

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.

Physician	
CPT® Code	Description
Implantation	
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)
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
Application	
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)
Repair	
27650	Repair, primary, open or percutaneous, ruptured achilles tendon
27652	Repair, primary, open or percutaneous, ruptured achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, achilles tendon, with or without graft

Hospital Inpatient: ICD-10-PCS Code and Description			
Ø Medical and Surgical H Skin and Breast R Replacement			
Body Part	Approach	Device	Qualifier
Select the appropriate character for the "Body Part" position	X External	K Nonautologous Tissue	4 Partial Thickness
Ø Medical and Surgical L Tendon U Supplement			
Select the appropriate character for the "Body Part" position	Ø Open	K Nonautologous Tissue	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)

MS-DRG	Description
The MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed.	

Hospital Outpatient and Ambulatory Surgical Center (ASC)

CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
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	T	5054	G2
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)	N	--	N1
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	T	5055	G2
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)	N	--	N1
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	T	5054	G2
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)	N	--	N1
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	T	5054	G2
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)	N	--	N1
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)	N	--	N1
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Q1	5051	NA
27650	Repair, primary, open or percutaneous, ruptured achilles tendon	J1	5113	A2
27652	Repair, primary, open or percutaneous, ruptured achilles tendon; with graft (includes obtaining graft)	J1	5114	A2
27654	Repair, secondary, achilles tendon, with or without graft	J1	5114	A2

OPPS - Medicare's Outpatient Prospective Payment System.

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;

J1 - Hospital Part B services paid through a comprehensive APC; Q1 - STV-Packaged Codes ;T - Procedure or Service, Multiple Procedure Reduction Applies

APC 5054 - Level 4 Skin Procedures; APC 5055 - Level 5 Skin Procedures; APC 5051 - Level 1 Skin Procedures; APC 5113 - Level 3 Musculoskeletal Procedures;

APC 5114 - Level 4 Musculoskeletal Procedures;

Payment Indicator: A2 - Payment based on OPPS relative payment weight; G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL). N1 - Packaged service/item; no separate payment made.

HCPCS (Healthcare Common Procedure Coding System)

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.

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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