

SUPRATHEL[®]

SUPRA SDRM[®]

2021 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; and
- 18 x 23 cm.

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



2021 Coding and Medicare National Payment for Hospital Outpatient, Ambulatory Surgical Center (ASC) and Physician Settings

CPT® ³ Code	Description	Facility (HOPD) ⁴			Facility (ASC) ⁴		Physician Payment ⁵			
		SI ⁶	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	\$1,715.36	G2	\$866.81	4.55	\$158.76	2.45	\$85.49
+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	0.74	\$25.82	0.50	17.45
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	\$3,522.15	G2	\$1,779.83	9.36	\$326.60	5.81	\$202.73
+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	2.44	\$85.14	1.32	\$46.06
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	\$1,715.36	G2	\$866.81	4.70	\$164.00	2.74	\$95.61
+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	0.96	\$33.50	0.73	\$25.47
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	\$1,715.36	G2	\$866.81	10.23	\$356.96	6.59	\$229.95
+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	2.85	\$99.45	1.66	\$57.92

2021 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 4 Partial Thickness
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				

Depending on the patient's diagnosis and the procedures performed, the following are relevant MS-DRGs that may be assigned along with the associated 2021 MS-DRG payment rate:

MS-DRG	Descriptor	MS-DRG Payment Rate ⁸
463	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with MCC	\$34,485.63
464	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with CC	\$19,118.33
465	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders without CC/MCC	\$11,849.57
573	Skin graft for skin ulcer or cellulitis with MCC	\$35,590.50
574	Skin graft for skin ulcer or cellulitis with CC	\$20,878.16
575	Skin graft for skin ulcer or cellulitis without CC/MCC	\$11,321.88
576	Skin graft except for skin ulcer or cellulitis with MCC	\$32,464.21
577	Skin graft except for skin ulcer or cellulitis with CC	\$16,414.32
578	Skin graft except for skin ulcer or cellulitis without CC/MCC	\$10,481.18
622	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with MC	\$23,220.95
623	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with CC	\$12,037.90
624	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders without CC/MCC	\$7,033.51
904	Skin grafts for injuries with CC/MCC	\$23,918.96
905	Skin grafts for injuries without CC/MCC	\$10,553.16
927	Extensive burns or full thickness burns with mv >96 hours with skin graft	\$135,174.22
928	Full thickness burn with skin graft or inhalation injury with CC/MCC	\$41,900.93
929	Full thickness burn with skin graft or inhalation injury without CC/MCC	\$19,339.43
957	Other O.R. procedures for multiple significant trauma with MCC	\$47,696.52
958	Other O.R. procedures for multiple significant trauma with CC	\$27,029.83
959	Other O.R. procedures for multiple significant trauma without CC/MCC	\$17,573.82

2021 HCPCS for Synthetic Skin Substitutes—Hospital Outpatient Department Setting

Both SUPRATHEL and SUPRA SDRM are synthetic graft skin substitute products that are absorbed by the body. In the Medicare 2021 Hospital Outpatient Prospective Payment System Final Rule, the Centers for Medicare & Medicaid Services (CMS)⁹ stated:

“The descriptor for HCPCS code C1849 (Skin substitute, synthetic, resorbable, per square centimeter) includes the term “resorbable,” which means the graft skin substitute product must be able to be absorbed by the body. Bandages and standard dressings are not resorbable products and are removed and replaced on a regular basis while treating a wound. We find it highly unlikely that a bandage or standard dressing would be used for a graft skin substitute procedure. However, to make it clear, we will modify our definition of a synthetic graft skin substitute product to exclude bandages and standard dressings.”

In addition, CMS indicated:

“We decided to create **HCPCS code C1849 to describe any synthetic graft skin substitute product**, and we revised the payment logic for the graft skin substitute application procedure codes to allow HCPCS code C1849 to be billed with those procedures.” [emphasis added]

HCPCS Code	Description	Skin Substitute Cost Category
C1849	Skin substitute, synthetic	High Cost

Note: ASCs should not separately bill C-codes for packaged skin substitutes

2021 HCPCS code for Synthetic Skin Substitutes – Physician Office Setting

The following HCPCS code may be reported for SUPRATHEL and SUPRA SDRM when billed in the physician office:

HCPCS Code	Description	Payment
Q4100	Skin substitute, not otherwise specified	Contractor Priced

Some payers may require that the invoice be submitted as additional documentation to support the claim for Q4100. Some Medicare Administrative Contractors have special instructions, including that providers should enter the actual invoice amounts on block 19 of the CMS-1500 paper claim form or its electronic equivalent of Loop 2400 Segment NTE02 in the following format (including cents):

INV. \$XX.XX [include actual amount]

Coding and Payment Examples for Procedures Involving SUPRATHEL and SUPRA SDRM

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). Measured¹⁰ 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	\$10,553.16
OHR7XJ4	Replacement of Abdomen Skin with Synthetic Substitute, Partial Thickness, External Approach	1		
Total potential hospital inpatient payment		N/A		\$10,553.16

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). Measured¹¹ 1,950 cm² of burn treated with synthetic skin substitute.

CPT/HCPCS Code	Description	Units	RVUs	Total RVUs	Physician Payment (Facility)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area \geq 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1	5.81	5.81	\$202.73
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	1.32	25.08	\$875.14
Total potential payment for physician services when performed in a facility setting			N/A	30.89	\$1,077.87

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 (Facility)
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area \geq 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1	\$3,522.15	\$202.73
+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	Packaged	\$184.24
C1849	Skin substitute, synthetic	N/A	Packaged	Not reported
Total potential payment			\$3,522.15	\$386.97

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	Ambulatory Surgical Center	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	\$866.81	\$85.49
Total potential payment			\$866.81	\$85.49

Note: ASCs should not separately bill C-codes for packaged skin substitutes¹²

Physician Office Setting Example

Physician Office Coding and Payment Example: Adult patient with venous ulcer on left calf. Prepared recipient site measuring 15 cm² 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	4.55	4.55	\$158.76
Q4100	Skin substitute, not otherwise specified	1	N/A	N/A	Contractor priced based on invoice ¹³
Total potential payment for physician services when performed in an office setting			4.55		\$158.76 + Invoice Price for SUPRATHEL or 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 2021 CMS OPPTS/ASC Final Rule, Addenda AA and B (available on CMS website), 85 Fed. Reg. 249 (Dec. 29, 2020), CN dated Feb. 22, 2021.

⁵ 2021 CMS PFS Final Rule, Addendum B (available on CMS website), 85 Fed. Reg. 248 (Dec. 28, 2020, updated Jan. 7, 2021).

⁶ Medicare OPPTS Status Indicator: T = Significant procedure, multiple reduction applies, N = Payment is packaged into payment for other services and there is no separate payment

⁷ CMS ICD-10-CM/PCS MS-DRG v.38.1 Definitions Manual. Retrieved on May 27, 2021 and available at https://www.cms.gov/icd10m/version38-1-fullcode-cms/fullcode_cms/P1871.html.

⁸ 2021 CMS IPPS Final Rule, Tables 1B, 1D and 5 (available on CMS website), 85 Fed Reg. No. 182 (Sept. 18, 2020).

⁹ 85 Fed. Reg. 249 (Dec. 29, 2020) , CN dated Feb. 22, 2021.

¹⁰ Appropriate codes are selected based upon the size and the location of the treated defect.

“Procedures are coded by recipient site.” Reference: CPT Changes Insider’s View (AMA) 2006.

¹¹ Appropriate codes are selected based upon the size and the location of the treated defect.

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¹² January 2021 Updated of the Ambulatory Surgical Center (ASC) Payment System. Effective January 1, 2021. Available at <https://www.cms.gov/files/document/mm12129.pdf>.

¹³ Certain skin substitutes that do not have a unique Q code are typically priced by the Medicare Administrative Contractor (MAC). Providers may be required to submit the invoice with the claim. See Medicare Claims Processing Manual, Chapter 17 – Drugs and Biologicals (rev. 10329, 8-28-20). Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>.