ND

Medical Policies

Print

Policy Number:	S-249		
Policy Name:	Amniotic Membrane and Amniotic Fluid		
Policy Type:	Medical	**Policy Subtype:**	Surgery
Effective Date:	09-15-2025	**End Date:**	11-02-2025

Description

Human amniotic membrane (HAM) forms the innermost layer of the placenta and is harvested from the time of caesarean section. It is cleaned, sterilized and cryo-preserved or dehydrated and can be utilized to facilitate wound healing in diabetic and venous ulcers or sutured onto ocular surfaces.

Amniotic fluid contains a concentration of growth factors and nutrients that promote healing in soft-tissue repair of bone, tendon and cartilage, as well as reducing inflammation and pain, in conditions such as osteoarthritis and plantar fasciitis.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; and/or

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes Q4132; Q4151; Q4154; Q4159; Q4168 and Q4186

***L97 codes must be billed with one of the following codes from this section: E08.621-E13.622**

E08.621	E08.622	E09.621	E09.622	E10.621	E10.622	E11.621
E11.622	E13.621	E13.622	L97.111	L97.112	L97.113	L97.114
L97.115	L97.116	L97.118	L97.121	L97.122	L97.123	L97.124
L97.125	L97.126	L97.128	L97.201	L97.202	L97.203	L97.204
L97.211	L97.212	L97.213	L97.214	L97.215	L97.216	L97.218
L97.221	L97.222	L97.223	L97.224	L97.225	L97.226	L97.228
L97.301	L97.302	L97.303	L97.304	L97.311	L97.312	L97.313
L97.314	L97.315	L97.316	L97.318	L97.321	L97.322	L97.323
L97.324	L97.325	L97.326	L97.328	L97.401	L97.402	L97.403
L97.404	L97.411	L97.412	L97.413	L97.414	L97.415	L97.416
L97.418	L97.421	L97.422	L97.423	L97.424	L97.425	L97.426
L97.428	L97.501	L97.502	L97.503	L97.504	L97.511	L97.512
L97.513	L97.514	L97.515	L97.516	L97.518	L97.521	L97.522
L97.523	L97.524	L97.525	L97.526	L97.528	L97.801	L97.802
L97.803	L97.804	L97.811	L97.812	L97.813	L97.814	L97.815
L97.816	L97.818	L97.821	L97.822	L97.823	L97.824	L97.825
L97.826	L97.828	L97.901	L97.902	L97.903	L97.904	L97.911
L97.922	L97.923	L97.924	L97.925	L97.926	L97.928	

Covered Diagnosis Codes for Q4133

*L97 codes must be billed with one of the following codes from this section: E08.621-E13.622

E08.621	E08.622	E09.621	E09.622	E10.621	E10.622	E11.621
E11.622	E13.621	E13.622	I83.001	I83.011	I83.021	I83.201
I83.211	I83.221	I83.002	I83.012	I83.022	I83.202	I83.212
I83.222	I83.003	I83.013	I83.023	I83.203	I83.213	I83.223

I83.004	I83.014	I83.024	I83.204	I83.214	I83.224	I83.005
I83.015	I83.025	I83.205	I83.215	I83.225	I83.008	I83.018
I83.028	I83.208	I83.218	I83.228	I83.009	I83.019	I83.029
I83.209	I83.219	I83.229	L97.111	L97.112	L97.113	L97.114
L97.211	L97.212	L97.213	L97.214	L97.215	L97.216	L97.218
L97.221	L97.222	L97.223	L97.224	L97.225	L97.226	L97.228
L97.301	L97.302	L97.303	L97.304	L97.311	L97.312	L97.313
L97.314	L97.315	L97.316	L97.318	L97.321	L97.322	L97.323
L97.324	L97.325	L97.326	L97.328	L97.401	L97.402	L97.403
L97.404	L97.411	L97.412	L97.413	L97.414	L97.415	L97.416
L97.418	L97.421	L97.422	L97.423	L97.424	L97.425	L97.426
L97.428	L97.501	L97.502	L97.503	L97.504	L97.511	L97.512
L97.513	L97.514	L97.515	L97.516	L97.518	L97.521	L97.522
L97.523	L97.524	L97.525	L97.526	L97.528	L97.801	L97.802
L97.803	L97.804	L97.811	L97.812	L97.813	L97.814	L97.815
L97.816	L97.818	L97.821	L97.822	L97.823	L97.824	L97.825
L97.826	L97.828	L97.901	L97.902	L97.903	L97.904	L97.911
L97.912	L97.913	L97.914	L97.915	L97.916	L97.918	L97.921
L97.922	L97.923	L97.924	L97.925	L97.926	L97.928	

Covered Diagnosis Codes for Procedure Codes 65779; Q4100; and V2790

H11.001	H11.002	H11.003	H11.011	H11.012	H11.013	H11.021
H11.022	H11.023	H11.031	H11.032	H11.033	H11.041	H11.042
H11.043	H11.051	H11.052	H11.053	H11.061	H11.062	H11.063
H16.001	H16.002	H16.003	H16.011	H16.012	H16.013	H16.021

H16.022	H16.023	H16.031	H16.032	H16.033	H16.041	H16.042
H16.043	H16.051	H16.052	H16.053	H16.061	H16.062	H16.063
H16.071	H16.072	H16.073	H16.231	H16.232	H16.233	H18.501
H18.502	H18.503	H18.509	H18.511	H18.512	H18.513	H18.519
H18.521	H18.522	H18.523	H18.529	H18.531	H18.532	H18.533
H18.539	H18.541	H18.542	H18.543	H18.549	H18.551	H18.552
H18.553	H18.559	H18.591	H18.592	H18.593	H18.599	H18.831
H18.832	H18.833	L51.1				

Covered Diagnosis Codes for Procedure Code 65778

H04.121	H04.122	H04.123	H04.129	H16.071	H16.072	H16.073
H16.079	H16.231	H16.232	H16.233	H16.401	H16.402	H16.403
H16.409	H16.411	H16.412	H16.413	H16.419	H16.421	H16.422
H16.423	H16.429	H16.431	H16.432	H16.433	H16.439	H16.441
H16.442	H16.443	H16.449	H18.10	H18.11	H18.12	H18.13
H18.30	H18.52	H18.831	H18.832	H18.833	H18.839	H18.891
H18.892	H18.893	H18.899	I87.2	T26.10XA	T26.10XD	T26.10XS
T26.11XA	T26.11XD	T26.11XS	T26.12XA	T26.12XD	T26.12XS	T26.20XA
T26.20XD	T26.20XS	T26.21XA	T26.21XD	T26.21XS	T26.22XA	T26.22XD
T26.22XS	T26.31XA	T26.31XD	T26.31XS	T26.32XA	T26.32XD	T26.32XS
T26.40XA	T26.40XD	T26.40XS	T26.41XA	T26.41XD	T26.41XS	T26.42XA
T26.42XD	T26.50XA	T26.50XD	T26.50XS	T26.51XA	T26.51XD	T26.51XS
T26.52XA	T26.52XD	T26.52XS	T26.60XA	T26.60XD	T26.60XS	T26.61XA
T26.61XD	T26.61XS	T26.62XA	T26.62XD	T26.62XS	T26.70XA	T26.70XD
T26.70XS	T26.71XA	T26.71XD	T26.71XS	T26.72XA	T26.72XD	T26.72XS

T26.80XA	T26.80XD	T26.80XS	T26.81XA	T26.81XD	T26.81XS	T26.82XA
T26.82XD	T26.82XS	T26.90XA	T26.90XD	T26.90XS	T26.91XA	T26.91XD
T26.91XS	T26.92XA	T26.92XD	T26.92XS	T260.42XS		

CURRENT CODING

CPT:

15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	Commercial
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	Commercial
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Commercial
15274	APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	Commercial
15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	Commercial
15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	Commercial
15277	SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST 100SQ CM	Commercial
15278	SUB GRFT F/S/N/H/F/G/M/D >= 100SCM ADL 100SQ CM	Commercial
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	Commercial
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	Commercial
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	Medicaid Expansion
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	Medicaid Expansion
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	Medicaid Expansion
15274	APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	Medicaid Expansion

15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	Medicaid Expansion
15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	Medicaid Expansion
15277	SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST 100SQ CM	Medicaid Expansion
15278	SUB GRFT F/S/N/H/F/G/M/D >= 100SCM ADL 100SQ CM	Medicaid Expansion
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	Medicaid Expansion
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	Medicaid Expansion

HCPCS:

A2022	Innovabrn/innovamatx xl sqcm	Commercial
A2023	Innovamatrix pd, 1 mg	Commercial
A2035	Corpl p therac p allac p mg	Commercial
Q4100	Skin substitute, nos	Commercial
Q4132	Grafix core, grafixpl core	Commercial
Q4133	Grafix stravix prime pl sqcm	Commercial
Q4137	Amnioexcel biodexcel 1sq cm	Commercial
Q4138	Biodfence dryflex, 1cm	Commercial
Q4139	Amnio or biodmatrix, inj 1cc	Commercial
Q4140	Biodfence 1cm	Commercial
Q4145	Epifix, inj, 1mg	Commercial
Q4148	Neox neox rt or clarix cord	Commercial
Q4150	Allowrap ds or dry 1 sq cm	Commercial
Q4151	Amnioband, guardian 1 sq cm	Commercial
Q4153	Dermavest, plurivest sq cm	Commercial
Q4154	Biovance 1 square cm	Commercial
Q4155	Neoxflo or clarixflo 1 mg	Commercial
Q4156	Neox 100 or clarix 100	Commercial
Q4157	Revitalon 1 square cm	Commercial

Q4159	Affinity1 square cm	Commercial
Q4160	Nushield 1 square cm	Commercial
Q4162	Wndex flw, bioskn flw, 0.5cc	Commercial
Q4163	Woundex, bioskin, per sq cm	Commercial
Q4168	Amnioband, 1 mg	Commercial
Q4169	Artacent wound, per sq cm	Commercial
Q4170	Cygnus, per sq cm	Commercial
Q4171	Interfyl, 1 mg	Commercial
Q4173	Palingen or palingen xplus	Commercial
Q4174	Palingen or promatrx	Commercial
Q4176	Neopatch or therion, 1 sq cm	Commercial
Q4177	Floweramnioflo, 0.1 cc	Commercial
Q4178	Floweramniopatch, per sq cm	Commercial
Q4180	Revita, per sq cm	Commercial
Q4183	Surgigraft, 1 sq cm	Commercial
Q4184	Cellesta or duo per sq cm	Commercial
Q4185	Cellesta flowab amnion 0.5cc	Commercial
Q4186	Epifix 1 sq cm	Commercial
Q4187	Epicord 1 sq cm	Commercial
Q4188	Amnioarmor 1 sq cm	Commercial
Q4189	Artacent ac, 1 mg	Commercial
Q4190	Artacent ac 1 sq cm	Commercial
Q4191	Restorigin 1 sq cm	Commercial
Q4192	Restorigin, 1 cc	Commercial
Q4194	Novachor 1 sq cm	Commercial
Q4195	Puraply 1 sq cm	Commercial
Q4198	Genesis amnio membrane 1sqcm	Commercial
Q4199	Cygnus matrix, per sq cm	Commercial
Q4201	Matrion 1 sq cm	Commercial
Q4204	Xwrap 1 sq cm	Commercial

Q4205	Membrane graft or wrap sq cm	Commercial
Q4206	Fluid flow or fluid gf 1 cc	Commercial
Q4208	Novafix per sq cm	Commercial
Q4209	Surgraft per sq cm	Commercial
Q4211	Amnion bio or axobio sq cm	Commercial
Q4212	Allogen, per cc	Commercial
Q4213	Ascent, 0.5 mg	Commercial
Q4214	Cellesta cord per sq cm	Commercial
Q4215	Axolotl ambient, cryo 0.1 mg	Commercial
Q4216	Artacent cord per sq cm	Commercial
Q4217	Woundfix biowound plus xplus	Commercial
Q4218	Surgicord per sq cm	Commercial
Q4219	Surgigraft dual per sq cm	Commercial
Q4221	Amniowrap2 per sq cm	Commercial
Q4224	Hhf10-p per sq cm	Commercial
Q4225	Amnio or derma tl, per sq cm	Commercial
Q4227	Amniocore per sq cm	Commercial
Q4229	Cogenex amnio memb per sq cm	Commercial
Q4230	Cogenex flow amnion 0.5 cc	Commercial
Q4231	Corplex p, per cc	Commercial
Q4232	Corplex, per sq cm	Commercial
Q4233	Surfactor /nudyn per 0.5 cc	Commercial
Q4234	Xcellerate, per sq cm	Commercial
Q4235	Amniorepair or altiply sq cm	Commercial
Q4236	Carepatch per sq cm	Commercial
Q4237	Cryo-cord, per sq cm	Commercial
Q4239	Amnio-maxx or lite per sq cm	Commercial
Q4240	Corecyte topical only 0.5 cc	Commercial
Q4241	Polycyte, topical only 0.5cc	Commercial
Q4242	Amniocyte plus, per 0.5 cc	Commercial

Q4245	Amniotext, per cc	Commercial
Q4246	Coretext or protext, per cc	Commercial
Q4247	Amniotext patch, per sq cm	Commercial
Q4248	Dermacyte amn mem allo sq cm	Commercial
Q4249	Amniply, per sq cm	Commercial
Q4250	Amnioamp-mp per sq cm	Commercial
Q4251	Vim, per square centimeter	Commercial
Q4252	Vendaje, per square centimet	Commercial
Q4253	Zenith amniotic membrane psc	Commercial
Q4254	Novafix dl per sq cm	Commercial
Q4255	Reguard, topical use per sq	Commercial
Q4256	Mlg complet, per sq cm	Commercial
Q4257	Relese, per sq cm	Commercial
Q4258	Enverse, per sq cm	Commercial
Q4259	Celera per sq cm	Commercial
Q4260	Signature apatch, per sq cm	Commercial
Q4261	Tag, per square centimeter	Commercial
Q4262	Dual layer impax, per sq cm	Commercial
Q4263	Surgraft tl, per sq cm	Commercial
Q4264	Cocoon membrane, per sq cm	Commercial
Q4265	Neostim tl per sq cm	Commercial
Q4266	Neostim per sq cm	Commercial
Q4267	Neostim dl per sq cm	Commercial
Q4268	Surgraft ft per sq cm	Commercial
Q4269	Surgraft xt per sq cm	Commercial
Q4270	Complete sl per sq cm	Commercial
Q4271	Complete ft per sq cm	Commercial
Q4272	Esano a, per sq cm	Commercial
Q4273	Esano aaa, per sq cm	Commercial
Q4274	Esano ac, per sq cm	Commercial

Q4275	Esano aca, per sq cm	Commercial
Q4276	Orion, per sq cm	Commercial
Q4278	Epieffect, per sq cm	Commercial
Q4279	Vendaje ac, per sq cm	Commercial
Q4280	Xcell amnio matrix per sq cm	Commercial
Q4281	Barrera slor dl per sq cm	Commercial
Q4282	Cygnus dual per sq cm	Commercial
Q4283	Biovance tri or 3l, sq cm	Commercial
Q4284	Dermabind sl, per sq cm	Commercial
Q4285	Nudyn dl or dl mesh pr sq cm	Commercial
Q4286	Nudyn sl or slw, per sq cm	Commercial
Q4287	Dermabind dl, per sq cm	Commercial
Q4288	Dermabind ch, per sq cm	Commercial
Q4289	Revoshield+ amnio, per sq cm	Commercial
Q4290	Membrane wrap hydr per sq cm	Commercial
Q4291	Lamellas xt, per sq cm	Commercial
Q4292	Lamellas, per sq cm	Commercial
Q4293	Acesso dl, per sq cm	Commercial
Q4294	Amnio quad-core, per sq cm	Commercial
Q4295	Amnio tri-core, per sq cm	Commercial
Q4296	Rebound matrix, per sq cm	Commercial
Q4297	Emerge matrix, per sq cm	Commercial
Q4298	Amnicore pro, per sq cm	Commercial
Q4299	Amnicore pro+, per sq cm	Commercial
Q4300	Acesso tl, per sq cm	Commercial
Q4301	Activate matrix, per sq cm	Commercial
Q4302	Complete aca, per sq cm	Commercial
Q4303	Complete aa, per sq cm	Commercial
Q4304	Grafix plus, per sq cm	Commercial
Q4305	Amer am ac tri-lay per sq cm	Commercial

Q4306	Americ amnion ac per sq cm	Commercial
Q4307	American amnion, per sq cm	Commercial
Q4308	Sanopellis, per sq cm	Commercial
Q4309	Via matrix, per sq cm	Commercial
Q4310	Procenta, per 100 mg	Commercial
Q4311	Acesso, per sq cm	Commercial
Q4312	Acesso ac, per sq cm	Commercial
Q4313	Dermabind fm, per sq cm	Commercial
Q4314	Reeva, per sq cm	Commercial
Q4315	Regenelink amniotic mem allo	Commercial
Q4316	Amchoplast, per sq cm	Commercial
Q4317	Vitograft, per sq cm	Commercial
Q4318	E-graft, per sq cm	Commercial
Q4319	Sanograft, per sq cm	Commercial
Q4320	Pellograft, per sq cm	Commercial
Q4321	Renograft, per sq cm	Commercial
Q4322	Caregraft, per sq cm	Commercial
Q4323	Alloply, per sq cm	Commercial
Q4324	Amniotx, per sq cm	Commercial
Q4325	Acapatch, per sq cm	Commercial
Q4326	Woundplus, per sq cm	Commercial
Q4327	Duoamnion, per sq cm	Commercial
Q4328	Most, per sq cm	Commercial
Q4329	Singlay, per sq cm	Commercial
Q4330	Total, per sq cm	Commercial
Q4331	Axolotl graft, per sq cm	Commercial
Q4332	Axolotl dualgraft, per sq cm	Commercial
Q4333	Ardeograft, per sq cm	Commercial
Q4334	Amnioplast 1, per sq cm	Commercial
Q4335	Amnioplast 2, per sq cm	Commercial

Q4336	Artecent c, per sq cm	Commercial
Q4337	Artecent trident, per sq cm	Commercial
Q4338	Artacent velos, per sq cm	Commercial
Q4339	Artacent vericlen, per sq cm	Commercial
Q4340	Simpligraft, per sq cm	Commercial
Q4341	Simplimax, per sq cm	Commercial
Q4342	Theramend, per sq cm	Commercial
Q4343	Dermacyte ac matrx per sq cm	Commercial
Q4344	Tri membrane wrap, per sq cm	Commercial
Q4345	Matrix hd allogrft per sq cm	Commercial
Q4346	Shelter dm matrix per sq cm	Commercial
Q4347	Rampart dl matrix per sq cm	Commercial
Q4348	Sentry sl matrix per sq cm	Commercial
Q4349	Mantle dl matrix per sq cm	Commercial
Q4350	Palisade dm matrix per sq cm	Commercial
Q4351	Enclose tl matrix, per sq cm	Commercial
Q4352	Overlay sl matrix, per sq cm	Commercial
Q4353	Xceed tl matrix per sq cm	Commercial
Q4354	Palingen dual-layer sq cm	Commercial
Q4355	Abio xpl abio xpl hy p sq cm	Commercial
Q4356	Abio mem abio hyd per sq cm	Commercial
Q4357	Xwrap plus, per sq cm	Commercial
Q4358	Xwrap dual, per sq cm	Commercial
Q4359	Choriply, per sq cm	Commercial
Q4360	Amchoplast fd per sq cm	Commercial
Q4361	Epixpress, per sq cm	Commercial
Q4362	Cygnus disk, per sq cm	Commercial
Q4363	Am bur mem hydro per sq cm	Commercial
Q4364	Am bur xp mem xpl hy p sq cm	Commercial
Q4365	Amnio bur dl mem per sq cm	Commercial

Q4366	Dl amnio bur x-mem per sq cm	Commercial
Q4367	Amniocore sl, per sq cm	Commercial
Q4368	Amchothick per sq cm	Commercial
Q4369	Amnioplast 3 per sq cm	Commercial
Q4372	Amchoplast excl per sq cm	Commercial
Q4373	Membrane wrp lt per sq cm	Commercial
Q4375	Duograft ac per sq cm	Commercial
Q4376	Duograft aa per sq cm	Commercial
Q4377	Trigraft ft per sq cm	Commercial
Q4378	Renew ft matrix per sq cm	Commercial
Q4379	Amniodefend ft per sq cm	Commercial
Q4380	Advograft one per sq cm	Commercial
Q4382	Advograft dual per sq cm	Commercial
V2790	Amniotic membrane	Commercial
A2022	Innovabrn/innovamatx xl sqcm	Medicaid Expansion
A2023	Innovamatrix pd, 1 mg	Medicaid Expansion
A2035	Corpl p therac p allac p mg	Medicaid Expansion
Q4100	Skin substitute, nos	Medicaid Expansion
Q4132	Grafix core, grafixpl core	Medicaid Expansion
Q4133	Grafix stravix prime pl sqcm	Medicaid Expansion
Q4137	Amnioexcel biodexcel 1sq cm	Medicaid Expansion
Q4138	Biodfence dryflex, 1cm	Medicaid Expansion
Q4139	Amnio or biodmatrix, inj 1cc	Medicaid Expansion
Q4140	Biodfence 1cm	Medicaid Expansion
Q4145	Epifix, inj, 1mg	Medicaid Expansion
Q4148	Neox neox rt or clarix cord	Medicaid Expansion
Q4150	Allowrap ds or dry 1 sq cm	Medicaid Expansion
Q4151	Amnioband, guardian 1 sq cm	Medicaid Expansion
Q4153	Dermavest, plurivest sq cm	Medicaid Expansion
Q4154	Biovance 1 square cm	Medicaid Expansion

Q4155	Neoxflo or clarixflo 1 mg	Medicaid Expansion
Q4156	Neox 100 or clarix 100	Medicaid Expansion
Q4157	Revitalon 1 square cm	Medicaid Expansion
Q4159	Affinity1 square cm	Medicaid Expansion
Q4160	Nushield 1 square cm	Medicaid Expansion
Q4162	Wndex flw, bioskn flw, 0.5cc	Medicaid Expansion
Q4163	Woundex, bioskin, per sq cm	Medicaid Expansion
Q4168	Amnioband, 1 mg	Medicaid Expansion
Q4169	Artacent wound, per sq cm	Medicaid Expansion
Q4170	Cygnus, per sq cm	Medicaid Expansion
Q4171	Interfyl, 1 mg	Medicaid Expansion
Q4173	Palingen or palingen xplus	Medicaid Expansion
Q4174	Palingen or promatrx	Medicaid Expansion
Q4176	Neopatch or therion, 1 sq cm	Medicaid Expansion
Q4177	Floweramnioflo, 0.1 cc	Medicaid Expansion
Q4178	Floweramniopatch, per sq cm	Medicaid Expansion
Q4180	Revita, per sq cm	Medicaid Expansion
Q4183	Surgigraft, 1 sq cm	Medicaid Expansion
Q4184	Cellesta or duo per sq cm	Medicaid Expansion
Q4185	Cellesta flowab amnion 0.5cc	Medicaid Expansion
Q4186	Epifix 1 sq cm	Medicaid Expansion
Q4187	Epicord 1 sq cm	Medicaid Expansion
Q4188	Amnioarmor 1 sq cm	Medicaid Expansion
Q4189	Artacent ac, 1 mg	Medicaid Expansion
Q4190	Artacent ac 1 sq cm	Medicaid Expansion
Q4191	Restorigin 1 sq cm	Medicaid Expansion
Q4192	Restorigin, 1 cc	Medicaid Expansion
Q4194	Novachor 1 sq cm	Medicaid Expansion
Q4195	Puraply 1 sq cm	Medicaid Expansion
Q4198	Genesis amnio membrane 1sqcm	Medicaid Expansion

Q4199	Cygnus matrix, per sq cm	Medicaid Expansion
Q4201	Matrion 1 sq cm	Medicaid Expansion
Q4204	Xwrap 1 sq cm	Medicaid Expansion
Q4205	Membrane graft or wrap sq cm	Medicaid Expansion
Q4206	Fluid flow or fluid gf 1 cc	Medicaid Expansion
Q4208	Novafix per sq cm	Medicaid Expansion
Q4209	Surgraft per sq cm	Medicaid Expansion
Q4211	Amnion bio or axobio sq cm	Medicaid Expansion
Q4212	Allogen, per cc	Medicaid Expansion
Q4213	Ascent, 0.5 mg	Medicaid Expansion
Q4214	Cellesta cord per sq cm	Medicaid Expansion
Q4215	Axolotl ambient, cryo 0.1 mg	Medicaid Expansion
Q4216	Artacent cord per sq cm	Medicaid Expansion
Q4217	Woundfix biowound plus xplus	Medicaid Expansion
Q4218	Surgicord per sq cm	Medicaid Expansion
Q4219	Surgigraft dual per sq cm	Medicaid Expansion
Q4221	Amniowrap2 per sq cm	Medicaid Expansion
Q4224	Hhf10-p per sq cm	Medicaid Expansion
Q4225	Amnio or derma tl, per sq cm	Medicaid Expansion
Q4227	Amniocore per sq cm	Medicaid Expansion
Q4229	Cogenex amnio memb per sq cm	Medicaid Expansion
Q4230	Cogenex flow amnion 0.5 cc	Medicaid Expansion
Q4231	Corplex p, per cc	Medicaid Expansion
Q4232	Corplex, per sq cm	Medicaid Expansion
Q4233	Surfactor /nudyn per 0.5 cc	Medicaid Expansion
Q4234	Xcellerate, per sq cm	Medicaid Expansion
Q4235	Amniorepair or altiply sq cm	Medicaid Expansion
Q4236	Carepatch per sq cm	Medicaid Expansion
Q4237	Cryo-cord, per sq cm	Medicaid Expansion
Q4239	Amnio-maxx or lite per sq cm	Medicaid Expansion

Q4240	Corecyte topical only 0.5 cc	Medicaid Expansion
Q4241	Polycyte, topical only 0.5cc	Medicaid Expansion
Q4242	Amniocyte plus, per 0.5 cc	Medicaid Expansion
Q4245	Amniotext, per cc	Medicaid Expansion
Q4246	Coretext or protext, per cc	Medicaid Expansion
Q4247	Amniotext patch, per sq cm	Medicaid Expansion
Q4248	Dermacyte amn mem allo sq cm	Medicaid Expansion
Q4249	Amniply, per sq cm	Medicaid Expansion
Q4250	Amnioamp-mp per sq cm	Medicaid Expansion
Q4251	Vim, per square centimeter	Medicaid Expansion
Q4252	Vendaje, per square centimet	Medicaid Expansion
Q4253	Zenith amniotic membrane psc	Medicaid Expansion
Q4254	Novafix dl per sq cm	Medicaid Expansion
Q4255	Reguard, topical use per sq	Medicaid Expansion
Q4256	Mlg complet, per sq cm	Medicaid Expansion
Q4257	Relese, per sq cm	Medicaid Expansion
Q4258	Enverse, per sq cm	Medicaid Expansion
Q4259	Celera per sq cm	Medicaid Expansion
Q4260	Signature apatch, per sq cm	Medicaid Expansion
Q4261	Tag, per square centimeter	Medicaid Expansion
Q4262	Dual layer impax, per sq cm	Medicaid Expansion
Q4263	Surgraft tl, per sq cm	Medicaid Expansion
Q4264	Cocoon membrane, per sq cm	Medicaid Expansion
Q4265	Neostim tl per sq cm	Medicaid Expansion
Q4266	Neostim per sq cm	Medicaid Expansion
Q4267	Neostim dl per sq cm	Medicaid Expansion
Q4268	Surgraft ft per sq cm	Medicaid Expansion
Q4269	Surgraft xt per sq cm	Medicaid Expansion
Q4270	Complete sl per sq cm	Medicaid Expansion
Q4271	Complete ft per sq cm	Medicaid Expansion

Q4272	Esano a, per sq cm	Medicaid Expansion
Q4273	Esano aaa, per sq cm	Medicaid Expansion
Q4274	Esano ac, per sq cm	Medicaid Expansion
Q4275	Esano aca, per sq cm	Medicaid Expansion
Q4276	Orion, per sq cm	Medicaid Expansion
Q4278	Epieffect, per sq cm	Medicaid Expansion
Q4279	Vendaje ac, per sq cm	Medicaid Expansion
Q4280	Xcell amnio matrix per sq cm	Medicaid Expansion
Q4281	Barrera slor dl per sq cm	Medicaid Expansion
Q4282	Cygnus dual per sq cm	Medicaid Expansion
Q4283	Biovance tri or 3l, sq cm	Medicaid Expansion
Q4284	Dermabind sl, per sq cm	Medicaid Expansion
Q4285	Nudyn dl or dl mesh pr sq cm	Medicaid Expansion
Q4286	Nudyn sl or slw, per sq cm	Medicaid Expansion
Q4287	Dermabind dl, per sq cm	Medicaid Expansion
Q4288	Dermabind ch, per sq cm	Medicaid Expansion
Q4289	Revoshield+ amnio, per sq cm	Medicaid Expansion
Q4290	Membrane wrap hydr per sq cm	Medicaid Expansion
Q4291	Lamellas xt, per sq cm	Medicaid Expansion
Q4292	Lamellas, per sq cm	Medicaid Expansion
Q4293	Acesso dl, per sq cm	Medicaid Expansion
Q4294	Amnio quad-core, per sq cm	Medicaid Expansion
Q4295	Amnio tri-core, per sq cm	Medicaid Expansion
Q4296	Rebound matrix, per sq cm	Medicaid Expansion
Q4297	Emerge matrix, per sq cm	Medicaid Expansion
Q4298	Amnicore pro, per sq cm	Medicaid Expansion
Q4299	Amnicore pro+, per sq cm	Medicaid Expansion
Q4300	Acesso tl, per sq cm	Medicaid Expansion
Q4301	Activate matrix, per sq cm	Medicaid Expansion
Q4302	Complete aca, per sq cm	Medicaid Expansion

Q4303	Complete aa, per sq cm	Medicaid Expansion
Q4304	Grafix plus, per sq cm	Medicaid Expansion
Q4305	Amer am ac tri-lay per sq cm	Medicaid Expansion
Q4306	Americ amnion ac per sq cm	Medicaid Expansion
Q4307	American amnion, per sq cm	Medicaid Expansion
Q4308	Sanopellis, per sq cm	Medicaid Expansion
Q4309	Via matrix, per sq cm	Medicaid Expansion
Q4310	Procenta, per 100 mg	Medicaid Expansion
Q4311	Acesso, per sq cm	Medicaid Expansion
Q4312	Acesso ac, per sq cm	Medicaid Expansion
Q4313	Dermabind fm, per sq cm	Medicaid Expansion
Q4314	Reeva, per sq cm	Medicaid Expansion
Q4315	Regenelink amniotic mem allo	Medicaid Expansion
Q4316	Amchoplast, per sq cm	Medicaid Expansion
Q4317	Vitograft, per sq cm	Medicaid Expansion
Q4318	E-graft, per sq cm	Medicaid Expansion
Q4319	Sanograft, per sq cm	Medicaid Expansion
Q4320	Pellograft, per sq cm	Medicaid Expansion
Q4321	Renograft, per sq cm	Medicaid Expansion
Q4322	Caregraft, per sq cm	Medicaid Expansion
Q4323	Alloply, per sq cm	Medicaid Expansion
Q4324	Amniotx, per sq cm	Medicaid Expansion
Q4325	Acapatch, per sq cm	Medicaid Expansion
Q4326	Woundplus, per sq cm	Medicaid Expansion
Q4327	Duoamnion, per sq cm	Medicaid Expansion
Q4328	Most, per sq cm	Medicaid Expansion
Q4329	Singlay, per sq cm	Medicaid Expansion
Q4330	Total, per sq cm	Medicaid Expansion
Q4331	Axolotl graft, per sq cm	Medicaid Expansion
Q4332	Axolotl dualgraft, per sq cm	Medicaid Expansion

Q4333	Ardeograft, per sq cm	Medicaid Expansion
Q4334	Amnioplast 1, per sq cm	Medicaid Expansion
Q4335	Amnioplast 2, per sq cm	Medicaid Expansion
Q4336	Artecent c, per sq cm	Medicaid Expansion
Q4337	Artecent trident, per sq cm	Medicaid Expansion
Q4338	Artacent velos, per sq cm	Medicaid Expansion
Q4339	Artacent vericlen, per sq cm	Medicaid Expansion
Q4340	Simpligraft, per sq cm	Medicaid Expansion
Q4341	Simplimax, per sq cm	Medicaid Expansion
Q4342	Theramend, per sq cm	Medicaid Expansion
Q4343	Dermacyte ac matrx per sq cm	Medicaid Expansion
Q4344	Tri membrane wrap, per sq cm	Medicaid Expansion
Q4345	Matrix hd allogrft per sq cm	Medicaid Expansion
Q4346	Shelter dm matrix per sq cm	Medicaid Expansion
Q4347	Rampart dl matrix per sq cm	Medicaid Expansion
Q4348	Sentry sl matrix per sq cm	Medicaid Expansion
Q4349	Mantle dl matrix per sq cm	Medicaid Expansion
Q4350	Palisade dm matrix per sq cm	Medicaid Expansion
Q4351	Enclose tl matrix, per sq cm	Medicaid Expansion
Q4352	Overlay sl matrix, per sq cm	Medicaid Expansion
Q4353	Xceed tl matrix per sq cm	Medicaid Expansion
Q4354	Palingen dual-layer sq cm	Medicaid Expansion
Q4355	Abio xpl abio xpl hy p sq cm	Medicaid Expansion
Q4356	Abio mem abio hyd per sq cm	Medicaid Expansion
Q4357	Xwrap plus, per sq cm	Medicaid Expansion
Q4358	Xwrap dual, per sq cm	Medicaid Expansion
Q4359	Choriply, per sq cm	Medicaid Expansion
Q4360	Amchoplast fd per sq cm	Medicaid Expansion
Q4361	Epixpress, per sq cm	Medicaid Expansion
Q4362	Cygnus disk, per sq cm	Medicaid Expansion

Q4363	Am bur mem hydro per sq cm	Medicaid Expansion
Q4364	Am bur xp mem xpl hy p sq cm	Medicaid Expansion
Q4366	Dl amnio bur x-mem per sq cm	Medicaid Expansion
Q4367	Amniocore sl, per sq cm	Medicaid Expansion
Q4368	Amchothick per sq cm	Medicaid Expansion
Q4369	Amnioplast 3 per sq cm	Medicaid Expansion
Q4372	Amchoplast excl per sq cm	Medicaid Expansion
Q4373	Membrane wrp lt per sq cm	Medicaid Expansion
Q4375	Duograft ac per sq cm	Medicaid Expansion
Q4376	Duograft aa per sq cm	Medicaid Expansion
Q4377	Trigraft ft per sq cm	Medicaid Expansion
Q4378	Renew ft matrix per sq cm	Medicaid Expansion
Q4379	Amniodefend ft per sq cm	Medicaid Expansion
Q4380	Advograft one per sq cm	Medicaid Expansion
Q4382	Advograft dual per sq cm	Medicaid Expansion
V2790	Amniotic membrane	Medicaid Expansion

References

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ND Committee Review

Internal Medical Policy Committee 9-26-2019 New Policy for ND

Internal Medical Policy Committee 5-19-2020 ***Effective July 1, 2020***

- ***Added*** Application codes 15271; through 15278; **and**
- Coding- HCPCS Update

Internal Medical Policy Committee 9-21-2020 Coding update:

- **Added** Procedure Codes Q4249; Q4250; Q4254; Q4255; **and**
- **Added** Covered Diagnosis Codes for Procedure Codes: 65779; Q4100 and V2790
    - H18.501; H18.502; H18.503; H18.509; H18.511; H18.512; H18.513; H18.519; H18.521; H18.522; H18.523; H18.529; H18.531; H18.532; H18.533; H18.539; H18.541; H18.542; H18.543; H18.549; H18.551; H18.552; H18.553; H18.559; H18.591; H18.592; H18.593; and H18.599

Internal Medical Policy Committee 1-19-2021

- ***Added*** Diagnosis Codes; **and**
- ***Expanded*** medically necessary criteria; **and**
- Prokera®, AmbioDisk were E/I prior, now have criteria.

Internal Medical Policy Committee 9-21-2021- Coding update

- **Removed** Q4228; Q4236; **and**
- **Added** Procedure Codes Q4251; Q4252; and Q4253.

Internal Medical Policy Committee 11-23-2021 Revision update in criteria

- **Added** CPT code Q4199

Internal Medical Policy Committee 7-21-2022 Coding update - ***Effective July 01, 2022***

- ***Added*** Procedure Codes Q4259; Q4260; and Q4261.

Internal Medical Policy Committee 11-29-2022 Coding update - ***Effective January 01, 2023***

- ***Added*** Procedure Codes Q4236; Q4262; Q4263; and Q4264.

Internal Medical Policy Committee 3-23-2023 Coding update - ***Effective April 01, 2023***

- ***Added*** new Procedure Codes Q4265; Q4266; Q4267; Q4268; Q4269; Q4270; and Q4271.

Internal Medical Policy Committee 7-26-2023 Codingupdate -***Effective July 01, 2023***

- ***Added*** Procedure Codes Q4272; Q4273; Q4274; Q4275; Q4276; Q4277; Q4278; Q4280; Q4281; Q4282; Q4283; Q4284.

InternalMedical Policy Committee 11-15-2023 Codingupdate -***Effective October 01, 2023***

- ***Added*** Procedure Codes A2022; A2023; Q4285; and Q4286.

*InternalMedical Policy Committee 1-16-2024 Coding update -**Effective January 01, 2024***

- ***Added*** new Procedure Codes: Q4279; Q4287; Q4288; Q4289; Q4290; Q4291; Q4292; Q4293; Q4294; Q4295; Q4296; Q4297; Q4298; Q4299; Q4300; Q4301; Q4302; Q4303; and Q4304.

Internal Medical Policy Committee 3-19-2024 Coding update- ***Effective April 01, 2024***

- ***Removed*** Procedure Code Q4244; **and**
- ***Added*** Procedure Codes Q4305; Q4306; Q4307; Q4308; Q4309; and Q4310; **and**
- ***Added*** Policy Application

Internal Medical Policy Committee 7-16-2024 Coding Update- ***Effective July 01, 2024***

- ***Updated*** Policy Application; **and**
- ***Added*** new Procedure Codes Q4311; Q4312; Q4313; Q4314; Q4315; Q4316; Q4317; Q4318; Q4319; Q4320; Q4321; Q4322; Q4323; Q4324; Q4325; Q4326; Q4327; Q4328; Q4329; Q4330; Q4331; Q4332; & Q4333; **and**
- ***Removed*** Procedure Codes Q4210; & Q4277.

Internal Medical Policy Committee 9-17-2024

- Coding update - ***Effective October 01, 2024***
- ***Added*** Procedure Codes Q4334; Q4335; Q4336; Q4337; Q4338; Q4339; Q4340; Q4341; Q4342; Q4343; Q4344; and Q4345; **and**
- ***Updated*** Policy Applications
- Revision w/coding - ***Effective November 04, 2024***
- ***Added*** Diagnosis Codes H16.231; H16.232; H16.233 for Procedure Code 65778

Internal Medical Policy Committee 1-14-2025 Coding - New codes - ***Effective January 01, 2025***

- ***Added*** Procedure Codes Q4346; Q4347; Q4348; Q4349; Q4350; Q4351; Q4352; & Q4353

Internal Medical Policy Committee 5-13-2025 Coding update - ***Effective April 01, 2025***

- ***Removed*** Procedure Code Q4231; **and**
- ***Added*** Procedure Codes A2035; Q4354; Q4355; Q4356; Q4357; Q4358; Q4359; Q4360; Q4361; Q4362; Q4363; Q4364; Q4365; Q4366; and Q4367

Internal Medical Policy Committee 9-7-2024

- ***Added*** Procedure Codes Q4368; Q4369; Q4372; Q4373; Q4375; Q4376; Q4377; Q4378; Q4379; Q4380; Q4382

Internal Medical Policy Committee 9-04-2025 Coding-***Effective July 01, 2025***

- ***Added*** Procedure Codes: Q4368 Q4369, Q4372, Q4373, Q4377, Q4378, Q4380, Q4382
- ***Updated*** References

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable

benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.