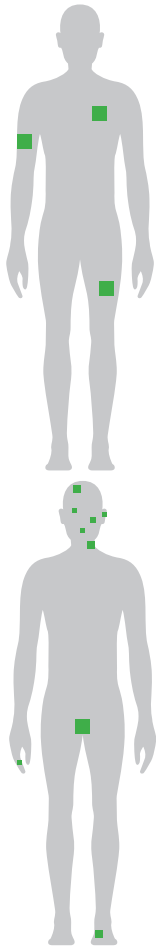


Coding for Providers in Office Settings

AmnioWrap² HCPCS Code: Q4221



CPT® Code	Description	Physician Office Fee ¹
Wound Location: Trunk, arms and/or legs		
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 wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$151.61
+ 15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	\$24.23
15273	Application of skin substitute 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	\$303.21
+ 15274	Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body surface area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$79.57
Wound Location: Face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits		
15275	Application of skin substitute 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	\$156.19
+ 15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	\$31.76
15277	Application of skin substitute 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 100 sq cm or less wound surface area	\$334.65
+ 15278	Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body surface area of infants and children, or part thereof (list separately in addition to code for primary procedure)	\$92.99

¹ Center for Medicare & Medicaid Services. "Physician Fee Schedule." Retrieved from: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched>

Facilities should select the most appropriate revenue code based on the services provided and internal accounting policies.

This document is provided as general guidelines for providers. Following these guidelines does not guarantee coverage or payment but does provide a basis upon which to support medical necessity for AmnioWrap². The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients' medical condition, procedures performed, and the products used.

The information contained herein is not intended as coding advice. The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Venture Medical concerning levels of reimbursement, payment, eligibility, charges or that these policies and codes will be appropriate for specific services or products provided or that reimbursement will be made. It is always the providers' responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. Venture Medical recommends that you consult your local CMS MAC or other applicable payor organization with regard to specific reimbursement policies, coverage, documentation and payment.

For product information, telephone 1-800-881-1809 or visit amniowrap2.com. Please refer to the AmnioWrap² IFU for complete product information.

CPT® is a registered trademark of the American Medical Association.

Skin Substitute Pre-Application Checklist:

PATIENT NAME: _____

PATIENT DOB: _____

DATE OF SERVICE: _____

COMORBIDITIES (complete each section that applies)

PERIPHERAL VASCULAR INSUFFICIENCY

ABI DATE: _____

ABI Left: _____

ABI Right: _____

VENOUS DUPLEX DATE: _____

ARTERIAL DUPLEX DATE: _____

STANDARD COMPRESSION THERAPY USED: Y or N

PRESSURE INJURY/ULCER

OFFLOADING USED: Y or N

TECHNIQUES USED: _____

DIABETIC ULCER

HBA1C DATE/RESULT: _____

DM UNDER MEDICAL MANAGEMENT: Y or N

NON-WEIGHT BEARING REGIMEN : Y or N

USES PRESSURE REDUCING FOOTWEAR: Y or N

ABI DATE:

ABI LEFT: _____

ABI RIGHT: _____

VENOUS DUPLEX DATE : _____

ARTERIAL DUPLEX DATE: _____

TcPO2 with results > 30mm HG: _____

DATE: _____

PERIPHERAL ARTERIAL INSUFFICIENCY

ABI DATE: _____

ABI LEFT: _____

ABI RIGHT: _____

VENOUS DUPLEX DATE: _____

ARTERIAL DUPLEX DATE: _____

TcPO2 with results > 30mm HG: _____

DATE: _____



For more information about AmnioWrap²,
visit amniowrap2.com

Need help?

Contact **Venture Medical's** team of reimbursement experts.

Our reimbursement services team is ready to assist you with your questions about the reimbursement process for AmnioWrap² and/or other Venture Medical products (8 AM – 8 PM EST, M-F):

☎ Toll free: **(858) 609-9237**

✉ venture@empreimbursement.com



www.amniowrap2.com