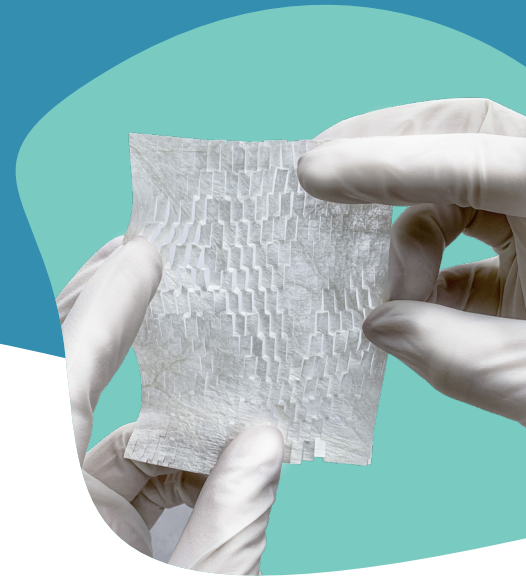
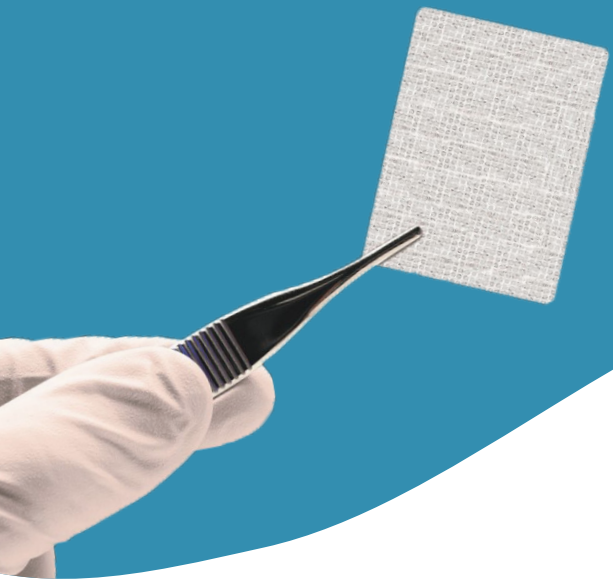


# S+N CTP Portfolio Reimbursement Guide 2024

Hospital Outpatient Department



## Smith+Nephew

### GRAFIX PL PRIME<sup>◇</sup>

Lyopreserved  
Placental Membrane

### GRAFIX CORE<sup>◇</sup>

Cryopreserved  
Placental Membrane

### OASIS<sup>®</sup> ULTRA

Tri-Layer Matrix

### GRAFIX PRIME<sup>◇</sup>

Cryopreserved  
Placental Membrane

### OASIS<sup>®</sup>

Burn Matrix

### OASIS<sup>®</sup>

Wound Matrix

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#### Reimbursement Hotline Services

Phone: 866-988-3491

Fax: 866-304-6692

#### Customer Support

Phone: 888-674-9551

## 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

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 Services is not able to confirm contracted or reimbursable rates on your behalf.

## 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.

## Advanced Therapy Documentation Checklist

Prior to requesting insurance verification or prior authorization from a payer, the provider should have documentation of the following in the patient's medical record:

- Diagnosis of a chronic wound and the causation or etiology (*i.e. Type II Diabetes*)  
*Primary (etiology) and Secondary (chronic ulcer) ICD-10 codes*
- Failure to respond to good standard wound care for  $\geq 4$  weeks (*Be specific about modalities such as debridement, advanced dressings, collagen, etc.*)
- Underlying disease or condition is being treated by licensed physician and is under control:  
*Diabetes – HbA1c  $< 12\%$*   
*Venous stasis – adequate compression therapy to control edema*
- Blood perfusion is adequate (ABI  $\geq 0.65$  or toe pressure  $\geq 30$  mmHg, pedal pulse)
- Venous reflux studies for venous stasis ulcer diagnosis
- Patient is compliant with off-loading for DFU or compression for VLU (*document type*)
- Absence of acute wound infection or active osteomyelitis – must state in the record  
*If the patient has a history of osteomyelitis, recent X-rays are negative for active osteomyelitis and the patient's chart documents stating the osteomyelitis is not active*
- For patients with history of Charcot neuroarthropathy, include documentation that acute Charcot Foot is not present, and any history of acute Charcot Foot has been treated
- Weekly wound measurements taken; wound size is  $\geq 1$  cm<sup>2</sup> when initiating therapy
- Smoking Status – smokers have been educated that smoking impairs wound healing, counseled to stop, and provided cessation resources to curb smoking
- The patient is adequately nourished to support wound healing
- Documented treatment plan; to include the use of advanced therapies

<b>1. Type of Insurance Verification Requested: Prior Authorization support will be initiated if required by Payer, include clinical documentation to support PA</b>				
<input type="checkbox"/> New Wound <input type="checkbox"/> Subsequent Applications <input type="checkbox"/> Re-Verification <input type="checkbox"/> New Insurance <input type="checkbox"/> IVR Lite <input type="checkbox"/> I opt out of Prior Authorization support services				
<input type="checkbox"/> Single Wound <input type="checkbox"/> Multiple Wounds		Procedure Date: ____/____/____		
<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:		Phone #:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>3. Insurance Information: Please attach a copy (front &amp; back) of patient's insurance card(s)</b>				
Cardholder Name:		DOB:		Relationship to patient:
<b>Primary Payer:</b>		SSN:		Plan Type:
Policy #:		Group #:		Card Phone #:
<b>Secondary Payer:</b>				Plan Type:
Policy #:		Group #:		Card Phone #:
<b>4. Healthcare Provider (HCP) &amp; Facility/Agency Information: Please note, we do not verify inpatient benefits. Provider must confirm Place of Service (POS). Select only ONE POS.</b>				
<b>Place of Service:</b> <input type="checkbox"/> Physician Office (POS11) <input type="checkbox"/> Hospital Outpatient Department (POS19/22) <input type="checkbox"/> Ambulatory Surgery Center (POS24) <input type="checkbox"/> Home Visit (POS12) <input type="checkbox"/> Assisted Living Facility (POS13) <input type="checkbox"/> Unskilled Nursing Bed (POS32) <input type="checkbox"/> Other POS: _____				
<b>Skilled Nursing Facility:</b> Provider is responsible for confirming skilled/unskilled status. Is the patient expected to be in a <b>skilled</b> bed on the date of service? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HCP First Name:		HCP Last Name:		M.I.:
HCP NPI:		HCP Tax ID#:		
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: _____				
Contact Name:		Phone #:		
Facility Name:			Facility NPI:	
Facility Address:		Facility Tax ID:		
City, State, Zip:		Phone #:	Fax #:	
<b>5. Treatment Information: If needed, select up to 3 products in order of preference numerically</b>				
____ GRAFIX <sup>®</sup> PL PRIME Membrane (Q4133)           ____ GRAFIX <sup>®</sup> PRIME Membrane (Q4133)           ____ GRAFIX <sup>®</sup> CORE Membrane (Q4132)           ____ GRAFIX <sup>®</sup> PLUS Membrane (Q4304)				
____ OASIS <sup>®</sup> Wound Matrix (Q4102)           ____ OASIS <sup>®</sup> Burn Matrix (Q4103)           ____ OASIS <sup>®</sup> ULTRA Tri-Layer Matrix (Q4124)				
<b>CPT:</b> Legs/Arms/Trunk < 100 sq cm: ____ 15271/15272-C5271/C5272 Feet/Hands/Head < 100 sq cm: ____ 15275/15276-C5275/C5276		Legs/Arms/Trunk > 100 sq cm: ____ 15273/15274-C5273/C5274 Feet/Hands/Head > 100 sq cm: ____ 15277/15278-C5277/C5278		
<b>NOTE: Prior use of skin substitutes or global periods related to the same wound may impact reimbursement</b>				
<b>6. Wound Information &amp; Diagnosis Code(s): Please include ICD-10 codes that indicate Primary diagnosis, ulcer type, AND location. MUST include the full alpha-numeric ICD-10 Code. Ex: E11.621; L97.512; If treating more than one wound, please provide diagnosis codes for each additional wound</b>				
<b>ICD-10 Codes: #1 Wound (Required)</b>		<b>ICD-10 Codes: #2 Wound</b>		
Primary (Etiology): _____		Primary (Etiology): _____		
Secondary (Ulcer/Location): _____		Secondary (Ulcer/Location): _____		
Tertiary (Optional): _____		Tertiary (Optional): _____		
Wound Dimensions: L_____W_____D_____		Wound Dimensions: L_____W_____D_____		
<b>7. Prior Authorization: For PA support please attach all clinical notes related to the wound treatment episode</b>				
# of Anticipated Applications/Visits _____ Anticipated Units _____				
<b>8. Authorized 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 <sup>®</sup> /GRAFIX <sup>®</sup> and/or OASIS <sup>®</sup> 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.				
<b>If prior authorization is required, I authorize Smith and Nephew to initiate the authorization.</b> <b>For typed or stamped signatures below: I agree that this typed or stamped signature has the same validity and meaning as my handwritten signature.</b>				
Authorized 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.				

## GRAFIX PL PRIME <sup>◇</sup>

Lyopreserved  
Placental Membrane

## GRAFIX PRIME <sup>◇</sup>

Cryopreserved  
Placental Membrane

## OASIS<sup>®</sup>

Burn Matrix

## GRAFIX CORE <sup>◇</sup>

Cryopreserved  
Placental Membrane

## 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 HCPCS code:

- **Q4132 for GRAFIX CORE Membrane**
- **Q4133 for GRAFIX PL PRIME or GRAFIX PRIME Membranes**
- **Q4103 for OASIS BURN**

CPT codes	Code description	APC	Status indicator	2024 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	\$1737.53
+15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	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	\$3418.26
+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
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	\$1737.53
+15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)		N	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	\$1737.53
+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

## 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 and the applicable HCPCS code:

- **Q4102 for OASIS Wound Matrix**
- **Q4124 for OASIS ULTRA Tri-Layer Matrix**

CPT codes	Code description	APC group	2024 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	5053	\$598.40
+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	5054	\$1737.53
+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	5053	\$598.40
+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	5053	\$598.40
+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

**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 (2023.November), Hospital Outpatient PPS: Addendum A and Addendum B Updates. Retrieved from <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/hospital-outpatient-regulations-and-notices/cms-1772-fc>. CPT is a registered trademark of American Medical Association.

## Product HCPCS Codes and Modifiers

S+N Portfolio products 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 wound cover that was applied. The assigned HCPCS codes for S+N CTP Portfolio products and the billable units per product are below:

S+N CTP Portfolio & OASIS® HCPCS Codes, Part Number and Billing Units					
Product description	Part number	UPC code	Box quantity	Billing units (per sq cm)	HCPCS Q-code
GRAFIX PL PRIME° 16 mm Disc (2 cm <sup>2</sup> )	PS13016	859857003395	1	2	Q4133
GRAFIX PL PRIME 1.5 X 2 cm (3 cm <sup>2</sup> )	PS13015	859857003388	1	3	Q4133
GRAFIX PL PRIME 2 X 3 cm (6 cm <sup>2</sup> )	PS13023	859857003371	1	6	Q4133
GRAFIX PL PRIME 3 X 3 cm (9 cm <sup>2</sup> )	PS13033	859857003449	1	9	Q4133
GRAFIX PL PRIME 3 X 4 cm (12 cm <sup>2</sup> )	PS13034	859857003364	1	12	Q4133
GRAFIX PL PRIME 5 X 5 cm (25 cm <sup>2</sup> )	PS13055	859857003357	1	25	Q4133
GRAFIX PRIME° 16 mm Disc (2 cm <sup>2</sup> )	PS60013	859857003340	1	2	Q4133
GRAFIX PRIME 1.5 X 2 cm (3 cm <sup>2</sup> )	PS11015	859857003081	1	3	Q4133
GRAFIX PRIME 2 X 3 cm (6 cm <sup>2</sup> )	PS11023	859857003067	1	6	Q4133
GRAFIX PRIME 3 X 4 cm (12 cm <sup>2</sup> )	PS11034	859857003074	1	12	Q4133
GRAFIX PRIME 5 X 5 cm (25 cm <sup>2</sup> )	PS11055	859857003098	1	25	Q4133
GRAFIX CORE° 1.5 X 2 cm (3 cm <sup>2</sup> )	PS12015	859857003104	1	3	Q4132
GRAFIX CORE 2 X 3 cm (6 cm <sup>2</sup> )	PS12023	859857003050	1	6	Q4132
GRAFIX CORE 3 X 4 cm (12 cm <sup>2</sup> )	PS12034	859857003111	1	12	Q4132
GRAFIX CORE 5 X 5 cm (25 cm <sup>2</sup> )	PS12055	859857003128	1	25	Q4132
OASIS® Wound Matrix 3 X 3.5 cm (11 cm <sup>2</sup> )	8213-1000-33	10827002466224	10	11	Q4102
OASIS Wound Matrix 3 X 7 cm (21 cm <sup>2</sup> )	8213-1000-37	10827002466262	10	21	Q4102
OASIS® Burn Matrix 3 X 3.5 cm (11 cm <sup>2</sup> )	8213-3000-16	10827002576046	5	11	Q4103
OASIS Burn Matrix 3 X 7 cm (21 cm <sup>2</sup> )	8213-3000-18	10827002576060	5	21	Q4103
OASIS Burn Matrix 5 X 7 cm (35 cm <sup>2</sup> )	8213-3000-13	10827002576039	5	35	Q4103
OASIS Burn Matrix 7 X 10 cm (70 cm <sup>2</sup> )	8213-3000-09	10827002576015	5	70	Q4103
OASIS Burn Matrix 7 X 20 cm (140 cm <sup>2</sup> )	8213-3000-11	10827002576022	5	140	Q4103
OASIS® ULTRA Tri-Layer Matrix 3 X 3.5 cm (11 cm <sup>2</sup> )	8213-0000-16	10827002352428	5	11	Q4124
OASIS ULTRA Tri-Layer Matrix 3 X 7 cm (21 cm <sup>2</sup> )	8213-0000-18	10827002352442	5	21	Q4124
OASIS ULTRA Tri-Layer Matrix 5 X 7 cm (35 cm <sup>2</sup> )	8213-0000-13	10827002231198	5	35	Q4124
OASIS ULTRA Tri-Layer Matrix 7 X 10 cm (70 cm <sup>2</sup> )	8213-0000-09	10827002564630	5	70	Q4124
OASIS ULTRA Tri-Layer Matrix 7 X 20 cm (140 cm <sup>2</sup> )	8213-0000-11	10827002564654	5	140	Q4124

Important Notes: 1. The payment amounts referenced are based on 2023 Medicare national averages and do not include copayments, deductibles, sequestration, or wage index adjustments. 2. The Medically Unlikely Edit (MUE) is the maximum units of a product reimbursed in one application per day. Based on 2019 data, the MUE for S+N CTPs are as follows: a. MUE for GRAFIX° CORE (Q4132) = 50 units b. MUE for GRAFIX° PL PRIME and GRAFIX° PRIME (Q4133) = 113 units c. MUE for OASIS® Wound Matrix (Q4102) = 140 units. d. MUE for OASIS® ULTRA Tri-Layer Matrix (Q4124) = 280 units. e. MUE for OASIS® Burn Matrix in the HOPD setting is not set. 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 the product HCPCS code. 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)

## ICD-10 Diagnosis Code Guidelines for Wound Care

S+N CTP coverage is based on medical necessity and subject to payer coverage guidelines. Always refer to the product Instructions for Use (IFU) or package insert for guidance on appropriate use. For most payers, GRAFIX<sup>®</sup> PL and GRAFIX<sup>®</sup> Membranes 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

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*

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.



The ICD-10 codes listed below represent some of the etiology diagnosis codes commonly associated with causes of lower extremity chronic ulcers. This is not meant to be an exhaustive list. Codes were selected from internal benefit investigation data and represent the most common codes submitted to the S+N Reimbursement Hotline.

Common ICD-10 Codes Associated with Chronic Lower Extremity Ulcers	
Code	Description
<b>Diabetic Ulcer Codes (not meant to be an exhaustive list)</b>	
E10.621	Type 1 diabetes mellitus with <b>foot ulcer</b>
E10.622	Type 1 diabetes mellitus with <b>other skin ulcer</b>
E11.621	Type 2 diabetes mellitus with <b>foot ulcer</b>
E11.622	Type 2 diabetes mellitus with <b>other skin ulcer</b>
E13.621	Other specified diabetes mellitus with <b>foot ulcer</b>
<b>Venous Ulcer Codes (not meant to be an exhaustive list)</b>	
I83.012	Varicose veins of <b>right</b> lower extremity with ulcer of <b>calf</b>
I83.013	Varicose veins of <b>right</b> lower extremity with ulcer of <b>ankle</b>
I83.014	Varicose veins of <b>right</b> lower extremity with ulcer of <b>heel &amp; midfoot</b>
I83.015	Varicose veins of <b>right</b> lower extremity with ulcer of <b>other part of foot</b>
I83.018	Varicose veins of <b>right</b> lower extremity with ulcer of <b>other part of lower leg</b>
<b>Non-Pressure Chronic Ulcer of Lower Limb</b>	
L97.211	Non-Pressure Chronic Ulcer of <b>right</b> calf limited to breakdown of skin
L97.212	Non-Pressure Chronic Ulcer of <b>right</b> calf with fat layer exposed
L97.221	Non-Pressure Chronic Ulcer of <b>left</b> calf limited to breakdown of skin
L97.222	Non-Pressure Chronic Ulcer of <b>left</b> calf with fat layer exposed
L97.311	Non-Pressure Chronic Ulcer of <b>right</b> ankle limited to breakdown of skin

Please see the product's Instructions for Use (IFU) for indications, contraindications, warnings, precautions and other important information.

