

+ Reimbursement Guide 2021

Hospital Outpatient Department
Sales Version

OASIS[®] Wound Matrix
OASIS[®] ULTRA Tri-Layer Matrix
OASIS[®] Burn Matrix

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 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
and
Q4124 for OASIS ULTRA Tri-Layer Matrix.**

CPT Codes	Code Description	APC Group	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	5053	\$524.17
+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	\$1715.36
+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	\$524.17
+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	\$524.17
+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). Hospital Outpatient PPS – Addendum A and B Updates. Retrieved from <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices>.

CPT Procedure Codes and Medicare Payments (cont.)

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:

Q4103 for OASIS Burn Matrix

CPT Codes	Code Description	APC Group	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	\$1,715.36
+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	5055	\$3522.15
+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	5055	\$1,715.36
+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	5054	\$1,715.36
+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). Hospital Outpatient PPS – Addendum A and B Updates. Retrieved from <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices>.

Product HCPCS Codes and Modifiers

OASIS HCPCS Codes, Part Number and Billing Units:

All OASIS 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 piece of OASIS product that was applied. The below chart 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	8213-0000-16	5	11	Q4124
OASIS ULTRA Tri-Layer Matrix 3 X 7 cm (21	8213-0000-18	5	21	Q4124
OASIS ULTRA Tri-Layer Matrix 5 X 7 cm (35	8213-0000-13	5	35	Q4124
OASIS ULTRA Tri-Layer Matrix 7 X 10 cm (70	8213-0000-09	5	70	Q4124
OASIS ULTRA Tri-Layer Matrix 7 X 20 cm (140	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 is not set.
 - 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 completed **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.

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: _____

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.

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)

OASIS Burn Matrix is 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)

ICD-10 Diagnosis Codes (cont.)

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 Field Reimbursement Manager Guide provides a list of ICD-10-CM codes related to some of the types of wounds OASIS Wound, Burn and ULTRA 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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West Lafayette, IN
47906

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Management
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www.oasiswoundmatrix.com
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