



2018 Third Quarter and QHP Professional National Medicare Average Payment for Application and use of OASIS Wound Matrix and OASIS Ultra Tri-Layer Matrix



Below is an overview of the third quarter 2018 average sales price (ASP)-based allowable payment rates for HCPCS codes Q4102 and Q4124 and the 2018 Medicare national average physician payment rates for CPT® codes 15271-15278, when performed in the office (non-facility) and in Hospital or Ambulatory Surgery Center (facility), and **when covered by Medicare.**

The ASP-based allowable payment rates are updated on a quarterly basis. The ASP-based allowable payment rates for the OASIS products' HCPCS Q-codes in this table reflect rates that are effective **July 1, 2018, through September 30, 2018.**

2018 National Medicare Physician Fee Schedule Payment Rates for the CPT codes are effective **January 1, 2018, through December 31, 2018.**

Medicare physician fee schedule payment rates* for OASIS Matrix Products, when covered by the Medicare Administrative Contractor

	Total Medicare Allowable – Office Based	80% Medicare Office Payment	20% Medicare Patient Coinsurance	Total Medicare allowable facility-based	80% Medicare payment facility-based	20% Patient coinsurance facility-based	Global days
HCPCS code	OASIS Wound Matrix and OASIS Ultra Tri-Layer Matrix						
Q4102 (OASIS Wound Matrix) ASP-based allowable = \$11.232 per sq cm	3 x 3.5 cm = \$117.94 3 x 7 cm = \$235.87	3 x 3.5 cm = \$94.35 3 x 7 cm = \$188.70	3 x 3.5 cm = \$23.59 3 x 7 cm = \$41.71	NA	NA	NA	NA
Q4124 (OASIS Ultra Tri-Layer Matrix)	WAC or 106% of invoice pricing	80% of allowable	20% of allowable	NA	NA	NA	NA
CPT code	Application to wound surface area less than 100sq cm						
15271	\$145.08	\$116.06	\$29.02	\$87.48	\$69.98	\$17.50	0
+15272	\$28.08	\$23.04	\$5.04	\$18.36	\$14.69	\$3.67	0
15275	\$153.36	\$122.69	\$30.67	\$99.00	\$79.20	\$19.80	0
+15276	\$35.64	\$28.51	\$7.13	\$26.28	\$21.02	\$5.26	0
CPT code	Application to wound surface area equal to or greater than 100Ssq cm						
15273	\$309.24	\$247.39	\$61.85	\$211.68	\$169.34	\$42.34	0
+15274	\$73.08	\$58.46	\$14.62	\$47.88	\$38.30	\$9.58	0
15277	\$338.40	\$270.72	\$67.68	\$238.68	\$190.94	\$47.74	0
+15278	\$87.48	\$70.06	\$17.51	\$60.12	\$48.10	\$12.02	0

*Payments are nationally unadjusted average amounts, and do not account for differences in payment due to geographic variation. Physician fees are those applicable to participating physicians. The allowed rate for non-participating physicians is set at 95% of the allowable for participating physicians. Non-participating physicians are subject to the limiting charge rules. Drugs and biologicals are paid on a mandatory assignment related basis. The coinsurance is limited to 20% of the allowable fee.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html>



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NOTE: When CPT codes 15271, 15273, 15275, or 15277 are reported on the same day as one or more additional procedures with a multiple surgery indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (eg, for procedure with status indicator of “2,” the procedure with the highest fee schedule amount is paid 100 percent, the next three procedures ranked by fee schedule amount are paid at 50 percent each, and any additional procedures are paid “by report”). Payment will be based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.

NOTE: The payment allowance limits for drugs and biologicals that are not included in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File, other than new drugs that are produced or distributed under a new drug application (or other application) approved by the FDA, are based on the published Wholesale Acquisition Cost (WAC) or invoice pricing, except under OPPS, where the payment allowance limit is 95-percent of the published Average Wholesale Price (AWP). In determining the payment limit based on WAC, the contractors follow the methodology specified in Publication, 100-04, Chapter 17, Drugs and Biologicals, for calculating the AWP, but substitute WAC for AWP. The payment limit is 106-percent of the lesser of the lowest-priced brand or median generic WAC.

NOTE: When reporting Q4124 OASIS Ultra Tri-Layer Matrix that was applied in the qualified healthcare professional’s office, include the following information in field 19 of a paper claim or in the narrative field of an electronic claim:

- Product name
- Product size
- Product number
- Invoice price per piece
- Shipping cost

Questions? Please call the OASIS Navigator Hotline at: [1-877-805-5005](tel:1-877-805-5005)

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