

SKIN SUBSTITUTES & SOFT TISSUE GRAFTS

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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 powderized, 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
I97.101- 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:

- Q4101 Apligraf, per sq cm (add-on, list separately in addition to primary procedure)
- Q4102 Oasis wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4104 Integra bilayer matrix wound dressing (BMWD), per square centimeter
- Q4105 Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4106 Dermagraft, per square centimeter
- Q4112 Cymetra, injectable, 1 cc (Cymetra)
- Q4116 AlloDerm, per sq cm (add-on, list separately in addition to primary procedure)
- Q4121 TheraSkin, per sq cm (add-on, list separately in addition to primary procedure)Q4122 DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm (add-on, list separately in addition to primary procedure)
- Q4128 FlexHD, or AllopatchHD, per sq cm (add-on, list separately in addition to primary procedure)Q4130 Strattice, per sq cm (add-on, list separately in addition to primary procedure)
- Q4132 Grafix Core and GrafixPL Core, per sq cm (add-on, list separately in addition to primary procedure)
- Q4133 Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm (add-on, list separately in addition to primary procedure)Q4182 TransCyte, per sq cm (add-on, list separately in addition to primary procedure)
- Q4186 Epifix, per sq cm (add-on, list separately in addition to primary procedure)

The following products are not separately payable.

- A2001 InnovaMatrix AC, per sq cm (add-on, list separately in addition to primary procedure)A2002 Mirragen adv wnd mat per sq (add-on, list separately in addition to primary procedure)
- A2004 XCelliStem, 1 mg
- A2005 Microlyte matrix, per sq cm (add-on, list separately in addition to primary procedure)
- A2006 NovoSorb SynPath dermal matrix, per sq cm (add-on, list separately in addition to primary procedure)
- A2007 Restrata, per sq cm (add-on, list separately in addition to primary procedure)
- A2008 Theragenesis, per sq cm (add-on, list separately in addition to primary procedure)
- A2009 Symphony, per sq cm (add-on, list separately in addition to primary procedure)
- A2010 Apis, per square centimeter (add-on, list separately in addition to primary procedure)

A2011	Supra SDRM, per sq cm (add-on, list separately in addition to primary procedure)
A2012	SUPRATHEL, per sq cm (add-on, list separately in addition to primary procedure)
A2013	Innovamatrix FS, per sq cm (add-on, list separately in addition to primary procedure)
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)
A2016	Permeaderm b, per square centimeter (add-on, list separately in addition to primary procedure)
A2017	Permeaderm glove, each
A2018	Permeaderm c, per square centimeter (add-on, list separately in addition to primary procedure)
A2019	Kerecis Omega3 MariGen Shield, per sq cm (add-on, list separately in addition to primary procedure)
A2020	AC5 Advanced Wound System (AC5)
A2021	NeoMatriX, per sq cm (add-on, list separately in addition to primary procedure)
A2022	Innovaburn or innovamatrix xl, per sq cm (add-on, list separately in addition to primary procedure)
A2023	Innovamatrix pd, 1 mg
A2024	Resolve Matrix or Xenopatch, per sq cm (add-on, list separately in addition to primary procedure)
A2025	Miro3D, per cc (add-on, list separately in addition to primary procedure)
A2026	Restrata minimatrix, 5 mg
A2027	Matriderm, per square centimeter (add-on, list separately in addition to primary procedure)
A2028	Micromatrix flex, per mg
A2029	MiroTract Wound Matrix sheet, per cc (add-on, list separately in addition to primary procedure)
A2030	Miro3d fibers, per milligram
A2031	MiroDry Wound Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2032	Myriad Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2033	Myriad morcells, 4 milligrams
A2034	Foundation DRS Solo, per sq cm (add-on, list separately in addition to primary procedure)
A2035	Corplex p or theracor p or allacor p, per milligram
A2036	Cohealyx Collagen Dermal Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2037	G4derm plus, per milliliter
A2038	MariGen Pacto, per sq cm (add-on, list separately in addition to primary procedure)
A2039	InnovaMatrix FD, per sq cm (add-on, list separately in addition to primary procedure)

- A4100 Nonsheet form skin substitute, FDA-cleared as a device, not otherwise specified (list in addition to primary procedure) (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 sq cm (add-on, list separately in addition to primary procedure)
- Q4107 GRAFTJACKET, per sq cm (add-on, list separately in addition to primary procedure)
- Q4108 Integra matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4110 PriMatrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4111 GammaGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4113 GRAFTJACKET XPRESS, injectable, 1 cc
- Q4114 Integra flowable wound matrix, injectable, 1 cc
- Q4115 AlloSkin, per sq cm (add-on, list separately in addition to primary procedure)
- Q4117 HYALOMATRIX, per sq cm (add-on, list separately in addition to primary procedure)
- Q4118 MatriStem micromatrix, 1 mg
- Q4123 AlloSkin RT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4124 OASIS ultra tri-layer wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4125 ArthroFlex, per sq cm (add-on, list separately in addition to primary procedure)
- Q4126 MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm (add-on, list separately in addition to primary procedure)
- Q4127 Talymed, per sq cm (add-on, list separately in addition to primary procedure)
- Q4134 HMatrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4135 Mediskin, per sq cm (add-on, list separately in addition to primary procedure)
- Q4136 EZ Derm, per sq cm (add-on, list separately in addition to primary procedure)
- Q4137 AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm (add-on, list separately in addition to primary procedure)
- Q4138 BioDFence DryFlex, per sq cm (add-on, list separately in addition to primary procedure)
- Q4139 Amniomatrix or biodmatrix, injectable, 1 cc
- Q4140 BioDFence, per sq cm (add-on, list separately in addition to primary procedure)
- Q4141 AlloSkin AC, per sq cm (add-on, list separately in addition to primary procedure)
- Q4142 XCM biologic tissue matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4143 Repriza, per sq cm (add-on, list separately in addition to primary procedure)

- Q4145 EpiFix, injectable, 1 mg
- Q4146 TENSIX, per sq cm (add-on, list separately in addition to primary procedure)
- Q4147 Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4148 Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm (add-on, list separately in addition to primary procedure)
- Q4149 Excellagen, 0.1 cc
- Q4150 AlloWrap DS or dry, per sq cm (add-on, list separately in addition to primary procedure)
- Q4151 AmnioBand or Guardian, per sq cm (add-on, list separately in addition to primary procedure)
- Q4152 DermaPure, per sq cm (add-on, list separately in addition to primary procedure)
- Q4153 Dermavest and Plurivest, per sq cm (add-on, list separately in addition to primary procedure)
- Q4154 Biovance, per sq cm (add-on, list separately in addition to primary procedure)
- Q4155 Neox Flo or Clarix Flo, 1 mg
- Q4156 Neox 100 or Clarix 100, per sq cm (add-on, list separately in addition to primary procedure)
- Q4157 Revitalon, per sq cm (add-on, list separately in addition to primary procedure)
- Q4158 Kerecis Omega3, per sq cm (add-on, list separately in addition to primary procedure)
- Q4159 Affinity, per sq cm (add-on, list separately in addition to primary procedure)
- Q4160 NuShield, per sq cm (add-on, list separately in addition to primary procedure)
- Q4161 bio-ConneKt wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4162 WoundEx Flow, BioSkin Flow, 0.5 cc
- Q4163 WoundEx, BioSkin, per sq cm (add-on, list separately in addition to primary procedure)
- Q4164 Helicoll, per sq cm (add-on, list separately in addition to primary procedure)
- Q4165 Keramatrix or Kerasorb, per sq cm (add-on, list separately in addition to primary procedure)
- Q4166 Cytal, per sq cm (add-on, list separately in addition to primary procedure)
- Q4167 Truskin, per sq cm (add-on, list separately in addition to primary procedure)
- Q4168 AmnioBand, 1 mg
- Q4169 Artacent wound, per sq cm (add-on, list separately in addition to primary procedure)
- Q4170 Cygnus, per sq cm (add-on, list separately in addition to primary procedure)
- Q4171 Interfyl, 1 mg
- Q4173 PalinGen or PalinGen XPlus, per sq cm (add-on, list separately in addition to primary procedure)
- Q4174 PalinGen or ProMatrX, 0.36 mg per 0.25 cc
- Q4175 Miroderm, per sq cm (add-on, list separately in addition to primary procedure)
- Q4176 NeoPatch or Therion, per sq cm (add-on, list separately in addition to primary procedure)
- Q4177 FlowerAmnioFlo, 0.1 cc
- Q4178 FlowerAmnioPatch, per sq cm (add-on, list separately in addition to primary procedure)

- Q4179 FlowerDerm, per sq cm (add-on, list separately in addition to primary procedure)
- Q4180 Revita, per sq cm (add-on, list separately in addition to primary procedure)
- Q4181 Amnio Wound, per sq cm (add-on, list separately in addition to primary procedure)
- Q4183 surgiGRAFT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4184 Cellesta or Cellesta Duo, per sq cm (add-on, list separately in addition to primary procedure)
- Q4185 Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
- Q4187 Epicord, per sq cm (add-on, list separately in addition to primary procedure)
- Q4188 AmnioArmor, per sq cm (add-on, list separately in addition to primary procedure)
- Q4189 Artacent AC, 1 mg
- Q4190 Artacent AC, per sq cm (add-on, list separately in addition to primary procedure)
- Q4191 Restorigin, per sq cm (add-on, list separately in addition to primary procedure)
- Q4192 Restorigin, 1 cc
- Q4193 Coll-e-Derm, per sq cm (add-on, list separately in addition to primary procedure)
- Q4194 Novachor, per sq cm (add-on, list separately in addition to primary procedure)
- Q4195 PuraPly, per sq cm (add-on, list separately in addition to primary procedure)
- Q4196 PuraPly AM, per sq cm (add-on, list separately in addition to primary procedure)
- Q4197 PuraPly XT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4198 Genesis Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4199 Cygnus matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4200 SkinTE, per sq cm (add-on, list separately in addition to primary procedure)
- Q4201 Matrion, per sq cm (add-on, list separately in addition to primary procedure)
- Q4202 Keroxx (2.5g/cc), 1 cc
- Q4203 Derma-Gide, per sq cm (add-on, list separately in addition to primary procedure)
- Q4204 XWRAP, per sq cm (add-on, list separately in addition to primary procedure)
- Q4205 Membrane Graft or Membrane Wrap, per sq cm (add-on, list separately in addition to primary procedure)
- Q4206 Fluid Flow or Fluid GF, 1 cc
- Q4208 Novafix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4209 SurGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4211 Amnion Bio or AxoBioMembrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4212 AlloGen, per cc
- Q4213 Ascent, 0.5 mg
- Q4214 Cellesta Cord, per sq cm (add-on, list separately in addition to primary procedure)

- Q4215 Axolotl Ambient or Axolotl Cryo, 0.1 mg
- Q4216 Artacent Cord, per sq cm (add-on, list separately in addition to primary procedure)
- Q4217 WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm (add-on, list separately in addition to primary procedure)
- Q4218 SurgiCORD, per sq cm (add-on, list separately in addition to primary procedure)
- Q4219 SurgiGRAFT-DUAL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4220 BellaCell HD or SureDerm, per sq cm (add-on, list separately in addition to primary procedure)
- Q4221 Amnio Wrap2, per sq cm (add-on, list separately in addition to primary procedure)
- Q4222 ProgenaMatrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4224 Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm (add-on, list separately in addition to primary procedure)
- Q4225 AmnioBind or DermaBind TL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4226 MyOwn Skin, includes harvesting and preparation procedures, per sq cm
- Q4227 AmnioCore, per sq cm (add-on, list separately in addition to primary procedure)
- Q4229 Cogenex Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4230 Cogenex flowable amnion, per 0.5 cc
- Q4232 Corplex, per sq cm (add-on, list separately in addition to primary procedure)
- Q4233 Surfactor or nudyn, per 0.5 cc
- Q4234 XCellerate, per sq cm (add-on, list separately in addition to primary procedure)
- Q4235 AMNIOREPAIR or AltiPly, per sq cm (add-on, list separately in addition to primary procedure)
- Q4236 carePATCH, per sq cm (add-on, list separately in addition to primary procedure)
- Q4237 Cryo-Cord, per sq cm (add-on, list separately in addition to primary procedure)
- Q4238 Derm-Maxx, per sq cm (add-on, list separately in addition to primary procedure)
- Q4239 Amnio-Maxx or Amnio-Maxx Lite, per sq cm (add-on, list separately in addition to primary procedure)
- 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 sq cm (add-on, list separately in addition to primary procedure)
- Q4248 Dermacyte Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)

- Q4249 AMNIPLY, for topical use only, per sq cm (add-on, list separately in addition to primary procedure)
- Q4250 AmnioAmp-MP, per sq cm (add-on, list separately in addition to primary procedure)
- Q4251 Vim, per sq cm (add-on, list separately in addition to primary procedure)
- Q4252 Vendaje, per sq cm (add-on, list separately in addition to primary procedure)
- Q4253 Zenith Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4254 Novafix DL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4255 REGUaRD, for topical use only, per sq cm (add-on, list separately in addition to primary procedure)
- Q4256 MLG-Complete, per sq cm (add-on, list separately in addition to primary procedure)
- Q4257 Release, per sq cm (add-on, list separately in addition to primary procedure)
- Q4258 Enverse, per sq cm (add-on, list separately in addition to primary procedure)
- Q4259 Celera Dual Layer or Celera Dual Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4260 Signature APatch, per sq cm (add-on, list separately in addition to primary procedure)
- Q4261 TAG, per sq cm (add-on, list separately in addition to primary procedure)
- Q4262 Dual Layer Impax Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4263 SurGraft TL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4264 Cocoon Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4265 NeoStim TL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4266 NeoStim Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4267 NeoStim DL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4268 SurGraft FT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4269 SurGraft XT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4270 Complete SL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4271 Complete FT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4272 Esano A, per sq cm (add-on, list separately in addition to primary procedure)
- Q4273 Esano AAA, per sq cm (add-on, list separately in addition to primary procedure)
- Q4274 Esano AC, per sq cm (add-on, list separately in addition to primary procedure)
- Q4275 Esano ACA, per sq cm (add-on, list separately in addition to primary procedure)
- Q4276 ORION, per sq cm (add-on, list separately in addition to primary procedure)

- Q4278 EPIEFFECT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4279 Vendaje AC, per sq cm (add-on, list separately in addition to primary procedure)
- Q4280 Xcell Amnio Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4281 Barrera SL or Barrera DL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4282 Cygnus Dual, per sq cm (add-on, list separately in addition to primary procedure)
- Q4283 Biovance Tri-Layer or Biovance 3L, per sq cm (add-on, list separately in addition to primary procedure)
- Q4284 DermaBind SL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4285 NuDYN DL or NuDYN DL MESH, per sq cm (add-on, list separately in addition to primary procedure)
- Q4286 NuDYN SL or NuDYN SLW, per sq cm (add-on, list separately in addition to primary procedure)
- Q4287 DermaBind DL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4288 DermaBind CH, per sq cm (add-on, list separately in addition to primary procedure)
- Q4289 RevoShield+ Amniotic Barrier, per sq cm (add-on, list separately in addition to primary procedure)
- Q4290 Membrane Wrap-Hydro, per sq cm (add-on, list separately in addition to primary procedure)
- Q4291 Lamellas XT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4292 Lamellas, per sq cm (add-on, list separately in addition to primary procedure)
- Q4293 Acesso DL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4294 Amnio Quad-Core, per sq cm (add-on, list separately in addition to primary procedure)
- Q4295 Amnio Tri-Core Amniotic, per sq cm (add-on, list separately in addition to primary procedure)
- Q4296 Rebound Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4297 Emerge Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4298 AmniCore Pro, per sq cm (add-on, list separately in addition to primary procedure)
- Q4299 AmniCore Pro+, per sq cm (add-on, list separately in addition to primary procedure)
- Q4300 Acesso TL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4301 Activate Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4302 Complete ACA, per sq cm (add-on, list separately in addition to primary procedure)

- Q4303 Complete AA, per sq cm (add-on, list separately in addition to primary procedure)
- Q4304 GRAFIX PLUS, per sq cm (add-on, list separately in addition to primary procedure)
- Q4305 American Amnion AC Tri-Layer, per sq cm (add-on, list separately in addition to primary procedure)
- Q4306 American Amnion AC, per sq cm (add-on, list separately in addition to primary procedure)
- Q4307 American Amnion, per sq cm (add-on, list separately in addition to primary procedure)
- Q4308 Sanopellis, per sq cm (add-on, list separately in addition to primary procedure)
- Q4309 VIA Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4310 Procenta, per 100 mg
- Q4311 Acesso, per sq cm (add-on, list separately in addition to primary procedure)
- Q4312 Acesso AC, per sq cm (add-on, list separately in addition to primary procedure)
- Q4313 DermaBind FM, per sq cm (add-on, list separately in addition to primary procedure)
- Q4314 Reeva FT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4315 RegeneLink Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4316 AmchoPlast, per sq cm (add-on, list separately in addition to primary procedure)
- Q4317 VitoGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4318 E-Graft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4319 SanoGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4320 PelloGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4321 RenoGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4322 CaregraFT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4323 alloPLY, per sq cm (add-on, list separately in addition to primary procedure)
- Q4324 AmnioTX, per sq cm (add-on, list separately in addition to primary procedure)
- Q4325 ACApatch, per sq cm (add-on, list separately in addition to primary procedure)
- Q4326 WoundPlus, per sq cm (add-on, list separately in addition to primary procedure)
- Q4327 DuoAmnion, per sq cm (add-on, list separately in addition to primary procedure)
- Q4328 MOST, per sq cm (add-on, list separately in addition to primary procedure)
- Q4329 Singlay, per sq cm (add-on, list separately in addition to primary procedure)
- Q4330 TOTAL, per sq cm (add-on, list separately in addition to primary procedure)
- Q4331 Axolotl Graft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4332 Axolotl DualGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4333 ArdeoGraft, per sq cm (add-on, list separately in addition to primary procedure)

- Q4334 AmnioPlast 1, per sq cm (add-on, list separately in addition to primary procedure)
- Q4335 AmnioPlast 2, per sq cm (add-on, list separately in addition to primary procedure)
- Q4336 Artacent C, per sq cm (add-on, list separately in addition to primary procedure)
- Q4337 Artacent Trident, per sq cm (add-on, list separately in addition to primary procedure)
- Q4338 Artacent Velos, per sq cm (add-on, list separately in addition to primary procedure)
- Q4339 Artacent Vericlen, per sq cm (add-on, list separately in addition to primary procedure)
- Q4340 SimpliGraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4341 SimpliMax, per sq cm (add-on, list separately in addition to primary procedure)
- Q4342 TheraMend, per sq cm (add-on, list separately in addition to primary procedure)
- Q4343 Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4344 Tri-Membrane Wrap, per sq cm (add-on, list separately in addition to primary procedure)
- Q4345 Matrix HD Allograft Dermis, per sq cm (add-on, list separately in addition to primary procedure)
- Q4346 Shelter DM Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4347 Rampart DL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4348 Sentry SL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4349 Mantle DL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4350 Palisade DM Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4351 Enclose TL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4352 Overlay SL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4353 Xceed TL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
- Q4354 PalinGen Dual-Layer Membrane and Dual-Layer PalinGen X-Membrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4355 Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4356 Abiomend Membrane and Abiomend Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
- Q4357 XWRAP Plus, per sq cm (add-on, list separately in addition to primary procedure)
- Q4358 XWRAP Dual, per sq cm (add-on, list separately in addition to primary procedure)

- procedure)
- Q4359 ChoriPly, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4360 AmchoPlast FD, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4361 EPIXPRESS, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4362 CYGNUS Disk, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4363 Amnio Burgeon Membrane and Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4364 Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4365 Amnio Burgeon Dual-Layer Membrane, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4366 Dual Layer Amnio Burgeon X-Membrane, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4367 AmnioCore SL, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4368 AmchoThick, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4369 AmnioPlast 3, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4370 AeroGuard, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4371 NeoGuard, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4372 AmchoPlast EXCEL, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4373 Membrane Wrap-Lite, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4375 duoGRAFT AC, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4376 Duograft AA, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4377 triGRAFT FT, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4378 Renew FT Matrix, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4379 AmnioDefend FT Matrix, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4380 AdvoGraft One, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4381 Matrix hd allograft dermis, per square centimeter
 - Q4382 AdvoGraft Dual, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4383 Axolotl Graft Ultra, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4384 Axolotl DualGraft Ultra, per sq cm (add-on, list separately in addition to primary procedure)
 - Q4385 Apollo FT, per sq cm (add-on, list separately in addition to primary procedure)

- Q4386 Acceso TrifACA, per sq cm (add-on, list separately in addition to primary procedure)
- Q4387 NeoThelium FT, per sq cm (add-on, list separately in addition to primary procedure)
- Q4388 NeoThelium 4L, per sq cm (add-on, list separately in addition to primary procedure)
- Q4389 NeoThelium 4L Plus, per sq cm (add-on, list separately in addition to primary procedure)
- Q4390 Ascendion, per sq cm (add-on, list separately in addition to primary procedure)
- Q4391 AmnioPlast Double, per sq cm (add-on, list separately in addition to primary procedure)
- Q4392 GRAFIX Duo, per sq cm (add-on, list separately in addition to primary procedure)
- Q4393 SurGraft AC, per sq cm (add-on, list separately in addition to primary procedure)
- Q4394 SurGraft ACA, per sq cm (add-on, list separately in addition to primary procedure)
- Q4395 Acelagraft, per sq cm (add-on, list separately in addition to primary procedure)
- Q4396 Natalin, per sq cm (add-on, list separately in addition to primary procedure)
- Q4397 Summit AAA, per sq cm (add-on, list separately in addition to primary procedure)
- Q4398 Summit AC, per square centimeter
- Q4399 Summit FX, per square centimeter
- Q4400 Polygon3 Membrane, per square centimeter
- Q4401 Absolv3 Membrane, per square centimeter
- Q4402 Xwrap 2.0, per square centimeter
- Q4403 Xwrap Dual Plus, per square centimeter
- Q4404 Xwrap Hydro Plus, per square centimeter
- Q4405 Xwrap Fenestra Plus, per square centimeter
- Q4406 Xwrap Fenestra, per square centimeter
- Q4407 Xwrap Tribus, per square centimeter
- Q4408 Xwrap Hydro, per square centimeter
- Q4409 AmnioMatrixF3X, per square centimeter
- Q4410 AmchoMatrixDL, per square centimeter
- Q4411 AmnioMatrixF4X, per square centimeter
- Q4412 CHORIOFIX, per sq cm (add-on, list separately in addition to primary procedure)
- Q4413 Cygnus Solo, per square centimeter
- Q4414 SimpliChor, per square centimeter
- Q4415 AlexiGuard SL-T, per square centimeter
- Q4416 AlexiGuard TL-T, per square centimeter
- Q4417 AlexiGuard DL-T, per square centimeter
- Q4420 NuForm, per square centimeter
- Q4431 Pma skin substitute product, not otherwise specified (list in addition to primary procedure)
- Q4432 510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)
- Q4433 361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)

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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