

2017 Reimbursement Guide

PalinGen Membrane

HCPCS CODING: *Select membrane size and number of units.*

Size	Units	HCPCS (Q Code)
1x1 sq cm	1	<p style="text-align: center;">Q4173 PalinGen Membrane, per square centimeter</p>
1x2 sq cm	2	
2x2 sq cm	4	
2x3 sq cm	6	
2x4 sq cm	8	
2x6 sq cm	12	
4x4 sq cm	16	
4x6 sq cm	24	
4x8 sq cm	32	
8x8 sq cm	64	

PalinGen Flow

HCPCS CODING: *Select vial size and number of units.*

Size	Units	HCPCS (Q Code)
0.25 cc	1	<p style="text-align: center;">Q4174, PalinGen 0.36 mg per 0.25 cc</p>
0.5 cc	2	
1.0 cc	4	
2.0 cc	8	
4.0 cc	16	

CPT CODE DESCRIPTION: *Select CPT code that matches wound description.*

CPT Code	Description
15271	Application of skin substitute graft to trunk, arms, legs, total surface area up to 100sq cm; first 25 sq. cm or less 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 area greater than or equal to 100sq cm; first 100 sq. cm wound surface area, or 1% of body area of infants and children
+15274	Each additional 25 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, 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.
+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, 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
+1578	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)

Procedure Codes - ICD - 10 Code: *Select ICD -10 Code that matches description.*

ICD - 10 Code	Description
E10.621 - E10.622	Type 1 diabetes mellitus with foot ulcer - Type 1 diabetes mellitus with other skin ulcer.
E11.621 - E11.622	Type 2 diabetes mellitus with foot ulcer - Type 2 diabetes mellitus with other skin ulcer.
E13.621 - E13.622	Other specified diabetes mellitus with foot ulcer - Other specified diabetes mellitus with other skin ulcer.
I83.002 - I83.008	Varicose veins of unspecified lower extremity with ulcer of calf - Varicose veins of unspecified lower extremity with ulcer other part of lower leg.
I83.012 - I83.018	Varicose veins of right lower extremity with ulcer of calf - Varicose veins of right lower extremity with ulcer other part of lower leg
I83.022 - I83.028	Varicose veins of left lower extremity with ulcer of calf - Varicose veins of left lower extremity with ulcer other part of lower leg.
I83.202 - I83.208	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation - Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation.
I83.212 - I83.218	Varicose veins of right lower extremity with both ulcer of calf and inflammation Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation.
I83.222 - I83.228	Varicose veins of left lower extremity with both ulcer of calf and inflammation - Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation.
I87.311 - I87.313	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity - Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity.
I87.331 - I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity - Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity.

Total Reimbursement 4x4cm PalinGen Membrane Example
Billed To: Nevada Division of Health Care Financing and Policy (Medicaid)

Units	Code	Reimbursement Amount (\$)
16.0	Q4173	\$2,032.29
1.0	15275	\$102.92
	Total	\$2,135.21

For questions, please contact Reimbursement Support:

Phone: 1-888-232-8550 Ext. 5