 5 X 7 cm (35 cm ²)	8213-3000-13	5	35	Q4103
OASIS Burn Matrix 7 X 10 cm (70 cm ²)	8213-3000-09	5	70	Q4103
OASIS Burn Matrix 7 X 20 cm (140 cm ²)	8213-3000-11	5	140	Q4103
OASIS ULTRA Tri-Layer Matrix 3 X 3.5 cm (11 cm ²)	8213-0000-16	5	11	Q4124
OASIS ULTRA Tri-Layer Matrix 3 x 7 cm (21 cm ²)	8213-0000-18	5	21	Q4124
OASIS ULTRA Tri-Layer Matrix 5 x 7 cm (35 cm ²)	8213-0000-13	5	35	Q4124
OASIS ULTRA Tri-Layer Matrix 7 x 10 cm (70 cm ²)	8213-0000-09	5	70	Q4124
OASIS ULTRA Tri-Layer Matrix 7 x 20 cm (140 cm ²)	8213-0000-11	5	140	Q4124

Important notes:

- The payment amounts referenced are based on 2021 Medicare national averages and do not include copayments/deductibles, sequestration (unless waived during public health emergency), or wage index adjustments.
- The Medically Unlikely Edit (MUE) is the maximum units of a product reimbursed in one application per day. The MUE for OASIS products are as follows:
 - MUE for OASIS Wound Matrix (Q4102) in the HOPD setting = 140 units.
 - MUE for OASIS ULTRA Tri-Layer Matrix (Q4124) in the HOPD setting = 280 units.
 - MUE for OASIS Burn Matrix in the HOPD setting = not set/not listed.
 - 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 OASIS products.
 - Common Modifier: JW – discarded skin substitute, not used (wastage)

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 **Smith+Nephew Field Reimbursement Manager (FRM)**.

Your FRM contact is listed below:

FRM name: _____

FRM email: _____

FRM phone: _____

ICD-10 diagnosis codes

Diagnosis code guidelines for wound care:

OASIS® Wound Matrix, OASIS Burn Matrix, and OASIS ULTRA Tri-Layer coverage is based on medical necessity and subject to payer coverage guidelines. Providers should always follow payer coverage guidelines for covered indications. ICD-10 codes

OASIS Wound Matrix and OASIS ULTRA Tri-Layer are indicated for the following types of wounds:

- Partial and full thickness wounds
- Pressure ulcers
- Venous Ulcers
- Chronic vascular ulcers
- Tunneled, undermined wounds
- Diabetic ulcers
- Trauma wounds (abrasions, lacerations, second-degree burns, skin tears)
- Draining wounds
- Surgical wounds (donor sites/grafts, post-Mohs surgery, podiatric, wound dehiscence, post-laser surgery)

OASIS Burn Matrix is indicated for the following types of wounds:

- Partial and full-thickness wounds
- Second-degree burns
- Donor sites/grafts
- Pressure ulcers
- Venous ulcers
- Chronic vascular ulcers
- Tunneled, undermined wounds
- Diabetic ulcers
- Trauma wounds (abrasions, lacerations, skin tears)
- Draining wounds
- Surgical wounds (post-Mohs surgery, podiatric, wound dehiscence, post-laser surgery)

ICD-10 diagnosis codes (con't)

For chronic wounds, 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.

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 traumatic, surgical and wounds of other origin, it is recommended that providers select the most specific code related to the causation and location of the wound, as well as any 7th character indicating “type of encounter” (if required by ICD-10 Guidelines).

Example of other types of wound codes:

Primary diagnosis: S91.301D Unspecified open wound, right foot, subsequent encounter
Primary diagnosis: T21.22XA Burn of second degree of abdominal wall, initial encounter
Primary diagnosis: T81.30XA Disruption of wound, unspecified, initial encounter
Primary diagnosis: C44.41 Basal cell carcinoma of skin of scalp and neck
Primary diagnosis: L02.415 Cutaneous abscess of right lower limb
Primary diagnosis: L89.152 Pressure ulcer of sacral region, stage 2

For reference, this page of the Reimbursement Guide provides a list of ICD-10-CM codes related to some of the types of wounds OASIS® Wound Matrix, OASIS Burn Matrix, and OASIS ULTRA Tri-layer are indicated for. 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.**

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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www.oasiswoundmatrix.com

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