



**2018 Coding Information OASIS Wound Matrix and OASIS Ultra Tri-Layer Matrix Applied by physicians or other qualified healthcare professionals (QHPs)**



**CPT® codes**

The American Medical Association has identified eight (8) CPT codes\* for the application of the OASIS Matrix products.

Code	Wound surface area less than 100sq cm	Anatomic location examples
<b>15271</b> First 25sq cm	Application of skin substitute graft to <b>trunk, arms, legs</b> , total wound surface area up to 100sq cm; first 25sq cm or less wound surface area	Legs
<b>+15272</b> Each additional 25sq cm	Each additional 25sq cm wound surface, or part thereof (list separately in addition to code for primary procedure)	Legs
<b>15275</b> First 25sq cm	Application of skin substitute graft to <b>face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits</b> , total wound surface area up to 100sq cm; first 25sq cm or less wound surface area	Feet
<b>+15276</b> Each additional 25sq cm	Each additional 25sq cm wound surface, or part thereof (list separately in addition to code for primary procedure)	Feet
Code	Wound surface area equal to or greater than 100sq cm	Anatomic location examples
<b>15273</b> First 100sq cm	Application of skin substitute graft to <b>trunk, arms, legs</b> , total wound surface area greater than or equal to 100sq cm; first 100sq cm wound surface area, or 1% of body area of infants and children	Legs
<b>+15274</b> Each additional 100sq cm	Each additional 100sq 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)	Legs
<b>15277</b> First 100sq cm	Application of skin substitute graft to <b>face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits</b> , total wound surface area greater than or equal to 100sq cm; first 100sq cm wound area, or 1% of body area of infants and children	Feet
<b>+15278</b> Each additional 100sq cm	Each additional 100sq 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)	Feet

NOTE: Emphasis added in **bold**.

NOTE: The wound surface area applies to the size of the recipient site, not to the size of amount of product used.

NOTE: The wrists are considered part of the arm and the ankles are considered part of the leg.



## 2018 Coding Information OASIS Wound Matrix and OASIS Ultra Tri-Layer Matrix Applied by physicians or other qualified healthcare professionals (QHPs) *(continued)*



The **CPT® 2018\*** provides additional coding guidelines for 15271 and 15272:\*

- ✍ Use 15272 in conjunction with 15271
- ✍ For total wound surface area greater than or equal to 100sq cm, see 15273, 15274
- ✍ Do not report 15271, 15272 in conjunction with 15273, 15274

The **CPT 2018\*** provides additional coding guidelines for 15275 and 15276:\*

- ✍ Use 15276 in conjunction with 15275
- ✍ For total wound surface area greater than or equal to 100sq cm, see 15277, 15278
- ✍ Do not report 15275, 15276 in conjunction with 15277, 15278

The **CPT 2018\*** provides additional coding guidelines for 15273 and 15274:\*

- ✍ Use 15274 in conjunction with 15273
- ✍ For total wound surface area up to 100sq cm, see 15271, 15272

The **CPT 2018\*** provides additional coding guidelines for 15277 and 15278:\*

- ✍ Use 15278 in conjunction with 15277
- ✍ For total wound surface area up to 100sq cm, see 15275, 15276

**Description of procedures 15271 and 15275‡:** Simple cleansing of the wound bed is performed and hemostasis is achieved. The wound is measured and the appropriate sized skin substitute graft is prepared and applied to the prepared wound surface, including wound margins, and secured in place.

**Description of procedures 15272 and 15276‡:** Additional simple cleansing of the wound and hemostasis is performed. Additional skin substitute graft material is prepared and applied to the prepared wound surface, including the wound margins, and secured in place.

**Description of procedures 15273 and 15277‡:** Under general anesthesia, hemostasis of the graft site with epinephrine soaked laparotomy pads and/or topical thrombin is accomplished. Skin substitute graft totaling 100sq cm is prepared and applied to the prepared wound surface, including the wound margins, and secured in place.

**Description of procedures 15274 and 15278‡:** Additional hemostasis of the graft site with epinephrine soaked laparotomy pads and/or topical thrombin is accomplished. Additional skin substitute graft totaling 100sq cm is applied to the leg and secured in place.

### HCPCS codes

Effective January 1, 2012, CMS assigned brand-specific level II HCPCS codes for the application of the OASIS Matrix products: These codes will apply in all settings, unless directed differently by the Medicare contractor. **Q4102** OASIS Wound Matrix, per square centimeter and **Q4124** OASIS Ultra Tri-Layer Matrix, per square centimeter.

**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



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### HCPCS modifiers

Effective January 1, 2017, Medicare began to require physician and other qualified healthcare professional offices to report discarded amounts of OASIS Matrix products on a separate claim line item by attaching the JW modifier to Q4102 and Q4124 (ie, resulting in two claim lines: Q4102 plus Q4102JW; or Q4124 plus Q4124JW). **JW** – drug amount discarded, not administered.

On January 1, 2009, CMS announced two new HCPCS code modifiers:

**JC** – skin substitute used as a graft

**JD** – skin substitute not used as a graft

CMS did not release directives regarding the JC and JD modifiers. Therefore, the Medicare contractors may issue their own directions for use of JC and JD. To prevent inappropriately denied claims, all providers should contact the Medicare contractor that processes their Medicare claims and ascertain 1) if the JC and JD modifier should be attached to the Q4102 and Q4124 codes, and 2) the proper usage of each modifier.

### Questions? Please call the OASIS Navigator Hotline at: **1-877-805-5005**

Information on reimbursement in the US is provided as a courtesy. Due to the rapidly changing nature of the law and Medicare payment policy, and our reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty by Smith & Nephew that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided “AS IS” and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise. This information has been compiled based on data gathered from many primary and secondary sources, including the American Medical Association, and certain Medicare contractors. Physicians and other providers must confirm or clarify coverage and coding from their respective payers, as each payer may have differing formal or informal coding and coverage policies or decisions. Physicians and providers are responsible for accurate documentation of patient conditions and for reporting procedures and products in accordance with particular payer requirements.

\*CPT® 2018 Current Procedural Terminology, Professional Edition, American Medical Association, pages 83-86.

†CPT Changes 2018: An Insider's View, American Medical Association, pages 27-29.



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