

3M™ Cellutome™ Epidermal Harvesting System

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), ⁴ 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.	\$845.81 (24.45) ³ Pw 10.97*	\$717.05 (20.66) Pw 10.97*	5054 (T) ⁴	\$1,715.36	\$866.81 (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).	\$115.50 (3.32) Pw 1.85*	\$104.33 (2.99) 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.	\$831.85 (24.06) Pw 11.28*	\$706.93 (20.38) Pw 11.28*	5054 (T) ⁴	\$1,715.36	\$866.81 (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).	\$168.88 (4.83) Pw 2.50*	\$153.88 (4.38) Pw 2.50*	Packaged (N) ⁴	Packaged	Packaged (N1) ⁶

*PW= Physician Work portion of the Total RVUs.

References

- Current Procedural Terminology (CPT®) copyright 2021 American Medical Association (AMA). All Rights Reserved. CPT is a registered trademark of the AMA.
- 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](#)
- Medicare Final Rule. [Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2021](#); Corrections estimated the conversion factor at \$34.89 for January 1, 2021.
- Medicare Correction Notice for Hospital Outpatient Prospective Payment System. [CCMS-1736-FC-Hospital Outpatient Prospective Payment - Notice of Final Rulemaking with Comment Period \(NFRM\)](#). 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](#)
- Medicare Ambulatory Surgical Center (ASC) Payment-Notice of Final Rulemaking (NFRM) with comment period CMS-1736-FC. [CMS-1736-FC-Ambulatory Surgical Center Payment - Notice of Final Rulemaking with Comment Period \(NFRM\)](#)
- SI "A2" means - Surgical procedure on ASC list in CY 2021; payment based on OPPS relative payment weight. SI "N1" means - Packaged service/item; no separate payment made. [Addendum DD1](#)

For clinical questions, please contact your local 3M Account Manager. To connect with us on reimbursement questions, please email us at Reimbursementeducation@mmm.com or call 1-800-668-6812.

3M Company

2510 Conway Avenue
St. Paul, MN 55144-1000 USA

1-800-228-3957
3M.com/Medical

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