

CPT® Code ¹	Description	Physician Fee Schedule Non-Facility ^{2A} (Office) Relative Value Unit (RVU) ⁷	Physician Fee Schedule Facility ^{2A} (NCC, ASC) RVU ⁷	Ambulatory Payment Classification (APC) Cross Walk ³	Hospital Outpatient Department (HOPD) ⁴ Fee Schedule	Ambulatory Surgical Center (ASC) ⁵ Fee Schedule
15110	Epiderma autograft, trunk, arms, legs, first 100 sq cm or less, or 1% of body area of infants and children	\$821.18 (22.92) Rv 10.97 ⁶	\$717.27 (20.02) Rv 10.97 ⁶	5054	\$1,411.21	\$789.12
15111	Epiderma autograft, trunk, arms, legs, each additional 100 sq cm, or each additional 1% of body area of infants and children, or partial head (list separately in addition to code for primary procedure)	\$119.31 (3.33) Rv 1.85 ⁶	\$107.84 (3.01) Rv 1.85 ⁶	Packaged	Packaged	Packaged
15115	Epiderma autograft, face, scalp, eye lids, 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	\$844.82 (23.58) Rv 11.28 ⁶	\$739.13 (20.63) Rv 11.28 ⁶	5054	\$1,411.21	\$789.12
15116	Epiderma autograft, face, scalp, eye lids, 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 partial head (list separately in addition to code for primary procedure)	\$157.64 (4.40) Rv 2.50 ⁶	\$142.60 (3.98) Rv 2.50 ⁶	Packaged	Packaged	Packaged

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

References:

1. Current Procedural Terminology (CPT) copyright 2015 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.
2. Medicare final rule CPT-16314-C Displayed October 30, 2015. (CPT-16314-C Medicare Program, Services to Farmers, Patients under the Medicare Schedule and other Services to Part B for CY 2016) entered the revision file on 1/31/2015 for January 1, 2016. [2016 Medicare Physician Fee Schedule Final Rule CPT-16314-C](#).
3. The Relative Value Units and Related Information Used in CY 2016 Final Rule 2016 CPT-16314-C Addendum B. [2016 Medicare Physician Fee Schedule Final Rule CPT-16314-C](#).
4. Medicare final rule for Hospital Outpatient, Prospective Payment System, and Ambulatory Surgical Center Payment Systems CPT-16334-C, CPT-16074-2 of October 30, 2015. (CPT-16334-C, CPT-16074-2 Addendum B) [CPT-16334-C, CPT-16074-2](#).
5. Medicare final rule for Hospital Outpatient, Prospective Payment System, and Ambulatory Surgical Center Payment Systems CPT-16334-C, CPT-16074-2 of October 30, 2015. (CPT-16334-C, CPT-16074-2 Addendum A) [CPT-16334-C, CPT-16074-2](#).
6. Rate of Service Code (RSC) for non-facility includes: CPT-8-11, Non-07, Skilled Nursing Units (SN) Part B-32, and Independent Clinic-49. RSCs for facility include: Hospital Inpatient-21, Hospital Outpatient-22, the codes in CPT-20 for procedures done in the O & ASC, 24, and 28. Part B-31. Medicare Learning Network. VLN Member number M17631. [Medicare Learning Network Documents](#).
7. Physician work (the portion of the total RVU).

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