

SERENAGROUP 2020 HOSPITAL WOUND CENTER CHARGE MASTER LISTING						
DESCRIPTION	CPT	REV CODE	S/I	HOPD RATE	UNADUSTE	APC
HYPERBARIC OXYGEN						
Hyperbaric treatment unit, each 30 minutes	G0277	413	S	\$115.06	\$23.02	5061
Hyperbaric treatment, per session, Non-Medicare	99183-TC	413	S	Contract	Contract	
OUTPATIENT CLINIC VISITS						
Medicare Hospital Outpatient Clinic Visit, Any Level, Initial or Established	G0463	510	J2	\$115.93	\$23.19	5012
Initial Patient Visit, OP, Level 1, Non-Medicare	99201	510	B	Contract	Contract	
Initial Patient Visit, OP, Level 2, Non-Medicare	99202	510	B	Contract	Contract	
Initial Patient Visit, OP, Level 3, Non-Medicare	99203	510	B	Contract	Contract	
Initial Patient Visit, OP, Level 4, Non-Medicare	99204	510	B	Contract	Contract	
Initial Patient Visit, OP, Level 5, Non-Medicare	99205	510	B	Contract	Contract	
Established Pt. Visit, OP, Level 1, Non-Medicare	99211	510	B	Contract	Contract	
Established Pt. Visit, OP, Level 2, Non-Medicare	99212	510	B	Contract	Contract	
Established Pt. Visit, OP, Level 3, Non-Medicare	99213	510	B	Contract	Contract	
Established Pt. Visit, OP, Level 4, Non-Medicare	99214	510	B	Contract	Contract	
Established Pt. Visit, OP, Level 5, Non-Medicare	99215	510	B	Contract	Contract	
TCOM, 1-2 levels, unilateral extremity	93922-52	921	Q1	\$54.52	\$10.91	5734
TCOM, 1-2 levels, bilateral extremity, or 3 or > levels unilateral with provocative measures	93922	921	Q1	\$109.03	\$21.81	5734
TCOM, 3 or > levels, bilateral, with provocative measures/extremity elevation	93923	921	S	\$138.35	\$27.67	5721
Duplex Scan of extremities, including response to compression & other maneuvers (bilateral) study	93970	921	s	\$230.56	\$49.05	5523
Unilateral or limited study	93170	921	S	\$112.51	\$23.75	5522
DEBRIDEMENTS						
Selective debridement, open wound, fibrin, devitalized epidermis and/or dermis, exudates, debris, biofilm, first 20 sq cm or less (all wounds debrided added together)	97597	361	T	\$174.73	\$34.95	5051
Selective debridement, open wound, fibrin, devitalized epidermis and/or dermis, exudates, debris, biofilm, each add'l 20 sq cm, or part thereof (all wounds debrided added together)	97598	361	N	\$0.00	\$0.00	
Debridement, Skin & SubQ tissue, 1st 20 sq cm or <	11042	361	T	\$319.51	\$63.91	5052
Debridement, Skin & SubQ tissue, each additional 20 sq cm	11045	361	N	\$0.00	\$0.00	
Debridement, Skin, SubQ, muscle and/or fascia, 1st 20 sq cm or <	11043	361	T	\$497.02	\$99.41	5053
Debridement, Skin, SubQ, muscle and/or fascia, each additional 20 sq cm or part thereof	11046	361	N	\$0.00	\$0.00	
Debridement, Skin, SubQ, muscle and/or fascia, bone, 1st 20 sq cm or <	11044	361	J1	\$1,372.60	\$274.52	5072
Debridement, Skin, SubQ, muscle and/or fascia, bone, each additional 20 sq cm or part thereof	11047	361	N	\$0.00	\$0.00	
Chemical cauterization of tissue	17250	761	Q1	\$174.73	\$34.95	5051
Non-selective debridement	97602	761	Q1	\$174.73	\$35.29	5051
Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	0598T	510/761	T	\$253.10	N/A	5722
Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper/ lower extremity) list additionally to primary procedure code	0599T	510/761	N	\$0.00	N/A	N/A
Low frequency, non-thermal ultrasound (i.e., mist therapy, Quoustic therapy)	97610	761	Q1	\$174.73	\$35.29	5051
NEGATIVE PRESSUURE						
Negative pressure wound therapy, < 50 sq. cm.	97605	761	Q1	\$174.73	\$35.29	5051
Negative pressure wound therapy, > 50 sq. cm.	97606	761	Q1	\$319.51	\$62.82	5052

Negative pressure wound therapy, mechanical, disposable device, < 50 sq. cm. (i.e., SNaP device)	97607	761	T	\$319.51	\$62.82	5052
Negative pressure wound therapy, mechanical, disposable device, > 50 sq. cm. (i.e., SNaP device)	97608	761	T	\$319.51	\$62.82	5052
BURNS						
Initial treatment, 1st degree burn, when no more than local treatment is required	16000	761	Q1	\$174.73	\$34.95	5051
Dressings and/or debridement of partial thickness burns, initial or subsequent, small (<5% body surface)	16020	761	Q1	\$174.73	\$34.95	5051
Dressings and/or debridement of partial thickness burns, initial or subsequent, medium (5% -10% body surface, e.g. whole face, whole extremity)	16025	761	T	\$174.73	\$34.95	5051
Dressings and/or debridement of partial thickness burns, initial or subsequent, large (> 10% body surface, e.g. more than one extremity)	16030	761	T	\$319.51	\$63.91	5052
NAIL & CALLOUS PROCEDURES						
Trim nails, non-dystrophic, any number	11719	761	Q1	\$55.01	\$11.01	5733
Trim nails, dystrophic	G0127	761	Q1	\$55.01	\$11.01	5733
Debridement of nails, 1 to 5	11720	761	Q1	\$55.01	\$11.01	5733
Debridement of nails, 6 or more	11721	761	Q1	\$55.01	\$11.01	5733
Avulsion of nail plate, single	11730	761	Q1	\$174.73	\$34.95	5051
Avulsion of nail plate, each add'l nail	11732	761	N	\$0.00	\$0.00	
Drain blood from under nail	11740	761	Q1	\$109.03	\$21.81	5734
Excision of nail, partial or complete	11750	761	T	\$319.51	\$63.91	5052
Biopsy of nail unit	11755	761	T	\$610.01	\$122.01	5071
Repair of nail bed	11760	761	T	\$497.02	\$99.41	5053
Paring or cutting of callus, single	11055	761	Q1	\$174.73	\$34.95	5051
Paring or cutting of callus, 2 to 4	11056	761	Q1	\$174.73	\$34.95	5051
Paring or cutting of callus, > 4	11057	761	T	\$174.73	\$34.95	5051
INCISION & DRAINAGE PROCEDURES						
I&D, abscess, simple or single	10060	361	T	\$174.73	\$34.95	5051
I&D, complicated or multiple	10061	361	T	\$319.51	\$63.91	5052
Incision & removal foreign body	10120	361	T	\$319.51	\$63.91	5052
I&D, hematoma, seroma or fluid	10140	361	J1	\$1,372.60	\$274.52	5072
Puncture aspiration abscess, hematoma, bulla of cyst	10160	361	T	\$319.51	\$63.91	5052
I&D complex, post-op wound infection	10180	361	J1	\$2,318.89	\$463.78	5073
BIOPSY PROCEDURES						
Biopsy; tangential, skin, single lesion	11102	761	T	\$174.73	\$34.95	5052
Biopsy; tangential, each add'l lesion	11103	761	N	\$0.00	\$0.00	
Biopsy; punch, skin, single lesion	11104	761	T	\$174.73	\$34.95	5051
Biopsy; punch, each add'l lesion	11105	761	N	\$0.00	\$0.00	
Biopsy; incisional, skin, single lesion	11106	761	T	\$319.51	\$63.91	5052
Biopsy; incisional, skin, each add'l lesion	11107	761	N	\$0.00	\$0.00	
AUTOLOGOUS SKIN GRAFT						
Epidermal autograft, trunk, arms, legs, ankle; 1st 100 sq cm or less, or 1% of body area of infants and children (CelluTome epidermal skin graft)	15110	361	T	\$1,622.74	\$324.55	5054
Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; 1st 100 sq cm or less, or 1% of body area of infants and children (CelluTome epidermal skin graft)	15115	361	T	\$1,622.74	\$324.55	5054
CTP (MEDICARE HIGH COST PRODUCTS & ALL NON-GOVERNMENT PRODUCT APPLICATIONS)						
Application of skin substitute to trunk, arms, legs; total wound surface area up to 100 sq cm; 1st 25 sq cm or <	15271-KX	361	T	\$1,622.74	\$324.55	5054
Application of skin substitute to trunk, arms, legs; total wound surface area up to 100 sq cm; each add'l 25 sq cm	15272-KX	361	N	\$0.00	\$0.00	
Application of skin substitute to trunk, arms, legs; total wound surface area greater than or equal to 100 sq cm	15273 -KX	361	T	\$2,977.29	\$595.46	5055

Application of skin substitute to trunk, arms, legs; total wound surface area greater than or equal to 100 sq cm; each add'l 100 sq cm wound surface area, or part thereof, or each add'l 1% of body area of infants and children under 10 years of age.	15274 -KX	361	N	\$0.00	\$0.00	
Application of skin substitute to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; total wound surface area up to 100 sq cm; 1st 25 sq cm or less wound surface area.	15275 -KX	361	T	\$1,622.74	\$324.55	5054
Application of skin substitute 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 add'l 25 sq cm wound surface area, or part thereof,	15276-KX	361	N	\$0.00	\$0.00	
Application of skin substitute 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.; 1st 100 sq cm wound surface area, or 1% of body area of infants and children < 10 years of age.	15277 -KX	361	T	\$1,622.74	\$324.55	5054
Application of skin substitute 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 add'l 100 sq cm wound surface area, or part thereof, or each add'l 1% of body area of infants and children under 10 years of age.	15278 -KX	361	N	\$0.00	\$0.00	
SKIN SUBSTITUTE GRAFT APPLICATION PROCEDURES						
(MEDICARE ONLY: LOW COST PRODUCTS: OASIS, OASIS TRI-LAYER, GAMMAGRAFT, ALLOSKIN, MATRISTEM)						
Application of skin substitute to trunk, arms, legs; total wo	C5271-KX	361	T	\$497.02	\$99.41	5053
Application of skin substitute to trunk, arms, legs; total wo	C5272-KX	361	N	\$0.00	\$0.00	
Application of skin substitute to trunk, arms, legs, total wound area greater than or equal to 100 sq cm; 1st 100 sq cm wound surface area, or 1% of body area of infants and children under 10 years of age.	C5273 -KX	361	T	\$1,622.74	\$324.55	5054
Application of skin substitute to trunk, arms, legs, total wound area greater than or equal to 100 sq cm; 1st 100 sq cm wound surface area, or 1% of body area of infants and children under 10 years of age.	C5274 -KX	361	N	\$0.00	\$0.00	
Application of skin substitute to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; total wound surface area up to 100 sq. cm.; 1st 25 sq. cm. or less wound surface area.	C5275 -KX	361	T	\$497.02	\$99.41	5053
Application of skin substitute to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; total wound surface area up to 100 sq. cm.; 1st 25 sq. cm. or less wound surface area.	C5276-KX	361	N	\$0.00	\$0.00	
Application of skin substitute to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/ or equal to 100 sq. cm; 1st 100 sq.cm. wound surface area.	C5277 -KX	361	T	\$497.02	\$99.41	5053
Application of skin substitute to face, scalp, eyelids, mouth, neck, orbits, genitalia, hands, feet, and/or digits; total wound surface area greater or equal to qoo sq. cm.; each addl. 100 sq. cm. wound surface aarea or part there of	C5278 -KX	361	N	\$0.00	\$0.00	
CASTING/STRAPPING PROCEDURE						
Rigid, total contact leg cast	29445	761	T	\$229.82	\$45.97	5102
Unna's paste boot	29580	761	T	\$133.74	\$26.75	5101
Multi-layer compression dressing, lower extremity	29581	761	T	\$133.74	\$26.75	5101
PRODUCTS/SUPPLIES REQUIRING SEPARATE REPORTING						

Apligraf skin substitute, per sq cm, amount applied to a patient as a skin graft	Q4101-KX-JC	636	N	\$0.00	\$0.00	
Apligraf skin substitute, per sq cm, amount discarded/not administered to any patient	Q4101-JW	636	N	\$0.00	\$0.00	
Oasis Wound Matrix Skin Sub, per sq cm, amount applied to a patient as a skin graft	Q4102-KX-JC	636	N	\$0.00	\$0.00	
Oasis Wound Matrix Skin Sub, per sq cm, amount discarded/not administered to any patient	Q4102-JW	636	N	\$0.00	\$0.00	
Dermagraft Skin Substitute, per sq cm, amount applied to a patient as a skin graft	Q4106-KX-JC	636	N	\$0.00	\$0.00	
Dermagraft Skin Substitute, per sq. cm., amount discarded/not administered to any patient	Q4106-JW	636	N	\$0.00	\$0.00	
Graft Jacket Wound Matrix, per sq cm, amount applied to a patient as a skin graft	Q4107-KX-JC	636	N	\$0.00	\$0.00	
Graft Jacket Wound Matrix, per sq cm, amount discarded and not administered to any patient	Q4107-JW	636	N	\$0.00	\$0.00	
Integra Matrix Skin Sub, per sq cm, amount applied to a patient as a skin graft	Q4108-KX-JC	636	N	\$0.00	\$0.00	
Integra Matrix Skin Sub, per sq cm, amount discarded/not administered to any patient	Q4108-JW	636	N	\$0.00	\$0.00	
PriMatrix, per sq cm, amount applied to a patient as a skin graft	Q4110-KX-JC	636	N	\$0.00	\$0.00	
PriMatrix, per sq. cm., amount discarded/not administered to any patient	Q4110-JW	636	N	\$0.00	\$0.00	
Gammagraft, per sq cm, amount applied to a patient as a skin graft	Q4111-KX-JC	636	N	\$0.00	\$0.00	
Gammagraft, per sq. cm., amount discarded/not administered to any patient	Q4111-JW	636	N	\$0.00	\$0.00	
Alloskin, per sq cm, amount applied to a patient as a skin graft	Q4115-KX-JC	636	N	\$0.00	\$0.00	
Alloskin, per sq. cm., amount discarded/not administered to any patient	Q4115-JW	636	N	\$0.00	\$0.00	
Alloderm, per sq cm, amount applied to a patient as a skin graft	Q4116-KX-JC	636	N	\$0.00	\$0.00	
Alloderm, per sq. cm., amount discarded/not administered to any patient	Q4116-JW	636	N	\$0.00	\$0.00	
Matristem Micromatrix, per sq cm, amount applied to a patient as a skin graft	Q4118-KX-JC	636	N	\$0.00	\$0.00	
Matristem Micromatrix, per sq. cm., amount discarded/not administered to any patient	Q4118-JW	636	N	\$0.00	\$0.00	
Theraskin, per sq cm, amount applied to a patient as a skin graft	Q4121-KX-JC	636	N	\$0.00	\$0.00	
Theraskin, per sq cm, amount discarded/not administered to any patient	Q4121-JW	636	N	\$0.00	\$0.00	
Oasis Tri-Layer Wound Matrix, per sq. cm., amount applied to a patient as a skin graft	Q4124-KX-JC	636	N	\$0.00	\$0.00	
Oasis Tri-Layer Wound Matrix, per sq cm, amount discarded/not administered to any patient	Q4124-JW	636	N	\$0.00	\$0.00	
Grafix Core, per sq cm, amount applied to a patient as a skin graft	Q4132-KX-JC	636	N	\$0.00	\$0.00	
Grafix Core, per sq cm, amount discarded/not administered to any patient	Q4132-JW	636	N	\$0.00	\$0.00	
Grafix Prime, per sq cm, amount applied to a patient as a skin graft	Q4133-KX-JC	636	N	\$0.00	\$0.00	
Grafix Prime, per sq cm, amount discarded/not administered to any patient	Q4133-JW	636	N	\$0.00	\$0.00	
Amnioexcel, per sq cm, amount applied to a patient as a skin graft	Q4137-KX-JC	636	N	\$0.00	\$0.00	

Amnioexcel, per sq cm, amount discarded/not administered to any patient	Q4137-JW	636	N	\$0.00	\$0.00	
EpiFix, per sq cm, amount applied to a patient as a skin graft	Q4186-KX-JC	636	N	\$0.00	\$0.00	
EpiFix, per sq cm, amount discarded/not administered to any patient	Q4186-JW	636	N	\$0.00	\$0.00	
PuraPly, per sq cm, amount applied to a patient as a skin graft	Q4195-KX-JC	636	G	\$119.99	\$0.00	9175
PuraPly, per sq cm, amount discarded/not administered to any patient	Q4195-JW	636	G	\$119.99	\$0.00	
PuraPly AM, per sq cm, amount applied to a patient as a skin graft	Q4196-KX-JC	636	G	\$113.86	\$0.00	9176
PuraPly AM, per sq cm, amount discarded/not administered to any patient	Q4196-JW	636	G	\$113.86	\$0.00	

REVENUE CODES

Outpatient Clinic	510
Observation/Treatment Room	761
OR Service, Minor Surgery	361
Peripheral Vascular Lab	921
Drugs requiring specific identification-detailed coding	636
Hyperbaric Oxygen Therapy	413

STATUS CODES	
B	Not recognized by OPSS when submitted on an outpatient hospital Part B bill type 12x and 13x.
G	Pass through drugs & biological, Paid under separate APC payment.
J1	Paid under OPSS, <u>all covered Part B services on the same claim are packaged with the primary "J1" service for the claim, except services with</u> Paid under OPSS, Addendum B displays APC assignments when services are separately payable.
J2	(1) Comprehensive APC payment based on OPSS comprehensive-specific payment criteria. Payment for all covered Part B services <u>on the claim is packaged into a single payment for each combination of</u> (2) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "J1." (3) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.
N	OPSS payment is packaged into payment for other services, no separate APC payment.
Q1	Packaged when billed <u>on the same claim</u> with any other code with a status indicator of S, T, V, or X. If not, they are separately payable. ❖
S	Significant Procedure, Not discounted when multiple procedures. Paid under OPSS, Separate APC payment.
T	Significant Procedure, multiple procedure reduction applies. Paid under OPSS, Separate APC Payment.

NOTES

Please note that Medicare payment amounts may vary slightly from location to location. This is based on the published OPSS Final Rule, effective 1/1/2020.

Excepted off-campus provider based department facility claims will be paid 40% of OPSS payment rate for CPT code G0463 in 2020. All other services will be paid as usual under OPSS. Modifier PO should be appended to all services on the facility claim that are provided in the off-campus department.

Non-excepted off-campus provider based department facility claims will be paid 40% of OPSS payment rate for all CPT codes in 2020. Modifier PN should be appended to all services on the facility claim that are provided in the off-campus department.

If you report more than one STVX or T-packaged code without a separately payable service into which it would otherwise be packaged, CMS will only make a separate payment for the highest paying service and package all others into that code.

Not all centers will use all of these codes. The type of physicians providing care in each specific center will directly influence the charge master codes used.

The codes used by Medicaid and private insurance companies vary from state to state. Please refer to the specific Medicaid hospital provider manual or consult with other applicable payer source for appropriate equivalent codes to utilize.