

What ICD-10-PCS procedure code would be appropriate for applying a cell suspension autograft, e.g. RECELL System, in the hospital inpatient setting?

Effective October 1, 2019, CMS issued new ICD-10 procedure code *OHR_X72 Skin replacement on the _____, autologous tissue substitute, cell suspension technique* where “_” specifies the body part to which the graft is applied, e.g., 7-Skin, Abdomen, 8-Skin, Buttock, J-Skin, Left Upper Leg, etc.). RECELL System is uniquely identified by assignment of qualifier 2 for the application of a cell suspension autograft

Inpatient hospital payments vary depending on the patient diagnoses which determine the Diagnostic Related Group (DRG) from which the hospital stay is paid.

(Source: 2020 ICD-10-PCS Code Tables and Index.

<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2020-ICD-10-PCS-Code-Tables.zip>.

Accessed August 24, 2020)

Is a separate ICD-10-PCS procedure code needed for harvesting the skin sample (or “biopsy”) for RECELL System in the inpatient hospital setting?

Yes, CMS recommends the use of code *OHB_XZZ Excision of skin and breast, skin* where “_” specifies the body part from which the skin sample is taken, e.g., 7-Skin, Abdomen, 8-Skin, Buttock, J-Skin, Left Upper Leg, etc.)

The small, harvested skin sample is sometimes referred to as a “biopsy” in the operative report although in this case, the sample is for therapeutic rather than diagnostic use.

(Source: ICD-10 Coordination and Maintenance Committee, Meeting Materials, September 2018 Agenda and Handouts.)

Which CPT codes describe the surgeon’s services when using RECELL System?

For physician services using the RECELL System, the American Burn Association (ABA) recommends **epidermal autograft codes for the application of cell suspension autografts, e.g. RECELL.**

<http://ameriburn.org/cell-suspension-autograft-cpt-coding-recommendation/>.

A procedure-specific code does not exist for cell suspension autografts and reporting of this procedure should follow the direction of the payor.

Payments for physician services are typically determined by each payer’s fee schedule amounts for the provided services.

For more details, please refer to the RECELL System Coding and Reimbursement Guide.

<https://recellsystem.com/uploads/pdf/RECELL-Coding-Reimb-Guide-01-2020.PDF>