BlueCross BlueShield of Vermont

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Bioengineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid Corporate Medical Policy

File Name: Bioengineered Skin and Soft Tissue Substitutes and Amniotic Membrane and Amniotic Fluid
File Code: 7.01.VT113
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Last Review: 09/2026
Next Review: 11/2026
Effective Date: 10/01/2026 (Adaptive Maintenance Only)

Description/Summary

Bioengineered skin and soft tissue substitutes may be derived from human tissue (autologous or allogeneic), nonhuman tissue (xenographic), synthetic materials, or a composite of these materials. Bioengineered skin and soft tissue substitutes are being evaluated for a variety of conditions, including breast reconstruction and healing lower-extremity ulcers and severe burns. Acellular dermal matrix (ADM) products are also being evaluated for soft tissue repair.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.
Attachment I – Coding Table & Instructions

When a service may be considered medically necessary

NOTE: Breast reconstruction involving allogenic acellular dermal matrix products is addressed in the Blue Cross VT Breast Surgery and Breast Prosthesis Corporate Medical Policy. Refer to this policy for more information.

Treatment of chronic, noninfected, full-thickness diabetic lower-extremity ulcers using the following tissue-engineered skin substitutes or the following human amniotic membrane products may be considered **medically necessary**:

- AlloPatch®[a]
- Apligraf®[b]
- Integra Omnigraft™ Dermal Regeneration Matrix (also known as Omnigraft™) and

Integra Flowable Wound Matrix
- mVASC®
- TheraSkin®
- Affinity®
- AmnioBand® Membrane
- Biovance®
- EpiCord®
- EpiFix®
- Grafix™

Treatment of chronic, noninfected, partial- or full-thickness lower-extremity skin ulcers due to venous insufficiency, which have not adequately responded following a 1-month period of conventional ulcer therapy, using the following tissue-engineered skin substitutes may be considered **medically necessary**:

- Apligraf®[b]
- Epifix
- Oasis™ Wound Matrix[c].

Treatment of dystrophic epidermolysis bullosa using the following tissue-engineered skin substitutes may be considered **medically necessary**:

- OrCel™ (for the treatment of mitten-hand deformity when standard wound therapy has failed and when provided in accordance with the humanitarian device exemption [HDE] specifications of the U.S. Food and Drug Administration [FDA])[d].

Treatment of second- and third-degree burns using the following tissue-engineered skin substitutes may be considered **medically necessary**:

- Epicel® (for the treatment of deep dermal or full-thickness burns comprising a total body surface area ≥30% when provided in accordance with the HDE specifications of the FDA)[d]
- Integra® Dermal Regeneration Template[b].

[a] Banked human tissue.
[b] FDA premarket approval.
[c] FDA 510(k) clearance.
[d] FDA-approved under an HDE

Human amniotic membrane grafts with or without suture (Prokera®, AmbioDisk™) may be considered **medically necessary** for the treatment of ANY of the following ophthalmic indications:

- Neurotrophic keratitis with ocular surface damage and inflammation that does not respond to conservative therapy;
- Corneal ulcers and melts that do not respond to initial conservative therapy;

- Corneal perforation when there is active inflammation after corneal transplant requiring adjunctive treatment;
- Bullous keratopathy as a palliative measure in patients who are not candidates for curative treatment (e.g., endothelial or penetrating keratoplasty);
- Partial limbal stem cell deficiency with extensive diseased tissue where selective removal alone is not sufficient;
- Moderate or severe Stevens-Johnson syndrome;
- Persistent epithelial defects that do not respond within 2 days to conservative therapy;
- Severe dry eye (DEWS 3 or 4) with ocular surface damage and inflammation that remains symptomatic after Steps 1, 2, and 3 of the dry eye disease management algorithm (see Policy Guidelines);
- Moderate or severe acute ocular chemical burn.

Human amniotic membrane grafts with suture or glue may be considered **medically necessary** for the treatment of the following ophthalmic indications:

- Corneal perforation when corneal tissue is not immediately available; **OR**
- Pterygium repair when there is insufficient healthy tissue to create a conjunctival autograft.

When a service is considered investigational

All other uses of the bioengineered skin and soft tissue substitutes and amniotic membrane or fluid listed above are considered **investigational.**

Human amniotic membrane grafts with or without suture are considered **investigational** for all ophthalmic indications not outlined above.

Injection of micronized or particulated human amniotic membrane is considered **investigational** for all indications, including but not limited to treatment of osteoarthritis and plantar fasciitis.

Injection of human amniotic fluid is considered **investigational** for all indications.

All other human amniotic products (e.g., derived from amnion, chorion, amniotic fluid, umbilical cord, or Wharton's jelly) not listed above are considered **investigational** (see policy guidelines).

Use of human amniotic membrane grafts and human amniotic products for all other indications not listed above, including but not limited to treatment of lower-extremity ulcers due to venous insufficiency and repair following Mohs micrographic surgery, is considered **investigational.**

All other skin and soft tissue substitutes not listed above are considered **investigational**, including, but not limited to:

- ACell® UBM Hydrated/Lyophilized Wound Dressing
- AlloSkin™
- AlloSkin™ RT
- Apis®
- Aongen™ Collagen Matrix
- Architect® ECM, PX, FX
- ArthroFlex™ (Flex Graft)
- AxoGuard®Nerve Protector (AxoGen)
- Biobrane®/Biobrane-L
- Bio-ConneK$^{t®}$ Wound Matrix
- CollaCare®
- CollaCare® Dental
- Collagen Wound Dressing (Oasis Research)
- CollaGUARD®
- CollaMend™
- CollaWound™
- Coll-e-derm
- Collexa®
- Collieva®
- Conexa™
- Coreleader Colla-Pad
- CorMatrix®
- Cymetra™ (Micronized AlloDerm)™
- Cytal™ (previously MatriStem®)
- Dermadapt™ Wound Dressing
- Derma-gide
- DermaPure™
- DermaSpan™
- DressSkin
- Durepair Regeneration Matrix®
- Endoform Dermal Template™
- *ENDURA*Gen™
- Excellagen®
- ExpressGraft™
- E-Z Derm™
- FlowerDerm™
- GammaGraft
- Geistlich Derma-Gide™
- GraftJacket® Xpress, injectable
- Helicoll™
- hMatrix®
- Hyalomatrix®
- Hyalomatrix® PA
- Integra™ Bilayer Wound Matrix
- Integra® Matrix Wound Dressing (previously Avagen)
- InteguPly®
- Keramatrix®
- Kerecis™ Omega3

- Keroxx™
- MatriDerm®
- MatriStem
- Matrix HD™
- MicroMatrix®
- Miroderm®
- Mediskin®
- MemoDerm™
- Microderm® biologic wound matrix
- MyOwn skin
- Oasis® Burn Matrix
- Oasis® Ultra
- Ologen™ Collagen Matrix
- Omega3 Wound (originally Merigen wound dressing)
- Omeza® Collagen Matrix
- Permacol™
- PermeaDerm® B
- PermeaDerm® C
- PermeaDerm® Glove
- Phoenix™ Wound Matrix
- PriMatrix™
- PriMatrix™ Dermal Repair Scaffold
- Progenamatrix
- Puracol® and Puracol® Plus Collagen Wound Dressings
- PuraPly™ Wound Matrix (previously FortaDerm™)
- PuraPly™ AM (Antimicrobial Wound Matrix)
- Puros® Dermis
- RegenePro™
- Repliform®
- ReCell®
- Repriza™
- SkinTE™
- StrataGraft®
- Strattice™
- SUPRA SDRM®
- Suprathel®
- SurgiMend®
- Symphony™
- Talymed®
- TenoGlide™
- TenSIX™ Acellular Dermal Matrix
- TissueMend
- TheraForm™ Standard/Sheet
- TheraGenesis®
- TransCyte™
- TruSkin™
- Tutomesh™ Fenestrated Bovine Pericardium
- Veritas® Collagen Matrix

- XCM Biologic® Tissue Matrix
- XenMatrix™ AB

Policy Guidelines

Clinical input has indicated that the various acellular dermal matrix products used in breast reconstruction have similar efficacy. The products listed are those that have been identified for use in breast reconstruction. Additional acellular dermal matrix products may become available for this indication.

Reference Resources

1. Blue Cross and Blue Shield Association Medical Policy MPRM 7.01.113 Bioengineered Skin and Soft Tissue Substitutes. Last reviewed May 2024. Accessed July 2024.
2. Blue Cross and Blue Shield Association Medical Policy MPRM 7.01.149 Amniotic Membrane and Amniotic Fluid. Last reviewed April 2024. Accessed July 2024.

Related Policies

Breast Surgery and Breast Prosthesis

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

09/2016	New Policy. Adopted BCBSA MPRM# 7.01.113.
01/2018	Effective 01/01/2018: Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182 requiring prior approval
10/2018	Policy updated with literature review through November 6, 2017; references 4-5, 7, 9, 15, 20, 29, 35, and 54 added; references 59 and 61 updated. DermACELL and FlexHD Pliable added to medically necessary statement on breast reconstructive surgery. Integra Flowable Wound Matrix added to medically necessary statement on use of Integra Dermal Regeneration Template for diabetic lower extremity. Q4105 updated descriptor, Q4131 updated descriptor, C9349 code deleted 01/01/2017. Q4119, Q4120 Deleted effective 01/01/2017, Q4129 & C9349 deleted 01/01/2017, added HCPCS codesQ4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4172, Q4173, Q4174, Q4175 effective 01/01/2017, investigational. Added –JC, -JD modifiers to table to reflect content within medical policy. Added CPT® Code 15777 require prior authorization. Added related policy section.

01/2019	Review 2019 Code changes effective 01/01/2019 with the following: Q4131 & Q4172 deleted. Q4183, Q4184, Q4186, Q4187, Q4188, Q4190, Q4191, Q4193, Q4194, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204 require prior approval effective 01/01/2019. Q4195, Q4196, Q4197 are considered investigational effective 01/01/2019.
10/2019	Revised codes Q4165, Q4184 & Q4122 descriptors updated. Q4154 removed from investigational to medically necessary. Added codes Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226 as considered investigational.
10/2019	Policy Updated. Formatting Changes. Policy Statements unchanged.
10/2020	Adaptive Maintenance updates: Added codes Q4249, Q4250, Q4254, Q4255 as Investigational. Simplified introduction. No change to policy statement.
07/2021	Policy name changed from Bioengineered Skin and Soft Tissue Substitutes to Bioengineered Skin and Soft Tissue Substitutes and Amniotic Membrane and Amniotic Fluid. Clarification for ophthalmic indications. References updated. Clarified that services related to all breast surgeries are covered in the separate policy and removed previous references to them from this policy. No material changes in policy statement. Coding Summary: Coding table changes the following codes changed from investigational to requiring prior approval: Q4108, Q4132, Q4133, Q4137, Q4138, Q4139, Q4140, Q4145, Q4148, Q4150, Q4151, Q4153, Q4155, Q4156, Q4157, Q4159, Q4160, Q4162, Q4163, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4185, Q4189, Q4192, Q4195, Q4197, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4226, Q4249, Q4250, Q4254, Q4255.The following codes have be changed from requiring prior approval to investigational: Q4179, Q4182, Q4193, Q4200, Q4202, Q4203. The following code has changed from medically necessary to requiring prior approval: Q4154.
10/2021	Adaptive Maintenance Effective 10/01/2021: Deleted codes Q4228 & Q4236. Added codes Q4251, Q4252 & Q4253 as Investigational to policy coding table.
12/2021	Adaptive Maintenance Effective 01/01/2022: Added codes A2001, A2002, A2003, A2004, A2005, A2006, A2007, A2008, A2009, A2010, Q4199 to coding table as investigational.
03/2022	Adaptive Maintenance Effective 04/01/2022: Added codes: A2011, A2012, Q4224, Q4225, Q4256, Q4257, Q4258 to coding table as requiring prior approval. Added code A2013 to coding table as investigational. Added code A4100 to coding table will suspend for medical review.
07/2022	Adaptive Maintenance Effective 07/01/2022: A4200 descriptor revised, Added codes Q4259, Q4260, Q4261 as Investigational.

10/2022	Adaptive Maintenance Effective 10/01/2022: Q4128 descriptor revised, Added codes: A2014, A2015, A2016, A2017, A2018 as investigational.
12/2022	Adaptive Maintenance Effective 01/01/2023: Deleted code C1849, added codes Q4262, Q4263, Q4264 as investigational.
03/2023	Adaptive Maintenance Effective 04/01/2023: Added codes A2019, A2020, A2021, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271 as investigational to coding table.
06/2023	Policy reviewed. References updated. Addition of specific investigational indication for use of human amniotic membrane grafts and human amniotic products for all other indications not listed, including but not limited to treatment of lower-extremity ulcers due to venous insufficiency and repair following Mohs micrographic surgery. Minor changes for clarity and consistency. Adaptive Maintenance Effective 07/01/2023: Added codes Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284 as investigational to coding table.
09/2023	Adaptive Maintenance Effective 10/01/2023: Added codes A2022, A2023, A2024, A2025, Q4285, Q4286 as investigational to coding table.
12/2023	Adaptive Maintenance Effective 01/01/2024: Added codes: Q4279, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304 to the coding table as investigational. Revised descriptor Q4225.
04/2024	Adaptive Maintenance Effective 04/01/2024: Added codes: A2026, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310 as investigational to coding table. Deleted code Q4244 from coding table.
06/2024	Adaptive Maintenance Effective 07/01/2024: Deleted codes: Q4210 & Q4277 from coding table. Added Codes: Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333 as investigational.
07/2024	Policy reviewed. Addition of mVASC® and TheraSkin® as requiring prior approval for treatment of chronic, noninfected, full-thickness diabetic lower-extremity ulcers. Minor formatting changes for clarity. Addition of named investigational products. References updated. Removed code Q4121 from investigational to requiring prior approval.
12/2024	Adaptive Maintenance Effective 01/01/2025: Added codes 15011, 15012, 15013, 15014, 15015, 15016, 15017, 15018, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353 as investigational to coding table.
03/2025	Adaptive Maintenance Effective 04/01/2025: Added codes A2031, A2032, A2033, A2034, A2035, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367 as investigational to table. Removed deleted code Q4231 from coding table.

06/2025	Adaptive Maintenance Effective 07/01/2025: Added codes: Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382 as investigational to coding table.
09/2025	Adaptive Maintenance Effective 10/01/2025: Added codes A2036, A2037, A2038, A2039, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397 as investigational to the coding table.

12/2025	Adaptive Maintenance Effective 01/01/2026: Codes Deleted: Q4100, Q4106. Codes Added to align with Corporate Investigational Medical Policy table: A2027, A2029, Q4236, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345. New Codes Added: Q4398,Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4420, Q4431, Q4432, Q4433 to coding table as investigational. Codes Revised: A2001, A2002, A2005, A2006, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2015, A2016, A20018, A2019, A2021, A2022, A2024, A2025, A2027, A2029, A2031, A2032, A2034, A2036, A2038, A2039, A4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4107, Q4108, Q4110, Q4111, Q4115, Q4116, Q4117, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4140, Q4141, Q4142, Q4143, Q4146, Q4147, Q4148, Q4150, Q4151, Q4153, Q4154, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4163, Q4164, Q4165, Q4166, Q4167, Q4169, Q4170, Q4173, Q4175, Q4176, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4186, Q4187, Q4188, Q4190, Q4191, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4203, Q4204, Q4205, Q4208, Q4209, Q4211, Q4214, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4224, Q4225, Q4227, Q4229, Q4232, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4279, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4311, Q4312, Q4313, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4322, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397.
03/12/2026	Adaptive Maintenance Effective 04/01/2026: Added Codes: A2040, A2041, A2042, A2043, A2044, A2045, Q4418, Q4419, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440 as investigational. Revised code descriptors: A2014 & A2037.

06/12/2026	Adaptive Maintenance Effective 07/01/2026 added codes: 1044T, 1045T,1046T, 1047T, 1048T, 1049T as investigational to coding table.
09/09/2026	Adaptive Maintenance Effective 10/01/2026 added codes: A2046, A2047, A2048, A2049, A2050, Q4207, Q4223, Q4243 to coding table.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President & Chief Medical Officer

Attachment I
Coding Table & Instructions

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less	Investigational
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 thereof (List separately in addition to code for primary procedure)	Investigational
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	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
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)	Investigational
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	Investigational
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)	Investigational
15011	Harvest of skin for autograft; first	Investigational
15012	Harvest of skin for autograft; each additional 25 sq cm	Investigational
15013	Preparation of skin autograft, requiring enzymatic processing; first 25 sq cm or less	Investigational
15014	Preparation of skin autograft, requiring enzymatic processing; each additional 25 sq cm	Investigational
15015	Application of skin autograft; first 480 sq cm or less	Investigational
15016	Application of skin autograft; each additional 480 sq cm	Investigational
15017	Application of skin autograft; first 480 sq cm or less	Investigational
15018	Application of skin autograft; each additional 480 sq cm	Investigational
15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)	Requires Prior Approval
A2001	Innovamatrix ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
A2002	Mirragen advanced wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2004	Xcellistem, 1 mg	Investigational
A2005	Microlyte matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2006	Novosorb synpath dermal matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2007	Restrata, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2008	Theragenesis, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2009	Symphony, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2010	Apis, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2011	Supra sdrm, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
A2012	Suprathel, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
A2013	Innovamatrix fs, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2014	Omeza collagen matrix or omeza complete matrix, per 100 mg	Investigational
A2015	Phoenix wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2016	Permeaderm b, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2017	Permeaderm glove, each	Investigational
A2018	Permeaderm c, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2019	Kerecis omega3 marigen shield, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2020	Ac5 advanced wound system (ac5)	Investigational
A2021	Neomatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
A2022	Innovaburn or innovamatrix xl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2023	Innovamatrix pd, 1 mg	Investigational
A2024	Resolve matrix or xenopatch, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2025	Miro3d, per cubic centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2026	Restrata minimatrix, 5 mg	Investigational
A2027	Matriderm, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2029	Mirotract wound matrix sheet, per cubic centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2030	Miro3d fibers, per milligram	Investigational
A2031	Mirodry wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2032	Myriad matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2033	Myriad Morcells, 4 mg	Investigational
A2034	Foundation drs solo, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2035	Corplex p or theracor p or allacor p, per milligram	Investigational
A2036	Cohealyx collagen dermal matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2037	G4derm plus/suprello, per milliliter	Investigational
A2038	Marigen pacto, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2039	Innovamatrix fd, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2040	Microlyte painguard, per square centimeter	Investigational
A2041	Foundation drs+ duo, per square centimeter	Investigational
A2042	Foundation drs+ solo, per square centimeter	Investigational
A2043	Biobrane, per square centimeter	Investigational
A2044	Biobrane glove, each	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
A2045	Novashield or novogen wound matrix, per square centimeter	Investigational
A2046	Dermisphere hdrt, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2047	Lacertamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2048	Puraply mz, per milligram	Investigational
A2049	Theracor, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
A2050	Fibrillar collagen wound dressing, per milligram	Investigational
A4100	Non-sheet form skin substitute, fda cleared as a device, not otherwise specified (list in addition to primary procedure)	Suspend for Medical Review
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	Investigational
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	Investigational
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Investigational
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Investigational
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	Investigational
C9364	Porcine implant, Permacol, per sq cm	Investigational
Q4101	Apligraf, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4102	Oasis wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4103	Oasis burn matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4107	Graftjacket, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4108	Integra matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4110	Primatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4111	Gammagraft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4112	Cymetra, injectable, 1 cc	Investigational
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	Investigational
Q4114	Integra flowable wound matrix, injectable, 1 cc	Requires Prior Approval
Q4115	Alloskin, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4116	Alloderm, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4117	Hyalomatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4118	MatriStem micromatrix, 1 mg	Investigational
Q4121	Theraskin, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4123	Alloskin rt, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4125	Arthroflex, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4127	Talymed, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4128	Flex hd, or allopatch hd, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4130	Strattice tm, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4132	Grafix core and grafixpl core, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4134	Hmatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4135	Mediskin, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4136	Ez-derm, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4138	Biodfence dryflex, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Requires Prior Approval
Q4140	Biodfence, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4141	Alloskin ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4142	Xcm biologic tissue matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4143	Repriza, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4145	EpiFix, injectable, 1 mg	Requires Prior Approval
Q4146	Tensix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4149	Excellagen, 0.1 cc	Investigational
Q4150	Allowrap ds or dry, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4151	Amnioband or guardian, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4152	Dermapure, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4153	Dermavest and plurivest, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4154	Biovance, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4155	Neox Flo or Clarix Flo 1 mg	Requires Prior Approval
Q4156	Neox 100 or clarix 100, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4157	Revitalon, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4158	Kerecis omega3, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4159	Affinity, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4160	Nushield, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4161	Bio-connekt wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Requires Prior Approval
Q4163	Woundex, bioskin, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4164	Helicoll, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4165	Keramatrix or kerasorb, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4166	Cytal, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4167	Truskin, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4168	AmnioBand, 1 mg	Requires Prior Approval
Q4169	Artacent wound, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4170	Cygnus, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4171	Interfyl, 1 mg	Requires Prior Approval
Q4173	Palingen or palingen xplus, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Requires Prior Approval
Q4175	Miroderm, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4176	Neopatch or therion, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4177	FlowerAmnioFlo, 0.1 cc	Requires Prior Approval
Q4178	Floweramniopatch, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4179	Flowerderm, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4180	Revita, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4181	Amnio wound, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4182	Transcyte, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4183	Surgigraft, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4184	Cellesta or cellesta duo, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Requires Prior Approval
Q4186	Epifix, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4187	Epicord, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4188	Amnioarmor, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4189	Artacent AC, 1 mg	Requires Prior Approval
Q4190	Artacent ac, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4191	Restorigin, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4192	Restorigin, 1 cc	Requires Prior Approval
Q4193	Coll-e-derm, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4194	Novachor, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4195	Puraply, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4196	Puraply am, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4197	Puraply xt, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4198	Genesis amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4199	Cygnus matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4200	Skin te, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4201	Matrion, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4202	Keroxx (2.5 g/cc), 1 cc	Investigational
Q4203	Derma-gide, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4204	Xwrap, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4205	Membrane graft or membrane wrap, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4206	Fluid Flow or Fluid GF, 1 cc	Requires Prior Approval
Q4207	Carbon life, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4208	Novafix, per square cenitmeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4209	Surgraft, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4211	Amnion bio or axobiomembrane, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4212	AlloGen, per cc	Requires Prior Approval
Q4213	Ascent, 0.5 mg	Requires Prior Approval
Q4214	Cellesta cord, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Requires Prior Approval
Q4216	Artacent cord, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4218	Surgicord, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4219	Surgigraft-dual, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4220	Bellacell hd or surederm, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4221	Amniowrap2, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4222	Progenamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4223	Dermabind sl optic, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4225	Amniobind or dermabind tl, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Requires Prior Approval

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4227	Amniocore, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4229	Cogenex amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Requires Prior Approval
Q4232	Corplex, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4233	SurFactor or NuDyn, per 0.5 cc	Requires Prior Approval
Q4234	Xcellerate, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4235	Amniorepair or altiply, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4236	Carepatch, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4237	Cryo-cord, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4238	Derm-maxx, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4240	CoreCyte, for topical use only, per 0.5 cc	Requires Prior Approval
Q4241	PolyCyte, for topical use only, per 0.5 cc	Requires Prior Approval
Q4242	AmnioCyte Plus, per 0.5 cc	Requires Prior Approval
Q4243	Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4245	AmnioText, per cc	Requires Prior Approval
Q4246	CoreText or ProText, per cc	Requires Prior Approval
Q4247	Amniotext patch, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4248	Dermacyte amniotic membrane allograft, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4249	Amniply, for topical use only, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4250	Amnioamp-mp, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4251	Vim, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4252	Vendaje, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4253	Zenith amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4254	Novafix dl, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4255	Reguard, for topical use only, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4256	Mlg-complete, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4257	Relese, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4258	Enverse, per square centimeter (add-on, list separately in addition to primary procedure)	Requires Prior Approval
Q4259	Celera dual layer or celera dual membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4260	Signature apatch, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4261	Tag, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4262	Dual layer impax membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4263	Surgraft tl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4264	Cocoon membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4265	Neostim tl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4266	Neostim membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4267	Neostim dl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4268	Surgraft ft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4269	Surgraft xt, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4270	Complete sl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4271	Complete ft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4272	Esano a, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4273	Esano aaa, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4274	Esano ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4275	Esano aca, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4276	Orion, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4278	Epieffect, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4279	Vendaje ac, per square centimeter (add-on, list separately in addition to primary procedure)	investigational
Q4280	Xcell amnio matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4281	Barrera sl or barrera dl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4282	Cygnus dual, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4283	Biovance tri-layer or biovance 3l, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4284	Dermabind sl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4286	Nudyn sl or nudyn slw, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4287	Dermabind dl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4288	Dermabind ch, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4289	Revoshield + amniotic barrier, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4290	Membrane wrap-hydro, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4291	Lamellas xt, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4292	Lamellas, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4293	Acesso dl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4294	Amnio quad-core, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4295	Amnio tri-core amniotic, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4296	Rebound matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4297	Emerge matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4298	Amniocore pro, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4299	Amniocore pro+, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4300	Acesso tl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4301	Activate matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4302	Complete aca, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4303	Complete aa, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4304	Grafix plus, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4305	American amnion ac tri-layer, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4306	American amnion ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4307	American amnion, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4308	Sanopellis, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4309	Via matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4310	Procenta, per 100 mg	Investigational
Q4311	Acesso, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4312	Acesso ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4313	Dermabind fm, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4314	Reeva ft, per square cenitmeter (add-on, list separately in addition to primary procedure)	Investigational
Q4315	Regenelink amniotic membrane allograft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4316	Amchoplast, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4317	Vitograft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4318	E-graft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4319	Sanograft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4320	Pellograft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4321	Renograft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4322	Caregraft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4323	Alloply, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4324	Amniotx, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4325	Acapatch, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4326	Woundplus, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4327	Duoamnion, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4328	Most, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4329	Singlay, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4330	Total, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4331	Axolotl graft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4332	Axolotl dualgraft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4333	Ardeograft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4334	Amnioplast 1, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4335	Amnioplast 2, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4336	Artacent c, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4337	Artacent trident, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4338	Artacent velos, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4339	Artacent vericlen, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4340	Simpligraft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4341	Simplimax, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4342	Theramend, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4344	Tri-membrane wrap, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4345	Matrix hd allograft dermis, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4346	Shelter dm matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4347	Rampart dl matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4348	Sentry sl matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4349	Mantle dl matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4350	Palisade dm matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4351	Enclose tl matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4352	Overlay sl matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4353	Xceed tl matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4354	Palingen dual-layer membrane and dual-layer palingen xmembrane, per square centimeter	Investigational
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4357	Xwrap plus, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4358	Xwrap dual, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4359	Choriply, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4360	Amchoplast fd, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4361	Epixpress, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4362	Cygnus disk, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4365	Amnio burgeon dual-layer membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4367	Amniocore sl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4368	Amchothick, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4369	Amnioplast 3, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4370	Aeroguard, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4371	Neoguard, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4372	Amchoplast excel, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4373	Membrane wrap lite, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4375	Duograft ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4376	Duograft aa, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4377	Trigraft ft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4378	Renew ft matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4379	Amniodefend ft matrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4380	Advograft one, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4382	Advograft dual, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4383	Axolotl graft ultra, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4384	Axolotl dualgraft ultra, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4385	Apollo ft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4386	Acesso trifaca, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4387	Neothelium ft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4388	Neothelium 4l, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4389	Neothelium 4l+, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4390	Ascendion, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4391	Amnioplast double, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4392	Grafix duo, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4393	Surgraft ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4394	Surgraft aca, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4395	Acelagraft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4396	Natalin, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4397	Summit aaa, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4398	Summit ac, per square centimeter	Investigational
Q4399	Summit fx, per square centimeter	Investigational
Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4415	Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4416	Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4417	Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4426	DermaBind TL + or dermabind tl X, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4431	Pma skin substitute product, not otherwise specified (list in addition to primary procedure)	Investigational
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	Investigational
Q4433	361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)	Investigational

The following codes will be considered as medically necessary, require prior approval or investigational when applicable criteria have been met.		
Code	**Description**	**Mapping Instructions**
Q4435	Ranati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4436	Ranati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Investigational