

# DermaSpan™ Acellular Dermal Matrix Coding Reference Guide



DermaSpan™ Acellular Dermal Matrix is carefully processed to offer biocompatibility and preserve biomechanical strength. DermaSpan Matrix can be used in various practices, including orthopedics, plastic surgery, and general surgery, for the repair and replacement of damaged or inadequate integumental tissue (wound coverage). DermaSpan can also be used for supplemental support, protection, reinforcement, or covering of tendon.

Implantation	
CPT® Code	CPT Description
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)

Application	
CPT Code	CPT Description
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
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
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
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; 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)
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
15276	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; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
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
15278	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; 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)

Healthcare Common Procedure Coding System (HCPCS)	
HCPCS Code	HCPCS Description
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm

Q-codes are temporary codes used to pay health care providers for supplies, drugs and biologicals to which no permanent code has been assigned.

Hospital Inpatient	
ICD-10-PCS Code	ICD-10-PCS Description
OHR_XK4	Replacement of ___ Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach <b>(Note: select the appropriate character for the “Body Part” position)</b>
OLU_OKZ	Supplement ___ Tendon with Nonautologous Tissue Substitute, Open Approach <b>(Note: select the appropriate character for the “Body Part” position)</b>

NOTE: The codes listed above do not determine MS-DRG assignment. Instead, the MS-DRG will be assigned based upon the patient’s diagnosis(es) and procedures performed.

<b>Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)</b>				
<b>CPT Code</b>	<b>CPT Description</b>	<b>OPPS Status Indicator</b>	<b>APC</b>	<b>ASC Payment Indicator</b>
<b>15271</b>	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	T	5054	G2
<b>15272</b>	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	--	N1
<b>15273</b>	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	T	5055	G2
<b>15274</b>	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; 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	--	N1
<b>15275</b>	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	T	5054	G2
<b>15276</b>	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; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	--	N1
<b>15277</b>	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	T	5054	G2
<b>15278</b>	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; 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	--	N1
<b>15777</b>	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	N	--	N1

OPPS – Medicare Outpatient Prospective Payment System. APC – Ambulatory Payment Classification.

Status Indicator N – Items and Services Packaged into APC Rates; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

Status Indicator T - Procedure or Service, Multiple Procedure Reduction Applies

APC 5054 –Level 4 Skin Procedures; APC 5055 –Level 5 Skin Procedures

Payment Indicator G2 - 'Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight. N1 – Packaged service/item; no separate payment made.

**For further assistance with coding and reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com)**

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