🧾 Billing & Coding Guide: Skin Substitute Grafts for DFUs & VLUs (FCSO – Florida)

📘 Overview

This guide summarizes the CMS Billing and Coding Article A57680, which provides billing and coding guidance for Local Coverage Determination (LCD) L36377. It outlines the requirements for the application of skin substitute grafts in treating Diabetic Foot Ulcers (DFUs) and Venous Leg Ulcers (VLUs) in Florida.

✅ Covered Indications

- **Conditions**: Chronic DFUs and VLUs that have not responded to standard wound care for at least 4 weeks.
- **Documentation**: Must demonstrate adequate blood supply to the affected area and absence of infection.

🧾 CPT/HCPCS Codes

Skin Substitute Application Codes:

- **15271–15278**: Application of skin substitute grafts based on anatomical location and size.
- **C5271–C5278**: Skin substitute grafts for hospital outpatient use.

Note: Do not report these codes for the application of non-graft wound dressings or injected skin substitutes.

🩺 ICD-10 Diagnosis Codes

Covered Diagnoses:

- **L97.101–L97.929**: Non-pressure chronic ulcers of lower limb.
- **E11.621**: Type 2 diabetes mellitus with foot ulcer.
- **I83.0–I83.9**: Varicose veins of lower extremities with ulcer.

Ensure that the diagnosis code reported supports the medical necessity for the skin substitute graft.

🗒️ Modifiers

- **JW**: Drug amount discarded/not administered to any patient.
- **KX**: Requirements specified in the medical policy have been met.
- **GA**: Waiver of liability statement issued as required by payer policy.
- **GY**: Item or service is statutorily excluded or does not meet the definition of any Medicare benefit.
- **GZ**: Item or service expected to be denied as not reasonable and necessary.

Use appropriate modifiers to indicate compliance with Medicare requirements.

📋 Documentation Requirements

- **Wound Assessment**: Size, depth, and duration.
- **Treatment History**: Prior treatments and response.
- **Vascular Assessment**: Evidence of adequate blood supply.
- **Infection Control**: Documentation of absence or treatment of infection.
- **Treatment Plan**: Rationale for skin substitute use and product selection.

Comprehensive documentation is essential to support medical necessity and ensure reimbursement.

📅 Utilization Guidelines

- **Frequency**: Limited to a specified number of applications per wound within a 12-week episode of care.
- **Multiple Wounds**: Each wound must be individually assessed and documented.
- **Repeat Applications**: Justify the need for additional applications beyond the initial treatment plan.

Adhere to utilization guidelines to prevent claim denials.

⚠️ Non-Covered Indications

- **Acute Wounds**: Surgical wounds that have not progressed to a chronic state.
- **Non-Lower Extremity Ulcers**: Ulcers located outside the lower extremities.
- **Lack of Documentation**: Insufficient records to support medical necessity.

Ensure that all criteria are met before billing for skin substitute grafts.

📌 Additional Resources

- **Full CMS Article A57680**: CMS.gov - Article A57680
- **LCD L36377**: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36377

Refer to the full articles for comprehensive information.