



## Reimbursement Guide HCPCS for Synthetic Skin Substitutes

January 2021

### Physician Guidance

Management of acute or chronic wounds that incorporate the application of MIRRAGEN® Advanced Wound Matrix in the outpatient clinic and/or ambulatory surgical center setting should be reported with the appropriate HCPCS (Healthcare Common Procedure Coding System (HCPCS) and CPT codes in clinical documentation. As a synthetic, absorbable skin substitute matrix, MIRRAGEN® may be reported with the **HCPCS code C1849** and the procedure may be reported with **CPT codes 15271-15278**. The selection of the CPT code is based on the location and size of the defect. Ensure the medical record reflects these elements with a procedure description including the fixation method/secondary dressing application.

It is recommended that providers check individual payer and Medicare local coverage determinations (LCD) prior to performing skin graft procedures with MIRRAGEN®, to determine indications and limitations.

The 2020 Medicare payment rates, listed in the following table, are national unadjusted payment rates. Check with your MAC for payment rates specific to your region.

### HCPCS Codes and Modifiers

When reporting the use of MIRRAGEN® it is important to report accurate billing units of service are consistent with the square centimeter (cm<sup>2</sup>) units described in the HCPCS code product descriptor. Examples of calculating the square centimeter:

- MIRRAGEN 1" x 1" = 2.54 cm x 2.54 cm = 6.5 cm<sup>2</sup>
- MIRRAGEN 2" x 2" = 5.08 cm x 5.08 cm = 25.8 cm<sup>2</sup>
- MIRRAGEN 4" x 4" = 10.16 cm x 10.16 cm = 103.2 cm<sup>2</sup>
- MIRRAGEN 1" x 6" = 2.54 cm x 15.24 cm = 38.79 cm<sup>2</sup>

HCPCS Code	Description	Skin Substitute Cost Category
C1849	Skin substitute, synthetic, resorbable per sq. cm	High Cost

\* CMS requires providers to report discarded amounts of products on a separate claim line item by attaching the JW modifier to the HCPCS code to describe wastage. JC: skin substitute used as graft. JW: wastage.

Note: Payments specified in this document reflect Medicare national unadjusted published payments from the Centers for Medicare & Medicaid Services (CMS). Actual payment rates will vary based on geographical adjustments. All codes provided herein are for illustrative and educational purposes only, and shall not be construed as a warranty, statement, promise, or guarantee that these codes are accurate or that the product will be covered in all instances, and if covered, that reimbursement in the amounts specified will be received. The decision of how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the QHPs and other providers. Coding requirements are subject to change at any time. Please check with your local payer regularly for updates.

## Hospital Outpatient Center (HOPC)

CPT Code	Code Description	Status Indicator	APC 2020	2021 National Allowable <sup>1</sup> Hospital Outpatient
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface up to 100 sq cm: first 25 sq cm or less wound surface area	T	5054	\$1,715.36
+15272	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 15271)	N	N/A	Packaed with 15271
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater or equal to 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants and children	T	5055	\$3,522.15
+15274	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof (Add on code: List separately in addition to code for primary procedure 15273)	N	N/A	Packaged with 15273
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	T	5054	\$1,715.36
+15276	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 17525)	N	N/A	Packaged with 15275
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface greater than 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants or children	T	5055	\$3,522.15
+15278	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof. (Add on code: List separately in addition to code for primary procedure 15277)	N	N/A	Packaged with 15277

<sup>1</sup>CMS Hospital Outpatient PPS, 2021 Addendum Updates: <https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

## Ambulatory Surgery Center

CPT Code	Code Description	Payment Indicator	2021 National Allowable <sup>1</sup>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface up to 100 sq cm: first 25 sq cm or less wound surface area	G2	\$871.28
+15272	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 15271)	N1	Packaed with 15271
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater or equal to 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants and children	G2	\$1,788.99
+15274	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof (Add on code: List separately in addition to code for primary procedure 15273)	N1	Packaged with 15273
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	G2	\$871.28
+15276	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 17525)	N1	Packaged with 15275
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface greater than 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants or children	G2	\$1,788.99
+15278	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof. (Add on code: List separately in addition to code for primary procedure 15277)	N1	Packaged with 15277

\*Fees listed are the National Average and will be have a wage index adjustment based on geographic location.

<sup>1</sup>CMS Hospital Outpatient PPS, 2020 Addendum Updates: <https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

## Hospital Inpatient Codes and Payments

Medicare uses a prospective payment system to reimburse hospitals for inpatient services based on Medicare Severity Diagnosis Related Groups (MS-DRGs). Services are classified into clinically cohesive groups that exhibit similar use of hospital resources. Hospitals receive a single payment for all services provided during an inpatient admission based on the MS-DRG assigned, regardless of the actual length of stay or costs of services. Only one MS-DRG may be assigned per patient stay. The MS-DRG assignment to the categories of Complications or Comorbidities (CCs) and/or Major Complications or Comorbidities (MCCs) is influenced by the medical record documentation describing certain clinical circumstances. Diagnoses and procedures are reported with ICD-10 codes.

## Diagnosis Code Guidelines for Wound Care

MIRRAGEN® coverage is based on medical necessity and subject to payer coverage guidelines. For most payers, MIRRAGEN® is considered medically necessary as an adjunct in the treatment of wounds, including chronic ulcers that fail to progress toward healing after a period of wound care. Providers should always follow payer coding guidelines for covered indications. Examples of common causes of lower-extremity chronic wounds include:

- Diabetic foot ulcers (DFU)
- Diabetic ulcers of the lower extremities (ankle)
- Venous stasis ulcers (VSU) / venous leg ulcers (VLU)
- Pressure ulcers
- Chronic non-healing surgical or trauma wounds of the lower extremity (delayed healing in surgical and trauma wounds may also be from diabetes, vascular disease, pressure, or other disease)

## ICD-10 Codes

It is recommended that providers select the most specific primary and secondary diagnosis codes to accurately describe the reason the wound is not healing properly, and codes that indicate the wound is chronic and describe the location, severity, and laterality (for lower extremity ulcers).

Example of specific DFU codes:

- Primary diagnosis: E11.621, type 2 diabetes mellitus with a foot ulcer
- Secondary diagnosis: L97.522, non-pressure chronic ulcer of other part of left foot with fat layer exposed

Example of specific VLU codes:

- Primary diagnosis: I87.312, chronic venous hypertension (idiopathic) with ulcer of left lower extremity
- Secondary diagnosis: L97.222, non-pressure chronic ulcer of left calf with fat layer exposed

## Unspecified Codes

Unspecified code options, which indicate to the payer that the documentation was incomplete, may lead to claim adjudication issues, including denials or review of documentation. Avoid the use of unspecified codes when billing for MIRRAGEN® or any other synthetic or biologic skin substitute product.

Examples of unspecified diagnosis codes to avoid, are:

- L97.40, non-pressure chronic ulcer of unspecified heel and midfoot
- L97.509, non-pressure chronic ulcer of the other part of unspecified foot with unspecified severity

For reference, the following tables are examples of common ICD-10 codes for chronic ulcers of the lower extremity. These codes are provided for information and education purposes only and are not a statement or guarantee of reimbursement. The provider is ultimately responsible for verifying coverage with the patient’s payer source. This is not an all-inclusive list. Consult the 2020 ICD-10-PCS book for a complete list of procedure codes.

## Common ICD-10 Codes Associated with Lower Extremity Ulcers

ICD-10 Code	Code Description
<b>DIABETIC ULCERS (Not an exhaustive list)</b>	
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
<b>VENOUS ULCERS (Not an exhaustive list)</b>	
I83.012	Varicose veins of RIGHT lower extremity with ulcer of calf
I83.013	Varicose veins of RIGHT lower extremity with ulcer of ankle
I83.014	Varicose veins of RIGHT lower extremity with ulcer of heel & midfoot
I83.015	Varicose veins of RIGHT lower extremity with ulcer of other part of foot
I83.018	Varicose veins of RIGHT lower extremity with ulcer of other part of lower leg
I83.022	Varicose veins of LEFT lower extremity with ulcer of calf
I83.023	Varicose veins of LEFT lower extremity with ulcer of ankle
I83.024	Varicose veins of LEFT lower extremity with ulcer of heel & midfoot
I83.025	Varicose veins of LEFT lower extremity with ulcer of other part of foot
I83.028	Varicose veins of LEFT lower extremity with ulcer of other part of lower leg
I83.212	Varicose veins of RIGHT lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of RIGHT lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of RIGHT lower extremity with both ulcer of heel & midfoot and inflammation
I83.215	Varicose veins of RIGHT lower extremity with both ulcer of other part of foot and inflammation
I83.218	Varicose veins of RIGHT lower extremity with both ulcer of other part of lower extremity and inflammation
I83.222	Varicose veins of LEFT lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of LEFT lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of LEFT lower extremity with both ulcer of heel & midfoot and inflammation
I83.225	Varicose veins of RIGHT lower extremity with both ulcer of other part of foot and inflammation
I83.228	Varicose veins of LEFT lower extremity with both ulcer of other part of lower extremity and inflammation
I87.2	Venous Insufficiency (chronic peripheral)
I87.311	Chronic venous hypertension (idiopathic) with ulcer of RIGHT lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of LEFT lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of BILATERAL lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of of RIGHT lower extremity
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of LEFT lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of BILATERAL lower extremity

## Common ICD-10 Codes Associated with Lower Extremity Ulcers (Continued)

ICD-10 Code	Code Description
L97 Series	<b>NON PRESSURE CHRONIC ULCER OF LOWER LIMB (Not an exhaustive list)</b>
L97.211	Non-Pressure Chronic Ulcer of RIGHT calf limited to breakdown of skin
L97.212	Non-Pressure Chronic Ulcer of RIGHT calf with fat layer exposed
L97.213	Non-Pressure Chronic Ulcer of RIGHT calf with necrosis of muscle
L97.214	Non-Pressure Chronic Ulcer of RIGHT calf with necrosis of bone
L97.221	Non-Pressure Chronic Ulcer of LEFT calf limited to breakdown of skin
L97.222	Non-Pressure Chronic Ulcer of LEFT calf with fat layer exposed
L97.223	Non-Pressure Chronic Ulcer of LEFT calf with necrosis of muscle
L97.224	Non-Pressure Chronic Ulcer of LEFT calf with necrosis of bone
L97.311	Non-Pressure Chronic Ulcer of RIGHT ankle limited to breakdown of skin
L97.312	Non-Pressure Chronic Ulcer of RIGHT ankle with fat layer exposed
L97.313	Non-Pressure Chronic Ulcer of RIGHT ankle with necrosis of muscle
L97.314	Non-Pressure Chronic Ulcer of RIGHT ankle with necrosis of bone
L97.321	Non-Pressure Chronic Ulcer of LEFT ankle limited to breakdown of skin
L97.322	Non-Pressure Chronic Ulcer of LEFT ankle with fat layer exposed
L97.323	Non-Pressure Chronic Ulcer of LEFT ankle with necrosis of muscle
L97.324	Non-Pressure Chronic Ulcer of LEFT ankle with necrosis of bone
L97.411	Non-Pressure Chronic Ulcer of RIGHT heel & midfoot limited to breakdown of skin
L97.412	Non-Pressure Chronic Ulcer of RIGHT heel & midfoot with fat layer exposed
L97.413	Non-Pressure Chronic Ulcer of RIGHT heel & midfoot with necrosis of muscle
L97.414	Non-Pressure Chronic Ulcer of RIGHT heel & midfoot with necrosis of bone
L97.421	Non-Pressure Chronic Ulcer of LEFT heel & midfoot limited to breakdown of skin
L97.422	Non-Pressure Chronic Ulcer of LEFT heel & midfoot with fat layer exposed
L97.423	Non-Pressure Chronic Ulcer of LEFT heel & midfoot with necrosis of muscle
L97.424	Non-Pressure Chronic Ulcer of LEFT heel & midfoot with necrosis of bone
L97.511	Non-Pressure Chronic Ulcer of other part of RIGHT foot limited to breakdown of skin
L97.512	Non-Pressure Chronic Ulcer of other part of RIGHT foot with fat layer exposed
L97.513	Non-Pressure Chronic Ulcer of other part of RIGHT foot with necrosis of muscle
L97.514	Non-Pressure Chronic Ulcer of other part of RIGHT foot with necrosis of bone
L97.521	Non-Pressure Chronic Ulcer of other part of LEFT foot limited to breakdown of skin
L97.522	Non-Pressure Chronic Ulcer of other part of LEFT foot with fat layer exposed
L97.523	Non-Pressure Chronic Ulcer of other part of LEFT foot with necrosis of muscle
L97.524	Non-Pressure Chronic Ulcer of other part of LEFT foot with necrosis of bone
L97.811	Non-Pressure Chronic Ulcer of other part of RIGHT lower leg limited to breakdown of skin
L97.812	Non-Pressure Chronic Ulcer of other part of RIGHT lower leg with fat layer exposed
L97.813	Non-Pressure Chronic Ulcer of other part of RIGHT lower leg with necrosis of muscle
L97.814	Non-Pressure Chronic Ulcer of other part of RIGHT lower leg with necrosis of bone
L97.821	Non-Pressure Chronic Ulcer of other part of LEFT lower leg limited to breakdown of skin
L97.822	Non-Pressure Chronic Ulcer of other part of LEFT lower leg with fat layer exposed
L97.823	Non-Pressure Chronic Ulcer of other part of LEFT lower leg with necrosis of muscle
L97.824	Non-Pressure Chronic Ulcer of other part of LEFT lower leg with necrosis of bone

## MS-DRG

The 2019 Medicare payment rates, listed in the following tables, are national unadjusted payment rates. Check with your MAC for payment rates specific to your region. This is not an all-inclusive list

MS-DRG	Description*	Payment**
463	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease with mcc	\$32,278.00
464	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease with cc	\$18,231.00
465	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease without cc/mcc	\$11,825.00
570	Skin debridement with mcc	\$17,740.00
571	Skin debridement with cc	\$10,325.00
572	Skin debridement without cc/mcc	\$6,926.00
573	Skin graft for skin ulcer or cellulitis with mcc	\$32,818.00
574	Skin graft for skin ulcer or cellulitis with cc	\$19,275.00
575	Skin graft for skin ulcer or cellulitis without cc/mcc	\$10,848.00
576	Skin graft except for skin ulcer or cellulitis with mcc	\$29,940.00
577	Skin graft except for skin ulcer or cellulitis with cc	\$14,914.00
578	Skin graft except for skin ulcer or cellulitis without cc/mcc	\$10,048.00

\* Comorbidities and Complications/Major Comorbidities and Complications (cc/mcc)

\*\* DRG values calculated using a base rate of \$5,711.89 and Capital Standard Payment of \$462.33. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User. This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2020 IPPS Final Rule CN (Tables 1A, 1D, and 5CN)

### For general inquiries on MIRRAGEN®, reimbursement or billing:

Please contact your local MIRRAGEN® sales representative or visit [etswoundcare.com/contact-us](https://etswoundcare.com/contact-us)

Call: 573-202-2550 (office)

Fax: 573-755-0588 (fax)

Email: [support@etswoundcare.com](mailto:support@etswoundcare.com)

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