

# 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.

| HCPCS (Healthcare Common Procedure Coding System) |   |
|---|---|
| Code  | Description   |
| <b>Q4126</b>                                      | MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm |

| HCPCS Modifiers |  |
|-----------------|--|
| Code            | Description  |
| <b>JC</b>       | Skin substitute used as a graft                            |
| <b>JD</b>       | Skin substitute not used as a graft                        |
| <b>JW</b>       | Drug amount discarded/not administered to any patient      |
| <b>KX</b>       | Requirements specified in the medical policy have been met |

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

## Coding and Billing for Skin Substitute Grafts

- Skin substitute graft application code selection is based on defect site location and size. Add together the surface area of multiple wounds in the same anatomical locations as indicated in the code descriptions group, such as face and scalp. Do not add together multiple wounds at different anatomic site groups.
- CPT coding guidance states that the skin substitute graft application codes include simple tissue debridement. Therefore, this debridement procedure is not separately reported or reimbursed.
- Code also the supply of the skin substitute product (refer to HCPCS coding section).
- Prior authorization/pre-determination is recommended prior to administration of a skin substitute graft. The payer will want to review the specific product proposed for use, dosage, and medical necessity.
- The payment allowance limits for drugs and biologicals that are not included in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File, other than new drugs that are produced or distributed under a new drug application (or other application) approved by the Food and Drug Administration, are based on the published Wholesale Acquisition Cost (WAC) or invoice pricing, except under OPPS where the payment allowance limit is 95 percent of the published AWP. In determining the payment limit based on WAC, the contractors follow the methodology specified in Publication 100-04, Chapter 17, Drugs and Biologicals, for calculating the AWP, but substitute WAC for AWP. The payment limit is 106 percent of the lesser of the lowest-priced brand or median generic WAC.

MACs shall develop payment allowance limits for covered drugs when CMS does not supply the payment allowance limit on the ASP drug pricing file. At the contractors' discretion, contractors may contact CMS to obtain payment limits for drugs not included in the quarterly ASP or NOC files or otherwise made available by CMS on the CMS Web site. If the payment limit is available from CMS, contractors will substitute CMS-provided payment limits for pricing based on WAC or invoice pricing. CMS will provide the payment limits either directly to the requesting contractor or via posting an MS Excel file on the CMS Web site.

Source: Medicare Claims Processing Manual, Chapter 17 – Drugs and Biologicals, 20.1.3 – Exceptions to Average Sales Price (ASP) Payment Methodology

- The Wholesale Acquisition Cost (WAC) for Deraspan Acellular Dermal Matrix is published and available. Providers should be able to direct Medicare Administrative Contractors (MACs) to the published WAC before having to manually submit invoice documentation.
- It is recommended providers bill for the skin substitute graft showing the product name along with the product's NDC/UPC/HRIC, WAC or invoice price, and HCPCS code as reflected on the sample CMS-1500 claim form below.
- Ensure that the appropriate number of units is reported in field 24G. For example, because the respective skin substitute grafts are billed per square cm, if an entire 4cm x 4cm graft is used, the number of billing units to report is 16.
- If an entire graft is not used and there is wastage of the remaining product, an additional line should be reported with the appropriate HCPCS code and the JW modifier. The approximate number of sq cm wasted should be reported in field 24G.

## Sample CMS-1500 Claim Form

|  |          |          |   |             |  |    |  |  |     |
|--|----------|----------|---|-------------|--|----|--|--|-----|
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE   |          | 17a.     | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES                                   |             |  |    |  |  |     |
|  |          | 17b. NPI | FROM MM DD YY   | TO MM DD YY |  |    |  |  |     |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)<br>DERMASPAN .5MM - .9MM 4X4 CM, 88030470404, \$1710.00  |          |          | 20. OUTSIDE LAB? \$ CHARGES<br><input type="checkbox"/> YES <input type="checkbox"/> NO |             |  |    |  |  |     |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10-CC  |          |          | 22. RESUBMISSION CODE ORIGINAL REF. NO.   |             |  |    |  |  |     |
| A. E11.621 B. C. D. E. F. G. H. I. J. L.   |          |          | 23. PRIOR AUTHORIZATION NUMBER  |             |  |    |  |  |     |
| 24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE (Explain on Attach. Circled) C. CPT/HCPCS D. SERVICES, OR SUPPLIES E. \$ CHARGES F. G. DAYS OR UNITS H. EPISODE Family Part I. ID. QUAL. J. RENDERING PROVIDER ID. # |          |          | OR SUPPLIER INFORMATION   |             |  |    |  |  |     |
| 1  | XX XX XX | XX       | 15275   | KX          |  |    |  |  | NPI |
| 2  | XX XX XX | XX       | Q4126   | JC KX       |  | 16 |  |  | NPI |
| 3  |          |          |   |             |  |    |  |  | NPI |
| 4  |          |          |   |             |  |    |  |  | NPI |

Field 19: Enter the product name, the NDC\UPC\HRIC, and the WAC or invoice price. Price must be in currency format, include decimal

Field 21: Enter the ICD-10-CM diagnosis code(s)

Field 23: Enter the payer prior authorization number received during the benefit investigation

Field 24D: Enter the CPT/HCPCS code(s) for the services/products provided and any appropriate modifiers

Field 24F: Enter the charge amount for each listed service.

Field 24G: Enter the number of days or units.

| UPC (Universal Product Code) |  |              |  |
|------------------------------|--|--------------|--|
| UPC                          | Description                                  | UPC          | Description  |
| 880304040404                 | DERMASPAN MESH .4MM-.8MM 4X4CM               | 880304091114 | DERMASPAN ACD,<br>11 CM X 14 CM; 0.9 - 1.99MM        |
| 880304040408                 | DERMASPAN MESH .4MM-.8MM 4X8CM               | 880304091114 | DERMASPAN ACD MESHED,<br>11 CM X 14 CM; 0.9 - 1.99MM |
| 880304041012                 | DERMASPAN MESH .4MM-.8MM 10X12 CM            | 880304091212 | DERMASPAN .9MM-1.99MM 12X12 CM                       |
| 880304041212                 | DERMASPAN .4MM-1.1MM 12X12 CM                | 880304091219 | DERMASPAN ACD,<br>12 CM X 19 CM; 0.9 - 1.99MM        |
| 880304050202                 | DERMASPAN ACD, 2 CM X 2CM; 0.5 - 0.9MM       | 880304091219 | DERMASPAN ACD MESHED,<br>12 CM X 19 CM; 0.9 - 1.99MM |
| 880304050203                 | DERMASPAN ACD, 2 CM X 3 CM; 0.5 - 0.9MM      | 880304091620 | DERMASPAN .9MM-1.99MM 16X20 CM                       |
| 880304050204                 | DERMASPAN ACD, 2 CM X 4 CM; 0.5 - 0.9MM      | 880304110407 | DERMASPAN .8MM-1.4MM 4X7 CM                          |
| 880304050303                 | DERMASPAN ACD, 3 CM X 3 CM; 0.5 - 0.9MM      | 880304110505 | DERMASPAN .8MM-1.4MM 5X5CM                           |
| 880304070404                 | DERMASPAN .5MM - .9MM 4X4 CM                 | 880304110510 | DERMASPAN .8MM-1.4MM 5X10 CM                         |
| 880304070408                 | DERMASPAN .5MM - .9MM 4X8CM                  | 880304200307 | DERMASPAN 2MM - 3.5MM 3X7 CM                         |
| 880304090307                 | DERMASPAN .9MM-.1.99MM 3X7 CM                | 880304200407 | DERMASPAN 2MM - 3.5MM 4X7 CM                         |
| 880304090407                 | DERMASPAN .9MM-1.99MM 4X7 CM                 | 880304200412 | DERMASPAN 2MM - 3.5MM 4X12 CM                        |
| 880304090412                 | DERMASPAN .9MM-1.99MM 4X12 CM                | 880304200416 | DERMASPAN 2MM - 3.5MM 4X16 CM                        |
| 880304090416                 | DERMASPAN .9MMX1.99MM 4X16 CM                | 880304200510 | DERMASPAN 2MM - 3.5MM 5X10 CM                        |
| 880304090510                 | DERMASPAN .9MM-1.99MM 5X10 CM                | 880304200612 | DERMASPAN 2MM - 3.5MM 6X12 CM                        |
| 880304090612                 | DERMASPAN .9MMX1.99MM 6X12 CM                | 880304200616 | DERMASPAN 2MM - 3.5MM 6X16 CM                        |
| 880304090616                 | DERMASPAN .9MMX1.99MM 6X16 CM                | 880304200812 | DERMASPAN 2MM - 3.5MM 8X12 CM                        |
| 880304090812                 | DERMASPAN .99MM-1.99MM 8X12 CM               | 880304200816 | DERMASPAN 2MM - 3.5MM 8X16 CM                        |
| 880304090813                 | DERMASPAN ACD,<br>8 CM X 13 CM; 0.9 - 1.99MM | 880304201212 | DERMASPAN 2MM - 3.5MM 12X12 CM                       |
| 880304090816                 | DERMASPAN .9MM-.1.99MM 8X16 CM               | 880304201620 | DERMASPAN 2MM - 3.5MM 16X20 CM                       |

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

| <b>Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)</b>  |  |
|--|--|
| <b>MS-DRG</b>  | <b>Description</b>   |
| <i>MS-DRG assignment will be based upon the patient's diagnosis(es) and procedure(s) performed. Other MS-DRGs may be applicable.</i> |  |
| 463  | Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders with MCC       |
| 464  | Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders with CC        |
| 465  | Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders without CC/MCC |
| 573  | Skin Graft for Skin Ulcer or Cellulitis with MCC   |
| 574  | Skin Graft for Skin Ulcer or Cellulitis with CC  |
| 575  | Skin Graft for Skin Ulcer or Cellulitis without CC/MCC   |
| 576  | Skin Graft Except for Skin Ulcer or Cellulitis with MCC  |
| 577  | Skin Graft Except for Skin Ulcer or Cellulitis with CC   |
| 578  | Skin Graft Except for Skin Ulcer or Cellulitis without CC/MCC  |
| 622  | Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with MCC        |
| 623  | Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with CC         |
| 624  | Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders without CC/MCC  |
| 904  | Skin Grafts for Injuries with CC/MCC   |
| 905  | Skin Grafts for Injuries without CC/MCC  |
| 927  | Extensive Burns or Full Thickness Burns with Mechanical Ventilation >96 Hours with Skin Graft        |
| 928  | Full Thickness Burn with Skin Graft or Inhalation Injury with CC/MCC                                 |
| 929  | Full Thickness Burn with Skin Graft or Inhalation Injury without CC/MCC                              |
| 957  | Other O.R. Procedures for Multiple Significant Trauma with MCC                                       |
| 958  | Other O.R. Procedures for Multiple Significant Trauma with CC  |
| 959  | Other O.R. Procedures for Multiple Significant Trauma without CC/MCC                                 |

CC – Complication and/or Comorbidity.

MCC – Major Complication and/or Comorbidity.

### **Hospital Outpatient and Ambulatory Surgery Center (ASC)**

Skin substitutes with pricing information but without claims data to calculate a geometric mean unit cost (MUC) or product per day cost (PDC) will be assigned to either the high-cost or low-cost category based on the product's Average Sales Price (ASP) +6 percent payment rate as compared to the MUC threshold. If ASP is not available, CMS will use Wholesale Acquisition Cost (WAC) +3 percent to assign a product to either the high cost or low cost category.

High-cost skin substitute products should only be used in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278. Low-cost skin substitute products should only be used in combination with the performance of one of the skin application procedures described by HCPCS code C5271-C5278.

Source: Calendar Year 2020 Medicare Outpatient Prospective Payment System, Final Rule, Federal Register, November 12, 2019, 61327-61335.

Note: ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system

| <b>Hospital Outpatient and Ambulatory Surgical Center (ASC)</b> |   |                              |  |                              |
|---|---|------------------------------|--|------------------------------|
| <b>CPT® Code</b>  | <b>Description</b>  | <b>OPPS Status Indicator</b> | <b>Ambulatory Payment Classification</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                           |

| Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.) |  |                       |                                   |                       |
|--|--|-----------------------|-----------------------------------|-----------------------|
| CPT Code   | Description  | OPPS Status Indicator | Ambulatory Payment Classification | ASC Payment Indicator |
| 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                    | 5114                              | 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** - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification

**Status Indicator:** J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions; N - Items and Services Packaged into APC Rates; payment is packaged into payment for other services. Therefore, there is no separate APC payment; Q1 - STV-Packaged Codes; T - Procedure or Service, Multiple Procedure Reduction Applies

**APC:** 5051 - Level 1 Skin Procedures; 5054 -Level 4 Skin Procedures; 5055 -Level 5 Skin 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; N1 - Packaged service/item; no separate payment made; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

**For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).**

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