

# 2026 MEDICARE RATES | HOPD

## PRODUCT Q CODES

| Product       | HCPSC Code | HOPD Rate                                                                                                          |
|---------------|------------|--------------------------------------------------------------------------------------------------------------------|
| Apligraf      | Q4101      | \$127.14 per sq cm                                                                                                 |
| Affinity      | Q4159      | \$127.14 per sq cm                                                                                                 |
| NuShield      | Q4160      | \$127.14 per sq cm                                                                                                 |
| PuraPly AM    | Q4196      | \$127.14 per sq cm                                                                                                 |
| PuraPly XT EF | Q4197      | \$127.14 per sq cm                                                                                                 |
| PuraPly SX    | Q4432      | 510(k) skin substitute product, not otherwise specified (new for 2026, not product specific)<br>\$127.14 per sq cm |
| CYGNUS Matrix | Q4199      | \$127.14 per sq cm                                                                                                 |
| CYGNUS Dual   | Q4282      | \$127.14 per sq cm                                                                                                 |
| Via Matrix    | Q4309      | \$127.14 per sq cm                                                                                                 |
| AmchoThick    | Q4368      | \$127.14 per sq cm                                                                                                 |

## APPLICATION CODES

| CPT Code | CPT Code Description                                                                                                                                                                                           | HOPD National Rate* | Physician National Rate** |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| 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 of wound surface area)                                                            | \$755.08            | \$75.15                   |
| 15272    | (each additional 25 sq cm wound surface area, or part thereof) (List separately in addition to code for primary procedure)                                                                                     |                     | \$14.70                   |
| 15273    | (Application of skin substitute graft to trunk, arms, legs, total wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children)            | \$2,107.97          | \$171.68                  |
| 15274    | (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)       |                     | \$38.75                   |
| 15275    | (Application of skin substitute graft to face, scalp, feet, etc., total wound surface area up to 100 sq cm; first 25 sq cm or less)                                                                            | \$755.08            | \$84.17                   |
| 15276    | (each additional 25 sq cm wound surface area, or part thereof) (List separately in addition to code for primary procedure)                                                                                     |                     | \$22.04                   |
| 15277    | (Application of skin substitute graft to face, scalp, feet, etc., 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) | \$2,107.97          | \$197.40                  |
| 15278    | (each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children) (List separately in addition to code for primary procedure)                        |                     | \$48.77                   |

\*will be wage adjusted; \*\*will be geographically adjusted

The above publicly available information is presented for illustrative purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. It is not intended to guarantee, increase or maximize reimbursement by any payer. Individual coding decisions should be based upon diagnosis and treatment of individual patients. Organogenesis does not warrant, promise, guarantee, or make any statement that the use of this information will result in coverage or payment or that any payment received will cover providers' costs. Organogenesis is not responsible for any action providers take in billing for, or, appealing claims. Physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies furnished to a patient. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. Laws, regulations and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be current when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding and payment policies. Please consult with your legal counsel or reimbursement specialists for any reimbursement or billing questions. **Rev March 2026**