



2018 Medicare Rates – ASC

Apligraf, Dermagraft, Affinity, NuShield, PuraPly and PuraPly AM

	Bundled Payment (includes Product and Procedure)			
	CPT 15271/15275/15277	CPT 15272/15276/15278	CPT 15273	CPT 15274
Hospital Outpatient/WCC Payment	\$817.15 <small>(includes product Q code and CPT codes)</small>		\$1,412.16 <small>(includes product Q code and CPT codes)</small>	

- **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>
Apligraf	Q4101
Dermagraft	Q4106
Affinity	Q4159
NuShield	Q4160
PuraPly/ PuraPly AM	Q4172

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. REV1/18

