

— NOW FDA-APPROVED —  
FOR FULL-THICKNESS  
SKIN DEFECTS



# 2023 RECELL® SYSTEM REIMBURSEMENT GUIDE

[WWW.RECELLSYSTEM.COM](http://WWW.RECELLSYSTEM.COM)

The RECELL Autologous Cell Harvesting Device is indicated for the treatment of thermal burn wounds and full-thickness skin defects. The RECELL Device is used by an appropriately licensed healthcare professional at the patient's point of care to prepare autologous Spray-On Skin Cells for direct application to acute partial-thickness thermal burn wounds in patients 18 years of age and older, or application in combination with meshed autografting for acute full-thickness thermal burn wounds, in pediatric and adult patients and full-thickness skin defects after traumatic avulsion (e.g., degloving) or surgical excision (e.g., necrotizing soft tissue infection) or resection (e.g., skin cancer), in patients 15 years of age and older.

# BURN AND FULL-THICKNESS SKIN DEFECTS (FTSD): PHYSICIAN SERVICES

The information contained in this guide is designed to assist providers in accurately obtaining reimbursement for healthcare services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies.

## CPT® CODES

The American Burn Association recommends the following CPT codes for the application of cell suspension autografts, eg, RECELL.<sup>1</sup>

CPT <sup>2</sup>	Description	Global	Facility Relative Value Units (RVUs)	2023 Medicare National Payment (Facility) <sup>3</sup>
<b>Epidermal Autografts</b>				
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	090	21.29	\$721.46
+15111	Each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	ZZZ	3.03	\$102.68
15115	Epidermal 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	090	20.54	\$696.04
+15116	Each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	ZZZ	4.14	\$140.29

### Global Surgery Indicators

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

**ZZZ** = The code is related to another service and is always included in the global period of the other service.

### Notes:

- + Add-on code. (List separately in addition to code for primary procedure).<sup>2</sup> Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. All add-on codes are exempt from multiple procedure payment reduction for physician payment.
- National Medicare reimbursement rates are shown for clinician services without adjustment for geographic factors.



# SAMPLE CMS 1500: PHYSICIAN SERVICES

## RECELL WITH SPLIT-THICKNESS SKIN GRAFT ON 3% TBSA FULL-THICKNESS DEGLOVING INJURY

**Clinical Scenario:** An 85-year-old female presented to the emergency room following an auto accident collision with another vehicle where she sustained an acute full-thickness degloving injury on her right thigh totaling 3% TBSA (600 sq cm). The patient is admitted into the hospital. After the patient is hemodynamically stable, she is taken to the operating room for debridement and excision of her wounds and later autografting with a meshed 3:1 split-thickness skin graft in combination with cell suspension autograft for definitive wound closure.

**DATE OF SERVICE (Field 24A), PLACE OF SERVICE (Field 24B) and CPT/HCPCS CODES (Field 24D):** Include the date of service, place of service and the relevant CPT codes to report the debridement and excision of the patient's full-thickness burns and immediate autografting for permanent wound coverage - For example:

**CPT 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

**CPT 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)

**CPT 15110** – Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

**CPT 15111** – Epidermal 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)

**CPT 15100** – Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)

**CPT 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)

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA  PICA

1. MEDICARE (Medicare)  MEDICAID (Medicaid)  TRICARE (DDE/DOD)  CHAMPVA (Member ID#)  GROUP HEALTH PLAN (ID#)  FECA (BKL/LUNG) (ID#)  OTHER (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) 6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F) b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM/DD/YY) 15. OTHER DATE (MM/DD/YY) 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (37a) (37b) NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? \$ CHARGES YES/NO 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD-10-CM A. S70.311A B. V43.92XA C. D. E. F. G. H. I. J. K. L. 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER 123456

24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) (Explain Unusual Circumstances) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. Q. D. DAYS OF UNITS	H. M. (P50) (Units) (P6)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM/DD/YY MM/DD/YY	21		15100		\$XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	21		15101		\$XXX.XX	5		NPI	
MM/DD/YY MM/DD/YY	21		15110 51		\$XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	21		15111		\$XXX.XX	5		NPI	
MM/DD/YY MM/DD/YY	21		15002 51		\$XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	21		15003		\$XXX.XX	5		NPI	

25. FEDERAL TAX ID. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For split-charge, per NCCI) YES/NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE 32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. NPI 33. BILLING PROVIDER INFO & PH # ( ) a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

**DIAGNOSIS CODES (Field 21A-21L):** Acute full-thickness degloving injury S70.311A Abrasion, right thigh, initial encounter  
V43.92XA Unspecified car occupant injured in collision with other type car in traffic accident, initial encounter  
**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

**PRIOR AUTHORIZATION (Field 23):** Include prior authorization number for commercial and Medicare Advantage patients.

**CHARGES (Field 24F), UNITS (Field 24G):** Report the charge amount for the corresponding CPT code(s) and the number of CPT units.



# SAMPLE CMS 1500: PHYSICIAN SERVICES

## RECELL WITH SPLIT-THICKNESS SKIN GRAFT ON 18% TBSA FULL-THICKNESS BURN

**Clinical Scenario:** A 28-year-old male presented to the emergency room after he sustained an acute full-thickness thermal burn on his back totaling 18% TBSA (3,600 sq cm). The patient is admitted into the hospital. After the patient is hemodynamically stable, he is taken to the operating room for debridement and excision of his full-thickness burns and later autografting with a meshed 3:1 split-thickness skin graft in combination with cell suspension autograft for definitive wound closure.

**DATE OF SERVICE (Field 24A), PLACE OF SERVICE (Field 24B) and CPT/HCPCS CODES (Field 24D):** Include the date of service, place of service and the relevant CPT codes to report the debridement and excision of the patient's full-thickness burns and immediate **autografting** for permanent wound coverage – For example:

**CPT 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

**CPT 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)

**CPT 15110** – Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

**CPT 15111** – Epidermal 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)

**CPT 15100** – Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)

**CPT 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)

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA  PICA

1. MEDICARE (Medicare)  MEDICAID (Medicaid)  TRICARE (TRICARE)  CHAMPVA (Member ID#)  GROUP HEALTH PLAN (ID#)  FECA (FECA) (FECA)  OTHER (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX  M  F 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) 6. PATIENT RELATIONSHIP TO INSURED (Self  Spouse  Child  Other ) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE 11. INSURED'S POLICY GROUP OR FECA NUMBER a. EMPLOYMENT? (Current or Previous)  YES  NO b. AUTO ACCIDENT?  YES  NO c. OTHER ACCIDENT?  YES  NO 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM/DD/YY) QUAL. 15. OTHER DATE (MM/DD/YY) 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (37a) (37b) NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB?  YES  NO \$ CHARGES \_\_\_\_\_

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD-10-CM A. T21.33XX B. T21.34XX C. T31.11 D. \_\_\_\_\_ E. \_\_\_\_\_ F. \_\_\_\_\_ G. \_\_\_\_\_ H. \_\_\_\_\_ I. \_\_\_\_\_ J. \_\_\_\_\_ K. \_\_\_\_\_ L. \_\_\_\_\_ 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER 123456

24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) (Explain Unusual Circumstances) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. Q. DATES OF UNITS	H. M. (P50) (P50) (P50)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM/DD/YY MM/DD/YY	21		15100		\$XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	21		15101		\$XXX.XX	35		NPI	
MM/DD/YY MM/DD/YY	21		15110 51		\$XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	21		15111		\$XXX.XX	35		NPI	
MM/DD/YY MM/DD/YY	21		15002 51		\$XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	21		15003		\$XXX.XX	35		NPI	

25. FEDERAL TAX ID. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For split-thickness grafts)  YES  NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ 32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. NPI 33. BILLING PROVIDER INFO & PH # ( ) a. NPI b. NPI

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**DIAGNOSIS CODES (Field 21A-21L):** Include ICD-10 codes from the T20-T25 series to report anatomic burn site and depth. Also report the extent of the burn from the T31 series of ICD-10-CM codes. **IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

**PRIOR AUTHORIZATION (Field 23):** Include prior authorization number for commercial and Medicare Advantage patients.

**CHARGES (Field 24F), UNITS (Field 24G):** Report the charge amount for the corresponding CPT code(s) and the number of CPT units.

# INPATIENT FACILITY

## FY 2023 ICD-10-PCS PROCEDURE CODES (EFFECTIVE OCTOBER 1, 2022)<sup>4</sup>

At least two ICD-10-PCS codes are required when reporting the use of RECELL System:

1. Harvest of skin sample
2. Application of cell suspension autograft (RECELL)

### 1. HARVEST OF SKIN SAMPLE<sup>5,6,7</sup>

Code	Description
OHB_XZZ	Excision of skin and breast, skin

#### Notes:

- In the fourth character, specify the body part from which the skin sample is taken, eg, 7-Skin, Abdomen; 8-Skin, Buttock; 8-J-Skin; 9-Left Upper Leg.
- For sixth and seventh characters, use qualifier Z-No Qualifier.
- Although the term "biopsy" is sometimes used in the operative report for taking the skin sample from the donor site, this is not a diagnostic biopsy. The harvest of skin tissue for grafting is therapeutic.

#### OHB ICD-10-PCS Table Excerpt

Section	O 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	
<b>0</b> Skin, Scalp <b>1</b> Skin, Face <b>2</b> Skin, Right Ear <b>3</b> Skin, Left Ear <b>4</b> Skin, Neck <b>5</b> Skin, Chest <b>6</b> Skin, Back <b>7</b> Skin, Abdomen <b>8</b> Skin, Buttock <b>9</b> Skin, Perineum	<b>A</b> Skin, Inguinal <b>B</b> Skin, Right Upper Arm <b>C</b> Skin, Left Upper Arm <b>D</b> Skin, Right Lower Arm <b>E</b> Skin, Left Lower Arm <b>F</b> Skin, Right Hand <b>G</b> Skin, Left Hand <b>H</b> Skin, Right Upper Leg <b>J</b> Skin, Left Upper Leg <b>K</b> Skin, Right Lower Leg <b>L</b> Skin, Left Lower Leg <b>M</b> Skin, Right Foot <b>N</b> Skin, Left Foot <b>Q</b> Finger Nail <b>R</b> Toe Nail	<b>X</b> External	<b>Z</b> No Device	<b>X</b> Diagnostic <b>Z</b> No Qualifier

#### Code Examples

Code	Description
OHB7XZZ	Excision of the skin on the abdomen
OHBLXZZ	Excision of the skin on the left lower leg

## 2. APPLICATION OF CELL SUSPENSION AUTOGRAFT<sup>5,7</sup>

Code	Description
OHR_X72	Skin replacement on the _____, autologous tissue substitute, using Cell Suspension Technique

The ICD-10-PCS code for use of RECELL is constructed from code table OHR. RECELL is uniquely identified by assignment of qualifier value 2.

### OHR ICD-10-PCS Table Excerpt

Section	O 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	
<b>0</b> Skin, Scalp <b>1</b> Skin, Face <b>2</b> Skin, Right Ear <b>3</b> Skin, Left Ear <b>4</b> Skin, Neck <b>5</b> Skin, Chest <b>6</b> Skin, Back <b>7</b> Skin, Abdomen <b>8</b> Skin, Buttock <b>9</b> Skin, Perineum	<b>A</b> Skin, Inguinal <b>B</b> Skin, Right Upper Arm <b>C</b> Skin, Left Upper Arm <b>D</b> Skin, Right Lower Arm <b>E</b> Skin, Left Lower Arm <b>F</b> Skin, Right Hand <b>G</b> Skin, Left Hand <b>H</b> Skin, Right Upper Leg <b>J</b> Skin, Left Upper Leg <b>K</b> Skin, Right Lower Leg <b>L</b> Skin, Left Lower Leg <b>M</b> Skin, Right Foot <b>N</b> Skin, Left Foot	<b>X</b> External	<b>7</b> Autologous Tissue Substitute	<b>2</b> Cell Suspension Technique <b>3</b> Full Thickness <b>4</b> Partial Thickness

### Code Examples

Code	Description
OHR7X72	Skin replacement on the abdomen, autologous tissue substitute, using Cell Suspension Technique
OHRHX72	Skin replacement on the right upper leg, autologous tissue substitute, using Cell Suspension Technique

## MS-DRG ASSIGNMENTS<sup>4</sup>

Medicare reimburses hospitals for inpatient services using MS-DRGs (Medicare Severity Diagnosis-Related Groups). Common MS-DRGs for patients admitted with trauma or burn treatment with RECELL are included in the following table. Potential MS-DRGs are not limited to this list nor is the list exhaustive. The applicable MS-DRG depends upon the patient's diagnoses and the procedures performed during the inpatient stay.

MS-DRG	Description	FY 2023 Medicare National Payment <sup>4,9</sup>
<b>Trauma Treatment</b>		
904	Skin grafts for injuries with cc/mcc	\$24,364.26
905	Skin grafts for injuries without cc/mcc	\$10,700.13
957	Other O.R. procedures for multiple significant trauma with MCC	\$50,832.32
958	Other O.R. procedures for multiple significant trauma with CC	\$42,469.41
959	Other O.R. procedures for multiple significant trauma without cc/mcc	\$20,158.79
<b>Burn Treatment</b>		
927	Extensive burns or full-thickness burns with mechanical ventilation 96+ hours with skin graft	\$130,208.97
928	Full-thickness burn with skin graft or inhalation injury with CC/MCC	\$42,469.41
929	Full-thickness burn with skin graft or inhalation injury without CC/MCC	\$20,158.79

### Notes:

- CC = Complication or Comorbidity; MCC = Major Complication or Comorbidity
- The listed MS-DRGs are located in Major Diagnostic Category (MDC) 22 Burns.
- Medicare National base MS-DRG payment amounts (for urban areas) as of October 1, 2022, based on most common diagnoses for burns and assumes that the hospital has submitted quality data and is a Meaningful EHR user (3.8% update). Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.



# SAMPLE UB-04/CMS 1450: HOSPITAL INPATIENT DEPARTMENT RECELL WITH SPLIT-THICKNESS SKIN GRAFT ON 9% TBSA NECROTIZING FASCIITIS WOUND

**Clinical Scenario:** A 23-year-old male was admitted with a necrotizing fasciitis infection from Group A strep of the upper torso. Following treatment of the infection and excisional debridement of necrotic tissue, the patient had a full-thickness open wound of the chest portion of the torso totaling 9% TBSA (1,800 sq cm). He is taken to the operating room for surgical preparation of his wounds and autografting with a meshed 3:1 split-thickness skin graft (from patient's back) in combination with cell suspension autograft for definitive wound closure.

**REVENUE CODES AND DESCRIPTIONS (Field 42 and 43):** Report the most appropriate revenue codes and descriptions of the cost center. For example:

- 0360** – Operating Room Services – General
- 0278** – Med/Surg Supplies – Other Implants for the RECELL System.

**TREATMENT AUTHORIZATION (Field 63):** Include prior authorization number for commercial and Medicare Advantage patients.

**DIAGNOSIS CODES (Field 67A-67Q):** Necrotizing fasciitis infection M72.6  
B95.0 Streptococcus, group A, as the cause of diseases classified elsewhere  
Skin donor, autologous Z52.11

**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

1		2		3A PAT UNIT #		3B PAT BLKED RESID		4 TYPE OF BILL	
8 PATIENT NAME		9 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD		7	
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAR	18	19
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE	
36 OCCURRENCE SPAN		37 OCCURRENCE SPAN		38 OCCURRENCE SPAN		39 OCCURRENCE SPAN		40 OCCURRENCE SPAN	
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV DATE		46 SERV UNITS	
0360	OR services				MMDDYY	1	\$XXXX.XX	47 TOTAL CHARGES	
0278	Med/surg supplies-other implants				MMDDYY	1	\$XXXX.XX	48 COVERED CHARGES	
50 PAYER NAME		51 HEALTH PLAN ID		52 PRIOR PAYMENTS		53 EST. AMOUNT DUE		54 NPI	
58 INSURED'S NAME		59 FREL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67	
M72.6	B95.0	X52.11							
74	75	76	77	78	79	80	81	82	83
0HB5XZZ	MMDDYY	0HR6XZZ	MMDDYY	0HR7X72	MMDDYY				
0HB7X73	MMDDYY								

**TYPE OF BILL (Field 4):**  
Enter TOB code 011(x)

**TOTAL CHARGES (Field 47):**  
Enter total charges for OR services and RECELL System.  
**IMPORTANT:** Report total charges for RECELL System. Do not report total costs.

**ICD-10-PCS CODES (Fields 74-74e):** Report harvest code, STSG code and RECELL application code

**Excisional Debridement:**  
0HB5XZZ  
Excision of Chest Skin, External Approach

**Harvest of skin graft:**  
0HB6XZZ  
Excision of Back Skin, External Approach

**Cell suspension:**  
0HR7X72  
Replacement of Abdomen Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach

**Split Thickness Skin Graft:**  
0HR7X73  
Replacement of Abdomen Skin with Autologous Tissue Substitute, Full Thickness, External Approach





# SAMPLE UB-04/CMS 1450: HOSPITAL INPATIENT DEPARTMENT

## RECELL WITH SPLIT-THICKNESS SKIN GRAFT ON 18% TBSA FULL-THICKNESS BURN

**Clinical Scenario:** A 28-year-old male presented to the emergency room after he sustained an acute full-thickness thermal burn on his back totaling 18% TBSA (3,600 sq cm). He is admitted into the hospital. After the patient is hemodynamically stable, he is taken to the operating room for debridement and excision of his full-thickness burns and later autografting with a meshed 3:1 split-thickness skin graft in combination with cell suspension autograft for definitive wound closure.

**REVENUE CODES AND DESCRIPTIONS (Field 42 and 43):** Report the most appropriate revenue codes and descriptions of the cost center. For example:

- 0360** - Operating Room Services - General
- 0278** - Med/Surg Supplies - Other Implants for the RECELL System.

**TREATMENT AUTHORIZATION (Field 63):** Include prior authorization number for commercial and Medicare Advantage patients.

**DIAGNOSIS CODES (Field 67A-67Q):** Include ICD-10 codes from the T20-T25 series to report anatomic burn site and depth. Also report the extent of the burn from the T31 series of ICD-10-CM codes.

**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

1		2		3A PAT. CHIL. #		4 TYPE OF BILL	
8 PATIENT NAME		9 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAR
CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28							
ADMIT STATE 29							
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM THROUGH	37 OCCURRENCE SPAN FROM THROUGH	38
39 VALUE CODES AMOUNT							
40 VALUE CODES AMOUNT							
41 VALUE CODES AMOUNT							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 COVERED CHARGES	49
0360	OR services		MMDDYY	1	\$XXXX.XX		
0278	Med/surg supplies-other implants		MMDDYY	1	\$XXXX.XX		
PAGE OF CREATION DATE TOTALS							
50 PAYER NAME		51 HEALTH PLAN ID		52 REG. NO.	53 REG. ID	54 PRIOR PAYMENTS	
55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID		58	
59 INSURER'S NAME		60 INSURER'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
123456							
66 T21.33XX	T21.34XX	T31.11					
67A	67B	67C	67D	67E	67F	67G	67H
74	75	76	77	78	79	80	81
OHB8ZZ	MMDDYY	OHR6X73	MMDDYY	OHR6X72	MMDDYY		
82	83	84	85	86	87	88	89
80 REMARKS							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							

**TYPE OF BILL (Field 4):** Enter TOB code 011(x)

**TOTAL CHARGES (Field 47):** Enter total charges for OR services and RECELL System. **IMPORTANT:** Report total charges for RECELL System. Do not report total costs.

**ICD-10-PCS CODES (Fields 74-74e):** Report harvest code, STSG code and RECELL application code

# OUTPATIENT FACILITY

## CY 2023 HOSPITAL OUTPATIENT DEPARTMENT AND AMBULATORY SURGICAL CENTER (ASC) CODING AND PAYMENT FOR RECELL SYSTEM PROCEDURES

For autograft procedures involving the RECELL System, hospital outpatient departments and ASCs should report:

1. Procedure: Appropriate CPT® code(s)
2. Device: New device pass-through C-code for RECELL System

### 1. APPLICATION OF CELL SUSPENSION AUTOGRAFT

The American Burn Association recommends the following CPT codes for the application of cell suspension autografts, eg, RECELL.<sup>1</sup>

CPT <sup>2</sup>	Description	Hospital Outpatient <sup>8</sup>			ASC <sup>8</sup>	
		2023 Payment	Status Indicator	Device Offset	2023 Payment	Payment Indicator
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	\$1,725.86	T	\$0.00	\$898.54	A2
+15111	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)	Packaged	N	-	Packaged	N1
15115	Epidermal 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	\$1,725.86	T	\$0.00	\$898.54	A2
+15116	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)	Packaged	N	-	Packaged	N1

## 2. RECELL SYSTEM

Effective January 1, 2022, the Centers for Medicare & Medicaid Services (CMS) established a new transitional pass-through (TPT) category with new HCPCS C-code (C1832) for the RECELL System.<sup>9</sup>

Code	Description	Hospital Outpatient Status Indicator	ASC Payment Indicator
C1832	Autograft suspension, including cell processing and application, and all system components	H	J7

Hospital outpatient departments and ASCs must report HCPCS code C1832 when the RECELL System is used. Since the RECELL System has TPT status, hospital outpatient departments and ASCs are eligible to obtain additional separate payment for the RECELL System in addition to payment(s) for the epidermal autograft procedure(s). TPT status remains in effect for 3 years through December 31, 2024.<sup>8</sup>

### Hospital Outpatient Status Indicators

**H** = Separate cost-based pass-through payment; not subject to copayment.

**N** = Paid under OPSS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

**T** = Paid under OPSS; separate APC payment.

### ASC Payment Indicators

**A2** = Surgical procedure on ASC list in CY 2007; payment based on OPSS relative payment weight.

**J7** = OPSS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced.

**N1** = Packaged service/item; no separate payment made.

### Notes:

- ASCs are required to separately report C-codes that have pass-through payment status.<sup>10</sup>
- Medicare bases the hospital outpatient C-code payment on the hospital's charges reduced to cost.
- The Medicare Administrative Contractor (MAC) sets the C-code payment rate (known as Contractor pricing) for ASCs.

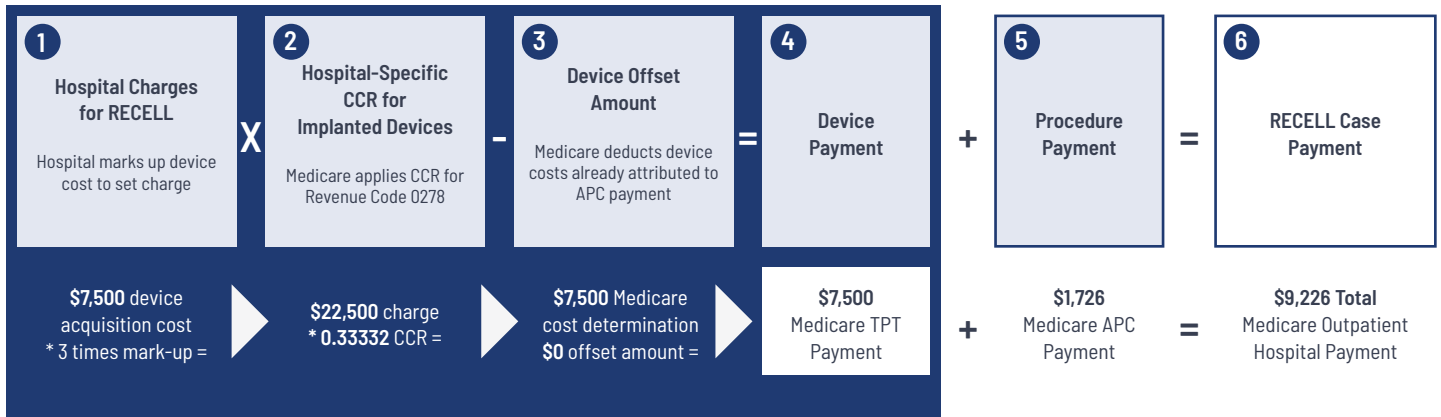
### TPT PAYMENT METHODOLOGY

Medicare payment for medical devices with TPT status is based on the hospital's device charges on the claim form adjusted to cost (the device cost) multiplied by the cost-to-charge ratio (CCR), less the device-related portion of the procedure (also called the device offset) that is already included in the Medicare outpatient department fee schedule amount (APC payment) for that procedure. The total facility payment will include the TPT payment plus the APC payment(s).

### TPT PAYMENT EXAMPLE

Medicare will establish each hospital's TPT payment amount for the RECELL System and all accessories and components using the following formula:

- 1 Hospital establishes a charge for the RECELL System.** The hospital should consider the CCR for Revenue Code 0278 along with the cost of the device to ensure that an appropriate charge is established.
- 2 Medicare calculates the device cost.** Medicare then applies the CCR for Revenue Code 0278 for that specific hospital to the hospital's device charge to determine the actual cost of the RECELL System.
- 3 Medicare deducts the device offset amount.** Medicare applies the device-related portion of the associated HCPCS code. In CY 2023, the device offset amount is \$0.00 for both CPT 15110 and CPT 15115.
- 4 Medicare determines the TPT device payment.** The device offset is subtracted from the adjusted charge to calculate the TPT payment.
- 5 Include the relevant APC payment(s).** The procedure is paid as usual (e.g., the APC payment for CPT 15110 is \$1,725.86).
- 6 Medicare calculates the total procedure payment.** The TPT payment amount is added to the APC payment for the related CPT to calculate the total payment for the patient case.





# SAMPLE UB-04/CMS 1450: HOSPITAL OUTPATIENT DEPARTMENT RECELL WITH SPLIT-THICKNESS SKIN GRAFT ON 5% TBSA FULL-THICKNESS SURGICAL WOUND

**Clinical Scenario:** A 58-year-old female sustained an acute full-thickness surgical wound dehiscence on his abdomen totaling 5% TBSA (1,000 sq cm). The patient is taken to the operating room for debridement and excision of her wounds and autografting with a meshed 3:1 split-thickness skin graft in combination with cell suspension autograft for definitive wound closure.

**HCPCS CODES (Field 44):** Enter HCPCS code for RECELL System:

**C1832** – Autograft suspension, including cell processing and application, and all system components

**REVENUE CODES AND DESCRIPTIONS (Field 42 and 43):** Report the most appropriate revenue codes and descriptions of the cost center. For example:

**0360** – Operating Room Services – General

**0278** – Med/Surg Supplies – Other Implants for the RECELL System.

**TREATMENT AUTHORIZATION (Field 63):** Include prior authorization number for commercial and Medicare Advantage patients.

**DIAGNOSIS CODES (Field 67A-67O):** Acute full-thickness surgical wound dehiscence on his abdomen: T81.31XA Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter. Add additional Y code if circumstances documented

**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HPPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 UNCOVERED CHARGES
0360	OR services	15002	MMDDYY	1	\$XXXXX.XX	
0360	OR services	15003	MMDDYY	9	\$XXXXX.XX	
0360	OR services	15110	MMDDYY	1	\$XXXXX.XX	
0360	OR services	15111	MMDDYY	9	\$XXXXX.XX	
0278	RECELL System	C1832	MMDDYY	1	\$XXXXX.XX	

**TYPE OF BILL (FIELD 4):** Enter TOB code 013(x)

**TOTAL CHARGES (Field 47):** Enter total charges for OR services and RECELL System.

**IMPORTANT:** Report total charges for RECELL System. Do not report total costs.

**HCPCS CODES (Field 44):** Enter the CPT codes for the procedure. For example:

**CPT 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

**CPT 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)

**CPT 15100** – Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)

**CPT 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)



# SAMPLE UB-04/CMS 1450: HOSPITAL OUTPATIENT DEPARTMENT RECELL ALONE ON 14% TBSA DEEP PARTIAL-THICKNESS BURNS

**Clinical Scenario:** A 42-year-old male received flash burns on his arms (upper and lower) while lighting a gas grill. He is transported to the nearby emergency room where he is assessed to have deep partial-thickness burns on his arms covering 14% TBSA (2,800 sq cm). After the patient is hemodynamically stable, he is taken to the operating room for debridement and excision of his partial-thickness burns and immediate autografting for definitive wound closure.

**HCPCS CODES (Field 44):** Enter HCPCS code for RECELL System:

**C1832** – Autograft suspension, including cell processing and application, and all system components

**TYPE OF BILL (FIELD 4):** Enter TOB code 013(x)

**TOTAL CHARGES (Field 47):** Enter total charges for OR services and RECELL System.

**IMPORTANT:** Report total charges for RECELL System. Do not report total costs.

**REVENUE CODES AND DESCRIPTIONS (Field 42 and 43):** Report the most appropriate revenue codes and descriptions of the cost center. For example:

**0360** – Operating Room Services – General

**0278** – Med/Surg Supplies – Other Implants for the RECELL System.

**HCPCS CODES (Field 44):** Enter the CPT codes for the procedure. For example:

**CPT 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

**CPT 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)

**CPT 15110** – Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

**CPT 15111** – Epidermal 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)

**TREATMENT AUTHORIZATION (Field 63):** Include prior authorization number for commercial and Medicare Advantage patients.

**DIAGNOSIS CODES (Field 67A-67Q):** Include ICD-10 codes from the T20-T25 series to report anatomic burn site and depth. Also report the extent of the burn from the T31 series of ICD-10-CM codes.

**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.



# SAMPLE UB-04/CMS 1450: HOSPITAL OUTPATIENT DEPARTMENT

## RECELL PLUS SPLIT-THICKNESS SKIN GRAFT ON 8% TBSA FULL-THICKNESS/ MIXED DEPTH BURNS

**Clinical Scenario:** A 74-year-old female was burned on her upper thighs when boiling water spilled while moving a large pot from the stove to the sink in her home. She is transported to the nearby emergency room, where she is assessed to have full-thickness/mixed depth burns on her thighs covering 8% TBSA (1,600 sq cm). After determining that the patient is hemodynamically stable, she is taken to the operating room for debridement and excision of her burns and immediate autografting for definitive wound closure.

**HCPCS CODES (Field 44):** Enter HCPCS code for RECELL System:

**C1832** – Autograft suspension, including cell processing and application, and all system components

**REVENUE CODES AND DESCRIPTIONS (Field 42 and 43):** Report the most appropriate revenue codes and descriptions of the cost center. For example:

**0360** – Operating Room Services – General

**0278** – Med/Surg Supplies – Other Implants for the RECELL System.

**TREATMENT AUTHORIZATION (Field 63):** Include prior authorization number for commercial and Medicare Advantage patients.

**DIAGNOSIS CODES (Field 67A-67Q):** Include ICD-10 codes from the T20-T25 series to report anatomic burn site and depth. Also report the extent of the burn from the T31 series of ICD-10-CM codes.

**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / ICDPCS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 UNCOVERED CHARGES
0360	OR services	15002	MMDDYY	1	\$XXXXX.XX	
0360	OR services	15003	MMDDYY	15	\$XXXXX.XX	
0360	OR services	15110	MMDDYY	1	\$XXXXX.XX	
0360	OR services	15111	MMDDYY	15	\$XXXXX.XX	
0278	Med/surg supplies-other implants	C1832	MMDDYY	1	\$XXXXX.XX	
0360	OR services	15100	MMDDYY	1	\$XXXXX.XX	
0360	OR services	15101	MMDDYY	15	\$XXXXX.XX	

**TYPE OF BILL (FIELD 4):**  
Enter TOB code 013(x)

**TOTAL CHARGES (Field 47):** Enter total charges for OR services and RECELL System.

**IMPORTANT:** Report total charges for RECELL System. Do not report total costs.

**HCPCS CODES (Field 44):** Enter the CPT codes for the procedure. For example:

**CPT 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

**CPT 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)

**CPT 15100** – Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

**CPT 15111** – Epidermal 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)

**CPT 15100** – Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)

**CPT 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)





# SAMPLE CMS 1500: AMBULATORY SURGICAL CENTER (ASC)

## RECELL WITH SPLIT-THICKNESS SKIN GRAFT ON 3% TBSA FULL-THICKNESS ROAD RASH/FRICTION BURN INJURY

**Clinical Scenario:** A 32-year-old male presented to the emergency room following a motorcycle accident where he sustained an acute full-thickness road rash/friction burn injury on his left upper arm and shoulder totaling 2% TBSA (400 sq cm). Following initial debridement and excision of his wound, the patient is scheduled for grafting at an ASC at a later date. At the ASC, the patient is taken to the operating room for surgical preparation of his wounds and autografting with a meshed 3:1 split-thickness skin graft in combination with cell suspension autograft for definitive wound closure.

**ADDITIONAL CLAIM INFORMATION:** For Medicare claims, ASCs must report the total cost of the RECELL System as noted on the invoice in a currency format using a decimal point. Verify appropriate billing with commercial payers who may have different requirements.

**DATE OF SERVICE (Field 24A), PLACE OF SERVICE (Field 24B) and CPT/HCPCS CODES (Field 24D):** Include the date of service, place of service and the relevant CPT codes - For example:

**CPT 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

**CPT 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)

**CPT 15100** – Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)

**CPT 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)

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

**1. MEDICARE**  **MEDICAID**  **TRICARE**  **CHAMPVA**  **GROUP HEALTH PLAN**  **FECA HEALTH PLAN**  **OTHER**

**2. PATIENT'S NAME** (Last Name, First Name, Middle Initial) \_\_\_\_\_

**3. PATIENT'S BIRTH DATE** MM DD YY \_\_\_\_\_ **SEX** M  F

**4. INSURED'S NAME** (Last Name, First Name, Middle Initial) \_\_\_\_\_

**5. PATIENT'S ADDRESS** (No., Street) \_\_\_\_\_

**6. PATIENT RELATIONSHIP TO INSURED**  
Self  Spouse  Child  Other

**7. INSURED'S ADDRESS** (No., Street) \_\_\_\_\_

**8. RESERVED FOR NUCC USE**

**9. OTHER INSURED'S NAME** (Last Name, First Name, Middle Initial) \_\_\_\_\_

**10. IS PATIENT'S CONDITION RELATED TO:**  
a. EMPLOYMENT? (Current or Previous) YES  NO   
b. AUTO ACCIDENT? YES  NO  PLACE (State) \_\_\_\_\_  
c. OTHER ACCIDENT? YES  NO

**11. INSURED'S POLICY GROUP OR FECA NUMBER** \_\_\_\_\_

**12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)** MM DD YY \_\_\_\_\_ **15. OTHER DATE** MM DD YY \_\_\_\_\_

**16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION**  
FROM MM DD YY TO MM DD YY

**17. NAME OF REFERRING PROVIDER OR OTHER SOURCE** 17a. \_\_\_\_\_ 17b. NPI \_\_\_\_\_

**18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES**  
FROM MM DD YY TO MM DD YY

**19. ADDITIONAL CLAIM INFORMATION** (Designated by NUCC)  
\$7,500.00

**20. OUTSIDE LAB?** YES  NO  **CHARGES** \$ \_\_\_\_\_

**21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY** Relate A4- to service line below (24E)  
A. S40.81A B. V29.99XA C. \_\_\_\_\_ D. \_\_\_\_\_ E. \_\_\_\_\_ F. \_\_\_\_\_ G. \_\_\_\_\_ H. \_\_\_\_\_ I. \_\_\_\_\_ J. \_\_\_\_\_

**22. RESUBMISSION CODE** \_\_\_\_\_ **ORIGINAL REF. NO.** \_\_\_\_\_

**23. PRIOR AUTHORIZATION NUMBER** 123456

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. PROCEDURE, SERVICE, OR SUPPLY	D. DIAGNOSIS	E. CHARGES	F. UNITS	G. DAYS OF SUPPLY	H. ICD-9-CM	I. RENDERING PROVIDER ID. #
MM DD YY	MM DD YY	24	15002	\$X,XXX,XX	1		NPI	
MM DD YY	MM DD YY	24	15003	\$X,XXX,XX	3		NPI	
MM DD YY	MM DD YY	24	15100	\$X,XXX,XX	1		NPI	
MM DD YY	MM DD YY	24	15101	\$X,XXX,XX	3		NPI	
MM DD YY	MM DD YY	24	C1832	\$7,500.00	1		NPI	

**25. FEDERAL TAX I.D. NUMBER** \_\_\_\_\_ **SSN** \_\_\_\_\_ **EN** \_\_\_\_\_

**26. PATIENT'S ACCOUNT NO.** \_\_\_\_\_

**27. ACCEPT ASSIGNMENT?** YES  NO

**28. TOTAL CHARGE** \$ \_\_\_\_\_

**29. AMOUNT PAID** \$ \_\_\_\_\_

**30. Rev# for NUCC Use** \_\_\_\_\_

**31. SIGNATURE OF PHYSICIAN OR SUPPLIER** INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**32. SERVICE FACILITY LOCATION INFORMATION**  
a. NPI \_\_\_\_\_ b. \_\_\_\_\_

**33. BILLING PROVIDER INFO & PH #** ( )

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

**DIAGNOSIS CODES (Field 21A-21L):** Acute full-thickness road rash/friction burn injury on his left upper arm: S40.81A Abrasion of Upper Arm, Initial Encounter  
V29.99XA Rider (driver) (passenger) of other motorcycle injured in unspecified traffic accident, initial encounter  
**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

**PRIOR AUTHORIZATION (Field 23):** Include prior authorization number for commercial and Medicare Advantage patients.

**CHARGES (Field 24F), UNITS (Field 24G):** Report the charge amount for the corresponding CPT code(s) and the number of CPT units.

**HCPCS CODES (Field 24D):** ASCs are required to separately report C-codes with pass-through payment status. Enter HCPCS code for RECELL System -  
**C1832** – Autograft suspension, including cell processing and application, and all system components

**CHARGES (Field 24F), UNITS (Field 24G):** For Medicare claims, report the invoice cost of the RECELL System and the number of units. Verify appropriate billing with commercial payers who may have different requirements.



# SAMPLE CMS 1500: AMBULATORY SURGICAL CENTER (ASC)

## RECELL ON 4% TBSA DEEP-PARTIAL THICKNESS BURN

**Clinical Scenario:** A 35-year-old male received a burn on his right forearm from escaping radiator steam. He is transported to the nearby ASC where he is assessed to have a deep partial-thickness burn on his right forearm covering 4% TBSA (800 sq cm). After the patient is hemodynamically stable, he is taken to the surgical suite for debridement and excision of his partial-thickness burn and immediate autografting for definitive wound closure.

**ADDITIONAL CLAIM INFORMATION:**  
For Medicare claims, ASCs must report the total cost of the RECELL System as noted on the invoice in a currency format using a decimal point. Verify appropriate billing with commercial payers who may have different requirements.

**DATE OF SERVICE (Field 24A), PLACE OF SERVICE (Field 24B) and CPT/HCPCS CODES (Field 24D):** Include the date of service, place of service and the relevant CPT codes to report the debridement and excision of the patient's full-thickness burns and immediate autografting for permanent wound coverage - For example:

**CPT 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

**CPT 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)

**CPT 15110** – Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children

**CPT 15111** – Epidermal 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)

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare#)  MEDICAID (Medicaid#)  TRICARE (ICD#)  CHAMPVA (Member ID#)  GROUP HEALTH PLAN (GHP)  FECA BEN (LUNG) (IC#)  OTHER (IC#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)

7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? (Current or Previous) YES/NO, b. AUTO ACCIDENT? YES/NO, c. OTHER ACCIDENT? YES/NO, d. CLAIM CODES (Designated by NUCC))

11. INSURED'S POLICY GROUP OR FECA NUMBER (a. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F), b. OTHER CLAIM ID (Designated by NUCC), c. INSURANCE PLAN NAME OR PROGRAM NAME)

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the payer who accepts assignment below.) SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED DATE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM/DD/YY) QUAL. 15. OTHER DATE (MM/DD/YY) QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (37a, NPI) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) \$X,XXX.XX

20. OUTSIDE LAB? YES/NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD-10 Ind. 22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER 123456

24. A. DATE(S) OF SERVICE (From MM/DD/YY To MM/DD/YY)	B. PLACE OF SERVICE (EMG)	C. PROCEDURE, SERVICE, OR SUPPLIES (CPT/HCPCS) MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNF. PAY. (1-7)	H. BSN (1-7)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM/DD/YY MM/DD/YY	24	15002		\$X,XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	24	15003		\$X,XXX.XX	7		NPI	
MM/DD/YY MM/DD/YY	24	15110		\$X,XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY	24	15111		\$X,XXX.XX	7		NPI	
MM/DD/YY MM/DD/YY	24	C1832		\$X,XXX.XX	1		NPI	
MM/DD/YY MM/DD/YY							NPI	

25. FEDERAL TAX I.D. NUMBER (SSN EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES/NO) 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rev# for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION (a. NPI, b. NPI)

33. BILLING PROVIDER INFO & PH # ( )

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

**DIAGNOSIS CODES (Field 21A-21L):** Include ICD-10 codes from the T20-T25 series to report anatomic burn site and depth. Also report the extent of the burn from the T31 series of ICD-10-CM codes.

**IMPORTANT:** Report ICD-10-CM codes for patient comorbidities.

**PRIOR AUTHORIZATION (Field 23):** Include prior authorization number for commercial and Medicare Advantage patients.

**CHARGES (Field 24F), UNITS (Field 24G):** Report the charge amount for the corresponding CPT code(s) and the number of CPT units.

**CHARGES (Field 24F), UNITS (Field 24G):** For Medicare claims, report the invoice cost of the RECELL System and the number of units. Verify appropriate billing with commercial payers who may have different requirements.

**HCPCS CODES (Field 24D):** ASCs are required to separately report C-codes with pass-through payment status.

Enter HCPCS code for RECELL System –

**C1832** – Autograft suspension, including cell processing and application, and all system components



# REFERENCES

1. American Burn Association. Burn News: Cell Suspension Autograft CPT Coding Recommendation. <http://ameriburn.org/cell-suspension-autograft-cpt-coding-recommendation/>. Accessed December 13, 2022.
2. American Medical Association. 2023 Current Procedural Terminology (CPT®), Professional Edition. CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
3. Centers for Medicare & Medicaid Services. Payment Policies Under the Physician Fee Schedule for CY 2023 (Final rule). 87 Fed. Reg. 222, November 18, 2022; PRRVU January 2022 Update 12.15.22. All MPFS Fee Schedules calculated using conversion factor of \$33.8872 effective January 2023.
4. Centers for Medicare & Medicaid Services. Hospital Inpatient Prospective Payment System for FY 2023 (Final Rule and Correcting Amendments). 87 Fed. Reg. 153, August 10, 2022; and 87 Fed. Reg. 213, November 4, 2022. Payment rates calculated using standardized amounts in Tables 1A-1E that were updated in the Correcting Amendment.
5. Centers for Medicare & Medicaid Services. ICD-10-PCS Reference Manual. [https://www.cms.gov/Medicare/Coding/ICD10/downloads/pcs\\_refman.pdf](https://www.cms.gov/Medicare/Coding/ICD10/downloads/pcs_refman.pdf). Accessed December 14, 2022.
6. Centers for Medicare & Medicaid Services. ICD-10 Coordination and Maintenance Committee Meeting Agenda. September 11, 2018. <https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/2018-09-11-Agenda.pdf>. Accessed December 14, 2022.
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8. Centers for Medicare & Medicaid Services. Hospital Outpatient Prospective Payment System for CY 2023 (Final Rule). 87 Fed. Reg. 225, November 23, 2022 and <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1772-fc>. Accessed January 3, 2022.
9. Centers for Medicare & Medicaid Services. Hospital Outpatient Prospective Payment System for CY 2022 (Final Rule). 86 Fed. Reg. 218, November 16, 2021 and <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-fc>. Accessed December 15, 2022.
10. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 14 – Ambulatory Surgical Centers, page 19. Rev. 3939, 12-22-17. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c14.pdf>. Accessed December 15, 2022.
11. Centers for Disease Control and Prevention, National Center for Health Statistics. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

**QUESTIONS? PLEASE CONTACT RECELL ACCESS PROGRAM AT****833-674-1688****OR****SUPPORT@RECELLACCESSPROGRAM.COM**

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**IMPORTANT SAFETY INFORMATION**

**INDICATIONS FOR USE:** The RECELL Autologous Cell Harvesting Device is indicated for the treatment of thermal burn wounds and full-thickness skin defects. The RECELL Device is used by an appropriately licensed healthcare professional at the patient's point of care to prepare autologous Spray-On Skin Cells for direct application to acute partial-thickness thermal burn wounds in patients 18 years of age and older, or application in combination with meshed autografting for acute full-thickness thermal burn wounds, in pediatric and adult patients and full-thickness skin defects after traumatic avulsion (e.g., degloving) or surgical excision (e.g., necrotizing soft tissue infection) or resection (e.g., skin cancer), in patients 15 years of age and older.

**CONTRAINDICATIONS:** RECELL is contraindicated for the treatment of wounds clinically diagnosed as infected or with necrotic tissue present in the wound bed. RECELL is contraindicated for: the treatment of patients with a known hypersensitivity to trypsin or compound sodium lactate (Hartmann's) solution, patients having a known hypersensitivity to anesthetics, adrenaline/epinephrine, povidone-iodine, or chlorhexidine solutions.

**WARNINGS:** Autologous use only. Control infections on wounds prior to application of the cell suspension. Excise the necrotic tissues on wound bed prior to application of the cell suspension. Wound beds treated with a cytotoxic agent (e.g., silver sulfadiazine) should be rinsed prior to application of the cell suspension. RECELL is provided sterile and is intended for single-use. Do not use if packaging is damaged or expired. Choose a donor site with no evidence of cellulitis or infection and process skin immediately. A skin sample should require between 15 and 30 minutes contact with Enzyme. Contact in excess of 60 minutes is not recommended. RECELL Enzyme is animal derived and freedom from infectious agents cannot be guaranteed.

**PRECAUTIONS:** RECELL is not intended for use without meshed autograft for treatment of acute full-thickness burn wounds or full-thickness skin defects after traumatic avulsion (e.g., degloving) or surgical excision (e.g., necrotizing soft tissue infection) or resection (e.g., skin cancer). The safety and effectiveness of RECELL without meshed autograft have not been established for treatment of partial-thickness burn wounds: on the hands and articulating joints >320cm<sup>2</sup>, in patients with wounds totaling >20% total body surface area (TBSA). The safety and effectiveness of RECELL with autografting have not been established for treatment of full-thickness burn wounds: on the hands and articulating joints, and in patients younger than 28 days of age (neonates). The safety and effectiveness of RECELL plus autografting have not been established for application in combination with meshed autografting on full-thickness skin defects after traumatic avulsion (e.g., degloving) or surgical excision (e.g., necrotizing soft tissue infection) or resection (e.g., skin cancer): on the hands and genitalia.

**SPECIAL PATIENT POPULATIONS:** The safety and effectiveness of RECELL have not been established for treatment of acute thermal partial-thickness burn wounds in pediatric patients younger than 18 years of age. For complete Important Safety Information, refer to Instructions for Use.

**INSTRUCTIONS FOR USE:** Consult the Instructions for Use prior to using RECELL. The Instructions for Use can be located at [www.RECELLsystem.com](http://www.RECELLsystem.com).

