



## 2008 Apligraf Medicare Product and Related Procedure Reimbursement

**Revised on 10/01/08**

This document provides a summary of the 2008 payment rates for Apligraf and related procedures that result from the 2008 Center for Medicare and Medicaid Services (CMS) Hospital Outpatient Prospective Payment System (HOPPS) Rule, 2008 CMS Physician Fee Schedule Payments and the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

**Please contact an Apligraf Reimbursement Specialist at 1-888-432-5232 (option 3) for additional information and support with Apligraf reimbursement.**

### 2008 Apligraf Product and Related Procedure Payment

Setting	Apligraf Product Payment	CPT 15340	CPT 15341
2008 Hospital Outpatient – <i>Hospital Payment</i>	<i>J7340</i> \$1,373.24 (\$31.21/sq cm)*	<i>APC 0134</i> \$134.08	<i>APC 0134</i> \$67.04 <sup>1</sup>
2008 Hospital Outpatient - <i>Physician's Payment</i>		\$244.52	\$25.52
2008 Physician's Office - <i>Physician/Office Payment</i>	<i>J7340</i> \$1,386.44 (\$31.51/sq cm)*	\$287.94	\$42.66

<sup>1</sup> Multiple procedure code reduction of 50%

**J7340** - Dermal and epidermal tissue, of human origin, with or without bioengineered or processed elements, with metabolically active elements, **per square centimeter**. Applies for all patients, including Medicare, treated in the physician's office setting and/or in the hospital outpatient setting. **\*Apligraf is supplied in 44 sq cm.**

**15340** - Tissue cultured allogeneic skin substitute, first 25 sq cm or less. **Carries a 10-day global period.**

**15341** - Each additional 25 sq cm

Do not report 15340, 15341 in conjunction with 11040-11042, 15002-15005.

**Note:** The payments specified in this document are national unadjusted averages. All codes provided herein are for information purposes only and shall not be construed as a statement, promise or guarantee that these codes are accurate or reimbursement will be received. Coding practice will vary by site of care, patient condition, range of services provided, local Carrier and Fiscal Intermediary instructions, and other factors. Coding requirements are subject to change at any time, therefore check with your local payer regularly.

