

SUPRATHEL[®]

SUPRA SDRM[®]

2022 Coding and Reimbursement Guide

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SUPRATHEL and SUPRA SDRM are resorbable synthetic skin substitutes. These synthetic skin substitutes are indicated for the treatment and management of:

- Partial and full thickness wounds;
- Pressure (stage I and IV) and venous ulcers;
- Ulcers caused by mixed vascular etiologies;
- Venous stasis and diabetic ulcers;
- 1st and 2nd degree burns;
- Partial thickness burns;
- Cuts and abrasions;
- Acute wounds;
- Trauma wounds;
- Surgical wounds;
- Superficial wounds; and
- Grafted wounds and donor sites^{1 2}

SUPRATHEL and SUPRA SDRM are available in four sheet membrane sizes including

- 5 x 5 cm
- 9 x 10 cm
- 18 x 10 cm
- 18 x 23 cm



SUPRA SDRM is available in various sheet membrane sizes including

- 1 x 1 cm
- 18 mm disk
- 2 x 2 cm
- 5.1 x 5.1 cm
- 9 x 9 cm
- 9 x 12 cm
- 18 x 9 cm
- 18 x 18 cm



These sheets can be cut to size to fit the patient's wound.

2022 Coding and Medicare National Payment for Hospital Outpatient, Ambulatory Surgical Center (ASC) and Physician Settings

CPT® ³ Code	Description	Facility (HOPD) ⁴			Facility (ASC) ⁵		Physician ⁶			
		SI	APC	Hospital Outpatient Payment	ASC PI	ASC Payment	Office RVU	Office Physician Payment	Facility RVU	Facility Physician Payment
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	\$1,749.26	G2	\$886.26	4.62	\$159.88	2.46	\$85.13
C5271	Application of low cost 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	5053	\$534.89	G2	\$271.00	N/A	N/A	N/A	N/A
+15272	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	0.75	\$25.95	0.52	18.00
+C5272	each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	N/A	N/A	N/A	N/A
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area > 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	T	5055	\$3,596.22	G2	\$1,822.02	9.47	\$327.72	5.82	\$201.41
C5273	Application of low cost 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	5054	\$1,749.26	G2	\$886.26	N/A	N/A	N/A	N/A
+15274	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	N/A	Packaged	N1	Packaged	2.51	\$86.86	1.34	\$46.37
+C5274	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	N/A	Packaged	N1	Packaged	N/A	N/A	N/A	N/A
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	\$1,749.26	G2	\$886.26	4.75	\$164.38	2.74	\$94.82
C5275	Application of low cost 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	5053	\$534.89	G2	\$271.00	N/A	N/A	N/A	N/A

CPT® ³ Code	Description	Facility (HOPD) ⁴			Facility (ASC) ⁵		Physician ⁶			
		SI	APC	Hospital Outpatient Payment	ASC PI	ASC Payment	Office RVU	Office Physician Payment	Facility RVU	Facility Physician Payment
+15276	each additional 25 sq cm wound surface area or part thereof (List separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	0.97	\$33.57	0.75	\$25.96
+C5276	each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	N/A	N/A	N/A	N/A
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 > 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	T	5054	\$1,749.26	G2	\$886.26	10.39	\$359.56	6.63	\$229.44
C5277	Application of low cost 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	5053	\$534.89	G2	\$271.00	N/A	N/A	N/A	N/A
+15278	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	N/A	Packaged	N1	Packaged	2.90	\$100.36	1.67	\$57.79
+C5278	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	N/A	Packaged	N1	Packaged	N/A	N/A	N/A	N/A

IMPORTANT:

- Physicians will report the appropriate CPT code(s) for the application of skin substitute procedures in all sites of service.
- Hospital outpatient departments and ASCs will report the appropriate C-code(s) for the application of skin substitute procedures.
- As a skin substitute, the product should be fixated to the body with either glue, sutures or staples.

2022 Coding⁷ and Medicare Payment for Hospital Inpatient Setting

The following table may be used to construct the appropriate ICD-10-PCS codes for reporting hospital inpatient procedures involving synthetic skin substitutes such as SUPRATHEL and SUPRA SDRM.

Section	0	Medical and Surgical	
Body System	H	Skin and Breast	
Root Operation	R	Replacement	
Body Part	Approach	Device	Qualifier
0 Skin, Scalp	X External	J Synthetic Substitute	3 Full Thickness
1 Skin, Face			4 Partial Thickness
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			

Depending on the patient's diagnosis and the procedures performed, the following are relevant MS-DRGs that may be assigned along with the associated 2022 MS-DRG payment rate:

MS-DRG	Descriptor	MS-DRG Payment Rate ⁷
463	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with MCC	\$35,413.05
464	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with CC	\$19,623.80
465	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders without CC/MCC	\$12,160.44
573	Skin graft for skin ulcer or cellulitis with MCC	\$36,526.15
574	Skin graft for skin ulcer or cellulitis with CC	\$21,408.20
575	Skin graft for skin ulcer or cellulitis without CC/MCC	\$11,626.96
576	Skin graft except for skin ulcer or cellulitis with MCC	\$33,391.25
577	Skin graft except for skin ulcer or cellulitis with CC	\$16,812.67
578	Skin graft except for skin ulcer or cellulitis without CC/MCC	\$10,519.13
622	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with MC	\$23,837.52
623	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with CC	\$12,341.12
624	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders without CC/MCC	\$7,246.41
904	Skin grafts for injuries with CC/MCC	\$24,576.73
905	Skin grafts for injuries without CC/MCC	\$10,880.50
927	Extensive burns or full thickness burns with mv >96 hours with skin graft	\$139,081.09
928	Full thickness burn with skin graft or inhalation injury with CC/MCC	\$43,070.94
929	Full thickness burn with skin graft or inhalation injury without CC/MCC	\$19,874.38
957	Other O.R. procedures for multiple significant trauma with MCC	\$48,935.20
958	Other O.R. procedures for multiple significant trauma with CC	\$27,733.40
959	Other O.R. procedures for multiple significant trauma without CC/MCC	\$18,042.50

2022 HCPCS codes for SUPRATHEL and SUPRA SDRM

(Effective April 1, 2022)⁸

Effective April 1, 2022, CMS created new unique HCPCS codes for SUPRATHEL and SUPRA SDRM that may be reported in the physician office setting and the hospital outpatient department.

Note: For claims with a date of service prior to April 1, 2022, HCPCS code Q4100 (Skin substitute, not otherwise specified) should be reported by physician offices and hospital outpatient departments, along with the appropriate CPT code(s) for the application of skin substitute (CPT codes 15271-15278).

HCPCS Code	Description	Payment
A2011	Supra SDRM, per sq cm	Medicare Contractor Priced
A2012	Suprathel, per sq cm	Medicare Contractor Priced

Physician Office Setting

When billed in the physician office, the relevant A-code should be reported along with the appropriate CPT code(s) for the application of skin substitute (CPT codes 15271-15278):

Our reimbursement support line can provide you with the Medicare Administrative Contractor's specific instructions for submission of claims.

Hospital Outpatient and ASC Settings – Important Update⁹

A-code Reporting for Synthetic Skin Substitutes

Beginning April 1, 2022, CMS has modified the payment policies for the new A-codes that have been created for synthetic skin substitutes. Synthetic skin substitutes that have a specific A-code will be assigned to either the low-cost category or the high-cost category for payment purposes depending on the cost of the product. For payment purposes, CMS has assigned SUPRATHEL and SUPRA SDRM to the low-cost category for hospital outpatient and ASC payment. This does not impact physician coding and payment, and physicians will continue to report the relevant CPT code(s) for the application of skin substitute (CPT codes 15271-15278) and the relevant A-code for SUPRATHEL or SUPRA SDRM.

It is important to note:

- ASCs should not separately bill the A-codes.
- Hospital outpatient departments should separately bill the A-codes.

In addition, CMS created a new unlisted A-code for synthetic skin substitute devices that are

not specified and for whom a specific code is not available. Any skin substitute that is FDA 510(k)-cleared and does not have a specific A-code for its product must now be reported with A4100 (Skin sub fda clrd as dev nos) instead of C1849 and will be assigned to the low-cost category.

C-Code Reporting for Skin Substitutes Assigned to the Low-cost Category

As a result of these changes and the assignment to a low-cost category, CMS will require that hospital outpatient departments and ASCs report certain C-codes (HCPCS codes C5271-C5278) for the application of skin substitute instead of the application of skin substitute CPT codes (see *pages 3 and 4*). This does not impact coding and payment for physicians, and physicians will continue to report the relevant CPT codes for the application of skin substitute (CPT codes 15271-15278) along with the appropriate A-code for SUPRATHEL or SUPRA SDRM.

Prior Authorizations

Commercial payers and Medicare Advantage plans may require prior authorization for procedures involving skin substitutes, including SUPRATHEL and SUPRA SDRM. When prior authorizing procedures involving SUPRATHEL and SUPRA SDRM, it is important to include the relevant CPT and HCPCS codes on the authorization. If there are any questions regarding which codes should be included on the prior authorization, please contact our reimbursement support line.

Coding and Payment Examples for Procedures Involving SUPRATHEL and SUPRA SDRM as of April 1, 2022

The following are correct coding examples provided for illustrative purposes only.

Hospital Inpatient Setting Example

Hospital Inpatient Coding and Payment Example: Patient with partial thickness burn of frontal torso encompassing 18% total body surface area (TBSA). Measured 1,950 cm² of burn treated with synthetic skin substitute.

ICD-10-PCS code	Description	Units	MS-DRG	MS-DRG Payment
OHR5XJ4	Replacement of Chest Skin with Synthetic Substitute, Partial Thickness, External Approach	1	905	\$10,880.50
OHR7XJ4	Replacement of Abdomen Skin with Synthetic Substitute, Partial Thickness, External Approach	1		
Total potential hospital inpatient payment		N/A		\$10,880.50

Physician Coding and Payment Example (procedure performed in a facility setting): Patient with partial thickness burn of frontal torso encompassing 18% total body surface area (TBSA). Measured 1,950 cm² of burn treated with synthetic skin substitute.

CPT/ HCPCS Code	Description	Units	RVUs	Total RVUs	Physician Payment (Facility)	Total Physician Payment (Facility)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area ≥ 100 sq cm ; first 100 sq cm wound surface area, or 1% of body area of infants and children	1	5.82	5.82	\$201.41	\$201.41
+15274	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)	19	1.34	25.46	\$46.37	\$881.03
Total potential payment for physician services when performed in a facility setting			N/A	31.28		\$1,082.44

Hospital Outpatient Setting Example

Hospital Outpatient and Physician Coding and Payment Example: Adult patient with mixed partial-thickness burn of entire front of right arm encompassing 3.5% total body surface area (TBSA). Graft recipient treatment area measured and treated as 480 cm² with synthetic skin substitute.

CPT/ HCPCS Code	Description	Units	Facility – Hospital Outpatient Payment	Physician Payment (Facility)	Total Physician Payment (Facility)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area ≥ 100 sq cm; first 100 sq cm wound surface area , or 1% of body area of infants and children	1	N/A	\$201.41	\$201.41
+15274	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)	4	N/A	\$46.37	\$185.48
C5273	Application of low cost 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	1	\$1,749.26	N/A	N/A
+C5274	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)	4	Packaged	N/A	N/A
A2012	Suprathel, per sq cm	480	Packaged	N/A	N/A
Total potential payment			\$1,749.26	\$247.78	\$386.89

ASC Setting Example

ASC and Physician Coding and Payment Example: Adult patient with partial thickness burn of thigh. Prepared recipient site measuring 4 cm² treated with synthetic skin substitute.

CPT/ HCPCS Code	Description	Units	ASC	Physician (Facility)
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	1	N/A	\$85.13
C5271	Application of low cost 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	1	\$271.00	N/A
Total potential payment		N/A	\$271.00	\$85.13

Physician Office Setting Example

Physician Office Coding and Payment Example: Adult patient with venous ulcer on left calf. Prepared recipient site measuring 15 cm ² treated with synthetic skin substitute.					
CPT/HCPCS Code	Description	Units	RVUs	Total RVUs	Physician Payment (Non-facility)
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	1	4.62	4.62	\$159.88
A2011	Supra SDRM, per sq cm	15	N/A	N/A	Contractor priced as an add-on code
Total potential payment for physician services when performed in an office setting			4.62		\$159.88 + separate payment for SUPRA SDRM

For more information, please contact us at:

For general inquiries and product trials:

Email: info.usa@polymedics.com

Phone: 646-604-2771

For reimbursement inquiries:

Email: reimbursement.usa@polymedics.com

Phone: 888-325-9772

¹ See FDA 510(k) K090160, dated May 20, 2009.

² See FDA 510(k) K170213, dated June 28, 2017.

³ Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2020. AMA. All rights reserved.

⁴ 2022 CMS OPPTS/ASC Final Rule, Addendum B (available on CMS website), 86 Fed. Reg. 218 (Nov. 16, 2021); revised Mar. 28, 2022.

⁵ 2022 CMS OPPTS/ASC Final Rule, Addendum AA (available on CMS website), 86 Fed. Reg. 218 (Nov. 16, 2021); Correction Notice, 87 Fed. Reg. 9 (Jan 13, 2022), Addenda AA; April 2022 update dated Mar 24, 2022.

⁶ 2022 CMS PFS Final Rule, Addendum B (available on CMS website), 86 Fed. Reg. 221 (Nov. 19, 2021); PPRRVU April 2022 Released 2.14.2022.

⁷ 2022 CMS IPPS Final Rule, Tables 5 (released and available on CMS' website on Aug. 2, 2021), Tables 1B, 1D (Correcting Amendment, Nov. 3, 2021), 86 Fed. Reg. No. 154 (dated Aug. 13, 2021).

⁸ Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Recommendations. Second Biannual, 2021 HCPCS Coding Cycle available at <https://www.cms.gov/files/document/2021-hcpcs-application-summary-biannual-2-2021-non-drug-and-non-biological-items-and-services.pdf> (pg. 39 and 40)

⁹ See CMS Manual System Transmittal 11305 and CMS Manual System Transmittal 11303