

MyOwn Skin™ CPT Coding Guide

MyOwn Skin™ is an autologous partial-thickness skin graft intended for homologous uses of skin tissues which may include the repair, reconstruction, replacement, or supplementation of skin tissues and the integumentary system. Qualified medical providers may use MyOwn Skin™ to treat patients who have suffered from an event, disease, process or acquired deficit that results in the functional loss or void of skin tissues and the integumentary system in place of or in combination with split-thickness grafting, full-thickness grafting, temporizing skin coverage and/or skin substitute products.

****REVISED 06/23/2020****

2020 CODING GUIDE: PROVIDER

Provider Coding Procedures Using MyOwn Skin™

The application of MyOwn Skin™ is performed in two phases: a harvest phase and an application phase. Performing these phases may be covered by Current Procedural Terminology (CPT®¹) and Healthcare Common Procedure Coding System (HCPCS) codes.

Process	CPT® Code	Description	CPT Code Detail	MCR Reimb LOW	MCR Reimb HIGH
MyOwn Skin™ Product Code	Q4226	MyOwn Skin, Includes Harvesting and Preparation Procedures, per square centimeter	Active 10/01/2019*	80% of AWP (AWP=\$480/cm²) \$400/cm²	80% of AWP (AWP=\$480/cm²) \$400/cm²
	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	Combine to Reach Aggregate	133.05	184.27
+15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	24.47		34.41	
MyOwn Skin™ Application+	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	Combine to Reach Aggregate	278.77	390.46
	+15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		68.10	95.09
	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	Combine to Reach Aggregate	142.35	198.52
	+15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)		31.99	45.47
	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	Combine to Reach Aggregate	305.74	429.24
	+15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		80.72	113.10



1. Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association (AMA). Copyright 2020 AMA. All rights reserved.



*Important Billing Instructions:

MyOwn Skin™ is not included on the Medicare Part B Average Sales Price (ASP) Pricing File published by the Centers for Medicare and Medicaid Services (CMS) at this time. Per Chapter 17 of the Medicare Claims Processing Manual, MyOwn Skin™ is paid based on a percentage of AWP (Average Wholesale Price) OR a percentage of invoice. Since the product cannot be ordered in sizes exactly to fit the graft, payers expect to pay for wastage.

- Box 19 on the CMS-1500 claim form allows the provider to include the invoice cost and product details (name, size and amount \$).
- Payment based on invoice cost does not delay the electronic processing of claims.
- Providers should check with local payers to determine if an invoice is required to be submitted with the claim. If the invoice is required, it will be specified in the LCD or Medical Policy.
- Providers should check with local payers regarding appropriate use of modifiers and MAY include:
 - JC – Material used as a graft (enter cm² used for graft)
 - JW – Wastage not used for graft (enter cm² trimmed and/or discarded)
 - Use 2 lines of QCode to separate the material used from wastage.
 - KX – Used on both Q code and CPT Code to indicate requirements of medical policy have been met.
- Note: CPT Codes in the 15271-15278 series have a 0-day Global Period.
- Providers should check additional procedure codes that may be performed as part of the MyOwn Skin patient’s care. Some of these procedures may include:
 - 11043-11047: Debridement
 - 15002-15005: Wound Prep
 - 16020-16030: Burn Debridement
 - 97597-97598: Removal of Devital Tissue

BILLING UNITS

****Units Billed** - Check units billed – Due to cross contamination issues, payers generally reimburse for the entire square cm piece, as it is typically reasonable and necessary to discard a portion of the product. It is recommended that providers document wastage in the patient’s chart, and separate the used product and the discarded product into separate billing lines using the appropriate modifiers. Minimum Order size is 25cm².

MyOwn Skin™ Size	Order Code	HCPCS Code	Total cm ²	Billable Units
5cm x 5cm	MS0505	Q4226	25cm ²	25
10cm x 10cm	MS1010	Q4226	100cm ²	100

PRE-AUTHORIZATION

Documentation of a patient’s history, conservative therapies and reason for any service or procedure is the key to a positive reimbursement scenario. When a skin substitute graft procedure is indicated by the physician, the patient’s medical record should clearly state the reason for the procedure as well as the outcomes and recommended therapies to follow. This documentation will support claim review and pre-authorization alike.

Clinical notes should contain the following details:

- Reason for the procedure based on physical exam
- All conservative therapies previously used in the treatment of the current disease
- Specific reason why this treatment is indicated for this patient
- Anticipated outcomes
- Recommended therapies or treatments

Operational and office visit notes might include the following:

- History of patient encounters including conservative therapies
- Current diagnosis or history of disease state
- Details of findings on exam
- Reason for procedure relevant to condition
- Usual details of procedure
- Explanation of technology specific to MyOwn Skin™
- Findings and any anticipated further treatments

A letter of medical necessity (LMN) may be required for pre-authorization of a skin substitute graft procedure or for supporting documentation following a request for a claim review. Details of the LMN should include the items on the checklist above.