



2024 Medicare Reimbursement Guide

AmnioWrap²™ Dehydrated Human Amniotic Membrane Tissue Allograft



For Private Offices Only

Contact our reimbursement services team with any questions about reimbursement for AmnioWrap² products:

📞 Toll free: (800) 609-9237 Ext. 2

✉️ reimbursement@venturemedical.com

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Reimbursement Overview

Venture Medical is committed to helping facilitate a smooth experience using all of our products—from preparation, to application, to billing. That's why we've created this short guide to help you navigate the Medicare reimbursement process for AmnioWrap².

Diagnostic Information

AmnioWrap² is a perinatal tissue-derived allograft composed of the amnion/chorion layer of the placental membrane. It is designated as a Human Cell, Tissue, and Cellular and Tissue-Based Product (HCT/P) by the U.S. Food and Drug Administration (FDA), minimally manipulated, and produced in accordance with the FDA regulations for Good Tissue Practices (21 CFR 1270, 1271) in our AATB[®] accredited lab.

AmnioWrap² is intended for homologous use as a protective covering for soft tissue wounds. Because AmnioWrap² may be used in a variety of clinical contexts, consider confirming approved uses by reviewing your Local Coverage Determination (LCD).



If you have any questions while reading this guide or need help during the reimbursement process, our experienced team is available to help (8 AM – 8 PM EST, M-F):

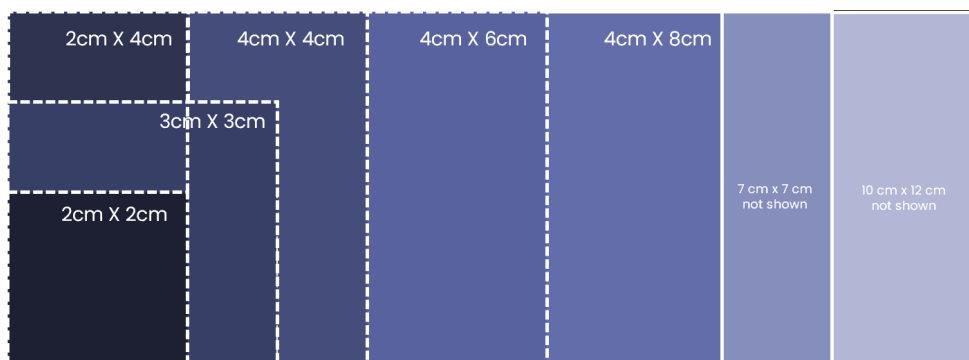
☎ Toll free: (800) 881-1809 Ext. 2

✉ reimbursement@venturemedical.com

We are always happy to take your call.

For help with ordering, please use the contact information on the next page.

Ordering Information for AmnioWrap²™



Ordering Information

Product Number	Size
300-004-0202-005	2cm x 2cm
300-006-0203-005	2cm x 3cm
300-008-0204-005	2cm x 4cm
300-009-0303-005	3cm x 3cm
300-016-0404-005	4cm x 4cm
300-024-0406-005	4cm x 6cm
300-032-0408-005	4cm x 8cm
300-049-0707-005	7cm x 7cm
300-120-1012-005	10cm x 12cm

Contact our product experts for more information, or to place an order:

Product Hotline:

Toll Free:
(800) 881-1809 Ext. 2

Email:

reimbursement@venturemedical1.com

Order Inquiries:

CustomerService@venturemedical1.com



HCPCS Code & Billing Units

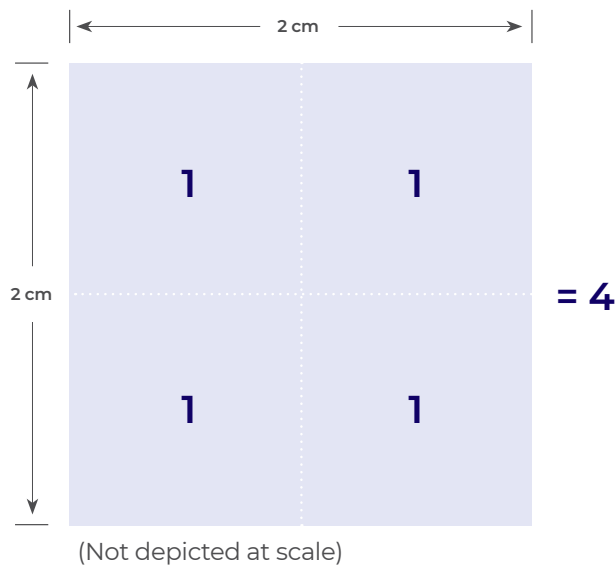


HCPCS Code for **AmnioWrap²**:
Q4221

Understanding AmnioWrap² Billing Units

- Billed per square centimeter
- Billing Example for 2 x 2 cm AmnioWrap² used for a Diabetic Foot Ulcer (DFU):

Q4221 – 4 units
15275 – 1



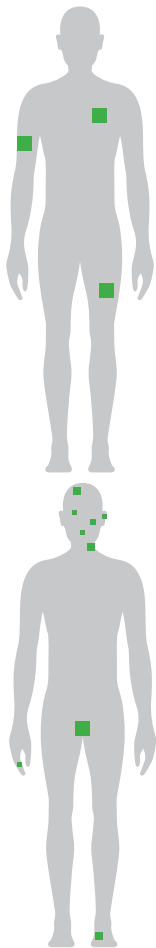
See billing codes for other treatment sites on the next page →

AmnioWrap² allografts are available in a wide range of sizes and shapes for maximum versatility.

Product Number	Size	Billing Units
300-004-0202-005	2cm x 2cm	4
300-006-0203-005	2cm x 3cm	6
300-008-0204-005	2cm x 4cm	8
300-009-0303-005	3cm x 3cm	9
300-016-0404-005	4cm x 4cm	16
300-024-0406-005	4cm x 6cm	24
300-032-0408-005	4cm x 8cm	32
300-049-0707-005	7cm x 7cm	49
300-120-1012-005	10cm x 12cm	120

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.

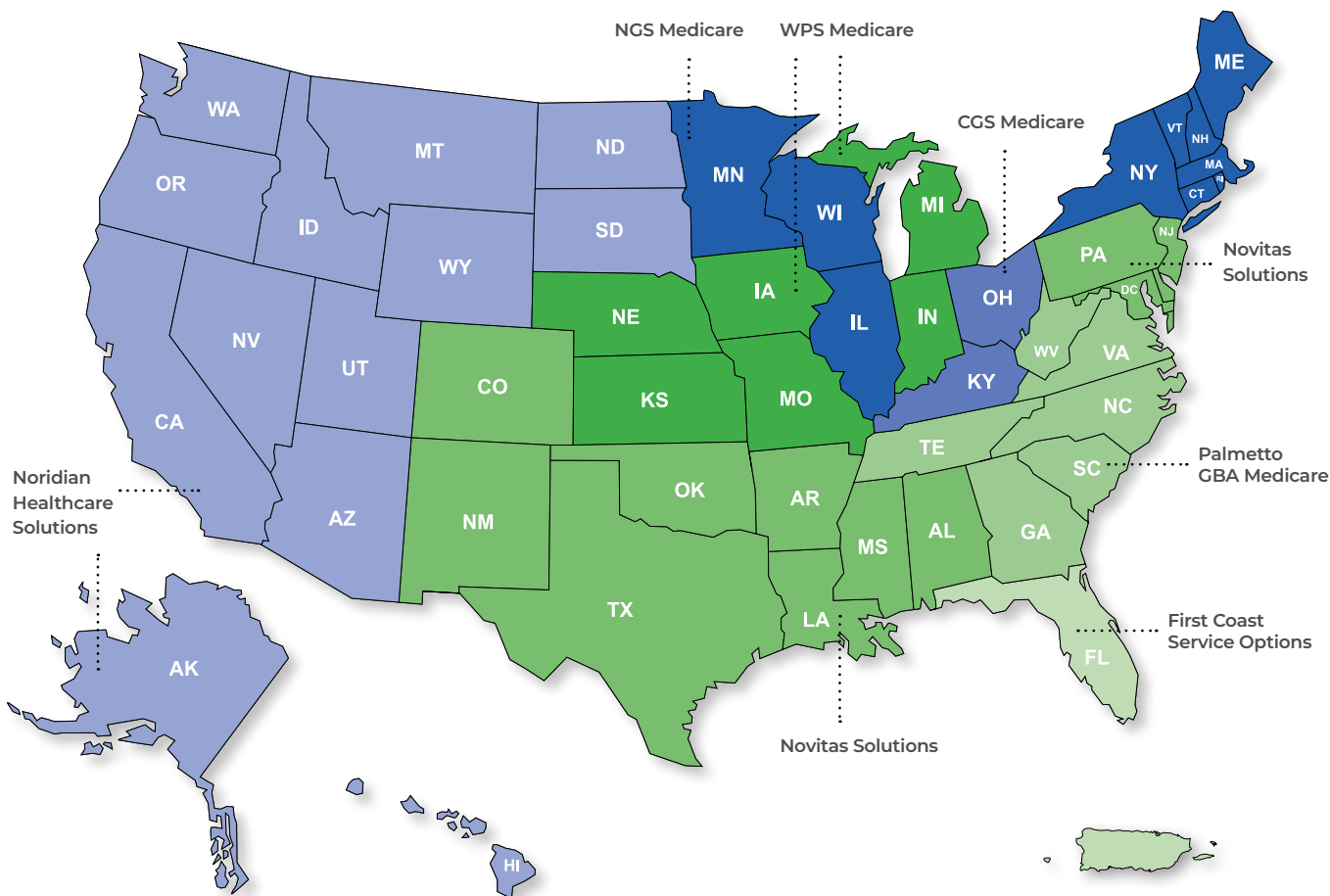
The information contained herein is not intended as coding advice. The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Venture Medical concerning levels of reimbursement, payment, eligibility, charges or that these 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.

MAC Regions

- Noridian Healthcare Solutions
- CGS Medicare
- NGS Medicare
- WPS Medicare
- Novitas Solutions
- Palmetto GBA Medicare
- First Coast Service Options



The rate for AmnioWrap² varies by Medicare Administrative Contractor (MAC) Region and is subject to change on an ongoing basis.

Please call our hotline for the most up-to-date rate in your area:

Toll free: **(800) 881-1809 Ext. 2**

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.

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www.amniowrap2.com