DermaBind FM

Sterilized Dehydrated Amniotic Membrane

DermaBind FM is a dehydrated amniotic membrane covering that preserves the comprehensive collagen matrix, glycoconjugates, and glycosaminoglycans.

DermaBind FM Key Features & Properties:

- DermaBind FM undergoes a proprietary preservation method,which retains all native layers of the placental membrane, including the amnion and chorion with the spongy layer intact, unlike many placental allografts on the market.
- The DermaBind FM process does not use unnecessary chemicals, antibiotics or preservatives and is never frozen.
- The finished product is physician-friendly, durable, easily applied to a wound and can be stored at room temperature for up to 3 years

DermaBind FM Ordering Information | Q4313

Product SKU	Product Size (Cm)
DFM2	2x2
DFM3	3x3
DFM4	4x4
DFM7	6.5x6.5

DermaBind FM can be used as a protective wound covering as either a partial and full thickness acute and chronic
wounds.

• Trauma Wounds
• Pressure Injuries
• Dehisced Wounds
• Venous Leg Ulcers (VLUs)
• Diabetic Foot Ulcers (DFUs)

Can be used at the onset and for the duration of the wound, weekly or at the discretion of the treating physician.

Order & Customer Support Contact Details
Phone: (318) 541-8551
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General Information

Reimbursement and coverage eligibility for the use of DermaBind FM Sterilized Dehydrated Amniotic Membrane and associated procedures varies by Medicare and private payers. Coverage policies, prior authorizations, contract terms, billing edits, and site-of-service influence reimbursement.

Place of Service (POS) Codes

POS codes are 2-digit numbers included on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare and Medicaid Services (CMS) maintain POS codes used throughout the healthcare industry. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers for reimbursement policies regarding these codes.

Place of Service Code	Place of Service Location	Place of Service Description
11	Office	Location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or Local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.

DermaBind FM Sterilized Dehydrated Amniotic Membrane (Q4313) is included on the Medicare Part B Average Sales Price (ASP) Drug Pricing File published quarterly by the Centers for Medicare and Medicaid Services (CMS).
Average Sales Price information is published quarterly by the Centers for Medicare and Medicaid Services (CMS) in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File. Providers are encouraged to review the ASP Pricing files posted quarterly by CMS and listed by HCPCS on CMS.gov for updates. Payment allowance limits that are not included in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File, are based on the published Wholesale Acquisition Cost (WAC) or invoice pricing. In determining the payment limit based on WAC, the contractors follow the methodology specified in Publication. 100-04, Chapter 17, Drugs and Biologicals, for calculating the Average Wholesale Price (AWP), but substitute WAC for AWP. Providers are encouraged to check with their local MACs for information on established rates.
Providers are also encouraged to check with payers to determine if an invoice is required to be submitted with the claim and/or in Box 19 of the CMS-1500 claim form.

CPT® Coding

The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Physicians should report all surgical and medical services performed, and are responsible for determining which CPT® code(s) are appropriate.

Distributed by:

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References: CMS Manual for that detail Section 20 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf