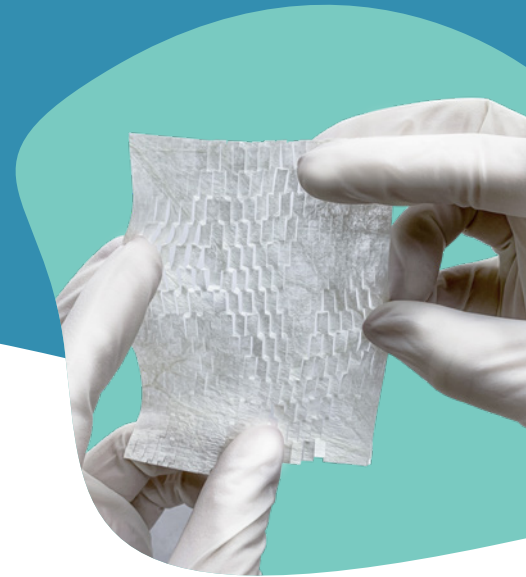
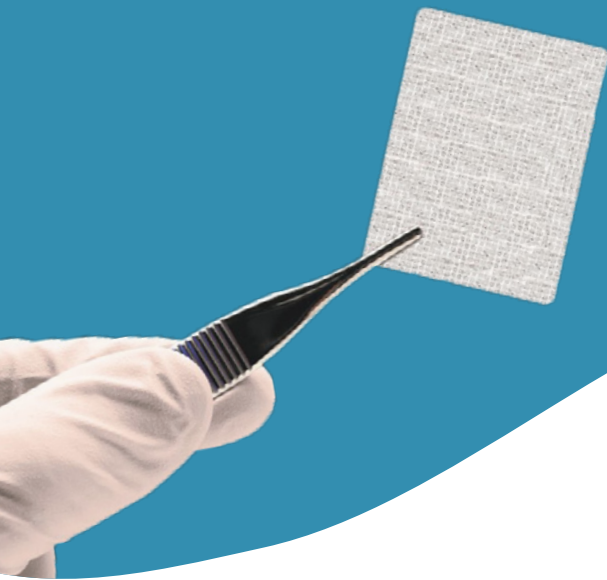


S+N CAMP portfolio reimbursement guide 2025

Hospital outpatient department



Smith+Nephew

GRAFIX PL PRIME[◇]

Lyopreserved
Placental Membrane

GRAFIX CORE[◇]

Cryopreserved
Placental Membrane

OASIS[®] ULTRA

Tri-Layer Matrix

GRAFIX PRIME[◇]

Cryopreserved
Placental Membrane

OASIS[®]

Burn Matrix

OASIS[®]

Wound Matrix

Reimbursement Hotline Services

Phone: 866-988-3491

Fax: 866-304-6692

Additional fax: 443-472-4274

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.

Medical necessity checklist

It is recommended that the provider review clinical evidence for GRAFIX[®] and OASIS[®] for indications of use, clinical outcomes, and frequency of applications. Providers should review applicable Medicare LCD or medical policy for GRAFIX and OASIS and ensure all requirements and coverage guidelines are met.

Suggested Documentation: The following should be documented in the patient's medical record based on current wound care standards:

- Duration of wound (# of days or weeks)
- Prior conservative treatments that have failed to induce significant wound healing
- Wound diagnosis (e.g. DFU, VLU, etc.); ICD 10 codes should report etiology and wound location
- Wound is free of infection and osteomyelitis (noted at each visit)
- Adequate treatment of the underlying disease(s) contributing to the non-healing wound
 - Documented diabetes management plan, appropriate offloading or compression if applicable
- Describe wound dressings applied and frequency of wound dressing changes
- Adequate blood flow / perfusion; documentation of tests used to assess perfusion
- Patient's nutritional status is adequate for healing
- 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
- If patient is a smoker, document patient was counselled that smoking inhibits wound healing, and resources for smoking cessation were provided
- Measurement of the wound progression at each visit (length x width x depth) Including at least twice in the last 30 days and before the first treatment (be specific about modalities such as debridement, advanced dressings, collagen, etc.)
- Wound appearance at each visit: amount of granulation tissue, amount and description of exudate and slough, appearance of wound edge
- Was appropriate wound preparation performed (e.g. debridement)? If not, explain why? If yes, describe level of debridement and tissue removed at each visit
- Record skin substitute application number and improvement since last treatment at each visit
- Document skin substitute product size used, lot # and expiration date, amount discarded, if any.

| | | | |
|--|--|--|--------------------------|
| 1. Type of Insurance Verification Requested: Prior Authorization support will be initiated if required by Payer, include clinical documentation to support PA | | | |
| <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: _____ / _____ / _____ | |
| 2. Patient Information: Please list the patient's name on this form when attaching a face sheet | | | |
| First Name: | | Last Name: | |
| Address: | | Apt./Suite#: | City: |
| Date of Birth: | | State: | Zip: |
| Phone #: | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| 3. Insurance Information: Please attach a copy (front & back) of patient's insurance card(s) | | | |
| Cardholder Name: | | DOB: | Relationship to patient: |
| Primary Payer: | | SSN: | Plan Type: |
| Policy #: | | Group #: | Card Phone #: |
| Secondary Payer: | | Plan Type: | Card Phone #: |
| Policy #: | | Group #: | Card Phone #: |
| 4. Healthcare Provider (HCP) & Facility/Agency Information: Please note, we do not verify inpatient benefits. Provider must confirm Place of Service (POS). Select only ONE POS. | | | |
| Place of Service: <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: _____ | | | |
| Skilled Nursing Facility: Provider is responsible for confirming skilled/unskilled status. Is the patient expected to be in a skilled 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 #: |
| 5. Treatment Information: If needed, select up to 3 products in order of preference numerically | | | |
| ____ GRAFIX [®] PL PRIME Membrane (Q4133) ____ GRAFIX [®] PRIME Membrane (Q4133) ____ GRAFIX [®] CORE Membrane (Q4132) ____ GRAFIX [®] PLUS Membrane (Q4304) | | | |
| ____ OASIS [®] Wound Matrix (Q4102) ____ OASIS [®] Burn Matrix (Q4103) ____ OASIS [®] ULTRA Tri-Layer Matrix (Q4124) | | | |
| CPT: 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 | |
| NOTE: Prior use of skin substitutes or global periods related to the same wound may impact reimbursement | | | |
| 6. Wound Information & 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 | | | |
| ICD-10 Codes: #1 Wound (Required) | | ICD-10 Codes: #2 Wound | |
| Primary (Etiology): _____ | | Primary (Etiology): _____ | |
| Secondary (Ulcer/Location): _____ | | Secondary (Ulcer/Location): _____ | |
| Tertiary (Optional): _____ | | Tertiary (Optional): _____ | |
| Wound Dimensions: L_____W_____D_____ | | Wound Dimensions: L_____W_____D_____ | |
| 7. Prior Authorization: For PA support please attach all clinical notes related to the wound treatment episode | | | |
| # of Anticipated Applications/Visits _____ Anticipated Units _____ | | | |
| 8. Authorized 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. If prior authorization is required, I authorize Smith and Nephew to initiate the authorization. For typed or stamped signatures below: I agree that this typed or stamped signature has the same validity and meaning as my handwritten signature. | | | |
| 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 [◇]

Lyopreserved
Placental Membrane

GRAFIX PRIME [◇]

Cryopreserved
Placental Membrane

OASIS[®]

Burn Matrix

GRAFIX CORE [◇]

Cryopreserved
Placental Membrane

CPT procedure codes and Medicare payments

Medicare does not separately reimburse HOPDs for most cellular tissue products (CAMPs)/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 Group | Status indicator | Medicare National Average 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 | \$1829.23 |
| +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 | \$3,418.26 |
| +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 | \$1829.23 |
| +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 | \$1829.23 |
| +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 (CAMPs)/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 | Medicare National Average 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 | \$612.13 |
| +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 | \$1829.23 |
| +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 | \$612.13 |
| +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 | \$612.13 |
| +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, CY 2025 Hospital Outpatient PPS Final Rule, Addendum A and Addendum B Updates. Retrieved from <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-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 cm².** 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 CAMP 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 ²) | PS13016 | 859857003395 | 1 | 2 | Q4133 |
| GRAFIX PL PRIME 1.5 X 2 cm (3 cm ²) | PS13015 | 859857003388 | 1 | 3 | Q4133 |
| GRAFIX PL PRIME 2 X 3 cm (6 cm ²) | PS13023 | 859857003371 | 1 | 6 | Q4133 |
| GRAFIX PL PRIME 3 X 3 cm (9 cm ²) | PS13033 | 859857003449 | 1 | 9 | Q4133 |
| GRAFIX PL PRIME 3 X 4 cm (12 cm ²) | PS13034 | 859857003364 | 1 | 12 | Q4133 |
| GRAFIX PL PRIME 5 X 5 cm (25 cm ²) | PS13055 | 859857003357 | 1 | 25 | Q4133 |
| GRAFIX PRIME® 16 mm Disc (2 cm ²) | PS60013 | 859857003340 | 1 | 2 | Q4133 |
| GRAFIX PRIME 1.5 X 2 cm (3 cm ²) | PS11015 | 859857003081 | 1 | 3 | Q4133 |
| GRAFIX PRIME 2 X 3 cm (6 cm ²) | PS11023 | 859857003067 | 1 | 6 | Q4133 |
| GRAFIX PRIME 3 X 4 cm (12 cm ²) | PS11034 | 859857003074 | 1 | 12 | Q4133 |
| GRAFIX PRIME 5 X 5 cm (25 cm ²) | PS11055 | 859857003098 | 1 | 25 | Q4133 |
| GRAFIX CORE® 1.5 X 2 cm (3 cm ²) | PS12015 | 859857003104 | 1 | 3 | Q4132 |
| GRAFIX CORE 2 X 3 cm (6 cm ²) | PS12023 | 859857003050 | 1 | 6 | Q4132 |
| GRAFIX CORE 3 X 4 cm (12 cm ²) | PS12034 | 859857003111 | 1 | 12 | Q4132 |
| GRAFIX CORE 5 X 5 cm (25 cm ²) | PS12055 | 859857003128 | 1 | 25 | Q4132 |
| OASIS® Wound Matrix 3 X 3.5 cm (11 cm ²) | 8213-1000-33 | 10827002466224 | 10 | 11 | Q4102 |
| OASIS Wound Matrix 3 X 7 cm (21 cm ²) | 8213-1000-37 | 10827002466262 | 10 | 21 | Q4102 |
| OASIS® Burn Matrix 3 X 3.5 cm (11 cm ²) | 8213-3000-16 | 10827002576046 | 5 | 11 | Q4103 |
| OASIS Burn Matrix 3 X 7 cm (21 cm ²) | 8213-3000-18 | 10827002576060 | 5 | 21 | Q4103 |
| OASIS Burn Matrix 5 X 7 cm (35 cm ²) | 8213-3000-13 | 10827002576039 | 5 | 35 | Q4103 |
| OASIS Burn Matrix 7 X 10 cm (70 cm ²) | 8213-3000-09 | 10827002576015 | 5 | 70 | Q4103 |
| OASIS Burn Matrix 7 X 20 cm (140 cm ²) | 8213-3000-11 | 10827002576022 | 5 | 140 | Q4103 |
| OASIS® ULTRA Tri-Layer Matrix 3 X 3.5 cm (11 cm ²) | 8213-0000-16 | 10827002352428 | 5 | 11 | Q4124 |
| OASIS ULTRA Tri-Layer Matrix 3 X 7 cm (21 cm ²) | 8213-0000-18 | 10827002352442 | 5 | 21 | Q4124 |
| OASIS ULTRA Tri-Layer Matrix 5 X 7 cm (35 cm ²) | 8213-0000-13 | 10827002231198 | 5 | 35 | Q4124 |
| OASIS ULTRA Tri-Layer Matrix 7 X 10 cm (70 cm ²) | 8213-0000-09 | 10827002564630 | 5 | 70 | Q4124 |
| OASIS ULTRA Tri-Layer Matrix 7 X 20 cm (140 cm ²) | 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 iv. JZ - zero discarded skin substitute, no wastage

ICD-10 diagnosis code guidelines for wound care

S+N CAMP 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[®] PL and GRAFIX[®] and OASIS[®] 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 |
| Diabetic ulcer codes (not meant to be an exhaustive list) | |
| E10.621 | Type 1 diabetes mellitus with foot ulcer |
| E10.622 | Type 1 diabetes mellitus with other skin ulcer |
| E11.621 | Type 2 diabetes mellitus with foot ulcer |
| E11.622 | Type 2 diabetes mellitus with other skin ulcer |
| E13.621 | Other specified diabetes mellitus with foot ulcer |
| Venous Ulcer Codes (not meant to be an exhaustive list) | |
| I83.012 | Varicose veins of right lower extremity with ulcer of calf |
| I83.013 | Varicose veins of right lower extremity with ulcer of ankle |
| I83.014 | Varicose veins of right lower extremity with ulcer of heel & midfoot |
| I83.015 | Varicose veins of right lower extremity with ulcer of other part of foot |
| I83.018 | Varicose veins of right lower extremity with ulcer of other part of lower leg |
| Non-Pressure Chronic Ulcer of Lower Limb | |
| L97.211 | Non-Pressure Chronic Ulcer of right calf limited to breakdown of skin |
| L97.212 | Non-Pressure Chronic Ulcer of right calf with fat layer exposed |
| L97.221 | Non-Pressure Chronic Ulcer of left calf limited to breakdown of skin |
| L97.222 | Non-Pressure Chronic Ulcer of left calf with fat layer exposed |
| L97.311 | Non-Pressure Chronic Ulcer of right ankle limited to breakdown of skin |

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

