WOUND CARE 2012
Skin Substitutes

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****IMPORTANT***
Disclaimer

***Information provided is to the best of our
knowledge and as current as possible.

***Please verify all policy and reimbursement
information with your local carriers.

***Cost and reimbursement numbers are approximate
and may vary by product and state respectively.

***Check DME HCPCS Codes for most appropriate
code for product being dispensed (All may be found
on the respective websites).

Wound Bed Preparation---In
other words, DO THIS FIRST!!

Debride
Manage Infection
Offload
Compress
Maintain moist wound, using dressings OR
Absorb drainage, using dressings
Vascular workup (ABI, TBI’s at office)
Xray
Biopsy
Diagnostic ultrasound
Nutrition consult
Bloodwork (ESR, CRP, PREALBUMIN, ALBUMIN, HbA1C etc)

PRACTICE PEARLS AND STRATEGIES---
DO THIS!!

• Know indication and applications of product
• Know shelf life and Cost of product
• Coding of product, and reimbursement
• DOCUMENTATION!!!

PRACTICE PEARLS AND STRATEGIES

• Assess Wound at each visit
• Know your products well
• Social and financial considerations of patient
• Cost vs. benefit

HCPCS Code Descriptions

• Descriptions include: Brand name and unit of measure
Examples:
Q4101 APLIGRAFT®, per square centimeter
Q4106 DERMAGRAFT®, per square centimeter
Q4102 OASIS® Wound Matrix, per square centimeter
**Modifiers**

- Required by some carriers, check your state LCD
- JC - Skin substitute used
- JW - Drug amount discarded

**Apligraf: Indications**

- Indicated for use along with standard compression therapy in venous ulcers of at least 1 month in duration that have not adequately responded to conventional ulcer therapy.
- Indicated for use with conventional diabetic foot ulcer care for the treatment of full-thickness neuropathic diabetic foot ulcers of greater than three weeks duration which extend through the dermis but without tendon, muscle, capsule or bone exposure.

**Apligraf Contraindications**

**NOT FOR Patients With:**
- Severe, uncontrolled diabetes mellitus or arterial disease
- A known sensitivity to the components of the shipping medium or bovine collagen
- Clinically infected wounds

**Apligraf Application: Prepare Wound**

- Optimal wound bed is debrided of fibrotic and necrotic material
- Aggressive debridement should be conducted one week prior to
- Irrigate thoroughly with a noncytotoxic solution (eg, sterile saline).
- Minimize exudation and bleeding. Hemostatic agents may be used prior to application to control bleeding
- Apligraf should not be applied to infected wounds

**Apligraf Application: Remove Apligraf From Storage Dish**

- Use sterile forceps
- Be sure not to pierce or remove the polycarbonate membrane supporting Apligraf in the storage dish
- Avoid allowing Apligraf to touch the margins of the storage dish or fold onto itself upon removal. If excessive folding occurs, moisten Apligraf with sterile saline and gently unfold on a sterile, moist, nonabsorbent surface.
**Apligraf Application: Fenestrate or Mesh**

- Apligraf can be meshed or fenestrated if needed to allow drainage and to prevent buildup of fluid.

**Apligraf Application: Apply to Wound**

- Apply Apligraf to a clean wound bed immediately after removing from packaging.
- Apligraf is packaged dermal (glossier) layer down, epidermal layer up.
- Keep track of product orientation after removing Apligraf from the storage dish; the dermal layer must be placed in direct contact with the wound bed.
- Position the product within the wound bed (Apligraf can be trimmed to the size of the wound or cut to allow for a little overlap).
- Remove air pockets with a sterile cotton-tipped applicator.

**Apligraf Application: Anchoring Apligraf**

- Cover Apligraf with a nonadherent primary dressing.
- Apply and secure a foam pressure bolster or absorbent secondary dressing, typically of folded or rolled gauze.

**Topical Agents Safe to Use With Apligraf**

- Many antibiotic ointments are safe for use prior to application of Apligraf. These prescriptions include, but are not limited to:
  - Bacitracin zinc
  - Gentamicin sulfate
  - Neomycin sulfate
  - Bactroban
  - Silver Sulfadiazine

**Topical Agents Cytotoxic to Apligraf**

- Avoid using cytotoxic topical agents immediately prior to or after application of Apligraf. These prescriptions include, but are not limited to:
  - Chlorhexidine gluconate
  - Dakin's solution
  - Polymyxin Nystatin
  - Mafenide acetate
  - Povidone iodine solution
  - Scarlet red dressing
  - Tincoban
  - Zinc sulfate

Note: If these agents are used prior to Apligraf application, the wound bed must be thoroughly cleaned with saline before applying Apligraf.

**Apligraf Application: Dressing**

- Nonadherent primary dressing should be left in place for 7 days.
- Secondary dressings should be changed 7 days after the initial application.
- At 2 weeks, add some STUFF, i.e., collagen (Prisma or Stimulen), silvedene, bacitroban, etc.

WEEK 3------REAPPLY
Apligraf Follow-Up

Physician Instructions:
- Take special care during the first few dressing changes to avoid dislodging the Apligraf, which is still being incorporated into the wound bed
- During the first few visits:
  - Week 1 – Change all dressings except the primary inner dressings, unless infection is suspected
  - Week 2 – Change all dressings
  - Week 3 and beyond – Change all dressings as needed, until wound is healed
- Please note that the appearance of Apligraf may change following application:
  - Translucent, cellophane-like appearance within 1 week
  - Yellow, gelatinous appearance when fully hydrated
- Apligraf may take on the appearance of a yellow or whitish gelatinous material. This visual appearance may represent macerated tissue or fully hydrated Apligraf and could lead to an inappropriate diagnosis of wound infection.

Follow-Up Wk 1

- Change dressings
- Inspect wound
- Do not disturb the wound bed
- Continue compression bandaging and/or off-loading

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Apligraf Follow-Up

- As long as there are no clinical signs or symptoms of infection
- Reapplication generally not necessary until 3 weeks have elapsed after initial application
- Patients should be instructed to:
  - Avoid prolonged periods of standing
  - Institute a regimen of proper skin care
  - Wear compression stockings to correct the underlying venous insufficiency
  - Comply with off loading

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DERMAGRAFT

Advanced Biohealing Inc.
- Full thickness diabetic foot ulcers greater than 6 weeks duration
- No tendon, muscle, or exposed bone
- Cryopreserved human fibroblast-derived dermal substitute from neonatal foreskin seeded on a bioabsorbable scaffold
- Does not contain macrophages, lymphocytes, blood vessels, or hair follicles
- Supplied 5cm x 7.5cm (37.5 sq cm) frozen

DERMAGRAFT - Features

- Supplies Living Fibroblasts
- Provides angiogenic growth factors
- Functions as a matrix for keratinocyte migration
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DERMAGRAFT - Protocols

- Manage infection and bioburden
- Remove devitalized tissue
- Offload
- Manage drainage
- Vascular evaluation
- Radiographic evaluation
- Glycemic control

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**DERMAGRAFT - Application**
- After delivery must be applied in 2-3 days
- Only open container when ready
- Apply weekly up to 8 applications
- Discontinue if infection develops
  - Thaw in Water Bath
  - Rinse
  - Apply

- Use non-adherent dressing with bolster
- Saline moistened gauze or hydrogel saturated gauze
- Change drsg in 3 days
- Do not remove previously applied Dermagraft

**DERMAGRAFT - Precautions/Contraindications**
- Sinus tracts
- Clinical Infection
- Bovine product sensitivity
- Do not reuse or refreeze

**Thaw in Water Bath**
- Rinse
- Apply

**Use non-adherent dressing with bolster**
- Saline moistened gauze or hydrogel saturated gauze
- Change drsg in 3 days
- Do not remove previously applied Dermagraft

**------BETWEEN APPLICATIONS MAINTAIN A MOIST WOUND ENVIRONMENT (AMERIGEL GAUZE)**
- May continue debridement if needed but don’t mess it up alright!
- Do not remove Dermagraft residue

**Applicable Codes**
**DFU**
- Need Primary Code 707 – AND
  - Secondary Code 250 –-
    1) ICD 707.12-15, 250.80-83
    2) ICD 707.12-15, 250.80-83

**VLU**
- 1) ICD 454.0, 454.2
  - 2) ICD 454.0, 454.2

**Promoting Growth: Oasis**
- Freeze dried porcine xenograft
- Made from small intestinal submucosa (SIS)
- Oasis® reduces the likelihood of patient rejection due to its natural acellular yet intact extracellular matrix composition.
Oasis Wound Matrix Indications

- The OASIS Wound Matrix is indicated for use in all partial and full thickness wounds and skin loss injuries as well as superficial and second-degree burns.

Oasis Wound Matrix Properties

- Fenestrated
- Acellular
- 24 month room temp shelf life
- Typical sizes 3x3.5 cm and 3x7 fenestrated
- Simple application process
- No need for removal of previously applied OASIS

Oasis Wound Matrix Application

- Apply to clean, debrided wounds
- Trim to size or use multiple units, then apply
- Rehydrate directly with saline
- Cover with Amerigel Hydrogel Impregnated Gauze
- Do not place gauze directly over it
- Do not allow to dry out
- May apply weekly

Applicable Codes

- Dermagraft
  CPT Q4106
  38 units
- Apligraf
  CPT Q4101
  44 units
- OASIS
  CPT Q4102
  11 units or 21 units

2012 Changes in Skin Substitute Coding

- Familiar skin substitute CPT codes (32 of them) will be deleted on January 1, 2012, and replaced with two broad anatomic groups of codes:
  - one representing trunk, arms, legs,
  - and the other representing face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits.
- Each of the two anatomic groups of codes will include 4 new CPT codes based on the wound size range assigned to each code.

Skin Preparation Codes

- The surgical preparation codes CPT 15002-15005 are to be used for the removal of nonviable tissue/debris in chronic wounds left to heal by secondary intention: CPT 11042-11047 and CPT 97597 are to be used for this.
- CPT 15002-15005 are NOT to be used for the removal of nonviable tissue/debris in chronic wounds left to heal by secondary intention: CPT 11042-11047 and CPT 97597 are to be used for this.
- CPT 15002-15005 are selected based on the anatomic area and size of the prepared/debrided defect. For multiple wounds, the choice of code is based on the aggregate sum of the surface area of all similarly grouped wound types.
Skin Substitute Grafts

- Application of skin substitute grafts, according to the 2012 CPT, include "non-autologous human skin (dermal or epidermal, cellular and acellular) grafts, non-human skin substitute grafts (i.e., xenograft), and biological products that form a sheer scaffolding for skin growth." These codes are NOT reported for injected skin substitutes.

NOTE: Debridement is separately reimbursed on the date of application only when there is "extensive cross contamination" that requires prolonged cleansing, and appreciable amounts of devitalized or contaminated tissue is removed; or if the debridement is obvious to be medically necessary and performed separately without immediate primary closure.

New Skin Substitute Graft Wound Area Grouping Coding

The two size groups are:

- "Small Wounds" - for wounds known to have an aggregate wound size up to a maximum of 100 sq cm. The codes represent the first 25 sq cm and additional 25 sq cm*, up to that maximum 100 sq cm wound area.

- "Large Wounds" - for wounds known to have an aggregate wound size beginning at 100 sq cm or greater.

"Small" Leg/Ankle Wounds

- CPT 15271 (application of skin substitute graft to, for example, leg or ankle). This code is based on a wound size (after cleansing, prepping, and/or debriding) minimally of 100 sq cm. Specifically, this code is to be used for application of a skin substitute graft to a wound surface area size of 0 to 25 sq cm (first 25 sq cm) within the minimum wound size grouping up to 100 sq cm. If the leg/ankle wound area is greater than 25 sq cm, but less than the maximum of group size up to 100 sq cm, then bill CPT 15271 plus CPT 15272 for each additional 25 sq cm* of wound surface area. The total wound surface area treated cannot exceed 100 sq cm so you have the ability to bill CPT 15273 3 times, for example, if skin substitute graft material is applied to 75.1 up to 100 sq cm of leg/ankle wound(s).

- Since CPT 15272 is an "add-on" code, you would NOT apply a "-51" modifier. It is already discounted.

"Large" Leg/Ankle Wounds

- CPT 15273 (application of skin substitute graft to, for example, leg or ankle). This code is based on a wound size (after cleansing, prepping, and/or debriding) maximally of 100 sq cm. Specifically, this code is to be used for application of a skin substitute graft to a wound surface area size of 100 up to 200 sq cm (the code itself represents the first 100 sq cm of a "large" leg/ankle wound treated). If the leg/ankle wound area is greater than 100 sq cm, then bill CPT 15273 plus CPT 15274 for each additional 100 sq cm* of wound surface area. For example, if you have an aggregate sum of leg/ankle wound area calculated to be 275 sq cm present bilaterally, you would bill CPT 15273 (first 100 sq cm), CPT 15274 (next 100 sq cm), CPT 15274 (next 100 sq cm), and CPT 15274 (next 75 sq cm).

- Since CPT 15274 is an "add-on" code, you would NOT apply a "-51" modifier. It is already discounted.

"Small" Foot/Toe Wounds

- CPT 15275 (application of skin substitute graft to, for example, foot or toe). This code is based on a wound size (after cleansing, prepping, and/or debriding) maximally of 100 sq cm. Specifically, this code is to be used for application of a skin substitute graft to a wound surface area size of 0 to 25 sq cm (first 25 sq cm) within the minimum wound size grouping up to 100 sq cm. If the foot/toe wound area is greater than 25 sq cm, but less than the maximum of group size up to 100 sq cm, then bill CPT 15275 plus CPT 15276 for each additional 25 sq cm of wound surface area. The total wound surface area treated cannot exceed 100 sq cm so you have the ability to bill CPT 15275 3 times, for example, if skin substitute graft material is applied to 75.1 up to 100 sq cm of foot/toe wound(s).

- Since CPT 15276 is an "add-on" code, you would NOT apply a "-51" modifier. It is already discounted.
“Large” Foot/Toe Wounds

- **CPT 15277**: (Application of skin substitute graft to, for example, foot or toe(s)) This code is based on the wound size (singular or aggregate size; after cleansing, prepping, and/or debriding) minimally of 100 sq cm. Specifically, this code is to be used for application of skin substitute graft to a wound surface area size of 100 sq cm and up, but the code itself represents the first 100 sq cm of the foot/toe wound(s) treated. If the foot/toe wound area is greater than 100 sq cm, then bill CPT 15277 plus CPT 15278 for each additional 100 sq cm of wound surface area. For example, if you are treating a patient with an aggregate sum of foot/toe wound area calculated to be 375 sq cm present bilaterally, you would bill CPT 15277 (first 100 sq cm), CPT 15278 (next 100 sq cm), and CPT 15278 (next 75 sq cm).

- Since CPT 15278 is an “addon” code, you would NOT apply a “51” modifier. It is already discounted.

New CPT® Code for Implantation of Biologic Implants

- **Code Description**
  - **CPT 15777**: Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk)
  - (List separately in addition to code for primary procedure)

- **NOTE**: 15271-15278 are for topical application of skin substitute grafts, not for implants

2012 Payment Rates

*Note: Rates listed are CMS National Reimbursement Rates (approx)*

- **15275** Physician Payment Outpatient $102
  - Physician Payment Office $154
- **15276** Physician Payment Outpatient $25
  - Physician Payment Office $34

Examples

- Physician applied a skin substitute graft to:
  - 10 sq cm diabetic foot ulcer on the right heel
  - 1 unit of 15275

- Physician applied skin substitute grafts to:
  - 10 sq cm diabetic foot ulcer on the right heel
  - AND
  - 20 sq cm diabetic foot ulcer on the left heel
  - 1 unit of 15275
  - 1 unit of 15276

Physician applied skin substitute graft to:

- 100 sq cm venous stasis ulcer on the left leg
  - 1 unit of 15273

Physician applied skin substitute grafts to:

- 50 sq cm venous stasis ulcer on the right leg
  - AND
  - 60 sq cm venous stasis ulcer on the left leg
  - 1 unit of 15273
  - 1 unit of 15274

Physician applied skin substitute grafts to:

- 20 sq cm diabetic foot ulcer on the right foot &
  - 55 sq cm venous stasis ulcer on the right leg &
  - 65 sq cm venous stasis ulcer on the left leg &
  - 1 unit of 15275
  - 1 unit of 15273-59
  - 1 unit of 15274
Key Points

- **Wound prep codes** are separate from skin substitute graft application codes.
- The ankle is considered “leg” in terms of skin substitute graft application.
- Wound areas that skin substitute grafts will be applied are measured AFTER prep/debridement.
- You either bill the “small” leg/ankle skin substitute graft codes or the “large” skin substitute graft codes.
- You either bill the “small” foot/toe skin substitute graft codes or the “large” skin substitute graft codes.
- You can bill both the leg/ankle and the foot/toe skin substitute graft application codes, if you are treating both the leg/ankle and the foot/toe.
- You do not discount an “add-on” code; do not apply a “-51” modifier.

Will coverage change?

- No!
- Coverage is based on existing Medicare Local Coverage Determinations (LCD).

Coverage:

- **Medicare**
  - Per FDA and Indications for Use
  - LCD’s/Bulletins/Articles available

- **Private Insurers**
  - Per FDA and Indications for Use
  - Many private insurers have written policies

Will ASP Payment Change?

- **Hospital Outpatient / ASC** – YES! It’s updated each quarter.
  - ASP + 4% for HOPD/ASC

- **Physician Office** – Yes! It’s updated each quarter.
  - ASP + 6% for physician office.

Private Payer Update: CPT Codes

- Medicare contractors and private payers update based on CMS’ coding changes.
- Some payer systems may be slow to convert.
- State Medicaid plans vary.