

DermACELL AWM[®]

HOPD Setting (POS 19, 22)

Yearly Medicare Coding Information

National Unadjusted Averages 04/01/2024 – 12/31/2024*

CPT/ HCPCS	Description	Physician Facility Allowable ¹	Outpatient Hosp. Allowable ²
Q4122	Dermacell AWM per square centimeter	N/A	Packaged
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 cm ² ; first 25 cm ² or less wound surface area.	\$83.22	\$1,737.53
15272	<i>Each additional 25 cm² wound surface area, or part thereof.</i>	\$16.64	Packaged
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 cm ² ; first 100 cm ² wound surface area, or 1% of body area of infants and children.	\$193.07	\$3,418.26
15274	<i>Each additional 100 cm² wound surface area, or part thereof, or each additional 1% of body area of infants or children.</i>	\$43.94	Packaged
15275	Application of skin substitute graft to face, scalp, eyelid, mouth, neck ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 cm ² ; first 25 cm ² or less wound surface area.	\$92.21	\$1,737.53
15276	<i>Each additional 25 cm² wound surface area, or part thereof.</i>	\$24.63	Packaged
15277	Application of skin substitute graft face, scalp, eyelid, mouth, neck ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 cm ² ; first 100 cm ² wound surface area, or 1% of body area of infants and children.	\$220.03	\$1,737.53
15278	<i>Each additional 100 cm² wound surface area, or part thereof, or each additional 1% of body area of infants or children.</i>	\$54.92	Packaged

*DISCLAIMER: Payments specified in this document are Centers for Medicare & Medicaid Services (CMS) national unadjusted averages and are subject to change without notice. Actual payment rates will vary based on provider contract terms and/or periodic geographical adjustments. Coding information provided has not been verified with any entity responsible for coding policy, such as the AMA, the ICD-10 Committee, or any payer. All reimbursement information provided herein are for illustrative purposes only and shall not be construed as a warranty, statement, promise or guarantee of coding accuracy, coverage nor that payment in the amounts specified will be received. The decision as to how to complete a reimbursement claim form, including codes and amounts to bill, is exclusively the responsibility of the provider. Customers are urged to check with local payers regularly. Reimbursement will vary by site of care, patient condition, range of services provided, local payer instructions, and other factors at the time of claim processing. Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association (AMA).

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For more information:



References:

1. Centers for Medicare & Medicaid Services. Search the Physician Fee Schedule. Last updated April 2, 2024. <https://www.cms.gov/medicare/physician-fee-schedule/search>.
2. Centers for Medicare & Medicaid Services. HOPD Payment Rates – Addenda. Last updated March 26, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/addendum-and-addendum-b-updates/addendum-b>.

Refer to lifenethealth.org/IFU for indications, contraindications, adverse reactions, warnings and precautions.

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EX-2834.00

