



2020 Medicare National Average Ambulatory Surgery Center (ASC) Payment for the application of **OASIS® Burn Matrix**

Smith+Nephew

OASIS®
Burn Matrix

Ambulatory Surgery Center

Effective January 1, 2020 – December 31, 2020

The ASC should report both the Current Procedural Terminology (CPT) application code(s) and the applicable OASIS Matrix products' healthcare Common Procedural Coding System (HCPCS) codes when submitting claims—**HCPCS code Q4103 OASIS Burn Matrix**.

Medicare does not separately reimburse ASCs for most Cellular and/or Tissue-Based Products (CTPs), including OASIS Burn Matrix.

| CPT code | code description | payment |
|---|---|-------------------|
| Application to wound surface area less than 100 sq cm | | |
| 15271 | Application of skin substitute graft to trunk, arms, legs, total wound surface area of up to 100 sq cm; first 25 sq cm or less of wound surface area. | \$819.95 |
| +15272 | Each additional 25 sq cm up to 100 sq cm wound surface area, or part thereof. List separately in addition to code 15271 for primary procedure. | 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. | \$819.95 |
| +15276 | Each additional 25 sq cm wound surface area, or part thereof. List separately in addition to code 15275 for primary procedure. | packaged |
| Application to wound surface area equal to or 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. | \$1,504.38 |
| +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 15273 for primary procedure. | 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. | \$819.95 |
| +15278 | Each additional 100 sq cm wound surface area, or part thereof. List separately in addition to code 15277 for primary procedure. | packaged |

The Medicare payment amounts listed do not reflect adjustments for deductibles, copayments, coinsurance, sequestration or any other reductions. All payment amounts listed are based on national averages. Medicare payment amounts will vary by geographical locations. This information, and more, can be found through CMS.gov. See: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1717-FC>.

CPT® Code Book 2020. Current Procedural Terminology (CPT) copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

+ Symbol signifies an add-on code which means that these codes cannot be reported alone but must be billed with the initial code above it. Please check the CPT 2020 coding book for further instructions.



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Important notes

1. The payment amounts referenced are based on 2020 Medicare National average payment amounts and do not include copayments/deductible, sequestration, or wage index adjustments.
2. Medicare does not separately reimburse for most Cellular and/or Tissue-Based Products (CTPs) including OASIS Burn Matrix. The cost of the product is included in the bundled procedural payment.
3. OASIS Burn Matrix should be reported with applicable HCPCS code Q4103 for tracking purpose only.
4. **Sequestration:** Since April 1, 2013, all Medicare claims with a date-of-service on or after April 1, 2013 are subject to 2% sequestration reduction amount, which remains in effect in the U.S. budget until 2022.
5. Medicare HOPD and ASC actual payments are adjusted according to the wage index. Medicare uses the wage index to account for regional differences in the cost of wages in the Medicare reimbursement formula.
6. 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 Q4103.

Common Modifiers:

JC – skin substitute used as a graft

JW – discarded skin substitute, not used

Questions? The Smith+Nephew Reimbursement Hotline is available Monday - Friday 8 am to 7 pm EST at **1-866-988-3491**.

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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For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's Instructions for Use (IFU) prior to use.

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