



ABOUT THIS GUIDE

HealthTech Wound Care and its affiliates proclaim that the below information is presented only for the purposes of illustrative suggestion and is not intended to provide coding, reimbursement, treatment, or legal advice. The payment amounts mentioned in this document represent national unadjusted averages and do not incorporate the 2% sequestration or any other patient responsibilities. The coding provided here is strictly intended for informational purposes and should not be interpreted as a declaration, assurance, or guarantee of their accuracy or reimbursement. Coding practices, may differ based on the site of service, patient's condition, services rendered, instructions from local Carriers and Fiscal Intermediaries, along with other factors. Coding requirements are sometimes subject to modifications at any given time, such that it is advisable for regularly consultation from your local payer for the most current information.

REIMBURSEMENT SERVICES & SUPPORT

REIMBURSEMENT@HEALTHTECHWC.COM | 833-381-2402 (OPTION 2)

DIAGNOSIS CODES (ICD-10 CODES)

DermaBind FM are dehydrated, intact placental membranes that is processed and distributed in accordance with FDA requirements for Human Cellular and Tissue-based Products (HCT/P) (21 CFR Part 1271). Caution: Federal Law restricts this product to sale by or on the order of a licensed medical professional, not for veterinary use.

DermaBind FM is a wound covering for patients that suffer from a variety type of acute and chronic wounds including, but not limited to, diabetic ulcers, pressure ulcers, venous stasis ulcers, and burns.

We recommend reviewing your Local Coverage Determination (LCD) for approved uses.



PRODUCT CODE (HCPCS CODE)

Q4313

HCPCS CODE

Description:

DermaBind™ FM per square centimeter.

Medicare Payment Rate:

Priced by contractor.

This product is an allograft tissue intended for homologous use for the repair, reconstruction, and replacement of the recipient's tissue at the discretion of a physician.

Q4225

HCPCS CODE

Description:

DermaBind™ TL per square centimeter.

Medicare Payment Rate:

Priced by contractor.

This product is an allograft tissue intended for homologous use for the repair, reconstruction, and replacement of the recipient's tissue at the discretion of a physician.

Size	Area	Billing Units
2.0 x 2.0 cm	4.00 cm ²	4
3.0 x 3.0 cm	9.00 cm ²	9
4.0 x 4.0 cm	16.00 cm ²	16
6.5 x 6.5 cm	42.25 cm ²	43

HCPCS codes not listed on the National Medicare Part B ASP file* are priced individually by Medicare Administrative Contractor (MAC).

For information specific to your MAC, please contact the Medical Reimbursement Hotline, 833-381-2402 (option 2).

*Medicare fee for service part B drug average sale price list.



Trunks, Arms & Legs

Less than or equal to 100 cm²

15271

First 25 cm²

+

+ 15272

*Each additional 25 cm²

Greater than or equal to 100 cm²

15273

First 100 cm²

+

+ 15274

*Each additional 100 cm²

Face, Scalp, Hands & Feet

Less than or equal to 100 cm²

15275

First 25 cm²

+

+ 15276

*Each additional 25 cm²

Greater than or equal to 100 cm²

15277

First 100 cm²

+

+ 15278

*Each additional 100 cm²

- Verify the size of DermaBind FM applied and bill the appropriate number of units. DermaBind FM is considered a single use product; always bill for the entire piece.
- Understand the CPT® code descriptors: look at total surface area and anatomical location.
- Review add-on CPT® codes for larger wounds (between 25-100 cm²).
- Verify your billed charge for DermaBind FM Review applicable allowable and your cost. Determine your charge using the methodology you use for other products/services.



APPLICATION CODES

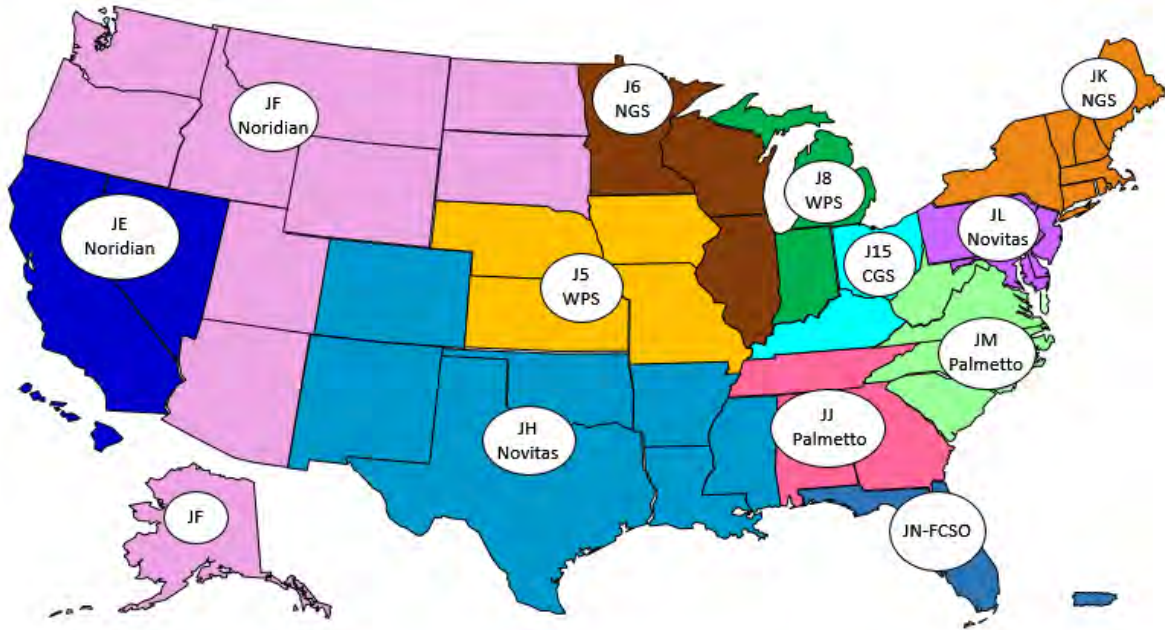
CPT Code	CPT Description	Medicare National Average payment 2023 Non - facility (Office)	Medicare National Average payment 2023 facility
15271	Application of wound covering graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; first 25 sq. cm or less wound surface area.	\$155.88	\$83.70
+ 15272	Application of wound covering graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary)	\$24.40	\$16.61
15273	Application of wound covering graft to trunk, arms, legs, 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.	\$315.83	\$196.55
+ 15274	Application of wound covering graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq. cm; 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)	\$84.04	\$45.07
15275	Application of wound covering graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq. cm; first 25 sq. cm or less wound surface area.	\$160.63	\$93.19
+ 15276	Application of wound covering graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq. cm; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	\$32.87	\$25.08
15277	Application of wound covering graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, 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.	\$350.39	\$225.35
+ 15278	Application of wound covering graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq. cm; 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.)	\$96.92	\$55.91

**+” indicates add-on code (AOC). An add-on code (AOC) is a procedure code that describes a service that is performed in conjunction with the primary service by the same practitioner. Add-on codes are rarely eligible for payment unless they are reported with a valid primary procedure code on the same date of service.

Add-on codes are identified throughout the CPT manual by a “+,” and their descriptor will contain some variation of the phrase “report in addition to code for primary procedure”. You can find a complete list of add-on codes in Appendix D of the CPT manual.



***MAC Regions by State**



MAC	MAC Jurisdiction	Processes Part A & Part B Claims for the following states/territories:
CGS Administrators, LLC	15	Kentucky, Ohio
First Coast Service Options, Inc.	N	Florida, Puerto Rico, U.S. Virgin Islands
National Government Services, Inc.	6	Illinois, Minnesota, Wisconsin
National Government Services, Inc.	K	Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Noridian Healthcare Solutions, LLC	E	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands
Noridian Healthcare Solutions, LLC	F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming
Novitas Solutions, Inc.	H	Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi
Novitas Solutions, Inc.	L	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)
Palmetto GBA, LLC	J	Alabama, Georgia, Tennessee
Palmetto GBA, LLC	M	North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)
Wisconsin Physicians Service Government Health Administrators	5	Iowa, Kansas, Missouri, Nebraska
Wisconsin Physicians Service Government Health Administrators	8	Indiana, Michigan



DOCUMENTATION CHECKLIST

IMPORTANT: The following guidelines are limited and suggested based on general documentation practices. For specific information, please reference your Local Coverage Determination (LCD), Product Instructions for use (IFU), and CMS medically necessary guidelines, for comprehensive criteria.

- Baseline measurements of the wound immediately prior to initiation of treatment (size, location, stage, duration)
- Type(s) of conservative treatment that failed to induce significant healing
- Presence or absence of infection and treatment provided/response (if applicable)
- Adequate application of the underlying disease contributing to the ulcer
- Adequate blood flow
- Adequate glucose control (diabetic patients)
- Clean wound bed, free of exudate or necrotic tissue
- Note DermaBind™ by name/descriptor and provide lot number
- Wound description prior to and after DermaBind™ FM wound application
- Application number and improvement since last treatment
- Amount of DermaBind™ FM utilized and amount discarded (if applicable) (Tissue Utilization Record)
- Appropriate wound dressing Utilization Record)
- Appropriate offloading implemented (diabetic foot ulcer)