

Physician Office Coding and Payment

Physicians should report all surgical and medical services performed, and are responsible for determining which CPT code most appropriately describes the work performed.

SKIN SUBSTITUTE ALLOGRAFT

WoundPlus™ should be reported per square centimeter.

HCPCS	DESCRIPTION	ASP*
Q4277	WoundPlus,™ per square centimeter	N/A

*Note: Payment rates are based on local MAC rates. Please verify with your local MAC.

Modifiers / Description

JC / Skin Substitute used as graft

JW / Drug amount discarded/not administered to any patient

Effective January 1, 2017, CMS requires providers to use the JW modifier on claims to report any unused portion of WoundPlus™ that has been appropriately discarded and to document the discarded portion of WoundPlus™ in the patient's medical record.

PROCEDURE CODES FOR APPLICATION OF SKIN SUBSTITUTE

2023 Medicare National Average Payment - Application of Skin Substitutes

CPT CODE	DESCRIPTION	NON FAC RVU	FAC RVU	2023 CF	PHYSICIAN OFFICE
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	4.60	2.47	33.0607	\$152.08
15272	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)	0.72	0.49	33.0607	\$23.80
15273	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	9.32	5.80	33.0607	\$308.13
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)	2.48	1.33	33.0607	\$81.99
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	4.74	2.75	33.0607	\$156.71
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)	0.97	0.74	33.0607	\$32.07
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	10.34	6.65	33.0607	\$341.85
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)	2.86	1.65	33.0607	\$94.55

Note: This pricing information is provided as a convenience and is directly taken from the CMS website <https://www.CMS.gov>. You may be asked to accept the terms on the website in order to view its content. Skye Biologics does not represent that these are the amounts you will receive as reimbursement for the listed products.

Procedure coding should be based upon medical necessity, procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Skye Biologics makes no guarantee of coverage or reimbursement of fees. These payment rates are nationally unadjusted average amounts and do not account for differences in payment due to geographic variation. Contact your local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. All rights reserved.

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BILLABLE UNITS

WoundPlus™

PRODUCT CODE	WOUNDFIX™ SIZE	HCPCS CODE	TOTAL SQUARE CM	BILLING UNITS
WP001	1x1cm	Q4277	1	1
WP004	2x2cm	Q4277	4	4
WP008	2x4cm	Q4277	8	8
WP016	4x4cm	Q4277	16	16
WP024	4x6cm	Q4277	24	24
WP032	4x8cm	Q4277	32	32
WP064	4x8cm (2)	Q4277	64	64
WP081	9x9cm	Q4277	81	81
WP096	4x8cm (3)	Q4277	96	96
WP128	4x8cm (4)	Q4277	128	128
WP160	4x8cm (5)	Q4277	160	160
WP192	4x8cm (6)	Q4277	192	192
WP243	9x9cm (3)	Q4277	243	243
WP324	9x9cm (4)	Q4277	324	324
WP405	9x9cm (5)	Q4277	405	405
WP486	9x9cm (6)	Q4277	486	486

Any amount of wasted material should be clearly documented in the medical record with the following information:

- Date, time, and location of ulcer treated
- Name of skin substitute and how product supplied
- Approximate amount of product unit used
- Approximate amount of product unit discarded
- Reason for the wastage
- Manufacturer's serial/lot/batch or other unit identification number of graft material

If you have any questions regarding our Insurance Verification Request (IVR) process, please call your dedicated WoundPlus™ Patient Insurance Support team at: 1-800-759-9102 or email reimbursement@skyebiologics.com

For orders or to speak with a Skye Biologics corporate representative, please call: (310) 796-5680 or email: orders@skyebiologics.com