



2020 Medicare National Average Physician and Qualified Health Professional Payment for the application of **OASIS® Wound Matrix** and **OASIS® ULTRA Tri-Layer Matrix**

Smith+Nephew

OASIS®
Wound Matrix

OASIS® ULTRA
Tri-Layer Matrix

Physician – non-facility/facility

Effective January 1, 2020 – December 31, 2020

Physicians applying Cellular and/or Tissue-Based Products (CTPs) in the office setting 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 Q4102 for OASIS Wound Matrix or HCPCS code Q4124 for OASIS ULTRA Tri-Layer Matrix.**

Physicians applying CTPs in the Hospital Outpatient Department (HOPD) or Ambulatory Surgery Center (ASC) will bill separately for the application using a CMS-1500 claim form, and will be reimbursed based on the Facility Medicare payment rate.

CPT code	code description	non-facility payment applied in the Physician Office	facility payment applied in the HOPD or ASC
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.	\$154.82	\$88.42
+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.	\$27.07	\$18.41
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 cm or less wound surface area.	\$161.68	\$99.25
+15276	Each additional 25 sq cm wound surface area, or part thereof. List separately in addition to code 15275 for primary procedure.	\$35.37	\$27.07
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.	\$322.28	\$210.04
+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.	\$81.56	\$47.64
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.	\$353.32	\$238.19
+15278	Each additional 100 sq cm wound surface area, or part thereof. List separately in addition to code 15277 for primary procedure.	\$96.36	\$60.27

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/PhysicianFeeSched/index.html>.

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+ 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. **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 applied to all Medicare claims, which remains in effect in the U.S. budget until 2022.
3. Physician 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.
4. When OASIS Matrix products are applied in the Hospital Outpatient Department (HOPD) or Ambulatory Surgery Center (ASC), the payment for the product is included in the bundled payment to the facility (HOPD or ASC).

Medicare reimbursement for OASIS Matrix products

1. When a physician applies OASIS Matrix products in the office, the physician will submit a CMS-1500 claim form to include both the application and the applicable OASIS Matrix products on the date services were provided.
2. OASIS Wound Matrix is listed on the Medicare Part B Average Sales Price (ASP) list published quarterly by Medicare.
3. OASIS ULTRA Tri-Layer Matrix is not listed on the Medicare Part B Average Sales Price (ASP) and is paid based on 106% Invoice Pricing or published Wholesale Acquisition Cost (WAC). However, some Medicare Administrative Contractors (MACs) list their own ASP amounts. Please check with your MAC or Smith+Nephew's Reimbursement Hotline for more information.

OASIS Matrix products reimbursement

HCPCS code(s)	allowable payment rate
Q4102 – OASIS Wound Matrix	\$10.788 per sq cm
Q4124 – OASIS ULTRA Tri-Layer Wound Matrix	WAC or 106% invoice pricing

This information, and more, can be found through CMS.gov, For Medicare Part B Drug Average Sales Price (ASP), see: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/Index.html>.

Important billing note

Medicare Administrative Contractors require the following when submitting for **Q4124 OASIS ULTRA Tri-Layer Matrix** payment in either field 19 (Additional Claim Information) of a CMS 1500 Paper Claim Form or in the narrative section of the electronic claim:

- Product name
- Product size
- Product number
- Invoice price per piece (*not retail cost*)
- Shipping cost



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Calculating units applied for OASIS Wound Matrix and OASIS ULTRA Tri-Layer Matrix products

To determine the number of square centimeters that are applied for each application, multiply the length times the width of the piece of OASIS Matrix product that is closest to the size of the wound.

Payers will reimburse for the entire sq cm piece of OASIS Matrix product. To report the amount of product applied, see Box G (Units) of the CMS 1500 Claim Form and use the following calculations:

product size	sq cm/number of units
3 cm x 3.5 cm	11 sq cm/units
3 cm x 7 cm	21 sq cm/units
5 cm x 7 cm	35 sq cm/units
7 cm x 10 cm	70 sq cm/units
7 cm x 20 cm	140 sq cm/units

Billing for units discarded

- Medicare provides payment for the amount of biological discarded up to the amount indicated on the package label.
- List the HCPCS code for the applicable OASIS Matrix products and document the number of sq cm applied on a separate line item of the CMS 1500 Claim Form.
- List the same HCPCS code for the applicable OASIS Matrix products with the JW modifier on a separate line item on the CMS 1500 claim form reporting the number of sq cm discarded.
- Document the number of units applied and the number of units discarded as well as the reason why in the patient's medical record.

Example:

Patient wound is 10 sq cm and another 5 sq cm required to cover the wound. Physician orders a 21 sq cm piece of OASIS. Approx. 6 sq cm will be discarded.

Report as follows:

Q4102 15 Units
Q4102 JW 6 Units

Modifiers

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 Q4102 or Q4124.

Common Modifiers:

JC – skin substitute used as a graft
JW – discarded skin substitute, not used



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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.

Manufactured by:
Cook Biotech, Inc.
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Distributed by:
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