

SKIN SUBSTITUTES & SOFT TISSUE GRAFTS**Effective Date:** July 1, 2018**Review Dates:** 12/08, 8/09, 8/10, 8/11, 8/12, 4/13,
5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/22,
5/23, 5/24, 5/25**Date Of Origin:** December 10, 2008**Status:** Current**I. POLICY/CRITERIA**

A. The following products are a covered benefit when used for FDA approved indications:

1. Acellular dermal matrices (ADMs) when used in association with a medically necessary breast reconstruction:
 - a. Alloderm
 - b. AlloMax
 - c. Cortiva
 - d. DermACELL
DermaMatrix
 - e. FlexHD
 - f. Strattice
 - g. SurgiMend
2. Apligraf® (graftskin) for either of the following:
 - a. In conjunction with standard therapy for the treatment of non-infected partial and full-thickness skin ulcers due to venous insufficiency of greater than one month duration without adequate response to conventional ulcer therapy.
 - b. In conjunction with standard diabetic foot ulcer care for full-thickness neuropathic diabetic foot ulcers of greater than three weeks duration without adequate response to conventional ulcer therapy and which extend through the dermis but without tendon, muscle, capsule or bone exposure.
3. Biobrane Biosynthetic Dressing® for temporary covering of a superficial partial-thickness burn.
4. Cymetra when used for treatment of vocal cord paralysis.
5. Dermagraft® when used for full-thickness diabetic foot ulcers greater than six weeks duration which extend through the dermis, but without tendon, muscle, joint capsule, or bone exposure. It is intended for use in conjunction with standard wound care and in patients that have adequate blood supply to the involved foot.
6. Epicel® cultured epidermal autograft for deep dermal or full thickness burns comprising $\geq 30\%$ total body surface area.

7. EpiFix membrane for a diabetic foot ulcer or a venous stasis ulcer that has failed to respond to at least one month of conservative treatment. Coverage is limited to 5 applications per ulcer.
8. Grafix® CORE Multipotent Cellular Repair Cryopreserved Chorion Matrix and Grafix® PRIME Multipotent Cellular Repair Cryopreserved Amnion Matrix for use in the treatment of partial and full-thickness neuropathic diabetic foot ulcers when all of the following apply:
 - a. Ulcer is greater than six weeks in duration.
 - b. There is no capsule, tendon or bone exposed.
 - c. Used in conjunction with standard diabetic ulcer care
 - d. Hemoglobin A1c (HbA1C) no greater than 12%.
 - e. Treated foot has adequate blood supply as evidenced by either the presence of a palpable pedal pulse or an ankle-brachial index (ABI) of ≥ 0.70 .
9. Integra® Dermal Regeneration Template (“IDRT”), Integra® Omnigraft Dermal Regeneration Matrix (“Omnigraft”), Integra® Bilayer Matrix Wound Dressing (“Integra® Bilayer Wound Matrix”), and Integra Meshed Bilayer Wound Matrix for either of the following:
 - a. Severe burns where there is a limited amount of skin for autografts, or patient is too ill to have more wound graft sites created.
 - b. Reconstructive surgery for burn scars where there is a limited amount of skin for autografts or patient is too ill to have more wound graft sites created.
10. Integra Dermal Regeneration Template (“IDRT”) and Integra Omnigraft Dermal Regeneration Matrix (“Omnigraft”) for use in the treatment of partial and full-thickness neuropathic diabetic foot ulcers when all of the following apply:
 - a. Ulcer is greater than six weeks in duration.
 - b. There is no capsule, tendon or bone exposed.
 - c. Used in conjunction with standard diabetic ulcer care
 - d. Hemoglobin A1c (HbA1C) no greater than 12%.
 - e. Treated foot has adequate blood supply as evidenced by either the presence of a palpable pedal pulse or an ankle-brachial index (ABI) of ≥ 0.70 .
11. Oasis® Wound Matrix for chronic, lower extremity, partial or full-thickness, venous or diabetic ulcers, when standard wound therapy has failed.
12. Orcel™ is indicated for the treatment of fresh, clean split-thickness donor site wounds in burn patients.
13. Theraskin® for partial or full-thickness diabetic foot ulcer or venous stasis ulcer of greater than four weeks duration that have failed standard wound care. There must be evidence of adequate blood supply to the involved

foot. For diabetic foot ulcers, the HbA1C cannot exceed 12%. Coverage is limited to up to 12 weeks of Theraskin application at FDA-approved intervals.

14. Transcyte® for either of the following:
 - a. As a temporary wound covering for surgically excised full-thickness and deep partial-thickness thermal burn wounds in patients who require such a covering prior to autograft placement, *or*
 - b. For the treatment of mid-dermal to indeterminate depth burn wounds that typically require debridement and that may be expected to heal without autografting.
- B. The following products are considered experimental, investigational or unproven. There is insufficient evidence to support their clinical effectiveness. Non-coverage may apply to other products and may not be limited to the following:
 1. Acellular dermal matrices (with the exception of those listed above which are only covered when used in association with a medically necessary breast reconstruction)
 2. Allopatch HD
 3. Alloskin
 4. AlloSkin RT, per sq cm
 5. Arthroflex, per sq cm
 6. Endoform Dermal Template™
 7. EpiFix, injectable or powdered, or any form other than membrane; or any indication not listed in A12 above
 8. E-Z Derm™
 9. Gammagraft
 10. Graftjacket Express
 11. GraftJacket® Regenerative Tissue Matrix
 12. Hyalomatrix
 13. Integra® Matrix Wound Dressing (“Integra® Wound Matrix”)
 14. Integra® Wound Matrix Thin (“Integra® Thin”)
 15. Integra® Neurawrap™
 16. Integra® Flowable Wound Matrix (“Flowable”)
 17. MatriStem micromatrix, MatriStem wound matrix and MatriStem burn matrix
 18. MemoDerm, per sq cm
 19. NeoForm Dermis™
 20. NeuraGen® Nerve Guide
 21. NeuroMatrix™ Collagen Nerve Cuff
 22. Neuromend
 23. Oasis Burn Matrix
 24. Oasis Ultra Tri-Layer Matrix
 25. Surgisis® RVP Recto-Vaginal Fistula Plug

- 26. Talymed, per sq cm
- 27. TenoGlide™ Tendon Protector Sheet
- 28. TissueMend®
- 29. Unite biomatrix, per sq cm
- 30. Veritas® Collagen Matrix

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Skin substitutes, also known as bioengineered, tissue-engineered, or artificial skin, can generally be classified into cellular or comprised of living cells, and acellular which are composed of synthetic materials or tissue from which living cells have been removed. Cellular products may be created from cultures of skin cells or cell components from humans, animals, or plants (cellulose, collagen). These products are categorized as autograft if a sample of the patient's own healthy skin is harvested, allografts when the skin or tissue is harvested from another human, xenograft when skin or tissue is harvested from an animal with similar skin structure, or bioengineered or artificial skin of the substitutes are laboratory created from cultures of skin cells or cell components. Tissue-engineered human skin substitutes are products that use living cells within a natural or synthetic matrix to enhance wound healing. The skin substitutes are classified as dermal, epidermal or composite (both epidermal and dermal cells).

Skin substitutes are used to provide temporary wound coverage or complete wound closure, and may reduce healing time, pain, and contractures. They may obviate the need for more extensive treatments (e.g., grafting, amputation), as well as improve aesthetic results and functional abilities.

Numerous skin substitute products are available with FDA approval for various indications.

V. CODING INFORMATION

ICD-10 Codes that may apply:

C50.011 – C50.929	Malignant neoplasm of female breast
C79.81	Secondary malignant neoplasm of breast
D05.00 - D05.92	Carcinoma in situ of breast
D48.60 - D48.62	Neoplasm of uncertain behavior of breast
D49.3	Neoplasm of unspecified behavior of breast
T85.44xA - T85.44xS	Capsular contracture of breast implant
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
Z85.3	Personal history of malignant neoplasm of breast
Z42.8	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury
Z40.01	Encounter for prophylactic removal of breast
Z42.1	Encounter for breast reconstruction following mastectomy
Z90.10 - Z90.13	Acquired absence of breast and nipple
Z98.82	Breast implant status
T20.20xA - T26.92xS	Burn and corrosion
T30.0 - T32.99	Burns
I83.001 - I83.229	Varicose veins with ulcer

I87.011 - I87.019	Postphlebotic syndrome with ulcer
I87.311 - I87.319	Chronic venous hypertension with ulcer
I87.331 - I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation
I87.2	Venous insufficiency (chronic) (peripheral)
I87.9	Disorder of vein, unspecified
I70.231 - I70.25	Atherosclerosis of native arteries of leg with ulceration
I70.331 - I70.749	Atherosclerosis of bypass graft(s) of leg with ulceration
L97.101- I97.929	Non-pressure chronic ulcer

Secondary diagnoses

E08.40 - E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathy
E09.40 - E09.610	Drug or chemical induced diabetes mellitus with neurological complications
E10.40 - E10.69	Type 1 diabetes mellitus with neurological complications
E11.40 - E11.69	Type 2 diabetes mellitus with neurological complications
E13.40 - E13.69	Other specified diabetes mellitus with neurological complications

CPT/HCPCS Codes:

Appropriate Skin Substitute Application code/product combination must be billed on the same claim for the same date of service.

High Cost Application Codes:

15271-15277

Low Cost Application Codes:

C5271-C5278

Not Covered:

Covered for Medicare only

- 15011 Harvest of skin for skin cell suspension autograft; first 25 sq cm or less
- 15012 Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)
- 15013 Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin
- 15014 Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)
- 15015 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less
- 15016 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)

- 15017 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less
- 15018 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)

Product Codes:

- Q4100 Skin substitute, not otherwise specified
(Explanatory notes must accompany claims billed with unlisted codes.)
 - Use for billing: Orcel®, Biobrane Biosynthetic Dressing®, Epicel®, DermaMatrix™, Cortiva™, AlloMax™
- Q4101 Apligraf, per square centimeter
- Q4102 Oasis wound matrix, per square centimeter
- Q4104 Integra bilayer matrix wound dressing (BMWD), per square centimeter
- Q4105 Integra dermal regeneration template (DRT), or Integra Omnigraft dermal regeneration matrix, per square centimeter
- Q4106 Dermagraft, per square centimeter
- Q4112 Cymetra, injectable, 1 cc (Cymetra)
- Q4116 AlloDerm, per square centimeter
- Q4121 TheraSkin, per sq cm
- Q4122 DermACELL, per sq cm
- Q4128 FlexHD or AllopatchHD or Matrix HD, per sq cm
- Q4130 Strattice TM, per sq cm
- Q4132 Grafix core and GrafixPL Core, per sq cm
- Q4133 Grafix prime and GrafixPL Prime, Stravix and StravixPL, per sq cm
- Q4182 Transcyte, per square centimeter
- Q4186 Epifix, per square centimeter

The following products are not separately payable.

- A2001 Innovamatrix ac, per sq cm
- A2002 Mirragen adv wnd mat per sq
- A2004 XCelliStem, 1 mg
- A2005 Microlyte matrix, per sq cm
- A2006 Novosorb synpath per sq cm
- A2007 Restrata, per sq cm
- A2008 Theragenesis, per sq cm
- A2009 Symphony, per sq cm
- A2010 Apis, per square centimeter
- A2011 Supra SDRM, per sq cm
- A2012 SUPRATHEL, per sq cm
- A2013 Innovamatrix FS, per sq cm
- A2014 Omeza collagen matrix, per 100 mg
- A2015 Phoenix wound matrix, per square centimeter
- A2016 Permeaderm b, per square centimeter
- A2017 Permeaderm glove, each
- A2018 Permeaderm c, per square centimeter
- A2019 Kerecis Omega3 MariGen Shield, per sq cm

A2020	AC5 Advanced Wound System (AC5)
A2021	NeoMatriX, per sq cm
A2022	Innovaburn or innovamatrix xl, per square centimeter
A2023	Innovamatrix pd, 1 mg
A2024	Resolve Matrix or XenoPatch, per sq cm
A2025	Miro3d, per cubic centimeter
A2026	Restrata minimatrix, 5 mg
A2027	Matriderm, per square centimeter
A2028	Micromatrix flex, per mg
A2029	Mirotract wound matrix sheet, per cubic centimeter
A2030	Miro3d fibers, per milligram
A2031	Mirodry wound matrix, per square centimeter
A2032	Myriad matrix, per square centimeter
A2033	Myriad morcells, 4 milligrams
A2034	Foundation drs solo, per square centimeter
A2035	Corplex p or theracor p or allacor p, per milligram
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified (Explanatory notes must accompany claims billed with unlisted codes.)
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing
Q4100	Skin substitute, not otherwise specified (Explanatory notes must accompany claims billed with unlisted codes.) Use for billing: NeoForm Dermis™, SurgisisRVP®, Tissuemend®, Grafix XC
Q4103	Oasis burn matrix, per square centimeter
Q4107	GraftJacket, per square centimeter
Q4108	Integra matrix, per square centimeter
Q4110	Primatrix, per square centimeter
Q4111	GammaGraft, per square centimeter
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4115	AlloSkin, per square centimeter
Q4117	HYALOMATRIX, per sq cm
Q4118	MatriStem micromatrix, 1 mg
Q4123	AlloSkin RT, per sq cm
Q4124	OASIS ultra tri-layer wound matrix, per sq cm
Q4125	Arthroflex, per sq cm
Q4126	MemoDerm, Deraspan, Tranzgraft or Integuply, per square centimeter
Q4127	Talymed, per sq cm
Q4134	hMatrix, per square centimeter
Q4135	Mediskin, per square centimeter
Q4136	Ez-derm, per square centimeter
Q4137	Amnioexcel, AmnioExcel Plus or BioDExcel, per square centimeter
Q4138	BioDfence dryflex, per square centimeter
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Q4140	BioDfence, per square centimeter
Q4141	AlloSkin AC, per square centimeter
Q4142	XCM biologic tissue matrix, per square centimeter

Q4143	Repriza, per square centimeter
Q4145	EpiFix, injectable, 1 mg
Q4146	Tensix, per square centimeter
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm
Q4149	Excellagen, 0.1 cc
Q4150	Allowrap DS or dry, per square centimeter
Q4151	AmnioBand or Guardian, per square centimeter
Q4152	DermaPure, per square centimeter
Q4153	Dermavest and Plurivest, per square centimeter
Q4154	Biovance, per square centimeter
Q4155	Neox Flo or Clarix Flo, 1 mg
Q4156	Neox 100 or Clarix 100, per square centimeter
Q4157	Revitalon, per square centimeter
Q4158	Kerecics Omega3, per square centimeter
Q4159	Affinity, per square centimeter
Q4160	Nushield, per square centimeter
Q4161	Bio-ConneKt wound matrix, per square centimeter
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Q4163	WoundEx Flow, BioSkin Flow, per square centimeter
Q4164	Helicoll, per square centimeter
Q4165	Keramatrix, per square centimeter
Q4166	Cytal, per square centimeter
Q4167	Truskin, per square centimeter
Q4168	AmnioBand, 1 mg
Q4169	Artacent wound, per square centimeter
Q4170	Cygnus, per square centimeter
Q4171	Interfyl, 1 mg
Q4173	PalinGen or PalinGen XPlus, per square centimeter
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc
Q4175	Miroderm, per square centimeter
Q4176	Neopatch, per square centimeter
Q4177	FlowerAmnioFlo, 0.1 cc
Q4178	FlowerAmnioPatch, per square centimeter
Q4179	Flowerderm, per square centimeter
Q4180	Revita, per square
Q4181	Amnio Wound, per square centimeter
Q4183	Surgigraft, per square centimeter
Q4184	Cellesta, per square centimeter
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Q4187	Epicord, per square centimeter
Q4188	AmnioArmor, per square centimeter
Q4189	Artacent AC, 1 mg
Q4190	Artacent AC, per square centimeter
Q4191	Restorigin, per square centimeter
Q4192	Restorigin, 1 cc
Q4193	Coll-e-Cerm, per square centimeter
Q4194	Novachor, per square centimeter

Q4195	PuraPly, per square centimeter
Q4196	PuraPly AM, per square centimeter
Q4197	Puraply XT, per square centimeter
Q4198	Genesis Amniotic Membrane, per square centimeter
Q4199	Cygnus matrix, per sq cm
Q4200	Skin TE, per square centimeter
Q4201	Matrion, per square centimeter
Q4202	Keroxx (2.5g/cc), 1cc
Q4203	Derma-Gide, per square centimeter
Q4204	XWRAP, per square centimeter
Q4205	Membrane Graft or Membrane Wrap, per sq cm
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per sq cm
Q4209	SurGraft, per sq cm
Q4211	Amnion Bio or AxoBioMembrane, per sq cm
Q4212	AlloGen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta Cord, per sq cm
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	Artacent Cord, per sq cm
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm
Q4218	SurgiCORD, per sq cm
Q4219	SurgiGRAFT-DUAL, per sq cm
Q4220	BellaCell HD or Surederm, per sq cm
Q4221	Amnio Wrap2, per sq cm
Q4222	ProgenaMatrix, per sq cm
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm
Q4225	AmnioBind or dermabind tl per sq cm
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
Q4227	Amniocore, per square centimeter
Q4229	Cogenex amniotic membrane, per square centimeter
Q4230	Cogenex flowable amnion, per 0.5 cc
Q4233	Surfactor or nudyn, per 0.5 cc
Q4234	Xcellerate, per square centimeter
Q4235	Amniorepair or altiplay, per square centimeter
Q4237	Cryo-cord, per square centimeter
Q4238	Derm-maxx, per square centimeter
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter
Q4240	Corecyte, for topical use only, per 0.5 cc
Q4241	Polycyte, for topical use only, per 0.5 cc
Q4242	Amniocyte plus, per 0.5 cc
Q4245	Amniotext, per cc
Q4246	Coretext or protext, per cc
Q4247	Amniotext patch, per square centimeter
Q4248	Dermacyte amniotic membrane allograft, per square centimeter
Q4249	Amniplay, for topical use only, per square centimeter
Q4250	Amnioamp-mp, per square centimeter
Q4251	Vim, per sq cm

Q4252	Vendaje, per sq cm
Q4253	Zenith Amniotic Membrane, per sq cm
Q4254	Novafix dl, per square centimeter
Q4255	Reguard, for topical use only, per square centimeter
Q4256	MLG-Complete, per sq cm
Q4257	Relese, per sq cm
Q4258	Enverse, per sq cm
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm
Q4260	Signature APatch, per sq cm
Q4261	TAG, per sq cm
Q4262	Dual Layer Impax membrane, per square centimeter
Q4263	Surgraft tl, per square centimeter
Q4264	Cocoon membrane, per square centimeter
Q4265	NeoStim TL, per sq cm
Q4266	Neostim membrane, per square centimeter
Q4267	Neostim dl, per square centimeter
Q4268	Surgraft ft, per square centimeter
Q4269	Surgraft xt, per square centimeter
Q4270	Complete sl, per square centimeter
Q4271	Complete ft, per square centimeter
Q4272	Esano a, per square centimeter
Q4273	Esano aaa, per square centimeter
Q4274	Esano ac, per square centimeter
Q4275	Esano aca, per square centimeter
Q4276	Orion, per square centimeter
Q4278	Epieffect, per square centimeter
Q4279	Vendaje ac, per square centimeter
Q4280	Xcell amnio matrix, per square centimeter
Q4281	Barrera sl or barrera dl, per square centimeter
Q4282	Cygnus dual, per square centimeter
Q4283	Biovance tri-layer or biovance 3l, per square centimeter
Q4284	Dermabind sl, per square centimeter
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter
Q4286	Nudyn sl or nudyn slw, per square centimeter
Q4287	Dermabind dl, per square centimeter
Q4288	Dermabind ch, per square centimeter
Q4289	Revoshield + amniotic barrier, per square centimeter
Q4290	Membrane wrap-hydro, per square centimeter
Q4291	Lamellas xt, per square centimeter
Q4292	Lamellas, per square centimeter
Q4293	Acesso dl, per square centimeter
Q4294	Amnio quad-core, per square centimeter
Q4295	Amnio tri-core amniotic, per square centimeter
Q4296	Rebound matrix, per square centimeter
Q4297	Emerge matrix, per square centimeter
Q4298	Amnicore pro, per square centimeter
Q4299	Amnicore pro+, per square centimeter
Q4300	Acesso tl, per square centimeter
Q4301	Activate matrix, per square centimeter

Q4302	Complete aca, per square centimeter
Q4303	Complete aa, per square centimeter
Q4304	Grafix plus, per square centimeter
Q4305	American amnion ac tri-layer, per square centimeter
Q4306	American amnion ac, per square centimeter
Q4307	American amnion, per square centimeter
Q4308	Sanopellis, per square centimeter
Q4309	Via matrix, per square centimeter
Q4310	Procenta, per 100 mg
Q4311	Acesso, per square centimeter
Q4312	Acesso ac, per square centimeter
Q4313	Dermabind fm, per square centimeter
Q4314	Reeva ft, per square centimeter
Q4315	Regenelink amniotic membrane allograft, per square centimeter
Q4316	Amchoplast, per square centimeter
Q4317	Vitograft, per square centimeter
Q4318	E-graft, per square centimeter
Q4319	Sanograft, per square centimeter
Q4320	Pellograft, per square centimeter
Q4321	Renograft, per square centimeter
Q4322	Caregraft, per square centimeter
Q4323	Alloply, per square centimeter
Q4324	Amniotx, per square centimeter
Q4325	Acapatch, per square centimeter
Q4326	Woundplus, per square centimeter
Q4327	Duoamnion, per square centimeter
Q4328	Most, per square centimeter
Q4329	Singlay, per square centimeter
Q4330	Total, per square centimeter
Q4331	Axolotl graft, per square centimeter
Q4332	Axolotl dualgraft, per square centimeter
Q4333	Ardeograft, per square centimeter
Q4334	Amnioplast 1, per square centimeter
Q4335	Amnioplast 2, per square centimeter
Q4336	Artacent c, per square centimeter
Q4337	Artacent trident, per square centimeter
Q4338	Artacent velos, per square centimeter
Q4339	Artacent vericlen, per square centimeter
Q4340	Simpligraft, per square centimeter
Q4341	Simplimax, per square centimeter
Q4342	Theramend, per square centimeter
Q4344	Tri-membrane wrap, per square centimeter
Q4345	Matrix hd allograft dermis, per square centimeter
Q4346	Shelter dm matrix, per square centimeter
Q4347	Rampart dl matrix, per square centimeter
Q4348	Sentry sl matrix, per square centimeter
Q4349	Mantle dl matrix, per square centimeter
Q4350	Palisade dm matrix, per square centimeter
Q4351	Enclose tl matrix, per square centimeter

- Q4352 Overlay sl matrix, per square centimeter
- Q4353 Xceed tl matrix, per square centimeter

- Q4354 Palingen dual-layer membrane, per square centimeter
- Q4355 Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter
- Q4356 Abiomend membrane and abiomend hydromembrane, per square centimeter
- Q4357 Xwrap plus, per square centimeter
- Q4358 Xwrap dual, per square centimeter
- Q4359 Choriply, per square centimeter
- Q4360 Amchoplast fd, per square centimeter
- Q4361 Epixpress, per square centimeter
- Q4362 Cygnus disk, per square centimeter
- Q4363 Amnio burgeon membrane and hydromembrane, per square centimeter
- Q4364 Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter
- Q4365 Amnio burgeon dual-layer membrane, per square centimeter
- Q4366 Dual layer amnio burgeon x-membrane, per square centimeter
- Q4367 Amniocore sl, per square centimeter

OP Facility billing only:

(C-codes are not separately payable under APC arrangements)

- C1832 Autograft suspension, including cell processing and application, and all system components *(payable for Medicare & Medicaid)*
- C9358 Dermal substitute, native, non-denatured collagen (SurgiMend Collagen Matrix), per 0.5 square centimeters
- C9363 Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter
- C9364 Porcine implant (Permacol), per square cm
- C9399 Unclassified drugs or biologicals
These C-codes reportable by outpatient facility only; using rev code 0636
- Use for billing: Orcel®, Biobrane Biosynthetic Dressing®, Epicel®, DermaMatrix™, Cortiva™, AlloMax™

Not separately payable:

- C9352 Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length
- C9353 Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length
- C9354 Acellular pericardial tissue matrix of nonhuman origin (Veritas), per square centimeter
- C9355 Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length
- C9356 Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter
- C9359 Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc

- C9360 Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm
- C9361 Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length
- C9362 Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc

Not Covered

- C9796 Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])
- C8002 Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)

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