



Xpansion[®]

Reimbursement & Coding Guide



The Xpansion[®] Micro-Autografting Kit

Reimbursement and Coding Guide

The Xpansion micro-autografting kit allows for small, autologous donor sites to be used to cover larger wound beds requiring split thickness skin grafts (STSG).

The device is supplied as a procedure kit. To perform the procedure:

1. The kit's dermatome is used to harvest a small 2 cm x 2 cm autograft.
2. The proprietary mincer is then used to mince the autograft into small micrografts.
3. These micrografts are then applied to the larger wound bed.

All the required instruments are single-use disposable and are packaged in a convenient sterile kit.

The cost of surgical devices is included in payment for the procedure. The Xpansion micro-autografting kit is not separately reimbursed.

The following information is shared for educational purposes only to help answer common coding and reimbursement questions. Codes presented are not all-inclusive. Additional codes may apply. While ACell believes this information to be correct, information is subject to change without notice.

For assistance with reimbursement questions, contact the Reimbursement Support Center by phone at **800-826-2926, x 7** or by email at acell@thepinnaclehealthgroup.com.

Indications for Use - (Refer to Product Label for Full Instructions for Use)

The **Xpansion** micro-autografting kit consists of single-use, disposable instruments designed to be used for the harvesting, mechanical preparation, and application of split-thickness skin autografts for the purpose of transplantation onto wounds. This product is provided sterile for single patient use.

PLEASE NOTE: The payments specified in this document reflect Medicare national unadjusted published payments from the Centers for Medicare & Medicaid Services (CMS). Actual payment rates will vary based on geographical adjustments. As such, all codes provided herein are for illustrative purposes and shall not be construed as a warranty, statement, promise or guarantee that these codes are accurate or that the product will be covered in all instances, and if covered, that reimbursement in the amounts specified will be received.

The decision of how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the QHPs and other providers. Coding requirements are subject to change at any time; please check with your local payer regularly for updates.

Rx ONLY - Refer to IFU with each device for indications, contraindications, and precautions. US Toll-Free 800-826-2926 ©2019 ACell, Inc. All Rights Reserved.

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Applicable FARS/DFARS Restrictions Apply to Government Use.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

CPT® Codes and Medicare Payments

Placement of Autologous Split-Thickness Skin Graft

Autografts include the harvest and/or application of an autologous skin graft. Removal of current graft and/or simple wound cleansing is included when performed. Debridement is considered separately reportable only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure. (CPT®, 2018 Surgery, Integumentary System)

The 2019 Medicare payment rates, listed in the tables below, are national unadjusted payment rates. Check with your Medicare Administrative Contractor (MAC) for payment rates specific to your region.

Physician

CPT Code	Description	Facility	Non-Facility (Office)
15100*	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$739.88**	\$885.84**
+15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$116.04	\$191.37
15120*	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	\$721.14**	\$875.39**
+15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$139.11	\$214.43

+ Add-on Code

* Global surgery indicator 090: Major surgery with a 1-day preoperative period and 90-day postoperative period included in the physician fee schedule amount.

** Standard payment adjustment rules for multiple procedures apply. If a procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50%, and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage. (Modifier -51).

Hospital Outpatient and Ambulatory Surgical Center (ASC)

CPT Code	Description	APC	Hospital Outpatient		ASC	
			Status Indicator	Payment	Status Indicator	Payment
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	5054	T	\$1,548.96	A2	\$797.53*
+15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	5055	T	\$2,766.13	A2	\$1,424.22*
+15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged

+ Add-on Code

* Contractors pay 100% of the highest paying surgical procedure on the claim, plus 50% of the applicable payment rate(s) for the other ASC covered surgical procedures subject to the multiple procedure discount that are furnished in the same session

A2 Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight

N Items and services are packaged into payment for other services

N1 Packaged service/item; no separate payment made

T Procedure or Service, Multiple Procedure Reduction Applies. NOTE: The procedure with the highest relative weight is paid at 100%. Any additional procedures with status indicator "T" will be discounted 50% of their Ambulatory Payment Classification (APC) payment.

Surgical Preparation of the Wound Bed for Placement of a Split-Thickness Graft

Surgical preparation codes 15002-15005 for skin replacement surgery describe the initial services for preparing a clean and viable wound surface for autograft placement. Select the appropriate code based upon location and size of the wound. (CPT®, 2019 Surgery, Integumentary System)

The 2019 Medicare payment rates, listed in the tables below, are national unadjusted payment rates. Check with your MAC for payment rates specific to your region.

Physician

CPT Code	Description	Facility	Non-Facility (Office)
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	\$233.17	\$358.23
+15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure). Use 15003 in conjunction with 15002	\$47.57	\$76.04
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	\$276.78	\$410.12
+15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure). Use 15005 in conjunction with 15004	\$95.14	\$126.86

+ Add-on Code

Hospital Outpatient and ASC

CPT Code	Description	APC	Hospital Outpatient		ASC	
			Status Indicator	Payment	Status Indicator	Payment
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	5054	T	\$1548.96	A2	\$797.53*
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	5053	T	\$482.89	A2	\$248.63*
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (list separately in addition to code for primary procedure)		N	Packaged	N1	Packaged

* Contractors pay 100% of the highest paying surgical procedure on the claim, plus 50% of the applicable payment rate(s) for the other ASC covered surgical procedures subject to the multiple procedure discount that are furnished in the same session

A2 Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight

N Items and services are packaged into payment for other services

N1 Packaged service/item; no separate payment made

T Procedure or Service, Multiple Procedure Reduction Applies. NOTE: The procedure with the highest relative weight is paid at 100%. Any additional procedures with status indicator "T" will be discounted 50% of their APC payment.

ICD-10-PCS

Skin Harvesting and Graft Procedures

OHB - Medical and Surgical Skin and Breast - Excision

Section:	0 - Medical and Surgical		
Body System:	H - Skin and Breast		
Operation:	B - Excision: Cutting out or off, without replacement, a portion of a body part		
Body Part	Approach	Device	Qualifier
0 - Skin, Scalp 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, Right Foot P - Skin, Left Foot Q - Finger Nail R - Toe Nail	X - External	Z - No Device	X - Diagnostic Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral W - Nipple, Right X - Nipple, Left Y - Supernumerary Breast	0 - Open 3 - Percutaneous 7 - Via Natural or Artificial Opening 8 - Via Natural or Artificial Opening Endoscopic X - External	Z - No Device	X - Diagnostic Z - No Qualifier

OHR - Medical and Surgical Skin and Breast - Replacement

Section:	0 - Medical and Surgical		
Body System:	H - Skin and Breast		
Operation:	R - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part		
Body Part	Approach	Device	Qualifier
0 - Skin, Scalp 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, Genitalia 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	X - External	7 - Autologous Tissue Substitute K - Nonautologous Tissue Substitute	3 - Full-Thickness 4 - Partial-Thickness
0 - Skin, Scalp 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	X - External	J - Synthetic Substitute	3 - Full-Thickness 4 - Partial-Thickness Z - No Qualifier

OHR - Medical and Surgical Skin and Breast - Replacement (continued)

Section:	0 - Medical and Surgical		
Body System:	H - Skin and Breast		
Operation:	R - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part		
Body Part	Approach	Device	Qualifier
Q - Finger Nail R - Toe Nail S - Hair	X - External	7 - Autologous Tissue Substitute J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral	0 - Open	7 - Autologous Tissue Substitute	5 - Latissimus Dorsi Myocutaneous Flap 6 - Transverse Rectus Abdominis Myocutaneous Flap 7 - Deep Inferior Epigastric Artery Perforator Flap 8 - Superficial Inferior Epigastric Artery Flap 9 - Gluteal Artery Perforator Flap Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral	0 - Open	J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier
T - Breast, Right U - Breast, Left V - Breast, Bilateral	3 - Percutaneous X - External	7 - Autologous Tissue Substitute J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier
W - Nipple, Right X - Nipple, Left	0 - Open 3 - Percutaneous X - External	7 - Autologous Tissue Substitute J - Synthetic Substitute K - Nonautologous Tissue Substitute	Z - No Qualifier

MS-DRG

The 2019 Medicare payment rates, listed in the following tables, are national unadjusted payment rates. Check with your MAC for payment rates specific to your region.

Burn - Hospital Inpatient

MS-DRG	Description*	Payment**
927	Extensive burns or full-thickness burns with mechanical ventilation 96+ hours with skin graft	\$112,315
928	Full-thickness burn with skin graft or inhalation injury with cc/mcc	\$35,895
929	Full-thickness burn with skin graft or inhalation injury without cc/mcc	\$18,158

* Comorbidities and Complications/Major Comorbidities and Complications (cc/mcc)

** MS-DRG Payment calculations assumes Wage Index = 1 and uses Table Hospital Submitted Quality Data and is a Meaningful EHR User (Update = 1.35 Percent)

Skin Graft - Hospital Inpatient

MS-DRG	Description*	Payment**
463	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease with mcc	\$31,352
464	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease with cc	\$17,986
465	Wound debridement and skin graft except hand, for musculoskeletal-connective tissue disease without cc/mcc	\$11,225
570	Skin debridement with mcc	\$18,528
571	Skin debridement with cc	\$10,397
572	Skin debridement without cc/mcc	\$7,196
573	Skin graft for skin ulcer or cellulitis with mcc	\$32,083
574	Skin graft for skin ulcer or cellulitis with cc	\$18,608
575	Skin graft for skin ulcer or cellulitis without cc/mcc	\$10,744
576	Skin graft except for skin ulcer or cellulitis with mcc	\$29,817
577	Skin graft except for skin ulcer or cellulitis with cc	\$15,329
578	Skin graft except for skin ulcer or cellulitis without cc/mcc	\$9,345

* Comorbidities and Complications/Major Comorbidities and Complications (cc/mcc)

** MS-DRG Payment calculations assumes Wage Index = 1 and uses Table Hospital Submitted Quality Data and is a Meaningful EHR User (Update = 1.35 Percent)

Note: Grafting that occurs incident to a hospitalization for another primary clinical reason will group to other appropriate DRGs based on the patient diagnosis.

Product Payment

- Is included in the DRG payment.
- May be identified on the hospital claim using a revenue code but it is not itemized for payment.
- Is captured as a surgical supply for hospital cost accounting.

Sources

- CPT® 2019 Professional (2018) American Medical Association.
- CPT® Assistant through 2018
- CPT® Changes through 2018
- Medicare - National Correct Coding Initiative Policy Manual, Revision Date Effective January 1, 2019
- 2019 Medicare Hospital Outpatient Prospective Payment System (CMS-1695-FC) Addendum B
- 2019 Ambulatory Surgery Center Prospective Payment System (CMS-1695-FC) Addendum AA
- CMS-1695 FC Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019/Downloads
- FY 2019 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (CMS 1694-CN), Effective October 1, 2018
- 2019 Physician Fee Schedule RVU File



The ACell Reimbursement Support Center

Monday - Friday: 8:30 am - 6:00 pm, Eastern

800-826-2926, x 7 | acell@thepinnaclehealthgroup.com

ACell's Reimbursement Support Center is dedicated to providing answers to all of your reimbursement questions. Services available for all ACell products include benefit verification, prior authorizations, claim appeals, and general coding and billing questions.



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