

2021 Q2 Medicare Rates– Physician Office Setting

Apligraf, Dermagraft, Affinity, NuShield, PuraPly, PuraPly AM, PuraPly XT

	Product Payment:	First 25 sq cm	Additional 25 sq cm	First 100 sq cm	Additional 100 sq cm
		CPT 15271/ 15275	CPT 15272/ 15276	CPT 15273/ 15277	CPT 15274/ 15278
Physician Office Payment	See Product Listing Below	\$158.76/\$164.00	\$25.82/\$33.50	\$326.60/\$356.96	\$85.14/\$99.45

<u>CPT Code</u>	<u>CPT Code Description</u>
15271	(Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area)
15272	(each additional 25 sq cm wound surface area, or part thereof) (List separately in addition to code for primary procedure)
15273	(Application of skin substitute graft to trunk, arms, legs, total wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children)
15274	(each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof) (List separately in addition to code for primary procedure)
15275	(Application of skin substitute graft to face, scalp, feet, etc., total wound surface area up to 100 sq cm; first 25 sq cm or less)
15276	(each additional 25 sq cm wound surface area, or part thereof) (List separately in addition to code for primary procedure)
15277	(Application of skin substitute graft to face, scalp, feet, etc., total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children)
15278	(each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children) (List separately in addition to code for primary procedure)

<u>Product</u>	<u>HCPCS Code</u>	<u>Physician Office Reimbursement Rates</u>
Apligraf	Q4101	\$30.466 per sq cm 44 sq cm= \$1,340.504
Dermagraft	Q4106	\$ 31.723 per sq cm 38 sq cm=\$1,205.474
Affinity	Q4159	Estimated invoice cost
NuShield	Q4160	\$95.722 per sq cm
PuraPly	Q4195	\$93.777 per sq cm
PuraPly AM	Q4196	\$105.636 per sq cm
PuraPly XT	Q4197	Estimated invoice cost

The payments specified in this document are national unadjusted averages that do not include the 2% sequestration. All codes provided herein are for information purposes only and shall not be construed as a statement, promise or guarantee that these codes are accurate, or reimbursement will be received. Coding practice will vary by site of care, patient condition, range of services provided, local Carrier and Fiscal Intermediary instructions, and other factors. Coding requirements are subject to change at any time, therefore check with your local payer regularly. REV 4/2021