Sentara Health Plans

Medicaid

Skin and Tissue Substitutes, Surgical 73

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Skin and Tissue Substitute graft products are temporary or permanent to aid in wound closure, promote healing, replace skin layers and protect affected area. Types of skin and tissue substitutes include but are not limited to the following:

- **Allogeneic**: produced from a person, other than the patients themselves.
- **Autologous**: produced from the patient's own body.
- **Composite**: produced from a mix of materials of various origins.
- **Synthetic**: produced from man-made materials.
- **Xenographic**: produced from non-human organisms /animals.

Labeled indication for product refers to the specific condition or disease that a product has been officially approved to treat and the frequency and duration of treatment which has been approved.

Episodes of care are the patient specific treatment to be provided over a defined period of time.

Treatment course refers to the planned sequence of interventions, prescribed duration of time and follow-up required to treat the specified health condition. A treatment course is expected to be no longer than 16 weeks.

Criteria:

Skin and tissue substitute grafts are considered a **medically necessary** treatment for **ALL** of the following indications**:**

- Application type for **1 or more** of the following:
  - **Initial Application of Skin and Tissue Substitute products** (original episode of care) for **ALL** of the following indications:
    - Documentation clearly stating current size of wound and size of wound after a standard conservative therapy
    - Initial request will be approved for a maximum of **1 application per week**
    - Initial Authorization of product is limited to **8 weeks** for the total of no more than **16 weeks**

        - Presence of a wound that has failed to improve (decrease of 50% wound area) after 1 one month of conservative therapy (such as surgical debridement, complete off-loading, and standard dressing changes, infection control with removal of foreign body or focus of infection, and appropriate nutrition)
        - The documentation includes smoking history, and counselling on the effect of smoking on wound healing. Treatment for smoking cessation and outcome of counselling (if applicable)
        - The individual will continue to receive treatment of systemic disease processes (eg venous insufficiency, lymphedema, and/or diabetes) and has been counseled on adherence to medical therapy for these conditions
        - The product to be applied per the labeled indication, for the requested medical condition listed below
    - **Continued Application of Skin and Tissue Substitute product** for **ALL** of the following indications:
        - Documentation of current size of wound with improvement noted
        - Continuation will be approved for a maximum of **1 application per week**
        - Continued Authorization of product is limited to an **additional 8 weeks** for the total of no more than **16 weeks**
        - The product continues to be applied per the labeled indication, for the requested medical condition listed below
    - **Subsequent Application of Skin and Tissue Substitute products** (additional episodes of care, past initial 16 weeks of treatment course) for **ALL** of the following indications:
        - Documentation of a previous application was successful (reduction in size of wound, improvement in granulation, epithelialization, and progress toward closure)
        - Treatment plan includes continued surgical debridement, complete off-loading, and standard dressing changes, Infection control with removal of foreign body or focus of infection, and appropriate nutrition
        - Clinical notes clearly document size of wound
        - The product to be applied per the labeled indication, for the requested medical condition listed below
        - The individual will continue to receive treatment of systemic disease processes (eg venous insufficiency, lymphedema, and/or diabetes) and has been counseled on adherence to medical therapy for these conditions
        - The documentation includes smoking history, and counselling on the effect of smoking on wound healing. Treatment for smoking cessation and outcome of counselling (if applicable)
        - Re-application treatment course requests will be approved for a total of no more than **8 applications of product in a 16 weeks period.**
    - **Post-surgical excision or Post - Mohs procedure** for reconstruction using skin grafting or skin substitutes listed below may be considered medically necessary by the Medical Director on a case-by-case basis. (Refer to Cosmetic and Reconstructive Surgery for approval of procedures)
- **Medical conditions** requiring wound care treatment for **1 or more** of the following:
    - ***Abdominal wounds*** use of **1 or more** of the following:
        - **Alloderm** (Alloderm RTM, Alloderm RTU, acellular dermal tissue matrix) *[Q4116]*
        - **Dermacell** (DermACELL, DermACELL AWM or DermACELL AWM Porous) *[Q4122]*
        - **Phasix** *[C1781]*
        - **Strattice** (Reconstructive Tissue Matrix) *[Q4130]*
    - ***Burn Wounds*** use of **1 or more** of the following:
        - **Alloskin (Theraskin) fresh frozen product** *[Q4115, Q4121, Q4123, Q4141]*
        - **Artiss (fibrin sealant)** *[C9250]*
        - **Biobrane Biosynthetic Dressings** *[A2043, A2044]*
        - **Epicel (cultured epidermal autograft)**
        - **EZ Derm** *[Q4136]*
        - **Integra Bilayer Matrix Wound Dressing (BMWD)** *[C9363, Q4104]***, Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix** *[Q4105]***, Integra Meshed Bilayer Wound Matrix** *[C9363, Q4108]*
        - **Kerecis Omega3, MariGen Shield** *[Q4158, A2019]*
        - **Orcel** *[C9200, 15777]*

        - **StrataGraft (allogeneic cultured keratinocytes and dermal fibroblasts in murine collagen-dsat cellular sheet)** *[ ]*
        - **Suprathel** *[A2012]*
        - **Theraskin (fresh frozen products)** *[Q4121]*
        - **TransCyte (allogeneic human dermal fibroblasts, a biosynthetic dressing)** *[Q4182]*
    - ***Chronic and hard-to-heal Wounds*** (complex, dermal wounds, post-surgical and traumatic) use of **1 or more** of the following products:
        - **Actigraft, Cadaver (fresh frozen products)** [15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278]
        - **Alloderm** (Alloderm RTM, Alloderm RTU, acellular dermal tissue matrix) [Q4116]
        - **AlloSkin** *[Q4115, Q4121, Q4123, Q4141]*
        - **Amnioband** (Guardian) *[Q4151]*
        - **Apligraft** (graftskin culture-derived human skin equivalent (HSE)) *[Q4101]*
        - **Epifix** [Q4186]
        - **Oasis** Wound Matrix *[Q4102, Q4103, Q4124]*
        - **PriMatrix** *[Q4110]*
        - **Theraskin** - fresh frozen product *[Q4121]*
    - ***Diabetic Foot Wounds*** (ulcers) use of **1 or more** of the following:
        - **Allopatch (FlexHD, AllopatchHD, or Matrix HD)** *[Q4128]*
        - **Amnioband (Guardian)** *[Q4151]*
        - **Apligraft (graftskin culture-derived human skin equivalent (HSE))** *[Q4101]*
        - **DermAcell (DermACELL AWM or DermACELL AWM Porous)** *[Q4122]*
        - **EpiCord** *[Q4187]*
        - **Epifix** *[Q4186]*
        - **Grafix CORE (GrafixPL Core)** *[Q4132]*
        - **Grafix PRIME (GrafixPL PRIME, Stravix, StravixPL)** *[Q4133]*
        - **Graftjacket NOW Regenerative Tissue Matrix (RTM)** *[Q4107]*
        - **Integra Bilayer Matrix Wound Dressing (BMWD)** *[C9363, Q4104]*
        - **Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix** *[Q4105]*
        - **Integra Meshed Bilayer Wound Matrix** *[C9363, Q4108]*
        - **Kerecis Omega3, MariGen Shield** *[Q4158, A2019]*
        - **Oasis Wound Matrix** *[Q4102], [Q4103], [Q4124]*
        - **PriMatrix** *[Q4110]*
        - **Theraskin (fresh frozen products)** *[Q4121]*
    - ***Dystrophic Epidermolysis Bullae*** use of **1 or more** of the following:
        - **OrCel (Bilayered cellular matrix)** *[C9200, 15777]*
    - ***Ocular Application*** *[65778–65780]* use of **1 or more** of the following:
        - **Allogeneic amniotic membrane-derived grafts** *[V2790]*
        - **AmchoMatrixDL** *[V2790]*
        - **Ambio Choice (Ambio Choice amniotic membrane)** *[V2790]*
        - **AmbioDisk** *[V2790]*
        - **Amnioexcel, Amnioexcel Plus Or Biodexcel** *[Q4137]*
        - **Amniofix** *[V2790]*
        - **Amniogen-200** *[V2790]*
        - **Amniogen-45** *[V2790]*
        - **Amniogen-A** *[V2790]*
        - **Amniogen-C 0.5 cc** *[V2790]*
        - **AmnioGraft** *[V2790]*
        - **Amniomatrix (BiodMatrix)** *[Q4139]*
        - **AmnioPro** *Q4163]*
        - **AmnioShield** *[V2790]*
        - **AmnioPro Flow** *[Q4163]*
        - **AmnioPlast** *[Q4334, Q4335, Q4369]*

        - **Artacent Ocular** *[V2790]*
        - **BioRenew, BioRenew Flow** *[Q4162, Q4163]*
        - **BioSkin, WoundEx** *[Q4163]*
        - **BioSkin Flow, WoundEx Flow** *[Q4162]*
        - **Biovance** *[Q4154, Q4283]*
        - **EpiFix** *[Q4145], [Q4186]*
        - **Neox 100 or Clarix 100** *[Q4148, Q4156]*
        - **Omnigen** *[V2790]*
        - **Opticyte***[V2790]*
        - **Prokera** *[V2790]*
        - **SurSight***[V2790]*
        - **Vendaje Optic** *[Q4252]*
    - ***Venous insufficiency*** (chronic venous wounds, Venous stasis ulcers, pressure ulcers) for treatment of a chronic, non-infected, partial and/or full-thickness skin ulcers that is difficult-to-heal chronic venous ulcers; use of **1 or more** of the following:
        - **Amnioband** (Guardian) *[Q4151]*
        - **Apligraft (graftskin, culture-derived human skin equivalent (HSE))** *[Q4101]*
        - **Epifix** *[Q4186]*
        - **Grafix, Grafix CORE (GrafixPL Core)** *[Q4132]*
        - **Oasis Wound Matrix** *[Q4102], [Q4103], [Q4124]*
        - **PriMatrix** *[Q4110]*
        - **Theraskin** *[Q4121]***, Cadaver** (fresh frozen products) *[15271 – 15278]*

The following are considered contraindications to this procedure and are therefore **NOT COVERED** for **ANY** of the following:

- Absence of adequate blood supply
    - Presence of a palpable pedal pulse
    - Ankle-brachial index (ABI) of ≥ 0.70
- Exudate consistent with heavy bacterial contamination, or eschar/necrotic tissue that would interfere with graft take and healing
- Known hypersensitivity to any of the components of the product

The following **Skin and Tissue Substitutes** are considered **not medically necessary and not clinically superior or contraindicated** for any use, to include but not limited to:

- Abiomend Membrane *[Q4356]*
- Abiomend Hydromembrane *[Q4356*
- Abiomend Xplus Membrane *[Q4355]*
- Abiomend Xplus Hydromembrane *[Q4355]*
- *Absolv3 [Q4401]*
- *AC5 Advanced Wound System (AC5) [A2020]*
- ACApatch, per sq cm *[Q4325]*
- *Acelagraft [Q4395]*
- *Acesso [Q4311]*
- *Acesso AC [Q4312]*
- *Acesso DL [Q4293]*
- *Acesso TL [Q4300]*

- *Acesso trifaca [Q4386]*
- *ActiGraft [G0456]*
- *Activate Matrix [Q4301]*
- *Adherus Dural Sheet [Q4311]*
- AdvoGraft Dual *[Q4382]*
- AdvoGraft One *[Q4380]*
- AeroGuard *[Q4370]*
- *Affinity [Q4159]*
- AlexiGuard DL-T *[Q4417]*
- AlexiGuard ST-L *[Q4415]*
- AlexiGuard TL-T *[Q4416]*
- Allacor P *[A2035]*
- AlloGen *[Q4212]*
- AlloMax *[Q4432]*
- Alloply, per square centimeter Q4323
- *AlloWrap DS or dry [Q4150]*
- *AltiPly [Q4235]*
- Am bur mem hydro per sq cm Q4363
- Am bur xp mem xpl hy p sq cm Q4364
- *Amchomatrixdl [Q4410]*
- *Amchoplast excel, per square centimeter [Q4372]*
- Amchoplast fd per sq cm Q4360
- Amchoplast, per square centimeter Q4316
- *Amchothick, per square centimeter [Q4368]*
- *American Amnion [Q4307]*
- *American Amnion AC [Q4306]*
- *American Amnion AC Tri-Layer [Q4305]*
- *AmmnioHeal [[Q4100]]*
- *AmniCore Pro [Q4298]*
- *AmniCore Pro+ [Q4299]*
- Amnio bur dl mem per sq cm Q4365
- *Amnio Quad-Core [Q4294]*
- *Amnio Tri-Core Amniotic [Q4295]*
- *Amnio Wound [Q4181]*
- *Amnio Wrap2 [Q4221]*
- *AmnioAmp-MP [Q4250]*
- *AmnioArmor [Q4188]*
- *AmnioBind [Q4225]*
- *AmnioCord [Q4227]*
- Amniocore sl, per sq cm Q4367
- *AmnioCore [Q4227]*
- *AmnioCyte Plus [Q4242]*
- *Amniodefend ft matrix, per square centimeter [Q4379]*
- *AmnioFill [Q]*
- *AmnioFix [Q]*
- *Amniomatrixf3x [Q4409]*
- *Amniomatrixf4x [Q4411]*
- *Amnio-Maxx, Amnio-Maxx Lite [Q4239]*
- *Amnion Bio [Q4211]*

- *Amnioplast double [Q4391]*
- *AMNIOREPAIR [Q4235]*
- *AmnioShield [Q]*
- *AmnioStrip [Q]*
- *AmnioText [Q4245]*
- *Amniotext patch [Q4247]*
- Amniowrap2, per square centimeter Q4221
- *AMNIPLY [Q4249]*
- *Apis [A2010]*
- *Apollo ft [Q4385]*
- *Architect, Architect FX, Architect Px Extracellular Collagen Matrix [Q4147]*
- Ardeograft, per square centimeter Q4336
- *Artacent AC, 1 mg or per sq cm [Q4189, Q4190]*
- Artacent c, per square centimeter*[Q4336]*
- *Artacent Cord [Q4216]*
- *Artacent trident, Q4337*
- *Artacent velos, Q4338*
- *Artacent vericlen, Q4339*
- *Artacent wound [Q4169]*
- *ArthroFlex (FlexGraft) [Q4125]*
- *Ascendion [Q4390]*
- *Ascent [Q4213]*
- *Autologel [Q]*
- *Autologous blood derived wound factors [G0465]*
- *Autologous Platelet Gel [G0465]*
- *Autologous Platelet-Derived Growth Factors [G0465]*
- *Avance® Nerve Graft [Q]*
- *Avaulta Plus [Q]*
- *Avive [Q]*
- *Avotermin [Q]*
- *AxoBioMembrane[Q]*
- *AxoGuard Nerve Protector [Q]*
- *Axolotl Ambient [Q4215]*
- *Axolotl Cryo [Q4215]*
- *Axolotl DualGraft*
- *Axolotl Dualgraft ultra [Q4384]*
- *Axolotl Graft*
- *Axolotl Graft ultra [Q4383]*
- *Barrera SL or Barrera DL [Q4281]*
- *BellaCell HD [Q4220]*
- *BellaDerm® Acellular Hydrated Dermis [Q4220]*
- *Bio-ConneKt Wound Matrix [Q4161]*
- *Biodesign (Surgisis) Hiatal Hernia MatriX [Q]*
- *Biodesign (Surgisis) Inguinal Hernia Matrix [Q]*
- *Biodesign (Surgisis) RVP [Q]*
- *BioDfactor [Q]*
- *BioDfence [Q4140]*
- *BioDFence DryFlex [Q4138]*
- *BioFix [Q4431]*

- *BioNextPATCH [Q4228]*
- *Biostat Biologx fibrin sealant [C9250]*
- *BioWound (WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus) [Q4217]*
- Caregraft, per square centimeter Q4322
- *CarePATCH [Q4236]*
- *Celera Dual Layer/Celera Dual Membrane [Q4259]*
- *CellerateRX [Q4236, A6011]*
- *Cellesta Cord [Q4214]*
- *Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc [Q4185]*
- *Cellesta or Cellesta Duo, per sq cm [Q4184]*
- *Choriofix [Q4412]*
- Choriply, per sq cm Q4359
- *Clarix Cord 1K [Q4148]*
- *Clarix Regenerative Matrix [Q]*
- *Cocoon membrane [Q4264]*
- *Cogenex Amniotic Membrane [Q4229]*
- *Cogenex Flowable Amnion [Q4230]*
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- *Complete AA [Q4303]*
- *Complete ACA [Q4302]*
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- *Cortiva Allograft Dermis [Q]*
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- *CRXa [Q]*
- *Cryo-Cord [Q4237]*
- *CryoMatrix [Q]*
- *CryoSkin [Q]*
- *Cuffpatch [Q]*
- *Cygnus [Q4170]*
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- *GalaSHAPE [Q]*

- *Gammagraft [Q4111]*
- *Genesis Amniotic Membrane [Q4198]*
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- *InnovaMatrix PD [A2023]*
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- *ReNu – bulking agent [Q]*
- *Renuva – facial bulking agent [Q]*
- *Repliform [C1781]*
- *Repriza [Q4143, Q4180]*
- Resolve matrix, A2024
- *Restore Orthobiologic Soft Tissue Implant [[Q4100]]*
- *Restorigin, 1 cc [Q4192]*
- *Restorigin, per sq cm [Q4191]*
- *Restrata [A2007]*

- *Restrata MiniMatrix [A2026]*
- *Revita [Q4180]*
- *Revitalon, per sq cm [Q4157]*
- *RevoShield+ Amniotic Barrier [Q4289]*
- Sanograft, per square centimeter Q4319
- *Sanopellis [Q4308]*
- *Seamguard [Q]*
- Sentry sl matrix, per square centimeter Q4348
- *SERI™ Surgical Scaffold [Q]*
- Shelter dm matrix, per square centimeter Q4346
- *Signature APatch [Q4260]*
- *Simplichor [Q4414]*
- *SimpliGraft [Q4340]*
- *SimpliMax [Q4341]*
- Singlay, per square centimeter Q4329
- *SJM™ Pericardial Patch [Q]*
- *SkinTE [Q4200]*
- *SomaGen [Q]*
- *SportMatrix[Q]*
- *SportMesh [Q]*
- *SteriShield [Q]*
- *Summit AAA [Q4397]*
- *Summit ac [Q4398]*
- *Summit fx [Q4399]*
- *Supra SDRM [A2011]*
- *Surederm [Q4200]*
- *SurFactor (NuDyn) [Q4233]*
- *SurgiCORD [Q4218]*
- *Surgigraft, per sq cm [Q4183]*
- *SurgiGRAFT-DUAL [Q4219]*
- *SurgiMend - dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix) [C9358, C9360]*
- *Surgisis® AFP™ Anal Fistula Plug [Q]*
- *Surgisis® Biodesign[Q]*
- *Surgisis® Gold™ Hernia Repair Grafts [Q]*
- *SurGraft [Q4209]*
- *Surgraft ac [Q4393]*
- *Surgraft aca [Q4394]*
- *SurGraft FT [Q4268]*
- *SurGraft TL [Q4263]*
- *SurGraft XT [Q4269]*
- *Symbotex [Q]*
- *Symphony [A2009]*
- *Tag [Q4261]*
- *Talymed [Q4127]*
- *TarSys [Q]*
- *TenoGlide [C9356]*
- *Tensix [Q4146]*
- *TEXAGEN [Q]*

- *Theracor P [A2035]*
- *TheraForm [Q]*
- *TheraGenesis [A2008]*
- Theramend, per square centimeter Q4342
- *TissueMend [Q4146]*
- *Tornier® [Q4146]*
- Total, per square centimeter Q4330
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- Tri-membrane wrap, per square centimeter Q4344
- *Truskin [Q4167]*
- *Tutopatch™ Bovine Pericardium [Q]*
- *Unite [Q]*
- *Vascu-Guard [Q]*
- *Vaso Sheild [Q]*
- *Vendaje [Q4252]*
- *Vendaje AC [Q4279]*
- *Veritas [C9354]*
- *VersaShield [Q]*
- *VIA Matrix [Q4309]*
- *Viaflow [Q]*
- *VIAGENEX [Q]*
- *Vim [Q4251]*
- *Vitagel Surgical Hemostat [Q]*
- Vitograft, per square centimeter Q4317
- *WoundFix, WoundFix Plus, WoundFix Xplus [Q4217]*
- *WoundPlus membrane or E-Graft [Q4277]*
- *Xceed* Q4353
- *Xcell Amnio Matrix [Q4280]*
- *XCellerate [Q4234]*
- *XCelliStem [A2004]*
- *XCM biologic [Q4142]*
- *Xelma [Q]*
- *XenMatrix [Q]*
- *XenoSure - Biologic Vascular Patch [Q]*
- *X-repair [Q]*
- *Xwrap 2.0 [Q4402]*
- *Xwrap dual plus [Q4403]*
- *Xwrap fenestra [Q4406]*
- *Xwrap fenestra plus [Q4405]*
- *Xwrap hydro [Q4408]*
- *Xwrap hydro plus [Q4404]*
- Xwrap dual Q4358
- Xwrap plus, per sq cm Q4357
- *Xwrap tribus [Q4407]*
- *XWRAP, per sq cm [Q4204]*
- *Zenith [Q4253]*

Document History:

Revised Dates:

- 2026: June – Implementation date of October 1, 2026. Annual review, update criteria, coding changes (deleted and add new), add criteria for Post-surgical excision or Post - Mohs procedure and add new products to list.
- 2025: December – Added new 2026 procedure codes, removed previously deleted ones, implementation Jan 01, 2026
- 2025: July – Implementation date of October 1, 2025. Criteria updates references updated.
- 2025: June – Annual review, Revision of criteria, additional codes,
- 2024: October
- 2024: April
- 2023: August
- 2022: August, November
- 2021: September
- 2020: September
- 2016: April, May
- 2015: March, June, November, December
- 2014: January, April, October
- 2013: May
- 2012: February, May, November, December
- 2011: January, April, May, November
- 2010: January, April, June, July, August, September, December
- 2009: January, April
- 2008: February, April, May
- 2007: July, August
- 2006: January
- 2005: June
- 2002: July

Reviewed Dates:

- 2019: September
- 2018: January, February
- 2017: November
- 2016: January, June
- 2015: April, May
- 2014: May
- 2008: January
- 2004: March

Origination Date: June 2001

Coding:

Medically necessary with criteria:

Coding	Description
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
15272	Application of skin substitute graft to trunk, arms, legs, 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)
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	Application of skin substitute graft to trunk, arms, legs, total wound surface area 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)

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	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; 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	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; 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)
A2012	SUPRATHEL, per sq cm (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)
A2043	BIOBRANE, per sq cm
A2044	BIOBRANE Glove, each
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm
Q4101	Apligraf, per square centimeter (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)
Q4103	Oasis burn matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm (add-on, list separately in addition to primary procedure)
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4107	Graftjacket, per square centimeter (add-on, list separately in addition to primary procedure)
Q4108	Integra matrix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4110	Primatrix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4115	AlloSkin, per square centimeter (add-on, list separately in addition to primary procedure)
Q4116	Alloderm, per square centimeter (add-on, list separately in addition to primary procedure)
Q4121	TheraSkin, per square centimeter (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)

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)
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)
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)
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc
Q4141	AlloSkin AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4145	EpiFix, injectable, 1 mg
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter (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)
Q4154	Biovance, per sq cm (add-on, list separately in addition to primary procedure)
Q4156	Neox 100 or Clarix 100, 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)
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Q4163	WoundEx, BioSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4182	Transcyte, per square centimeter (add-on, list separately in addition to primary procedure)
Q4186	Epifix, per sq cm (add-on, list separately in addition to primary procedure)
Q4187	Epicord, per sq cm (add-on, list separately in addition to primary procedure)
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm
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)
V2790	Amniotic membrane for surgical reconstruction, per procedure

Considered Not Medically Necessary:

Coding	Description
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
A6021	Collagen dressing, sterile, size 16 sq in or less, each
A6022	Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each
A6023	Collagen dressing, sterile, size more than 48 sq in, each
A6024	Collagen dressing wound filler, sterile, per 6 in
Q4100	Skin substitute, not otherwise specified
65778	Placement of amniotic membrane on the ocular surface; without sutures
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
A2001	Innovamatrix ac, per square centimeter
A2002	Mirragen Advanced Wound Matrix, per sq cm (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 sq cm (add-on, list separately in addition to primary procedure)
A2011	Supra SDRM, per sq cm (add-on, list separately in addition to primary procedure)
A2013	Innovamatrix fs, per square centimeter (add-on, list separately in addition to primary procedure)
A2014	Omeza Collagen Matrix, per 100 mg (add-on, list separately in addition to primary procedure)
A2015	Phoenix Wound Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2016	PermeaDerm B, per sq cm (add-on, list separately in addition to primary procedure)
A2017	PermeaDerm Glove, each (add-on, list separately in addition to primary procedure)
A2018	PermeaDerm C, per sq cm (add-on, list separately in addition to primary procedure)
A2020	AC5 Advanced Wound System (AC5) (add-on, list separately in addition to primary procedure)
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 (add-on, list separately in addition to primary procedure)
A2024	Resolve Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2025	Miro3D, per cu cm (add-on, list separately in addition to primary procedure)
A2026	Restrata MiniMatrix, 5 mg
A2027	MatriDerm, per sq cm (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 mg
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 mg
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 mg
A2036	Cohealyx Collagen Dermal Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2037	G4derm Plus and Suprello, per ml
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)
A2040	Microlyte PainGuard, per sq cm
A2041	Foundation DRS+ Duo, per sq cm
A2042	Foundation DRS+ Solo, per sq cm
A2045	NovaShield or NovoGen Wound Matrix, per sq cm
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml
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 sq cm
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq 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
C9364	Porcine implant, Permacol, per sq cm
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)
Q4111	Gammagraft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4112	Cymetra, injectable, 1 cc
Q4113	Graftjacket xpress, injectable, 1 cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4117	Hyalomatrix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4118	Matristem micromatrix, 1 mg
Q4123	AlloSkin RT, per square centimeter
Q4125	Arthroflex, per square centimeter (add-on, list separately in addition to primary procedure)
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter (add-on, list separately in addition to primary procedure)
Q4127	Talymed, per square centimeter (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 square centimeter (add-on, list separately in addition to primary procedure)
Q4138	BioDFence DryFlex, per square centimeter (add-on, list separately in addition to primary procedure)
Q4140	BioDFence, per square centimeter (add-on, list separately in addition to primary procedure)

Q4142	Xcm biologic tissue matrix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4143	Repriza, per square centimeter (add-on, list separately in addition to primary procedure)
Q4146	Tensix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter (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)
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)
Q4155	Neox Flo or Clarix Flo 1 mg
Q4157	Revitalon, 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 square centimeter (add-on, list separately in addition to primary procedure)
Q4161	Bio-connekt wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4164	Helicoll, per square centimeter (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 square centimeter (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, 1 sq cm (add-on, list separately in addition to primary procedure)
Q4177	FlowerAmnioFlo, 0.1 cc
Q4178	FlowerAmnioPatch, per square centimeter (add-on, list separately in addition to primary procedure)
Q4179	FlowerDerm, per square centimeter (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
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 square centimeter (add-on, list separately in addition to primary procedure)
Q4196	Puraply am, per square centimeter (add-on, list separately in addition to primary procedure)
Q4197	Puraply xt, per square centimeter (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 (2.5 g/cc), 1 cc (add-on, list separately in addition to primary procedure)
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, per sq cm (add-on, list separately in addition to primary procedure)
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
Q4227	AmnioCoreTM, 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 square centimeter (add-on, list separately in addition to primary procedure)
Q4257	Relese, per square centimeter (add-on, list separately in addition to primary procedure)
Q4258	Enverse, per square centimeter (add-on, list separately in addition to primary procedure)
Q4259	Celera per sq cm (Celera dual layer or celera dual membrane, per square centimeter) (add-on, list separately in addition to primary procedure)
Q4260	Signature a patch, per sq cm (add-on, list separately in addition to primary procedure)
Q4261	Tag, per square centimeter (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 (add-on, list separately in addition to primary procedure)
Q4264	Cocoon Membrane (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)
Q4278	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)
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 TM, 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 (add-on, list separately in addition to primary procedure)
Q4311	Acesso, per square centimeter (add-on, list separately in addition to primary procedure)
Q4312	Acesso ac, per square centimeter (add-on, list separately in addition to primary procedure)
Q4313	Dermabind fm, per square centimeter (add-on, list separately in addition to primary procedure)
Q4314	Reeva ft, per square cenitmeter (add-on, list separately in addition to primary procedure)
Q4315	Regenelink amniotic membrane allograft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4316	Amchoplast, per square centimeter (add-on, list separately in addition to primary procedure)
Q4317	Vitograft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4318	E-graft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4319	Sanograft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4320	Pellograft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4321	Renograft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4322	Caregraft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4323	Alloply, per square centimeter (add-on, list separately in addition to primary procedure)
Q4324	Amniotx, per square centimeter (add-on, list separately in addition to primary procedure)
Q4325	Acapatch, per square centimeter (add-on, list separately in addition to primary procedure)
Q4326	Woundplus, per square centimeter (add-on, list separately in addition to primary procedure)
Q4327	Duoamnion, per square centimeter (add-on, list separately in addition to primary procedure)
Q4328	Most, per square centimeter (add-on, list separately in addition to primary procedure)
Q4329	Singlay, per square centimeter (add-on, list separately in addition to primary procedure)
Q4330	Total, per square centimeter (add-on, list separately in addition to primary procedure)
Q4331	Axolotl graft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4332	Axolotl dualgraft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4333	Ardeograft, per square centimeter (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 (Effective 1/1/2025) (add-on, list separately in addition to primary procedure)
Q4347	Rampart DL Matrix, per sq cm (Effective 1/1/2025) (add-on, list separately in addition to primary procedure)
Q4348	Sentry SL Matrix, per sq cm (Effective 1/1/2025) (add-on, list separately in addition to primary procedure)
Q4349	Mantle DL Matrix, per sq cm (Effective 1/1/2025) (add-on, list separately in addition to primary procedure)
Q4350	Palisade DM Matrix, per sq cm (Effective 1/1/2025) (add-on, list separately in addition to primary procedure)
Q4351	Enclose TL Matrix, per sq cm (Effective 1/1/2025) (add-on, list separately in addition to primary procedure)
Q4352	Overlay SL Matrix, per sq cm (Effective 1/1/2025) (add-on, list separately in addition to primary procedure)
Q4353	Xceed TL Matrix, per sq cm (Effective 1/1/2025) (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)
Q4359	ChoriPly, per sq cm (add-on, list separately in addition to primary procedure) (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 square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4372	Amchoplast excel, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4370	Aeroguard, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4371	Neoguard, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4373	Membrane wrap-lite, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)

Q4376	Duograft aa, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4375	Duograft ac, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4377	Trigraft ft, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4378	Renew ft matrix, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4379	Amniodefend ft matrix, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4380	Advograft one, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4381	Matrix hd allograft dermis, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4382	Advograft dual, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4383	Axolotl graft ultra, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4384	Axolotl dualgraft ultra, per square per sq cm (add-on, list separately in addition to primary procedure)
Q4385	Apollo ft, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4386	Acesso trifaca, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4387	Neothelium ft, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4388	Neothelium 4l, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4389	Neothelium 4l plus, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4390	Ascendion, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4391	Amnioplast double, per square centimeter 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 square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4394	Surgraft aca, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4395	Acelagraft, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4396	Natalin, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4397	Summit aaa, per square centimeter per sq cm (add-on, list separately in addition to primary procedure)
Q4398	Summit ac per sq cm (add-on, list separately in addition to primary procedure)
Q4399	Summit fx per sq cm (add-on, list separately in addition to primary procedure)
Q4400	Polygon3 per sq cm (add-on, list separately in addition to primary procedure)
Q4401	Absolv3 per sq cm (add-on, list separately in addition to primary procedure)
Q4402	Xwrap 2.0 per sq cm (add-on, list separately in addition to primary procedure)
Q4403	Xwrap dual plus, per sq cm (add-on, list separately in addition to primary procedure)
Q4404	Xwrap hydro plus, per sq cm (add-on, list separately in addition to primary procedure)
Q4405	Xwrap fenestra plus sq cm (add-on, list separately in addition to primary procedure)
Q4406	Xwrap fenestra per sq cm (add-on, list separately in addition to primary procedure)
Q4407	Xwrap tribus per sq cm (add-on, list separately in addition to primary procedure)
Q4408	Xwrap hydro per sq cm (add-on, list separately in addition to primary procedure)

Q4409	Amniomatrixf3x per sq cm (add-on, list separately in addition to primary procedure)
Q4410	Amchomatrixdl per sq cm (add-on, list separately in addition to primary procedure)
Q4411	Amniomatrixf4x per sq cm (add-on, list separately in addition to primary procedure)
Q4412	Choriofix per sq cm (add-on, list separately in addition to primary procedure)
Q4413	Cygnus solo per sq cm (add-on, list separately in addition to primary procedure)
Q4414	Simplichor per sq cm (add-on, list separately in addition to primary procedure)
Q4415	Alexiguard st-l per sq cm (add-on, list separately in addition to primary procedure)
Q4416	Alexiguard tl-t per sq cm (add-on, list separately in addition to primary procedure)
Q4417	Alexiguard dl-t per sq cm (add-on, list separately in addition to primary procedure)
Q4418	BioLab Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)
Q4419	BioLab membrane Wrap Lite Flow, per sq cm (add-on, list separately in addition to primary procedure)
Q4420	Nuform per sq cm (add-on, list separately in addition to primary procedure)
Q4421	BioLab Membrane Wrap Solo, per sq cm (add-on, list separately in addition to primary procedure)
Q4422	A/C Wrap, per sq cm (add-on, list separately in addition to primary procedure)
Q4423	BioLab Tri-Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)
Q4424	Revive FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4425	Revive TL, per sq cm (add-on, list separately in addition to primary procedure)
Q4426	DermaBind TL + or DermaBind TL X, per sq cm (add-on, list separately in addition to primary procedure)
Q4427	DermaBind DL N, DermaBind DL +, or DermaBind DL X, per sq cm (add-on, list separately in addition to primary procedure)
Q4428	DermaBind SL N, DermaBind SL +, or DermaBind SL X, per sq cm (add-on, list separately in addition to primary procedure)
Q4429	DermaBind CH N or DermaBind CH X, per sq cm (add-on, list separately in addition to primary procedure)
Q4435	Renati Membrane, per sq cm (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 sq cm (add-on, list separately in addition to primary procedure)
Q4438	Pretect, per sq cm (add-on, list separately in addition to primary procedure)
Q4439	InstaGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4440	CuraMatrix, per sq cm (add-on, list separately in addition to primary procedure)

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage
  - See the appropriate benefir document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Virginia Medicaid Products
- Authorization requirements
  - Precertification required by Plan
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

- Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22) Final.pdf
- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

References used include but are not limited to the following: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

Skin and Tissue Substitutes, SHP Surgical 73, Allogeneic Skin and Tissue Substitutes, AlloPatch, Alloskin AC, Alloskin RT, Arthrex GraftRope, ArthroFlex (FlexGraft), Avotermin, BioDfactor, BioDfence, Biostat Biologx fibrin sealant, CellerateRX, Clarix Regenerative Matrix, Clarix Flo/Neox Flo Particulate Matrices, CollaFix, CRXa, Cygnus, Cymetra Injectable Allograft, Dermagraft-TC, Evicel Fibrin Sealant, FlowerDerm, FlowerFlow, FlowerPatch, Gammagraft Skin Substitute, Grafix CORE, Grafix PRIME, GraftJacket Xpress, Inforce, Matrix HD, MemoDerm, Neoform, Neuragen, NeuraWrap, Neuroflex, NeuroForm, NuCel Liquid, NuShield Orthopedics, NuShield Spine, Promogran Collagen, Repriza, TenoGlide, Tensix, Alloderm, Alloderm Select RTM, AlloMax, Amnioexcel, Amniofix, Amniogen-200, Amniogen-45, Amniogen-A, Amniogen-C 0.5 cc, Amniomatrix, AmnioPro, AmnioShield, AmnioPro Flow, Apligraft, graftskin, Artiss, Biodexcel, BioMatrix, BioRenew, BioSkin, BioSkin Flow, BioRenew Flow, Dermacell, Dermagraft, Dermamatrix, EpiFix, FlexHD, Neox, Theraskin, WoundEx, WoundEx Flow, Ocular Applications, Xenographic Skin and Tissue Substitutes, Integra Bilayer Matrix Wound Dressing, Integra, Integra Meshed Bilayer Wound Matrix, Oasis Wound Matrix, OrCel, burns, autograft, full thickness burns, deep partial thickness burns, tissue, chronic venous ulcers, full thickness ulcers, Architect Extracellular, Avaulta Plus, Axogen 2 Nerve Wrap, Biodesign (Surgisis) Hiatal Hernia MatriX, Biodesign (Surgisis) Inguinal Hernia Matrix, Biodesign (Surgisis) RVP, Collamend, Conexa, Cor matrix patch, Cuffpatch, DermaMatrix Acellular Dermis, Duraform, Durepair Regeneration Matrix, Endoform Dermal Template, ENDURAGen Collagen Implants, Excellagen, E-Z Derm, Integra Flowable Wound Matrix, Integra Dermal Regeneration Template, Matriderm, Matristem, Mediskin, Menaflex Collagen Meniscus Implant, Meso BioMatrix, NeuroMatrix, NeuroMend collagen nerve wrap, Oasis Tri-Layer Matrix, OrthADAPT Bioimplant, OsseoGuard, Pegasus Equine Accellular Graft, Pelvicol, Pelvisoft, Permacol Biologic Implant, Porcine-derived polypropylene composite wound dressing, PriMatrix acellular dermal tissue matrix, Restore Orthobiologic Soft Tissue Implant, Strattice Reconstructive Tissue Matrix, SurgiMend, Surgisis Inguinal Hernia Matrix, Surgisis RFP Anal Fistula Plug, TissueMend, Unite, Veritas, Vitagel surgical hemostat, XCM biologic, XenMatrix, PuraPly, PuraPly Antimicrobial, PuraPly XT, Autologous Skin and Tissue Substitutes, Epicel, Deep dermal burns, Autologel, Autologous Platelet-Rich Plasma, Autologous Platelet Gel, Autologous Platelet-Derived Growth Factors, Biodmatrix, Epidex, SafeBlood, Composite Skin and Miscellaneous Tissue Substitutes, TransCyte, Biobrane Biosynthetic Dressing, Talymed, Synthetic Skin and Tissue Substitutes, wound healing, Artelon, C-QUR Biosynthetic Mesh, Dural Sealant System, DuraSeal Spine Sealant System, Hyalomatrix, PTFE Felt, SportMesh, Suprathel, X-repair, lower extremity ulcers, AlloGen, Amnio Wrap2, AmnioCoreTM, AmnioCyte Plus, Amnio-Maxx, Amnion Bio, AMNIOREPAIR, AmnioText, Amniotext patch, Artacent Cord, Ascent, Axolotl Ambient, Axolotl Cryo, Axolotl DualGraft, Axolotl Graft, BellaCell HD, BioNextPATCH, BioWound, BioWound Plus, BioWound Xplus, carePATCH, Cellesta Cord, Cogenex Amniotic Membrane, Cogenex Flowable Amnion, Coll-e-Derm, CoreCyte, CoreText, Corplex, Corplex P, Cryo-Cord, Dermacyte Amniotic Membrane Allograft, Derma-Gide, Derm-Maxx, Epicord, Fluid Flow, Fluid GF, Membrane Graft, Membrane Wrap, MyOwn Skin,

Novachor, Novafix, NuDyn, PolyCyte, Procenta, ProgenaMatrix, ProText, SkinTE, Surederm, SurFactor, SurgiCORD, SurgiGRAFT-DUAL, SurGraft, WoundFix, WoundFix Plus, WoundFix Xplus, XCellerate, Alloderm RTU, Strattice, Amnioband, Grafix, Graftjacket, AmbioDisk, AmnioGraft, Artacent Ocular, Prokera