

# 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>JZ</b>	Zero drug amount discarded/not administered to any patient

  

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.
- It is recommended providers bill for the skin substitute graft showing the product name along with the product's NDC/UPC/HRIC 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		TO
				MM	DD	YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB?		\$ CHARGES
				<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 Ind.		22. RESUBMISSION CODE		ORIGINAL REF, NO.
A. DERMASPAN .5MM - .9MM 4X4 CM, 88030470404						
E. _____		F. _____		G. _____		H. _____
I. E11.621		J. _____		K. _____		L. _____
24. A. DATE(S) OF SERVICE		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS
From To				(Circumstances)		POINTER
MM	DD	YY	MM	DD	YY	S
		CPT® Code		Modifiers		
1						
2	XX	XX	XX		XX	15275
3	XX	XX	XX		XX	Q4126 JC
4						
		HCPCS Code		Billing Units		
				16		

- 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, 11 CM X 14 CM; 0.9 - 1.99MM
880304040408	DERMASPAN MESH .4MM-.8MM 4X8CM	880304091114	DERMASPAN ACD MESHED, 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, 12 CM X 19 CM; 0.9 - 1.99MM
880304050202	DERMASPAN ACD, 2 CM X 2CM; 0.5 - 0.9MM	880304091219	DERMASPAN ACD MESHED, 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, 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 <b>H</b> Skin and Breast <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 <b>L</b> Tendon <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)**

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.

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	P3
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	J8
27654	Repair, secondary, achilles tendon, with or without graft	J1	5114	J8

**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; J8 - Device-intensive procedure; paid at adjusted rate; N1 - Packaged service/item; no separate payment made; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL); P3 - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs

**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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