



2024 Coding and Medicare Payment Information **Hospital Outpatient Department (HOPD) and Ambulatory Surgery Center (ASC)**

Mirragen® Advanced Wound Matrix
Bioactive Glass



ETS

ENGINEERED TISSUE
SOLUTIONS

Mirragen® Advanced Wound Matrix is a synthetic glass fiber technology intended to support the natural healing processes. It is a resorbable and biocompatible borate-based glass fiber specifically designed for wound management. Synthetic advanced wound matrix products such as Mirragen are considered skin substitutes per Centers for Medicare and Medicaid Services (CMS)².

Indications:

The Mirragen Advanced Wound Matrix is intended for use in the management of wounds.

Wound types include:

- Partial and full-thickness wounds
- Pressure ulcers
- Venous ulcers
- Diabetic ulcers
- Chronic vascular ulcers
- Tunneled/ undermined wounds
- Surgical wounds (donor sites/grafts, post-Moh's surgery, post laser surgery, podiatric, wound dehiscence)
- Trauma wounds (abrasions, lacerations, first and second degree burns, skin tears)
- Draining wounds⁶.

Product & Skin Substitute Application Procedure Codes

HCPCS Product Code	Code Description	
A2002	Mirragen® Advanced Wound Matrix, per square centimeter	Synthetic advanced wound matrix products such as Mirragen are considered skin substitutes per Medicare. “A” HCPCS product codes have been established by Medicare to report skin substitutes that are cleared as 510(k) devices such as synthetic skin substitutes. For CY 2024, CMS assigned Mirragen (A2002) to the “high-cost” skin substitute payment group in the hospital outpatient setting ² .

The hospital outpatient center and/or ambulatory surgery center should report A2002 (with any applicable modifier), on the same claim as the appropriate procedure code(s).

CPT® Codes ¹	Code Description	APC ⁵	Status Indicator OPPS (SI) ⁵	2024 Medicare OPPS Rates ^{**5}	Payment Indicator ASC ³	2024 Medicare ASC Rates ^{**3}
Application to Wound Surface Area <u>Less Than 100 Sq. Cm.*</u>						
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	5054	T	\$1738	G2	\$946
+15272	Each additional 25 sq. cm. wound surface, or part thereof (list separately in addition to code for primary procedure)	N/A	N	Packaged	N1	Packaged
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	5054	T	\$1738	P3	\$90
+15276	Each additional 25 sq. cm. wound surface, or part thereof (list separately in addition to code for primary procedure)	N/A	N	Packaged	N1	Packaged
Application to Wound Surface Area <u>Equal to or Greater Than 100 Sq. Cm.*</u>						
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	5055	T	\$3418	G2	\$1861
+15274	Each additional 100 sq. cm. wound surface, or part thereof, or 1% of body area of infants and children (list separately in addition to code for primary procedure)	N/A	N	Packaged	N1	Packaged
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	5054	T	\$1738	G2	\$946
+15278	Each additional 100 sq. cm. wound surface, or part thereof, or 1% of body area of infants and children (list separately in addition to code for primary procedure)	N/A	N	Packaged	N1	Packaged

APC: Ambulatory Payment Classification- outpatient service or group of outpatient services for which CMS sets a single rate.

OPPS Status Indicator⁵: T = Procedure or Service, Multiple Procedure Reduction Applies
N = Items and Services Packaged into APC Rates

ASC Status Indicator⁷: N1= Packaged service/item; no separate payment made
G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight
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

+ = add-on code¹

*The wound surface area applies to the size of the recipient site, not to the size of product purchased.

**OPPS and ASC rates are nationally adjusted average amounts, and do not account for certain adjustments, including (1) differences in payment due to geographic variation, (2) the impact of the 2% sequestration adjustment or (3) any site-neutrality adjustments applicable to certain non-excepted off-campus provider-based departments.

NOTE: For coding purposes, the wrists are considered part of the arm and the ankles are considered part of the leg.

Revenue Codes

The following are revenue codes that may be used to report the 15271-15278 procedures. List may not be all inclusive. Please check with your specific payers.

- 036X Operating room services, minor surgery
- 049X Ambulatory surgery
- 051X Outpatient clinic
- 076X Treatment room

Description	Size	GTIN
Mirragen Advanced Wound Matrix	1.5 cm x 1.5 cm	00812005030209
Mirragen Advanced Wound Matrix	2.5 cm x 2.5 cm	00812005030285
Mirragen Advanced Wound Matrix	3.5 cm x 3.5 cm	00812005030278
Mirragen Advanced Wound Matrix	4.5 cm x 4.5 cm	00812005030391

Skin Replacement Surgery

The use of CPT codes 15271-15278 implies skin replacement surgery was rendered. Skin replacement surgery consists of surgical application and topical placement of an autograft or skin substitute graft. The graft is anchored using the individual's choice of fixation. When services are performed, routine dressing supplies are not reported separately⁸. It is important for the physician/practitioner to document "fixation" of the skin substitute product as rendered per the provider's choice. Please review your specific Medicare Administrator Contractor (MAC) and commercial payer documentation requirements.

Coding and Billing for Skin Substitutes

Please review your specific MAC and commercial payer coverage policies, medical necessity requirements and billing guidance.

- Skin substitute application code selection is based on defect site location and size. Add together area of multiple wounds in the same anatomical locations as indicated in the code description group, such leg and arm.
- Do not add size of multiple wounds at different anatomic site groups.
- Skin substitute application codes include simple tissue debridement therefore debridement procedures are not separately reported or reimbursed¹.
- Billing entails coding for the application procedure and the skin substitute product.
- Billing evaluation and management (E/M) service with each skin replacement surgical procedure (application of skin substitute graft) in an episode of care is inappropriate unless the patient's condition required a separately identified service.
- Some payers may require prior authorization or other utilization management for review of specific product, dosage, and medical necessity.
- CMS determines the high cost/low cost status for each skin substitute product based on either a product's geometric mean unit cost (MUC) exceeding the geometric MUC threshold or the product's per day cost (PDC)².
- High-cost skin substitutes should only be used in combination with the performance of one of the skin substitute application procedures described by CPT codes 15271-15278. Low-cost skin substitutes products should only be used in combination with the performance of one of the skin substitute application procedures described by HCPCS codes C5271-C5278².
- Mirragen[®] Advanced Wound Matrix has been assigned to the CMS HOPD OPDS skin substitute high-cost category for CY 2024².

Off-Campus Provider Based Departments (PBDs)

HOPD locations that are off-campus provider-based departments (PBDs) are also required to report one of the appropriate modifiers, PN or PO, when reporting items and services furnished in such an off-campus practice location:

- Modifier "PN" (Non-expected service provided at an off-campus, outpatient, provider-based department of a hospital) to identify and pay non-expected items and services billed on an institutional claim. For a service to be considered non-expected, it will be performed in an off-campus practice location with an effective date on or after November 2, 2015.
- Modifier "PO" (Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments) for all expected items and services billed on an institutional claim. For a service to be considered expected, it will be performed in an off-campus practice location with an effective date prior to November 2, 2015.



Mirragen[®]

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Reimbursement Support Program



Engineered Tissue Solutions (ETS), in partnership with The Pinnacle Health Group, offers services for patient benefit verification, patient prior authorization, appeals, coding and coverage information as part of our Mirragen Reimbursement Support program.

Our program simplifies access to reimbursement information and patient support including:

- Benefit verification & patient coverage
- **Prior authorization & preservice appeals**
- Mirragen coding & coverage questions
- Appeal support & documentation

We are committed to supporting our customers' needs by providing reimbursement support to help navigate the complex healthcare environment. To engage with the ETS reimbursement support team, please call, fax, or send an e-mail to us.

MIRRAGEN REIMBURSEMENT SUPPORT PROGRAM

P: 1-866-369-9290

F: 1-877-499-2986

Hours: Monday - Friday, 8:30 am - 6:00 pm, EST

Email: ETS@ThePinnacleHealthGroup.com

Disclaimer: Information on coding and payment is provided as a courtesy for educational purposes only and shall not be construed as a guarantee of coverage or payment. ETS Wound Care and its agents make no guarantees regarding reimbursement for any item or service. ETS Wound Care and its agents also make no representations regarding the availability of payment at any particular level. Physicians/QHPs should confirm coding, coverage, and payment guidelines from each patient's payer, because each payer may have differing policies. Payer policies are subject to frequent change, including frequent changes to the rules governing Medicare coverage and reimbursement. ETS Wound Care does not guarantee or warrant that the information provided herein is or will remain applicable. Physicians/QHPs are solely responsible for accurate completion of all reimbursement or coverage related documentation, including information submitted on claims and documentation of patient conditions and of the medical necessity for each product that is ordered

References:

1. ‡CPT® 2024 Current Procedural Terminology (CPT) copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.
2. 87 Fed. Reg. 71,748, 71,982 (Nov. 23, 2022)
3. CY 2024 ASC Payment Rates (last updated Feb. 15, 2024), available at <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>
4. FY 2024 IPPS Final Rule Addendum Table 5, available at <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ippf-final-rule-home-page>; see also CDC, FY 2024 ICD-10-CM file, available at <https://www.cdc.gov/nchs/icd/Comprehensive-Listing-of-ICD-10-CM-Files.htm>.
5. CY 2024 OPPTS Addendum D.1, available at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>
6. FDA, K161067 Indications for Use 3, available at https://www.accessdata.fda.gov/cdrh_docs/pdf16/K161067.pdf
7. CY 2024 ASC Addendum DD1, available at <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>.
8. AMA, CPT Newsletter, Skin Replacement Surgery (Jan. 2012, last updated Oct. 2013)
9. CMS, Facility Outpatient Hospital Services MUE Table (effective Jan. 1, 2024), available at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>

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