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
Origination: 09/2016
Last Review: 03/2023
Next Review: 07/2023
Effective Date: 04/01/2023 (Adaptive Maintenance Cycle)

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 BCBSVT 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]
- Dermagraft®[b]

- Integra Omnigraft™ Dermal Regeneration Matrix (also known as Omnigraft™) and Integra Flowable Wound Matrix
- 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 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 (eg, 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); **or**
- 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 (eg, derived from amnion, chorion, amniotic fluid, umbilical cord, or Wharton's jelly) not listed above are considered investigational (see policy guidelines).

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
- 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)
- IntéguPly®
- 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)
- Permacol™
- 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®
- Repriza™
- SkinTE™
- StrataGraft®
- Strattice™
- Suprathel®
- SurgiMend®
- Talymed®
- TenoGlide™
- TenSIX™ Acellular Dermal Matrix
- TissueMend
- TheraForm™ Standard/Sheet
- TheraSkin®
- TransCyte™
- TruSkin™
- 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 February 2021.
2. Blue Cross and Blue Shield Association Medical Policy MPRM 7.01.149 Amniotic Membrane and Amniotic Fluid. Last reviewed March 2021.

Related Policies

Breast Surgery and Breast Prosthesis

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) 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, BCBSVT 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

BCBSVT 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, BCBSVT 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 effective01/01/2017, 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.

Eligible providers

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

Approved by BCBSVT Medical Directors **Date Approved**

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**
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Requires Prior Approval
A2001	Innovamatrix ac, per square centimeter	Investigational
A2002	Mirragen advanced wound matrix, per square centimeter	Investigational
A2004	Xcellistem, 1 mg	Investigational
A2005	Microlyte matrix, per square centimeter	Investigational
A2006	Novosorb synpath dermal matrix, per square centimeter	Investigational
A2007	Restrata, per square centimeter	Investigational
A2008	Theragenesis, per square centimeter	Investigational
A2009	Symphony, per square centimeter	Investigational
A2010	Apis, per square centimeter	Investigational
A2011	Supra sdrm, per square centimeter	Requires Prior Approval
A2012	Suprathel, per square centimeter	Requires Prior Approval
A2013	Innovamatrix fs, per square centimeter	Investigational
A2014	Omeza collagen matrix, per 100 mg	Investigational
A2015	Phoenix wound matrix, per square centimeter	Investigational
A2016	Permeaderm b, per square centimeter	Investigational
A2017	Permeaderm glove, each	Investigational
A2018	Permeaderm c, per square centimeter	Investigational
A2019	Kerecis omega3 marigen shield, per square centimeter	Investigational
A2020	Ac5 advanced wound system (ac5)	Investigational
A2021	Neomatrix, per square centimeter	Investigational

A4100	Skin substitute, FDA cleared as a device, not otherwise specified	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
Q4100	Skin substitute, not otherwise specified	Requires Prior Approval
Q4101	Apligraf, per sq cm	Requires Prior Approval
Q4102	Oasis wound matrix, per sq cm	Requires Prior Approval
Q4103	Oasis burn matrix, per sq cm	Investigational
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	Investigational
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	Requires Prior Approval
Q4106	Dermagraft, per sq cm	Requires Prior Approval
Q4107	GRAFTJACKET, per sq cm	Requires Prior Approval
Q4108	Integra matrix, per sq cm	Requires Prior Approval
Q4110	PriMatrix, per sq cm	Investigational
Q4111	GammaGraft, per sq cm	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 sq cm	Investigational
Q4116	AlloDerm, per sq cm	Requires Prior Approval
Q4117	HYALOMATRIX, per sq cm	Investigational
Q4118	MatriStem micromatrix, 1 mg	Investigational
Q4121	TheraSkin, per sq cm	Investigational
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	Requires Prior Approval
Q4123	AlloSkin RT, per sq cm	Investigational
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Investigational
Q4125	ArthroFlex, per sq cm	Investigational
Q4126	MemoDerm, DermaSpan, TranZgraft or IntéguPly, per sq cm	Investigational
Q4127	Talymed, per sq cm	Investigational
Q4128	Flex hd, or allopatch hd, per square centimeter	Requires Prior Approval

Q4130	Strattice TM, per sq cm	Investigational
Q4132	Grafix Core and GrafixPL Core, per sq cm	Requires Prior Approval
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Requires Prior Approval
Q4134	HMatrix, per sq cm	Investigational
Q4135	Mediskin, per sq cm	Investigational
Q4136	E-Z Derm, per sq cm	Investigational
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	Requires Prior Approval
Q4138	BioDFence DryFlex, per sq cm	Requires Prior Approval
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Requires Prior Approval
Q4140	BioDFence, per sq cm	Requires Prior Approval
Q4141	AlloSkin AC, per sq cm	Investigational
Q4142	XCM biologic tissue matrix, per sq cm	Investigational
Q4143	Repriza, per sq cm	Investigational
Q4145	EpiFix, injectable, 1 mg	Requires Prior Approval
Q4146	Tensix, per sq cm	Investigational
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Investigational
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Requires Prior Approval
Q4149	Excellagen, 0.1 cc	Investigational
Q4150	AlloWrap DS or dry, per sq cm	Requires Prior Approval
Q4151	AmnioBand or Guardian, per sq cm	Requires Prior Approval
Q4152	DermaPure, per sq cm	Investigational
Q4153	Dermavest and Plurivest, per sq cm	Requires Prior Approval
Q4154	Biovance, per sq cm	Requires Prior Approval
Q4155	Neox Flo or Clarix Flo 1 mg	Requires Prior Approval
Q4156	Neox 100 or Clarix 100, per sq cm	Requires Prior Approval
Q4157	Revitalon, per sq cm	Requires Prior Approval
Q4158	Kerecis Omega3, per sq cm	Investigational
Q4159	Affinity, per sq cm	Requires Prior Approval
Q4160	Nushield, per sq cm	Requires Prior Approval
Q4161	Bio-ConneKt wound matrix, per sq cm	Investigational
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Requires Prior Approval
Q4163	WoundEx, BioSkin, per sq cm	Requires Prior Approval
Q4164	Helicoll, per sq cm	Investigational
Q4165	Keramatrix or Kerasorb, per sq cm	Investigational
Q4166	Cytal, per sq cm	Investigational
Q4167	Truskin, per sq cm	Investigational
Q4168	AmnioBand, 1 mg	Requires Prior Approval
Q4169	Artacent wound, per sq cm	Requires Prior Approval
Q4170	Cygnus, per sq cm	Requires Prior Approval
Q4171	Interfyl, 1 mg	Requires Prior Approval
Q4173	PalinGen or PalinGen XPlus, per sq cm	Requires Prior Approval
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Requires Prior Approval
Q4175	Miroderm, per sq cm	Requires Prior Approval

Q4176	Neopatch or therion, per square centimeter	Requires Prior Approval
Q4177	FlowerAmnioFlo, 0.1 cc	Requires Prior Approval
Q4178	FlowerAmnioPatch, per sq cm	Requires Prior Approval
Q4179	FlowerDerm, per sq cm	Investigational
Q4180	Revita, per sq cm	Requires Prior Approval
Q4181	Amnio Wound, per sq cm	Requires Prior Approval
Q4182	Transcyte, per sq cm	Investigational
Q4183	Surgigraft, per sq cm	Requires Prior Approval
Q4184	Cellesta or Cellesta Duo, per sq cm	Requires Prior Approval
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Requires Prior Approval
Q4186	Epifix, per sq cm	Requires Prior Approval
Q4187	Epicord, per sq cm	Requires Prior Approval
Q4188	AmnioArmor, per sq cm	Requires Prior Approval
Q4189	Artacent AC, 1 mg	Requires Prior Approval
Q4190	Artacent AC, per sq cm	Requires Prior Approval
Q4191	Restorigin, per sq cm	Requires Prior Approval
Q4192	Restorigin, 1 cc	Requires Prior Approval
Q4193	Coll-e-Derm, per sq cm	Investigational
Q4194	Novachor, per sq cm	Requires Prior Approval
Q4195	PuraPly, per sq cm	Requires Prior Approval
Q4196	PuraPly AM, per sq cm	Investigational
Q4197	PuraPly XT, per sq cm	Requires Prior Approval
Q4198	Genesis Amniotic Membrane, per sq cm	Requires Prior Approval
Q4199	Cygnus matrix, per square centimeter	Investigational
Q4200	SkinTE, per sq cm	Investigational
Q4201	Matrion, per sq cm	Requires Prior Approval
Q4202	Keroxx (2.5 g/cc), 1 cc	Investigational
Q4203	Derma-Gide, per sq cm	Investigational
Q4204	XWRAP, per sq cm	Requires Prior Approval
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Requires Prior Approval
Q4206	Fluid Flow or Fluid GF, 1 cc	Requires Prior Approval
Q4208	Novafix, per sq cm	Requires Prior Approval
Q4209	SurGraft, per sq cm	Requires Prior Approval
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	Requires Prior Approval
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Requires Prior Approval
Q4212	AlloGen, per cc	Requires Prior Approval
Q4213	Ascent, 0.5 mg	Requires Prior Approval
Q4214	Cellesta Cord, per sq cm	Requires Prior Approval
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Requires Prior Approval
Q4216	Artacent Cord, per sq cm	Requires Prior Approval
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Requires Prior Approval
Q4218	SurgiCORD, per sq cm	Requires Prior Approval
Q4219	SurgiGRAFT-DUAL, per sq cm	Requires Prior Approval
Q4220	BellaCell HD or Surederm, per sq cm	Requires Prior Approval

Q4221	Amnio Wrap2, per sq cm	Requires Prior Approval
Q4222	ProgenaMatrix, per sq cm	Investigational
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	Requires Prior Approval
Q4225	Amniobind, per square centimeter	Requires Prior Approval
Q4226	ProgenaMatrix, per sq cm	Requires Prior Approval
Q4227	AmnioCoreTM, per sq cm	Requires Prior Approval
Q4229	Cogenex Amniotic Membrane, per sq cm	Requires Prior Approval
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Requires Prior Approval
Q4231	Corplex P, per cc	Requires Prior Approval
Q4232	Corplex, per sq cm	Requires Prior Approval
Q4233	SurFactor or NuDyn, per 0.5 cc	Requires Prior Approval
Q4234	XCellerate, per sq cm	Requires Prior Approval
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Requires Prior Approval
Q4237	Cryo-Cord, per sq cm	Requires Prior Approval
Q4238	Derm-Maxx, per sq cm	Requires Prior Approval
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	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
Q4244	Procenta, per 200 mg	Requires Prior Approval
Q4245	AmnioText, per cc	Requires Prior Approval
Q4246	CoreText or ProText, per cc	Requires Prior Approval
Q4247	Amniotext patch, per sq cm	Requires Prior Approval
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Requires Prior Approval
Q4249	AMNIPLY, for topical use only, per sq cm	Requires Prior Approval
Q4250	AmnioAmp-MP, per sq cm	Requires Prior Approval
Q4251	Vim, per square centimeter	Investigational
Q4252	Vendaje, per square centimeter	Investigational
Q4253	Zenith amniotic membrane, per square centimeter	Investigational
Q4254	Novafix DL, per sq cm	Requires Prior Approval
Q4255	REGUaRD, for topical use only, per sq cm	Requires Prior Approval
Q4256	Mlg complete, per square centimeter	Requires Prior Approval
Q4257	Relese, per square centimeter	Requires Prior Approval
Q4258	Enverse, per square centimeter	Requires Prior Approval
Q4259	Celera dual layer or celera dual membrane, per square centimeter	Investigational
Q4260	Signature apatch, per square centimeter	Investigational
Q4261	Tag, per square centimeter	Investigational
Q4262	Dual layer impax membrane, per square centimeter	Investigational
Q4263	Surgraft tl, per square centimeter	Investigational
Q4264	Cocoon membrane, per square centimeter	Investigational
Q4265	Neostim tl, per square centimeter	Investigational
Q4266	Neostim membrane, per square centimeter	Investigational

Q4267	Neostim dl, per square centimeter	Investigational
Q4268	Surgraft ft, per square centimeter	Investigational
Q4269	Surgraft xt, per square centimeter	Investigational
Q4270	Complete sl, per square centimeter	Investigational
Q4271	Complete ft, per square centimeter	Investigational