

**2024 Q1 Medicare Rates– Physician Office Setting
Apligraf. Affinity. NuShield. PuraPly AM. PuraPly XT**

CPT payment not available yet for 2024	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	\$30.40 per sq cm 44 sq cm= \$1,337.60
Affinity	Q4159	\$359.66 per sq cm
NuShield	Q4160	\$97.98 per sq cm
PuraPly AM	Q4196	\$103.77 per sq cm
PuraPly XT EF	Q4197	\$122.98 per sq cm
Novachor	Q4194	Reimbursement determined by the MAC

The above publicly available information is presented for illustrative purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. It is not intended to guarantee, increase or maximize reimbursement by any payer. Individual coding decisions should be based upon diagnosis and treatment of individual patients. Organogenesis does not warrant, promise, guarantee, or make any statement that the use of this information will result in coverage or payment or that any payment received will cover providers' costs. Organogenesis is not responsible for any action providers take in billing for, or, appealing claims. Physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies furnished to a patient. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. Laws, regulations and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be current when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding and payment policies. Please consult with your legal counsel or reimbursement specialists for any reimbursement or billing questions. **Rev December 2023**