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Medicare Advantage Policy Manual **Policy ID:** M-MED170

Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products

Published: 10/01/2026

Next Review: 02/2027
Last Review: 09/2026

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual but they may also be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Bioengineered skin and soft tissue substitutes may be derived from human tissue (autologous or allogeneic), nonhuman tissue, synthetic materials, or a composite of these materials. Amniotic products may be derived from amnion, chorion, amniotic fluid, and umbilical cord. There are many potential applications for these products, including breast reconstruction, chronic full-thickness diabetic lower-extremity ulcers, venous ulcers, severe burns, knee osteoarthritis, plantar fasciitis, and ophthalmic conditions.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy does not apply to dural substitutes used during surgical procedures involving the central nervous system (brain and spinal cord).

CMS Coverage Manuals

None

National Coverage Determinations (NCDs)

For Medicare Coverage Determinations and Articles, see the Medicare Coverage Database

See “References”[1]

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles

For Medicare Coverage Determinations and Articles, see the Medicare Coverage Database

For amniotic and placental products used for musculoskeletal, non-wound indications:

> Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound (L39116) *(companion article A58865 can be accessed directly from the LCD).*

Medical Policy Manual

Medicare coverage guidance for the health plan’s service area is not available for other uses of amniotic products or skin and soft tissue substitute products. Therefore, the health plan’s medical policy is applicable.

For other indications:

> Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products, Medicine, Policy No. 170 *(see “NOTE” below)*

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy and is considered investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (*Medicare IOM Pub. No. 100-04, Ch. 23, §30 A*). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an ***objective, evidence-based process, based on authoritative evidence***. (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*). The Medicare Advantage Medical Policy No. M-MED149 provides further details regarding the plan’s evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Indication to be treated (e.g., diabetic foot ulcers, venous stasis ulcers, knee osteoarthritis, plantar fasciitis, ophthalmic conditions, etc.);
- Specific product to be used and estimated quantities as appropriate based on wound size;
- Chart notes and medical records pertinent to the request.

BACKGROUND

Human Amniotic and Placental Products

Human amniotic membrane (HAM) consists of two conjoined layers, the amnion, and chorion, and forms the innermost lining of the amniotic sac or placenta. Amniotic fluid surrounds the fetus during pregnancy and provides protection and nourishment. The placenta develops within the uterus during pregnancy, providing oxygen and nutrients to the fetus, as well as removing waste products. It is attached to the uterine wall and the fetus's umbilical cord.

Many products available using placental, amnion, chorion, amniotic fluid, and umbilical cord components are being studied for the treatment of a variety of conditions, including chronic full-thickness diabetic lower-extremity ulcers, venous ulcers, knee osteoarthritis, plantar fasciitis, and ophthalmic conditions. The products are formulated either as patches, which can be applied as wound covers, or as suspensions or particulates, or connective tissue extractions, which can be injected or applied topically.

Other Bioengineered Skin and Soft Tissue Substitutes

Bioengineered skin and soft tissue substitutes may be either acellular or cellular.

Acellular dermal matrix (ADM) products (e.g., dermis with cellular material removed) contain a matrix or scaffold composed of materials such as collagen, hyaluronic acid, and fibronectin. These products can differ in a number of ways, including as species source (human, bovine, porcine), tissue source (e.g., dermis, pericardium, intestinal mucosa), additives (e.g. antibiotics, surfactants), hydration (wet, freeze-dried), and required preparation (multiple rinses, rehydration).

Cellular products contain living cells such as fibroblasts and keratinocytes within a matrix. The cells may be autologous, allogeneic, or derived from other species (e.g., bovine, porcine). Skin substitutes may also be composed of dermal cells, epidermal cells, or a combination of dermal and epidermal cells, and may provide growth factors to stimulate healing.

Bioengineered skin substitutes can be used as either temporary or permanent wound coverings.

Applications

There are many potential applications for artificial skin and soft tissue products, but one common use is for nonhealing wounds, which can include diabetic neuropathic ulcers, vascular insufficiency ulcers, and pressure ulcers. In some instances, such wounds do not heal adequately with standard wound care, which can lead to prolonged morbidity and increased risk of mortality. Nonhealing lower-extremity wounds can create risk for infection, sepsis, limb amputation, and death. Bioengineered skin and soft tissue substitutes have the potential to improve rates of healing and reduce secondary complications.

Other applications for the use of bioengineered skin products include repair of surgical wounds and severe burns, and treatment of dermatologic conditions that involve large areas of skin breakdown (e.g., bullous diseases). These products are also being evaluated in the repair of other soft tissues including rotator cuff repair, following oral and facial surgery, hernias, and other conditions.

REGULATORY STATUS

There are many artificial skin and soft-tissue products that are commercially available or in development. Information on specific products is available in a 2020 Technical Brief on skin substitutes for treating chronic wounds that was commissioned by the Agency for Healthcare Research and Quality.

The U.S. Food and Drug Administration (FDA) regulates human cells and tissues intended for implantation, transplantation, or infusion through the Center for Biologics Evaluation and Research. ADM and amniotic products are classified as banked human tissue and, therefore, not requiring FDA approval for homologous use. In 2017, the FDA published clarification of what is considered minimal manipulation and homologous use for human cells, tissues, and cellular and tissue-based products (HCT/Ps).

HCT/Ps are defined as human cells or tissues that are intended for implantation, transplantation, infusion, or transfer into a human recipient. If an HCT/P does not meet the criteria below and does not qualify for any of the stated exceptions, the HCT/P will be regulated as a drug, device, and/or biological product and applicable regulations and premarket review will be required.

An HCT/P is regulated solely under section 361 of the PHS Act and 21 CFR Part 1271 if it meets all of the following criteria:

1. "The HCT/P is minimally manipulated;
2. The HCT/P is intended for homologous use only, as reflected by the labeling, advertising, or other indications of the manufacturer's objective intent;
3. The manufacture of the HCT/P does not involve the combination of the cells or tissues with another article, except for water, crystalloids, or a sterilizing, preserving, or storage agent, provided that the addition of water, crystalloids, or the sterilizing, preserving, or storage agent does not raise new clinical safety concerns with respect to the HCT/P; and
4. Either:
    i. The HCT/P does not have a systemic effect and is not dependent upon the metabolic activity of living cells for its primary function; or
    ii. The HCT/P has a systemic effect or is dependent upon the metabolic activity of living cells for its primary function, and:
        a. Is for autologous use;
        b. Is for allogeneic use in a first-degree or second-degree blood relative; or
        c. Is for reproductive use."

The guidance provides the following specific examples of homologous and non-homologous use for amniotic membrane:

a. "Amniotic membrane is used for bone tissue replacement to support bone regeneration following surgery to repair or replace bone defects. This is not a homologous use because bone regeneration is not a basic function of amniotic membrane.

b. An amniotic membrane product is used for wound healing and/or to reduce scarring and inflammation. This is not homologous use because wound healing and reduction of scarring and inflammation are not basic functions of amniotic membrane.

c. An amniotic membrane product is applied to the surface of the eye to cover or offer protection from the surrounding environment in ocular repair and reconstruction procedures. This is homologous use because serving as a covering and offering

protection from the surrounding environment are basic functions of amniotic membrane."

The FDA noted the intention to exercise enforcement discretion for the next 36 months after publication of the guidance.

In 2003, Prokera® was cleared for marketing by the FDA through the 510(k) process for the ophthalmic conformer that incorporates amniotic membrane (K032104). The FDA determined that this device was substantially equivalent to the Symblepharon Ring. The Prokera® device is intended “for use in eyes in which the ocular surface cells have been damaged, or underlying stroma is inflamed and scarred.” The development of Prokera®, a commercially available product, was supported in part by the National Institute of Health and the National Eye Institute.

AmnioClip (FORTECH GmbH) is a ring designed to hold the amniotic membrane in the eye without sutures or glue fixation. A mounting device is used to secure the amniotic membrane within the AmnioClip. The AmnioClip currently has CE approval in Europe.

Note: While FDA approval indicates a drug or device has been evaluated for safety and efficacy, it does not guarantee coverage. CMS and Medicare contractors evaluate services for medical necessity for Medicare plans under §1862(a)(1)(A).

CROSS REFERENCES

1. Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services, Medicine, Policy No. M-149

REFERENCES

1. NCD for *Porcine Skin and Gradient Pressure Dressings* (270.5) *(This NCD can be accessed directly from the* Medicare Coverage Database *website)* [Accessed 4/10/2026]
2. U.S. Food and Drug Administration. Regulatory Considerations for Human Cells, Tissues, and Cellular and Tissue-Based Products: Minimal Manipulation and Homologous Use. December 2017. [Accessed 4/10/2026]; Available from: https://www.fda.gov/regulatory-information/search-fda-guidance-documents/regulatory-considerations-human-cells-tissues-and-cellular-and-tissue-based-products-minimal
3. Food and Drug Administration. 510(k) Summary: ProKera™ Bio-Tissue Inc. (K032104). 2003. [Accessed 4/10/2026]; Available from: https://www.accessdata.fda.gov/cdrh_docs/pdf3/K032104.pdf

CODING

NOTE: While codes for skin substitute application (15271-15278, 15777) do not have pre-authorization requirements, they may be denied when used for the application of a product that does not meet medical necessity criteria.

Codes	Number	Description
CPT	1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less
	1045T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part

Codes	Number	Description
		thereof (List separately in addition to code for primary procedure)
	1046T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children
	1047T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
	1048T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children
	1049T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
	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
	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 mukltiple 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 mukltiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)
	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 wound surface area

Codes	Number	Description
	15272	; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
	15273	Application of skin substitute graft to trunk, arms, legs, 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
	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)
	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
	15276	; total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
	15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, 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
	15278	; 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)
	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
HCPCS	A2001	Innovamatrix ac, per square centimeter
	A2002	Mirragen advanced wound matrix, per square centimeter
	A2004	Xcellistem, 1 mg
	A2005	Microlyte matrix, per square centimeter
	A2006	Novosorb synpath dermal matrix, per square centimeter
	A2007	Restrata, per square centimeter
	A2008	Theragenesis, per square centimeter
	A2009	Symphony, per square centimeter
	A2010	Apis, per square centimeter
	A2011	Supra sdrm, per square centimeter
	A2012	Suprathel, per square centimeter
	A2013	Innovamatrix fs, per square centimeter
	A2014	Omeza collagen matrix or omeza complete 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 square centimeter

Codes	Number	Description
	A2020	AC5 advanced wound system (AC5)
	A2021	NeomatriX, per square centimeter
	A2022	Innovaburn or innovamatrix xl, per square centimeter
	A2023	Innovamatrix pd, 1 mg
	A2024	Resolve matrix or xenopatch, per square centimeter
	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
	A2036	Cohealyx collagen dermal matrix, per square centimeter
	A2037	G4derm plus/suprello, per milliliter
	A2038	Marigen pacto, per square centimeter
	A2039	Innovamatrix fd, per square centimeter
	A2040	Microlyte painguard, per square centimeter
	A2041	Foundation drs+ duo, per square centimeter
	A2042	Foundation drs+ solo, per square centimeter
	A2043	Biobrane, per square centimeter
	A2044	Biobrane glove, each
	A2045	Novashield or novogen wound matrix, per square centimeter
	A2046	Dermisphere hdrt, per square centimeter (add-on, list separately in addition to primary procedure)
	A2047	Lacertamatrix, per square centimeter (add-on, list separately in addition to primary procedure)
	A2048	Puraply mz, per milligram
	A2049	Theracor, per square centimeter (add-on, list separately in addition to primary procedure)
	A2050	Fibrillar collagen wound dressing, per milligram
	A4100	Skin substitute, fda cleared as a device, not otherwise specified
	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
	C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual

Codes	Number	Description
		suspension preparation)
	C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm
	C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters
	C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters
	C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm
	C9364	Porcine implant, Permacol, per sq cm
	G0681	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area
	G0682	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
	G0683	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a 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
	G0684	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; 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)
	~~Q4100~~	~~Skin substitute, not otherwise specified~~ (Deleted 01/01/2026)
	Q4101	Apligraf, per sq cm
	Q4102	Oasis wound matrix, per sq cm
	Q4103	Oasis burn matrix, per sq cm
	Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm
	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm
	~~Q4106~~	~~Dermagraft, per sq cm~~ (Deleted 01/01/2026)
	Q4107	GRAFTJACKET, per sq cm
	Q4108	Integra matrix, per sq cm
	Q4110	PriMatrix, per sq cm
	Q4111	GammaGraft, per sq cm
	Q4112	Cymetra, injectable, 1 cc
	Q4113	GRAFTJACKET XPRESS, injectable, 1 cc

Codes	Number	Description
	Q4114	Integra flowable wound matrix, injectable, 1 cc
	Q4115	AlloSkin, per sq cm
	Q4116	AlloDerm, per sq cm
	Q4117	HYALOMATRIX, per sq cm
	Q4118	MatriStem micromatrix, 1 mg
	Q4121	TheraSkin, per sq cm
	Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm
	Q4123	AlloSkin RT, per sq cm
	Q4124	OASIS ultra tri-layer wound matrix, per sq cm
	Q4125	ArthroFlex, per sq cm
	Q4126	MemoDerm, DermaSpan, TranZgraft or IntéguPly, per sq cm
	Q4127	Talymed, per sq cm
	Q4128	Flexhd, or allopatchhd, per square centimeter
	Q4130	Strattice TM, per sq cm
	Q4132	Grafix Core and GrafixPL Core, per sq cm
	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm
	Q4134	HMatrix, per sq cm
	Q4135	Mediskin, per sq cm
	Q4136	E-Z Derm, per sq cm
	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm
	Q4138	BioDFence dryflex, per sq cm
	Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc
	Q4140	BioDFence, per sq cm
	Q4141	Alloskin AC, per sq cm
	Q4142	Xcm biologic tissue matrix, per sq cm
	Q4143	Repriza, per sq cm
	Q4145	Epifix, injectable, 1 mg
	Q4146	Tensix, per sq cm
	Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm
	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 sq cm
	Q4151	AmnioBand or Guardian, per sq cm
	Q4152	DermaPure per sq cm
	Q4153	Dermavest and Plurivest, per sq cm
	Q4154	Biovance, per sq cm
	Q4155	Neox Flo or Clarix Flo, 1 mg
	Q4156	Neox 100 or Clarix 100, per sq cm
	Q4157	Revitalon, per sq cm
	Q4158	Kerecis Omega3, per sq cm

Codes	Number	Description
	Q4159	Affinity, per sq cm
	Q4160	NuShield, per sq cm
	Q4161	bio-ConneKt wound matrix, per sq cm
	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
	Q4163	WoundEx, BioSkin, per sq cm
	Q4164	Helicoll, per sq cm
	Q4165	Keramatrix or Kerasorb, per sq cm
	Q4166	Cytal, per sq cm
	Q4167	Truskin, per sq cm
	Q4168	AmnioBand, 1 mg
	Q4169	Artacent wound, per sq cm
	Q4170	Cygnus, per sq cm
	Q4171	Interfyl, 1 mg
	Q4173	PalinGen or PalinGen XPlus, per sq cm
	Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc
	Q4175	Miroderm, per sq cm
	Q4176	Neopatch, per sq cm
	Q4177	FlowerAmnioFlo, 0.1 cc
	Q4178	FlowerAmnioPatch, per sq cm
	Q4179	FlowerDerm, per sq cm
	Q4180	Revita, per sq cm
	Q4181	Amnio Wound, per sq cm
	Q4182	Transcyte, per sq cm
	Q4183	Surgigraft, per sq cm
	Q4184	Cellesta or Cellesta Duo, per sq cm
	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
	Q4186	Epifix, per sq cm
	Q4187	Epicord, per sq cm
	Q4188	AmnioArmor, per sq cm
	Q4189	Artacent AC, 1 mg
	Q4190	Artacent AC, per sq cm
	Q4191	Restorigin, per sq cm
	Q4192	Restorigin, 1 cc
	Q4193	Coll-e-derm, per sq cm
	Q4194	Novachor, per sq cm
	Q4195	PuraPly, per sq cm
	Q4196	PuraPly AM, per sq cm
	Q4197	PuraPly XT, per sq cm
	Q4198	Genesis amniotic membrane, per sq cm
	Q4200	SkinTE, per sq cm

Codes	Number	Description
	Q4201	Matrion, per sq cm
	Q4202	Keroxx (2.5g/cc), 1cc
	Q4203	Derma-Gide, per sq cm
	Q4204	XWRAP, per sq cm
	Q4205	Membrane graft or membrane wrap, per sq cm
	Q4206	Fluid Flow or Fluid GF, 1 cc
	Q4207	Carbon life, per square centimeter (add-on, list separately in addition to primary procedure)
	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
	Q4223	Dermabind sl optic, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter
	Q4225	Amniobind or dermabind tl, per square centimeter
	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
	Q4227	AmnioCore™, per sq cm
	Q4229	Cogenex Amniotic Membrane, per sq cm
	Q4230	Cogenex Flowable Amnion, per 0.5 cc
	Q4232	Corplex, per sq cm
	Q4233	SurFactor or NuDyn, per 0.5 cc
	Q4234	XCellerate, per sq cm
	Q4235	AMNIOREPAIR or AltiPly, per sq cm
	Q4236	Carepatch, per square centimeter
	Q4237	Cryo-Cord, per sq cm
	Q4238	Derm-Maxx, per sq cm
	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm
	Q4240	CoreCyte, for topical use only, per 0.5 cc

Codes	Number	Description
	Q4241	Polycyte, for topical use only, per 0.5 cc
	Q4242	AmnioCyte Plus, per 0.5 cc
	Q4243	Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4245	AmnioText, per cc
	Q4246	CoreText or ProText, per cc
	Q4247	Amniotext patch, per sq cm
	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm
	Q4249	AMNIPLY, for topical use only, per sq cm
	Q4250	AmnioAmp-MP, per sq cm
	Q4251	Vim, per square centimeter
	Q4252	Vendaje, per square centimeter
	Q4253	Zenith amniotic membrane, per square centimeter
	Q4254	Novafix DL, per sq cm
	Q4255	REGUaRD, for topical use only, per sq cm
	Q4256	Mlg-complete, per square centimeter
	Q4257	Relese, per square centimeter
	Q4258	Enverse, per square centimeter
	Q4259	Celera dual layer or celera dual membrane, per square centimeter
	Q4260	Signature apatch, per square centimeter
	Q4261	Tag, per square centimeter
	Q4262	Dual layer impax membrane, per square centimeter
	Q4263	Surgraft tl, per square centimeter
	Q4264	Cocoon membrane, per square centimeter
	Q4265	Neostim tl, per square centimeter
	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

Codes	Number	Description
	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 ac, 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 cenitmeter
	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

Codes	Number	Description
	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
	Q4343	Dermacyte ac matrix amniotic membrane allograft, 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

Codes	Number	Description
	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
	Q4368	Amchothick, per square centimeter
	Q4369	Amnioplast 3, per square centimeter
	Q4370	Aeroguard, per square centimeter
	Q4371	Neoguard, per square centimeter
	Q4372	Amchoplast excel, per square centimeter
	Q4373	Membrane wrap lite, per square centimeter
	Q4375	Duograft ac, per square centimeter
	Q4376	Duograft aa, per square centimeter
	Q4377	Trigraft ft, per square centimeter
	Q4378	Renew ft matrix, per square centimeter
	Q4379	Amniodefend ft matrix, per square centimeter
	Q4380	Advograft one, per square centimeter
	Q4382	Advograft dual, per square centimeter
	Q4383	Axolotl graft ultra, per square centimeter
	Q4384	Axolotl dualgraft ultra, per square centimeter
	Q4385	Apollo ft, per square centimeter
	Q4386	Acesso trifaca, per square centimeter
	Q4387	Neothelium ft, per square centimeter
	Q4388	Neothelium 4l, per square centimeter
	Q4389	Neothelium 4l+, per square centimeter
	Q4390	Ascendion, per square centimeter
	Q4391	Amnioplast double, per square centimeter
	Q4392	Grafix duo, per square centimeter
	Q4393	Surgraft ac, per square centimeter
	Q4394	Surgraft aca, per square centimeter
	Q4395	Acelagraft, per square centimeter
	Q4396	Natalin, per square centimeter
	Q4397	Summit aaa, per square centimeter

Codes	Number	Description
	Q4398	Summit ac, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4399	Summit fx, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4414	Simplichor, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4415	Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4416	Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4417	Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)

Codes	Number	Description
	Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)
	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)
	Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)
	Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)