



Xpansion[®]

Reimbursement & Coding Guide



**Applied Tissue
Technologies**



Applied Tissue Technologies

The Xpansion[®] Micro-Autografting Kit

Reimbursement and Coding Guide

The Xpansion micro-autografting kit allows for small, autologous donor sites to be used to cover larger wound beds requiring split thickness skin grafts (STSG).

The device is supplied as a procedure kit. To perform the procedure:

1. The kit's dermatome is used to harvest a small 2 cm x 2 cm autograft.
2. The proprietary mincer is then used to mince the autograft into small micrografts.
3. These micrografts are then applied to the larger wound bed.

All the required instruments are single-use disposable and are packaged in a convenient sterile kit.

The cost of surgical devices is included in payment for the procedure. The Xpansion micro-autografting kit is not separately reimbursed.

The following information is shared for educational purposes only to help answer common coding and reimbursement questions. Codes presented are not all-inclusive. Additional codes may apply. While Applied Tissue believes this information to be correct, information is subject to change without notice.

For assistance with reimbursement questions, contact the Applied Tissue Technologies Reimbursement Support Center at customerservice@appliedtissue.com or call **781-366-3848**.

Indications for Use - (Refer to Product Label for Full Instructions for Use)

The **Xpansion** micro-autografting kit consists of single-use, disposable instruments designed to be used for the harvesting, mechanical preparation, and application of split-thickness skin autografts for the purpose of transplantation onto wounds. This product is provided sterile for single patient use.

PLEASE NOTE: The 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. As such, all codes provided herein are for illustrative purposes 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.

Rx ONLY - Refer to IFU with each device for indications, contraindications, and precautions.

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Applicable FARS/DFARS Restrictions Apply to Government Use.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT® Codes and Medicare Payments

Placement of Autologous Split-Thickness Skin Graft

Autografts include the harvest and/or application of an autologous skin graft. Removal of current graft and/or simple wound cleansing is included when performed. Debridement is considered separately reportable only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure. (CPT®, 2018 Surgery, Integumentary System)

Physician

CPT	Description	2018 Medicare Physician Fee Schedule National Unadjusted Payment Non-Facility (Office)	2018 Medicare Physician Fee Schedule National Unadjusted Payment Facility
15100*	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$880.19**	\$739.07**
+15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$190.08	\$114.84
15120*	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$871.55**	\$720.35**
+15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$212.76	\$137.88

*Global surgery indicator 090: Major surgery with a 1-day preoperative period and 90-day postoperative period included in the physician fee schedule amount.

**Standard payment adjustment rules for multiple procedures apply. If a procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50%, and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage. (Modifier -51).

Hospital Outpatient and Ambulatory Surgical Center (ASC)

CPT	Description	Hospital APC	2018 Medicare National Unadjusted Hospital Outpatient Payment and (Status Indicator)	2018 Medicare National Unadjusted Ambulatory Surgery Center Payment
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	5054	\$1,568.32 (T)*	\$817.15***
+15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)		N** - Packaged	Packaged
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	5055	\$2,710.30 (T)*	\$1,412.16***
+15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)		N** - Packaged	Packaged

*T - Procedure or Service, Multiple Procedure Reduction Applies Paid under OPPS; separate APC payment (highest relative weight is paid at 100% APC payment. Any additional procedures with a status indicator 'T' will be discounted 50% of their APC payment)

**N - Packaged, not separately paid

***Contractors pay 100% of the highest paying surgical procedure on the claim, plus 50% of the applicable payment rate(s) for the other ASC covered surgical procedures subject to the multiple procedure discount that are furnished in the same session.

Surgical Preparation of the Wound Bed for Placement of a Split-Thickness Graft

Surgical preparation codes 15002-15005 for skin replacement surgery describe the initial services for preparing a clean and viable wound surface for autograft placement. Select the appropriate code based upon location and size of the wound. (CPT®, 2018 Surgery, Integumentary System)

Physician

CPT	Description	2018 Medicare Physician Fee Schedule National Unadjusted Payment Non-Facility (Office)	2018 Medicare Physician Fee Schedule National Unadjusted Payment Facility
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	\$357.48	\$235.08
+15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)	\$77.78	\$47.88
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	\$409.68	\$278.28
+15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)	\$128.16	\$94.68

Hospital Outpatient and Ambulatory Surgical Center (ASC)

CPT	Description	Hospital APC	2018 Medicare National Unadjusted Hospital Outpatient Payment and (Status Indicator)	2018 Medicare National Unadjusted Ambulatory Surgery Center Payment
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	5054	\$1,568.32 (T)*	\$817.15***
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)		N** - Packaged	Packaged
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	5053	\$488.17 (T)*	\$254.35***
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)		N** - Packaged	Packaged

*T - Procedure or Service, Multiple Procedure Reduction Applies Paid under OPPS; separate APC payment. (highest relative weight is paid at 100% APC payment. Any additional procedures with a status indicator 'T' will be discounted 50% of their APC payment)

**N - Packaged, not separately paid

***Contractors pay 100% of the highest paying surgical procedure on the claim, plus 50% of the applicable payment rate(s) for the other ASC covered surgical procedures subject to the multiple procedure discount that are furnished in the same session.

ICD-10-PCS

Skin Harvesting and Graft Procedures

OHB - Medical and Surgical Skin and Breast - Excision

Section:	0 - Medical and Surgical		
Body System:	H - Skin and Breast		
Operation:	B - Excision: Cutting out or off, without replacement, a portion of a body part		
Body Part	Approach	Device	Qualifier
0 - Skin, Scalp 1 - Skin, Face 2 - Skin, Right Ear 3 - Skin, Left Ear 4 - Skin, Neck 5 - Skin, Chest 6 - Skin, Back 7 - Skin, Abdomen 8 - Skin, Buttock 9 - Skin, Perineum A - Skin, Inguinal B - Skin, Right Upper Arm C - Skin, Left Upper Arm D - Skin, Right Lower Arm E - Skin, Left Lower Arm F - Skin, Right Hand G - Skin, Left Hand H - Skin, Right Upper Leg J - Skin, Left Upper Leg K - Skin, Right Lower Leg L - Skin, Left Lower Leg M - Skin, Right Foot N - Skin, Right Foot P - Skin, Left Foot Q - Finger Nail R - Toe Nail	X - External	Z - No Device	X - Diagnostic Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral W - Nipple, Right X - Nipple, Left Y - Supernumerary Breast	0 - Open 3 - Percutaneous 7 - Via Natural or Artificial Opening 8 - Via Natural or Artificial Opening Endoscopic X - External	Z - No Device	X - Diagnostic Z - No Qualifier

OHR - Medical and Surgical Skin and Breast - Replacement

Section:	0 - Medical and Surgical		
Body System:	H - Skin and Breast		
Operation:	R - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part		
Body Part	Approach	Device	Qualifier
0 - Skin, Scalp 1 - Skin, Face 2 - Skin, Right Ear 3 - Skin, Left Ear 4 - Skin, Neck 5 - Skin, Chest 6 - Skin, Back 7 - Skin, Abdomen 8 - Skin, Buttock 9 - Skin, Perineum A - Skin, Genitalia B - Skin, Right Upper Arm C - Skin, Left Upper Arm D - Skin, Right Lower Arm E - Skin, Left Lower Arm F - Skin, Right Hand G - Skin, Left Hand H - Skin, Right Upper Leg J - Skin, Left Upper Leg K - Skin, Right Lower Leg L - Skin, Left Lower Leg M - Skin, Right Foot N - Skin, Left Foot	X - External	7 - Autologous Tissue Substitute K - Nonautologous Tissue Substitute	3 - Full-Thickness 4 - Partial-Thickness
0 - Skin, Scalp 1 - Skin, Face 2 - Skin, Right Ear 3 - Skin, Left Ear 4 - Skin, Neck 5 - Skin, Chest 6 - Skin, Back 7 - Skin, Abdomen 8 - Skin, Buttock 9 - Skin, Perineum A - Skin, Inguinal B - Skin, Right Upper Arm C - Skin, Left Upper Arm D - Skin, Right Lower Arm E - Skin, Left Lower Arm F - Skin, Right Hand G - Skin, Left Hand H - Skin, Right Upper Leg J - Skin, Left Upper Leg K - Skin, Right Lower Leg L - Skin, Left Lower Leg M - Skin, Right Foot N - Skin, Left Foot	X - External	J - Synthetic Substitute	3 - Full-Thickness 4 - Partial-Thickness Z - No Qualifier

OHR - Medical and Surgical Skin and Breast - Replacement (continued)

Section:	0 - Medical and Surgical		
Body System:	H - Skin and Breast		
Operation:	R - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part		
Body Part	Approach	Device	Qualifier
Q - Finger Nail R - Toe Nail S - Hair	X - External	7 - Autologous Tissue Substitute J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral	0 - Open	7 - Autologous Tissue Substitute	5 - Latissimus Dorsi Myocutaneous Flap 6 - Transverse Rectus Abdominis Myocutaneous Flap 7 - Deep Inferior Epigastric Artery Perforator Flap 8 - Superficial Inferior Epigastric Artery Flap 9 - Gluteal Artery Perforator Flap Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral	0 - Open	J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral	3 - Percutaneous X - External	7 - Autologous Tissue Substitute J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier
W - Nipple, Right X - Nipple, Left	0 - Open 3 - Percutaneous X - External	7 - Autologous Tissue Substitute J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier

MS-DRG

Burn - Hospital Inpatient

MS-DRG	Description	FY 2018 Medicare National Unadjusted Payment
927	Extensive burns or full-thickness burns w mechanical ventilation 96+ hours w skin graft	\$102,075.31
928	Full-thickness burn w skin graft or inhalation injury w cc/mcc	\$34,371.43
929	Full-thickness burn w skin graft or inhalation injury w/o cc/mcc	\$15,878.57

Note: Comorbidities and Complications/Major Comorbidities and Complications (cc/mcc)

Skin Graft - Hospital Inpatient

MS-DRG	Description	FY 2018 Medicare National Unadjusted Payment
463	Wound debridement & skin graft except hand, for musculoskeletal-connective tissue disease w mcc	\$30,235.45
464	Wound debridement & skin graft except hand, for musculoskeletal-connective tissue disease w cc	\$17,138.10
465	Wound debridement & skin graft except hand, for musculoskeletal-connective tissue disease w/o cc/mcc	\$11,338.82
570	Skin debridement w mcc	\$15,637.51
571	Skin debridement w cc	\$9,815.33
572	Skin debridement w/o cc/mcc	\$7,084.73
573	Skin graft for skin ulcer or cellulitis w mcc	\$24,488.60
574	Skin graft for skin ulcer or cellulitis w cc	\$17,834.76
575	Skin graft for skin ulcer or cellulitis w/o cc/mcc	\$10,497.53
576	Skin graft except for skin ulcer or cellulitis w mcc	\$27,317.43
577	Skin graft except for skin ulcer or cellulitis w cc	\$14,719.68
578	Skin graft except for skin ulcer or cellulitis w/o cc/mcc	\$8,974.63

Note: Grafting that occurs incident to a hospitalization for another primary clinical reason will group to other appropriate DRGs based on the patient diagnosis. Comorbidities and Complications/Major Comorbidities and Complications (cc/mcc).

Product Payment

- Is included in the DRG payment.
- May be identified on the hospital claim using a revenue code but it is not itemized for payment.
- Is captured as a surgical supply for hospital cost accounting.

Sources

- CPT 2018 Professional. (2017). American Medical Association.
- CPT® Assistant through 2017
- CPT® Changes through 2017
- Medicare - National Correct Coding Policy Manual, Physician Version 23.3 Effective October 1, 2017
- 2018 Medicare Hospital Outpatient Prospective Payment System (CMS-1678-FC) Addendum B
- 2018 Ambulatory Surgery Center Prospective Payment System (CMS-1678-FC) Addendum AA
- FY 2018 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals...(CMS 1677-CN), Effective October 1, 2017
- CMS-1676-F Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2018/Downloads
- 2018 Physician Fee Schedule RVU File



Applied Tissue Technologies Reimbursement Support Center

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Applied Tissue Technologies is dedicated to providing answers to all of your reimbursement questions.



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