

**Expanded
Label Includes**

Full-Thickness
Pediatrics and
All Burn Sizes



2021 RECELL SYSTEM REIMBURSEMENT GUIDE

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PHYSICIAN

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.¹

CPT ²	Description	Global	Facility Relative Value Units (RVUs)	2021 Medicare National Payment (Facility) ³
Epidermal Autografts				
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	090	20.06	\$717.05
+15111	Each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	ZZZ	2.99	\$104.33
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	20.38	\$706.93
+15116	Each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof	ZZZ	4.38	\$153.88
Unlisted Procedures				
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	YYY	0	See Notes on Next Page

Global Surgery Indicators

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

YYY = The carrier is to determine whether the global concept applies and establishes postoperative period, if appropriate, at time of pricing.

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).² 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.
- National Medicare reimbursement rates are shown for clinician services without adjustment for geographic factors.
- Unlisted CPT® codes do not have Relative Value Units (RVUs), and therefore rates cannot be established using the Medicare Physician schedule rate formula. Reimbursement is set by the payer based on review of documentation such as the operative report. For unlisted surgery codes, it is recommended that the following supporting documentation is submitted with the claim:
 - A cover letter, with a clear definition or description of the nature, extent, and need for the procedure. Indicate why it cannot be addressed with standard coded CPT procedures. Include a CPT procedure code for a reasonably comparable service based on value in comparable RVUs, and/or percentage of the comparable CPT.
 - An operative report with clear documentation of the extent and complexity of the services.
 - On the claim form, bill the unlisted CPT code with your fee for the comparable service.

PHYSICIAN CODING SCENARIO

The following is a clinical event description and corresponding example of an appropriate coding scenario for that event.

An adult male sustained an acute full-thickness thermal burn on his back totaling 18% TBSA. Patient was treated using a meshed 3:1 split-thickness autograft in combination with cell suspension autograft (RECELL) for treatment of the full burn area. (Injury/treatment area=3600 cm²)

Report the Following Codes:

Units	Code/Description
1	15100 Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
35	+15101 Each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof
1	15110 Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
35	+15111 Each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof

INPATIENT FACILITY

FY 2021 ICD-10-PCS PROCEDURE CODES (EFFECTIVE OCTOBER 1, 2020)⁴

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^{5,6}

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

Code Examples

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

2. APPLICATION OF CELL SUSPENSION AUTOGRAFT^{4,7}

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

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 ASSIGNMENTS⁸

Medicare reimburses hospitals for inpatient services using MS-DRGs (Medicare Severity Diagnosis-Related Groups). Common MS-DRGs for patients admitted for burn treatment with RECELL System are included in the following table.

MS-DRG	Description	FY 2021 Medicare National Payment ^{4,9}
927	Extensive burns or full-thickness burns with mechanical ventilation 96+ hours with skin graft	\$135,176.53
928	Full-thickness burn with skin graft or inhalation injury with CC/MCC	\$41,947.28
929	Full-thickness burn with skin graft or inhalation injury without CC/MCC	\$19,339.76

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, 2020, based on most common diagnoses for burns and assumes that the hospital has submitted quality data and is a Meaningful EHR user (2.4% update). Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.

ICD-10-CM DIAGNOSIS CODES⁹

ICD-10-CM contains burn codes for thermal burns and chemical burns (corrosion). **This guide focuses on thermal burns.**

Currently, thermal burns (T20-T25) are classified by location and depth (degree), extent (TBSA and depth), and agent (X code). Burns are classified by depth as first degree (erythema), second degree (blistering), and third degree (full-thickness involvement).¹⁰

Diagnosis Coding Steps:

1. Code for **burn site and depth** (T20-T25)
2. Code the **extent of the burn** (T31)

Notes:

- Each burn is coded separately to the extent possible, using the appropriate code from T20-T25.
- Sequence first the code that reflects the highest degree of burn when more than one burn is present.
- Classify burns of the same local site (three-character category level, T20-T25) but of different degrees to the subcategory identifying the highest degree recorded in the diagnosis.

BURN SITE AND DEPTH (T20-T25)

T20: Head, Neck and Face		
Anatomical Site	2nd degree	3rd degree
Unspecified Site of Head, Neck, and Face	T20.20XX	T20.30XX
Right Ear	T20.211X	T20.311X
Left Ear	T20.212X	T20.312X
Unspecified Ear	T20.219X	T20.319X
Lips	T20.22XX	T20.32XX
Chin	T20.23XX	T20.33XX
Nose	T20.24XX	T20.34XX
Scalp	T20.25XX	T20.35XX
Forehead and Cheek	T20.26XX	T20.36XX
Neck	T20.27XX	T20.37XX
Multiple Sites of Head, Neck, and Face	T20.29XX	T20.39XX

T21: Trunk		
Anatomical Site	2nd degree	3rd degree
Unspecified Site of Trunk	T21.20XX	T21.30XX
Chest Wall	T21.21XX	T21.31XX
Abdominal Wall	T21.22XX	T21.32XX
Upper Back	T21.23XX	T21.33XX
Lower Back	T21.24XX	T21.34XX
Buttocks	T21.25XX	T21.35XX
Male Genital Region	T21.26XX	T21.36XX
Female Genital Region	T21.27XX	T21.37XX
Other Site of Trunk	T21.29XX	T21.39XX

BURN SITE AND DEPTH (T20-T25) (CONT'D)

T22: Shoulder and Upper Limb		
Anatomical Site	2nd degree	3rd degree
Unspecified Site of Shoulder and Upper Limb	T22.20XX	T22.30XX
Right Forearm	T22.211X	T22.311X
Left Forearm	T22.212X	T22.312X
Unspecified Forearm	T22.219X	T22.319X
Right Elbow	T22.221X	T22.321X
Left Elbow	T22.222X	T22.322X
Unspecified Elbow	T22.229X	T22.329X
Right Upper Arm	T22.231X	T22.331X
Left Upper Arm	T22.232X	T22.332X
Unspecified Upper Arm	T22.239X	T22.339X
Right Axilla	T22.241X	T22.341X
Left Axilla	T22.242X	T22.342X
Unspecified Axilla	T22.249X	T22.349X
Right Shoulder	T22.251X	T22.351X
Left Shoulder	T22.252X	T22.352X
Unspecified Shoulder	T22.259X	T22.359X
Right Scapular Region	T22.261X	T22.361X
Left Scapular Region	T22.262X	T22.362X
Unspecified Scapular Region	T22.269X	T22.369X
Multiple Sites of Shoulder and Upper Limb (Right)	T22.291X	T22.391X
Multiple Sites of Shoulder and Upper Limb (Left)	T22.292X	T22.392X
Multiple Sites Unspecified of Shoulder and Upper Limb	T22.299X	T22.399X

T23: Wrist and Hand		
Anatomical Site	2nd degree	3rd degree
Unspecified Site	T23.20XX	T23.30XX
Right Hand, Unspecified Site	T23.201X	T23.301X
Left Hand, Unspecified Site	T23.202X	T23.302X
Unspecified Hand, Unspecified Site	T23.209X	T23.309X
Right Thumb	T23.211X	T23.311X
Left Thumb	T23.212X	T23.312X
Unspecified Thumb	T23.219X	T23.319X
Right Single Finger	T23.221X	T23.321X
Left Single Finger	T23.222X	T23.322X
Unspecified Single Finger	T23.229X	T23.329X
Right Multiple Fingers (Except Thumb)	T23.231X	T23.331X
Left Multiple Fingers (Except Thumb)	T23.232X	T23.332X
Unspecified Multiple Fingers (Except Thumb)	T23.239X	T23.339X
Right Multiple Fingers (Including Thumb)	T23.241X	T23.341X
Left Multiple Fingers (Including Thumb)	T23.242X	T23.342X
Unspecified Multiple Fingers (Including Thumb)	T23.249X	T23.349X
Right Palm	T23.251X	T23.351X
Left Palm	T23.252X	T23.352X
Unspecified Palm	T23.259X	T23.359X
Right Back of Hand	T23.261X	T23.361X
Left Back of Hand	T23.262X	T23.362X
Unspecified Back of Hand	T23.269X	T23.369X
Right Wrist	T23.271X	T23.371X
Left Wrist	T23.272X	T23.372X
Unspecified Wrist	T23.279X	T23.379X

BURN SITE AND DEPTH (T20-T25) (CONT'D)

T24: Lower Limb		
Anatomical Site	2nd degree	3rd degree
Unspecified Site of Right Lower Limb	T24.201X	T24.301X
Unspecified Site of Left Lower Limb	T24.202X	T24.302X
Unspecified Site of Unspecified Lower Limb	T24.209X	T24.309X
Right Thigh	T24.211X	T24.311X
Left Thigh	T24.212X	T24.312X
Unspecified Thigh	T24.219X	T24.319X
Right Knee	T24.221X	T24.321X
Left Knee	T24.222X	T24.322X
Unspecified Knee	T24.229X	T24.329X
Right Lower Leg	T24.231X	T24.331X
Left Lower Leg	T24.232X	T24.332X
Unspecified Lower Leg	T24.239X	T24.339X
Right Multiple Sites of Lower Limb	T24.291X	T24.391X
Left Multiple Sites of Lower Limb	T24.292X	T24.392X
Unspecified Multiple Sites of Lower Limb	T24.299X	T24.399X

T25: Ankle and Foot		
Anatomical Site	2nd degree	3rd degree
Right Ankle	T25.211X	T25.311X
Left Ankle	T25.212X	T25.312X
Unspecified Ankle	T25.219X	T25.319X
Right Foot	T25.221X	T25.321X
Left Foot	T25.222X	T25.322X
Unspecified Foot	T25.229X	T25.329X
Right Toe(s)	T25.231X	T25.331X
Left Toe(s)	T25.232X	T25.332X
Unspecified Toe(s)	T25.239X	T25.339X
Multiple Sites of Toe(s) (Right)	T25.291X	T25.391X
Multiple Sites of Toe(s) (Left)	T25.292X	T25.392X
Multiple Sites of Toe(s) Unspecified	T25.299X	T25.399X

EXTENT OF BURN (T31 THERMAL BURNS)

Assign codes from category T31 Burns classified according to extent of body surface involved when the site of the burn is not specified or when there is a need for additional data. It is advisable to use category T31 as additional coding when needed to provide data for evaluating burn mortality, such as that needed by burn units.

Category T31 is based on the classic "rule of nines" in estimating body surface involved: head and neck are assigned 9%, each arm 9%, each leg 18%, the anterior trunk 18%, posterior trunk 18%, and genitalia 1%. Providers may change these percentage assignments where necessary to accommodate infants and children who have proportionately larger heads than adults, and patients who have large buttocks, thighs, or abdomen that involve burns.

% of Body Surface	Percent of Third-Degree Burn	ICD-10-CM Code
Less than 10%	0-9%	T31.00XX
	10-19%	T31.10XX
10% - 19%	0-9%	T31.11XX
	10-19%	T31.20XX
	20-29%	T31.21XX
20% - 29%	0-9%	T31.22XX
	10-19%	T31.30XX
	20-29%	T31.31XX
30% - 39%	0-9%	T31.32XX
	10-19%	T31.33XX
	20-29%	T31.40XX
40% - 49%	0-9%	T31.41XX
	10-19%	T31.42XX
	20-29%	T31.43XX
	30-39%	T31.44XX
50% - 59%	0-9%	T31.50XX
	10-19%	T31.51XX
	20-29%	T31.52XX
	30-39%	T31.53XX
	40-49%	T31.54XX
60% - 69%	50-59%	T31.55XX
	0-9%	T31.60XX
	10-19%	T31.61XX
	20-29%	T31.62XX
	30-39%	T31.63XX
	40-49%	T31.64XX
60% - 69%	50-59%	T31.65XX
	60-69%	T31.66XX

% of Body Surface	Percent of Third-Degree Burn	ICD-10-CM Code
70% - 79%	0-9%	T31.70XX
	10-19%	T31.71XX
	20-29%	T31.72XX
	30-39%	T31.73XX
	40-49%	T31.74XX
	50-59%	T31.75XX
	60-69%	T31.76XX
80% - 89%	70-79%	T31.77XX
	0-9%	T31.80XX
	10-19%	T31.81XX
	20-29%	T31.82XX
	30-39%	T31.83XX
	40-49%	T31.84XX
	50-59%	T31.85XX
90% or more	60-69%	T31.86XX
	70-79%	T31.87XX
	80-89%	T31.88XX
	0-9%	T31.90XX
	10-19%	T31.91XX
	20-29%	T31.92XX
	30-39%	T31.93XX
	40-49%	T31.94XX
	50-59%	T31.95XX
60-69%	T31.96XX	
90% or more	70-79%	T31.97XX
	80-89%	T31.98XX
	90%+	T31.99XX

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NOTES

QUESTIONS? PLEASE CONTACT RECELL ACCESS PROGRAM AT
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IMPORTANT SAFETY INFORMATION (United States)

INDICATIONS FOR USE: The RECELL® Autologous Cell Harvesting Device is indicated for the treatment of acute thermal burn wounds. The RECELL® Device is used by an appropriately-licensed healthcare professional at the patient's point of care to prepare autologous RES® Regenerative Epidermal Suspension 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.

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 solution (Hartmann's Solution). The skin sample collection procedure specified for use of RECELL® should not be used with patients having a known hypersensitivity to anesthetics, adrenaline/epinephrine, povidone-iodine, or chlorhexidine solutions.

WARNINGS: Autologous use only. Wound beds treated with a cytotoxic agent (eg, 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 RECELL® or device components if packaging is damaged, there are signs of tampering or date of use is beyond the stated expiration date. Choose a skin sample donor site that shows no evidence of surrounding cellulitis or infection. The skin sample should be processed immediately after harvesting. If a skin sample is harvested and processed according to these instructions, it should require between 15 and 30 minutes of contact with the Enzyme. Contact in excess of 60 minutes is not recommended. RECELL® Enzyme is animal derived and manufactured under strict controls to minimize risk of contamination, freedom from infectious agents cannot be guaranteed.

PRECAUTIONS: RECELL® is not intended to be used alone (i.e., without meshed autograft) for treatment of full-thickness burn wounds. The safety and effectiveness of RECELL® used alone (i.e., without meshed autograft) have not been established for treatment of partial-thickness burn wounds: on the hands and articulated joints, >320 cm², in patients with wounds totaling >20% Total Body Surface Area (TBSA). The safety and effectiveness of RECELL® plus autografting have not been established for treatment of full-thickness burn wounds: on the hands and articulated joints, in patients with wounds totaling >50% Total Body Surface Area (TBSA).

SPECIAL PATIENT POPULATIONS: The safety and effectiveness of RECELL® have not been established for treatment of acute thermal partial-thickness or full-thickness burn wounds in pediatric patients younger than 18 years of age.

For complete Important Safety Information, refer to Instructions for Use.

