

**2023 Q3 Medicare Rates– Physician Office Setting  
Apligraf. Affinity. NuShield. 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	\$155.88/\$160.63	\$24.40/\$32.87	\$315.83/\$350.39	\$84.04/\$96.92

CPT Code	CPT Code Description
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)

Product	HCPCS Code	Physician Office Reimbursement Rates
Apligraf	Q4101	\$30.42 per sq cm 44 sq cm= \$1,338.48
Affinity	Q4159	\$420.53 per sq cm
NuShield	Q4160	\$92.91 per sq cm
PuraPly AM	Q4196	\$102.28 per sq cm
PuraPly XT EF	Q4197	\$147.16 per sq cm
Novachor	Q4194	Reimbursement determined by the MAC

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