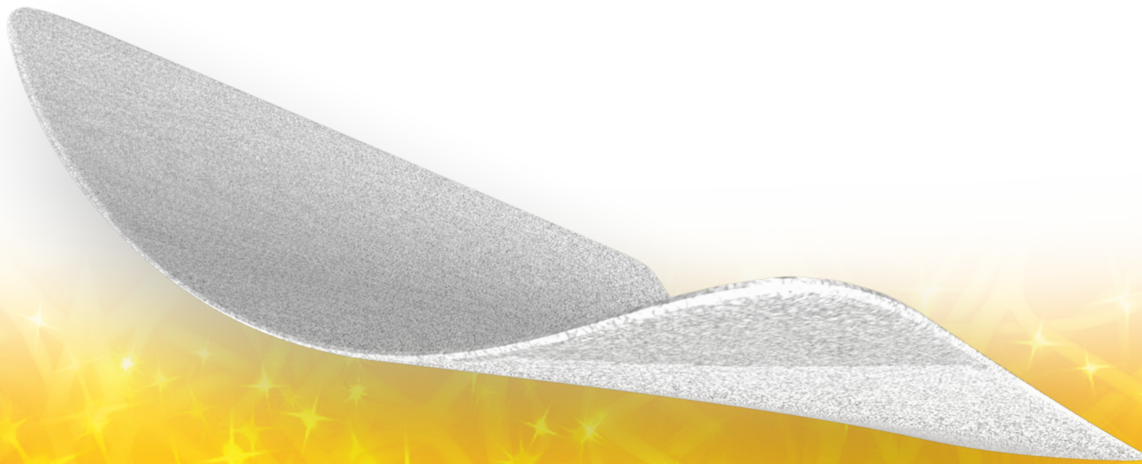
PLEASE CONTACT THE REIMBURSEMENT SUPPORT SERVICES TEAM AT **833-228-4782**

PHOENIX®
WOUND MATRIX

Powered by Electrospun Synthetic Polymer Technology



REIMBURSEMENT SUPPORT SERVICES

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RENOVODERM

PLEASE CONTACT THE REIMBURSEMENT SUPPORT SERVICES TEAM AT **833-228-4782**

RenovoDerm is committed to providing you with the resources to assist you and your patient's reimbursement needs. We offer a patient benefits verification program for our products that includes coverage determinations for primary and secondary plans, as well as facilitating and processing prior authorizations, denial and appeal assistance.

Our HIPPA compliant **Patient Insurance Verification Request (IVR**) form must be completed in order to begin any specific patient reimbursement support process. Our **Reimbursement Hotline** is an excellent resource for general questions about this process.

GUIDELINES

Phoenix Wound Matrix is a FDA 510K cleared, bioengineered, resorbable, synthetic wound matrix used for the application of wound healing. The Phoenix Wound Matrix is intended for use in the management of wounds. Wound types include partial and full thickness wounds, pressure ulcers, venous ulcers, diabetic ulcers, chronic vascular ulcers, tunneled/undermined wounds, surgical wounds (donor sites/grafts, post-Moh's surgery, post laser surgery, podiatric, wound dehiscence), trauma wounds (abrasions, lacerations, second degree burns, skin tears) and draining wounds.

I was so happy to see my wound getting smaller week after week with PHOENIX. It gave me hope that I would heal and not need another amputation.

—Felix, diabetic foot ulcer patient

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HOW TO DETERMINE COVERAGE

Medicare:

*Phoenix Wound Matrix products are covered by Medicare in all Medicare Administrative Contractors (MACs) throughout the U.S. Phoenix Wound Matrix was granted a dedicated HCPCS code by CMS "**A2015**". It is important to use HCPCS code **A2015** when billing for Phoenix Wound Matrix along with the appropriate CPT Codes (please refer to the attached Coding Sheet) to ensure proper coding descriptions. Our Hotline can help with coding and billing education and answer any reimbursement questions you may have.*

Medicare Advantage:

Medicare Advantage plans (Medicare-approved plans managed by a 3rd party, often a commercial / private Payor) often require prio-authorization. Phoenix Wound Matrix is covered by Medicare Advantage plans after an authorization is approved. It is important to utilize our reimbursement service program and submit a completed Patient Insurance Request Form (IVR Form) prior to scheduling treatment so that our hotline can assist in checking benefits and facilitating the prior authorization process if needed.

Commercial Insurance:

We are working with private commercial payers on coverage. As such, we recommend checking benefits with the understanding that all patients with Commercial Health Insurance will require a pre-authorization prior to scheduling treatment.

Phoenix Wound Matrix is not included on the published CMS National Part B List of Average Sales Price (ASP) at this time. We are currently working with each MAC to determine an appropriate LCD rate. Reimbursement is determined on a case-by-case basis. The information to be included when completing the CMS 1500 Form (Box 19) is as follows: invoice cost, product name, and product size.

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REIMBURSEMENT SUPPORT SERVICES – CLAIMS DENIAL ASSISTANCE PROGRAM

The RenovoDerm Reimbursement Support Service Team strives to provide you with exceptional customer service and best-in-class results for claims. As such, we offer a **Claims Denial Assistance Program** that can credit a provider of care for the costs incurred by acquiring our products in the event that a third party payor such as Medicare, Medicare Advantage and/or commercial/private plan denies coverage solely due to an error from the reported benefits verification / coverage determination made by our Reimbursement Support Service Team. Should an error on our behalf involving benefit or coverage information result in a full claims denial or payment at a lower amount that cannot be overturned, RenovoDerm will issue a credit in the appropriate amount as long as the criteria listed below is met:

Eligibility Criteria

1. Our Reimbursement Support Service must have previously verified the patient's benefits with their insurance provider and if prior authorization was required, Prior authorization must have been approved and provider must have used Phoenix Wound Matrix within the parameters of the approved Authorization including but not limited to: approved date range, approved number of units and approved HCPCS and CPT codes with respect to the authorization provided by the insurance company. Provider must have billed the claim with appropriate Authorization number and the date(s) of service within range of the authorization approved date range.
2. Should we have made an error in sending incorrect information to the provider that in turn results in a full or partial denial of payment, a statement of credit will be computed as follows:
    - **a.** The difference between the cost of the product, less the actual amount, if any, paid by the Health Plan.
    - **b.** The provider **cannot** request payment for any balance from the patient for which a statement credit has been granted.
3. The Patient **IVR form(s)** sent to our **Reimbursement Support Service Hotline** must be accurate and complete.
4. Our assistance is required with any appeal of the claims denial at each level. All claims must be denied. The provider must request our assistance and provide to us all relevant documentation within **60 days** of the denial. We require the following information for credit review requests:
    - **a.** RenovoDerm IVR Form for each date of service
    - **b.** Patient Explanation of Benefits
    - **c.** Level 1 or higher Payor Denial
    - **d**. Patient Medical History
    - **e.** Patient Information Sheet
    - **f.** Product Invoice related to the claim

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2023 HCPCS Overview for Synthetic Skin Substitutes

Hospital Outpatient Department

CMS Approved HCPCS Code	Description	Skin Sub Cost Category
A2015	**Skin substitute, synthetic, resorbable per sq. cm**	**High Cost**

"High" Cost Skin Substitutes Hospital Outpatient Clinic (HOPC)

CPT	Code Description	Status Indicator	APC 2023	2023 National Allowable[1] Hospital Outpatient
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface up to 100 sq cm: first 25 sq cm or less wound surface area – "High-cost"	T	5054	**$1,725.86**
+15272	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 15271) – "High-cost"	N	N/A	Packaged with 15271
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater or equal to 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants and children – "High-cost"	T	5055	**$3,253.04**
+15274	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof (Add on code: List separately in addition to code for primary procedure 15273) – "High-cost"	N	N/A	Packaged with 15273
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 cm or less wound surface area – "High-cost"	T	5054	**$1,725.86**
+15276	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 17525) - "High-cost"	N	N/A	Packaged with 15275
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface greater than 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants or children – "High-cost"	T	5055	**$1,725.86**
+15278	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof. (Add on code: List separately in addition to code for primary procedure 15277) – "High-cost"	N	N/A	Packaged with 15277

CMS Hospital Outpatient PPS, Addendum Updates: https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html

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2023 HCPCS Overview for Synthetic Skin Substitutes

Ambulatory Surgical Center Setting

CMS Approved HCPCS Code	Description	Skin Sub Cost Category
A2015	**Skin substitute, synthetic, resorbable per sq. cm**	**High Cost**

"High" Cost Skin Substitutes for Ambulatory Surgery Center (ASC)

CPT	Code Description	Payment Indicator	2023 National Allowable[1]
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface up to 100 sq cm: first 25 sq cm or less wound surface area – "High-cost"	G2	**$898.64**
+15272	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 15271) – "High-cost"	N1	Packaged with 15271
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater or equal to 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants and children – "High-cost"	G2	**$1,693.83**
+15274	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof (Add on code: List separately in addition to code for primary procedure 15273) – "High-cost"	N1	Packaged with 15273
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 cm or less wound surface area – "High-cost"	G2	**$898.64**
+15276	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 17525) - "High-cost"	N1	Packaged with 15275
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface greater than 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants or children – "High-cost"	G2	**$898.64**
+15278	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof. (Add on code: List separately in addition to code for primary procedure 15277) – "High-cost"	N1	Packaged with 15277

*Fees listed are the National Average and will be have a wage index adjustment based on geographic location.

For general information, product information, reimbursement & billing questions: info@renovoderm.tech or call (614) 602-1852.

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CMS Ambulatory Surgery Centers, 2020 Addendum Updates: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html

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2023 Private Office Overview for Synthetic Skin Substitutes

CMS Approved HCPCS Code	Description	Effective Date
A2015	**Skin substitute, synthetic, resorbable per sq. cm**	**10.1.2022**

CPT Skin Substitutes Billing Codes Private Office

CPT	Code Description	RVU	2023 Private Office Rate	2023 Professional Fee
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface up to 100 sq cm: first 25 sq cm or less wound surface area	1.50	$81.66	$152.08
+15272	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 15271)	0.33	$16.20	$23.80
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater or equal to 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants and children	3.50	$191.75	$308.13
+15274	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof (Add on code: List separately in addition to code for primary procedure 15273)	0.80	$43.97	$81.99
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 cm or less wound surface area	1.83	$90.92	$156.71
+15276	Each additional 25 sq cm wound surface area, or part thereof (Add on code: List separately in addition to code for primary procedure 17525)	0.50	$24.46	$32.07
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface greater than 100 sq cm: first 100 sq cm wound surface area, or 1% of body area of infants or children	4.00	$219.85	$341.85
+15278	Each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants or children, or part thereof. (Add on code: List separately in addition to code for primary procedure 15277)	1.00	$54.55	$94.55

CMS Private Office, Addendum Updates: HCPCS Release & Code Sets | CMS

For PHOENIX Reimbursement Support Services: Reimbursement Hotline 833-228-4782
General Inquiries Email: reimbursement@renovoderm.tech
HIPPA Secure Fax (for patient IVR): 833-228-4787

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