

CPT® Code ¹	Description	Physician Fee Schedule Non-Facility (Office) ² Total Relative Value Unit (RVU) ³ Physician Work (Pw)* RVU ³	Physician Fee Schedule Facility (WCC, ASC) ² Total Relative Value Unit (RVU) ³ Physician Work* (Pw) RVU ³	Ambulatory Payment Classification (APC) Cross Walk ⁴ (OPPS Payment Status Indicator) ⁴	Hospital Outpatient Department (HOPD,)* Fee Schedule	Ambulatory Surgical Center (ASC) ⁵ Fee Schedule ASC Payment Indicator ⁶
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	\$822.41 (22.82) ³ Pw 10.97*	\$714.29 (19.82) Pw 10.97*	5054 (T) ⁴	\$1548.96	\$797.53 (A2) ⁶
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)	\$119.65 (3.32) Pw 1.85*	\$108.12 (3.00) Pw 1.85*	Packaged (N) ⁴	Packaged	Packaged (N1) ⁶
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	\$816.29 (22.65) Pw 11.28*	\$708.89 (19.67) Pw 11.28*	5054 (T) ⁴	\$1548.96	\$797.53 (A2) ⁶
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; 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)	\$172.99 (4.80) Pw 2.50*	\$157.85 (4.38) Pw 2.50*	Packaged (N) ⁴	Packaged	Packaged (N1) ⁶

*PW= Physician Work portion of the Total RVUs

Note: All amounts listed do not reflect adjustments for quality reporting, e-prescribing, sequestration or any other reduction. All numbers represent national averages only.

For more information, call the Acelity Reimbursement Education Hotline at: **800-668-6812** or email: **ReimbursementEducation@Acelity.com**

References:

1. Current Procedural Terminology (CPT®) copyright 2016 American Medical Association (AMA). All Rights Reserved. CPT is a registered trademark of the AMA.
2. Place of Service Code (POS) for non facility includes: Office-11, Prison-09, Skilled Nursing Facility (SNF) Part B-32, and Independent Clinic-49. POS for facility includes: Hospital outpatient Off-Campus- 19, Hospital inpatient-21, Hospital outpatient-22, ASC 24, and SNF Part A-31. [CMS Place of Service Code Sheet](#)
3. Medicare Final Rule [CMS-1693-F Revisions to Payment Policies under the Medicare Physician Fee Schedule and Other Revisions to Part B for CY 2019](#); Corrections estimated the conversion factor at \$36.0391 for January 1, 2019
4. Medicare Correction Notice for Hospital Outpatient Prospective Payment System [CMS-1695-FC-2019 Hospital Outpatient Prospective Payment Notice](#) CMS assigns an OPPS payment status indicator to every HCPCS code. The status indicator identifies whether the service described by the HCPCS code is paid under OPPS and if so, whether payment is made separately or packaged. Status Indicator (SI) "T" means - Procedure or Service, Multiple Procedure Reduction Applies. Paid under OPPS; Separate APC Payment. SI "N" means - Items and Services Packaged into APC Rates. Items and Services Packaged into APC Rates. Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment. The Relative Value Units and Related Information Used in CY. [CMS Addendum D1](#)
5. Medicare Ambulatory Surgical Center (ASC) Payment-Notice of Final Rulemaking (NFRM) with comment period CMS-1678-FC [CMS-1695-FC-ASC Payment Notice](#).
6. SI "A2" means - Surgical procedure on ASC list in CY 2017; payment based on OPPS relative payment weight. SI "N1" means - Packaged service/item; no separate payment made. [Addendum DD1](#)

Important Note: The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by KCI concerning the levels of reimbursement, payment, calculations, eligibility, charges or that these policies and codes will be appropriate for specific services or products provided or that reimbursement will be made. Information is current as of the date of publication and is subject to change at any time. KCI recommends that you consult your local CMS contracted carrier, Medicaid carrier or other applicable payor organization with regard to specific reimbursement policies, coverage, documentation, payment and criteria. Individual circumstances and situations may vary.

Copyright 2017, 2019 KCI Licensing, Inc. All rights reserved. CPT is a registered trademark of the American Medical Association. Unless otherwise designated, all trademarks are proprietary to KCI Licensing, Inc., its affiliates and/or licensors. PRA-PM-US-01054 (01/19)