

2022 Medicare Reimbursement Guide for Hospitals and Ambulatory Surgical Centers

VENDAJE® Dehydrated Human Amniotic Membrane Tissue Allograft

Contact Our Reimbursement Team


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: 1-888-948-BSEM (2736) 🖨️ 888-958-5618 ✉️ reimbursement@biostemtech.com

We are always happy to take your call. For help with ordering, please use the contact information below.

Ordering Information

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

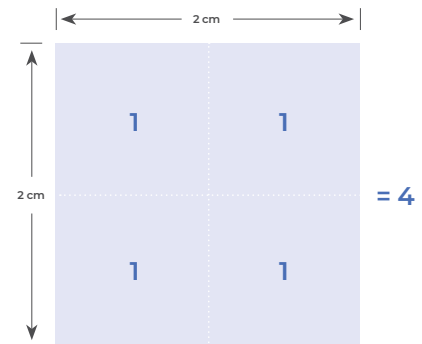
 <p>Contact our product experts for more information, or to place an order:</p> <p>Product Hotline: Local: 954-380-8342 TF: 1-888-948-BSEM (2736)</p> <p>Email Inquiries: orders@biostemtech.com</p>	Product SKU	Size	Billing Units
	200-004-0202-001	2 x 2 cm	4
	200-008-0204-001	2 x 4 cm	8
	200-016-0404-001	4 x 4 cm	16
	200-024-0406-001	4 x 6 cm	24
	200-032-0408-001	4 x 8 cm	32
	200-036-0606-001	6 x 6 cm	32
	200-080-0810-001	8 x 10 cm	80
	200-100-1010-001	10 x 10 cm	100
	200-150-1015-001	10 x 15 cm	150
200-200-1020-001	10 x 20 cm	200	

VENDAJE®

HCPCS Code for VENDAJE:
Q4252

Understanding VENDAJE Billing Units

- Billed per square centimeter
- Billing Example for 2 x 2 cm VENDAJE used for a Diabetic Foot Ulcer (DFU):
Q4252 – 4 units
15275 – 1





Coding for Hospitals and Ambulatory Surgery Centers

Code Terminology Key:

CPT – Current Procedural Terminology

SI OPPTS – Status Indicator for Outpatient Prospective Patient System

APC – Ambulatory Payment Classification

SI ASC – Status Indicator for Ambulatory Surgery Center

VENDAJE® HCPCS Code: Q4252

CPT® Code	Description	SI OPPTS	APC	Hospital Outpatient Department ¹	SI ASC	Ambulatory Surgery Center ²	Professional Fee - Facility ³
Wound Location: trunk, arms, and/or legs							
15271	Application of skin substitute graft to trunk, arms, legs, total surface area up to 100 sq cm; first 25 sq cm	T	5054	\$1,749.26	G2	\$886.26	\$85.13
+ 15272	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	\$18.00
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm wound surface area, or 1% of body area of infants and children	T	5055	\$3,596.22	G2	\$1,822.02	\$201.41
+ 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)	N	N/A	Packaged	N1	Packaged	\$46.37
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 surface area up to 100 sq cm; first 25 sq cm or less wound surface area	T	5054	\$1,749.26	G2	\$886.26	\$94.82
+ 15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N	N/A	Packaged	N1	Packaged	\$25.96
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total 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	T	5054	\$1,749.26	G2	\$886.26	\$229.44
+ 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)	B	N/A	Packaged	N1	Packaged	\$57.79

¹ Center for Medicare & Medicaid Services. "Hospital Outpatient PPS." Retrieved from: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps>. ² Center for Medicare & Medicaid Services. "Ambulatory Surgical Center (ASC) Payment." Retrieved from: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment>. ³ 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 VENDAJE®. 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 BioStem Technologies 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. BioStem Technologies 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 or adverse reaction reporting, telephone 1-888-948-BSEM (2736) or visit BioStemTechnologies.com. Please refer to the VENDAJE® IFU for complete product information.

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



BioStemTechnologies.com