

# Skin Substitutes Grafts/Cellular and Tissue-Based Products (Injections and/or Applications)

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[Instructions for Use](#)

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Related Medicare Advantage Medical Policy
<ul style="list-style-type: none"> <li><a href="#">Cosmetic and Reconstructive Procedures</a></li> </ul>
Related Commercial Policy
<ul style="list-style-type: none"> <li><a href="#">Skin and Soft Tissue Substitutes</a></li> </ul>

## Coverage Rationale

### Overview

Medicare coverage requires that all integral components of a billed service meet the reasonable and necessary standard under Social Security Act (SSA) §1862(a)(1)(A). For example, if a skin substitute/Cellular and Tissue Based Product is not reasonable and necessary, then the associated application service(s) are also not reasonable and necessary.

Refer to the following CMS references:

- [SSA Section 1862\(a\)\(1\)\(A\)](#)
- Medicare Benefit Policy Manual
  - [Chapter 16, §§ 10, General Exclusions from Coverage; 20, Services Not Reasonable and Necessary; 180, Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare](#)
  - [Chapter 15, § 50.4.3, Examples of Not Reasonable and Necessary – Excessive Medications](#)
- [Medicare Program Integrity Manual Chapter 3, § 3.6.2.2, Reasonable and Necessary Criteria](#)

### Amniotic and Placental Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound

Medicare does not have a National Coverage Determination (NCD) for amniotic and placental derived product injections and/or applications for musculoskeletal indications, non-wound. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Amniotic and Placental Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound](#).

### Skin Substitutes Grafts/Cellular and Tissue-Based Products (CTP)

Medicare does not have an NCD for skin substitutes grafts/Cellular and Tissue-Based products. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Skin Substitutes Grafts/Cellular and Tissue-Based Products \(CTP\)](#).

**For coverage guidelines for states/territories with no LCDs/LCAs or for indications not listed in the existing LCDs/LCAs other than breast reconstruction**, refer to the UnitedHealthcare Commercial Medical Policy titled [Skin and Soft Tissue Substitutes](#).

**For coverage guidelines for skin and soft tissue substitutes used with a breast reconstructive procedure**, refer to the UnitedHealthcare Medicare Advantage Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

HCPCS Code	Description
A2001	InnovaMatrix AC, per sq cm (add-on, list separately in addition to primary procedure)
A2002	Mirragen Advanced Wound Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2004	XCelliStem, 1 mg
A2005	Microlyte Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2006	NovoSorb SynPath dermal matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2007	Restrata, per sq cm (add-on, list separately in addition to primary procedure)
A2008	TheraGenesis, per sq cm (add-on, list separately in addition to primary procedure)
A2009	Symphony, per sq cm (add-on, list separately in addition to primary procedure)
A2010	Apis, per sq cm (add-on, list separately in addition to primary procedure)
A2011	Supra SDRM, per sq cm (add-on, list separately in addition to primary procedure)
A2012	SUPRATHEL, per sq cm (add-on, list separately in addition to primary procedure)
A2013	Innovamatrix FS, per sq cm (add-on, list separately in addition to primary procedure)
A2014	Omeza Collagen Matrix, per 100 mg
A2015	Phoenix wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2016	PermeaDerm B, per sq cm (add-on, list separately in addition to primary procedure)
A2017	PermeaDerm glove, each
A2018	PermeaDerm C, per sq cm (add-on, list separately in addition to primary procedure)
A2019	Kerecis Omega3 MariGen Shield, per sq cm (add-on, list separately in addition to primary procedure)
A2021	NeoMatriX, per sq cm (add-on, list separately in addition to primary procedure)
A2026	Restrata MiniMatrix, 5 mg
A2027	MatriDerm, per sq cm (add-on, list separately in addition to primary procedure)
A2028	MicroMatrix Flex, per mg
A2029	MiroTract Wound Matrix sheet, per cc (add-on, list separately in addition to primary procedure)
A2030	Miro3D fibers, per mg
A2031	MiroDry Wound Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2032	Myriad Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2033	Myriad Morcells, 4 mg
A2034	Foundation DRS Solo, per sq cm (add-on, list separately in addition to primary procedure)
A2035	Corplex p or Theracor p or Allacor P, per mg
A2036	Cohealyx Collagen Dermal Matrix, per sq cm (add-on, list separately in addition to primary procedure)
A2037	G4Derm Plus, per ml
A2038	MariGen Pacto, per sq cm (add-on, list separately in addition to primary procedure)
A2039	InnovaMatrix FD, per sq cm (add-on, list separately in addition to primary procedure)
A4100	Nonsheet form skin substitute, FDA-cleared as a device, not otherwise specified (list in addition to primary procedure)

HCPCS Code	Description
Q4100	Skin substitute, not otherwise specified (Deleted 1/1/2026)
Q4110	PriMatrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4111	GammaGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4112	Cymetra, injectable, 1 cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4115	AlloSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4117	HYALOMATRIX, per sq cm (add-on, list separately in addition to primary procedure)
Q4118	MatriStem micromatrix, 1 mg
Q4121	TheraSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm (add-on, list separately in addition to primary procedure)
Q4123	AlloSkin RT, per sq cm (add-on, list separately in addition to primary procedure)
Q4125	Arthroflex, per sq cm (add-on, list separately in addition to primary procedure)
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm (add-on, list separately in addition to primary procedure)
Q4123	AlloSkin RT, per sq cm (add-on, list separately in addition to primary procedure)
Q4125	Arthroflex, per sq cm (add-on, list separately in addition to primary procedure)
Q4127	Talymed, per sq cm (add-on, list separately in addition to primary procedure)
Q4123	AlloSkin RT, per sq cm (add-on, list separately in addition to primary procedure)
Q4123	AlloSkin RT, per sq cm (add-on, list separately in addition to primary procedure)
Q4130	Strattice per sq cm (add-on, list separately in addition to primary procedure)
Q4132	Grafix Core and GrafixPL Core, per sq cm (add-on, list separately in addition to primary procedure)
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm (add-on, list separately in addition to primary procedure)
Q4134	HMatrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4135	Mediskin, per sq cm (add-on, list separately in addition to primary procedure)
Q4136	E-Z Derm, per sq cm (add-on, list separately in addition to primary procedure)
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm (add-on, list separately in addition to primary procedure)
Q4138	BioDFence DryFlex, per sq cm (add-on, list separately in addition to primary procedure)
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc
Q4140	BioDFence, per sq cm (add-on, list separately in addition to primary procedure)
Q4141	AlloSkin AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4142	Xcm biologic tissue matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4143	Repriza, per sq cm (add-on, list separately in addition to primary procedure)
Q4145	EpiFix, injectable, 1 mg
Q4146	Tensix, per sq cm (add-on, list separately in addition to primary procedure)
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm (add-on, list separately in addition to primary procedure)
Q4149	Excellagen, 0.1 cc
Q4150	AlloWrap DS or dry, per sq cm (add-on, list separately in addition to primary procedure)
Q4151	AmnioBand or Guardian, per sq cm (add-on, list separately in addition to primary procedure)
Q4152	DermaPure, per sq cm (add-on, list separately in addition to primary procedure)
Q4153	Dermavest and Plurivest, per sq cm (add-on, list separately in addition to primary procedure)
Q4154	Biovance, per sq cm (add-on, list separately in addition to primary procedure)

HCPCS Code	Description
Q4155	Neox Flo or Clarix Flo 1 mg
Q4156	Neox 100 or Clarix 100, per sq cm (add-on, list separately in addition to primary procedure)
Q4157	Revitalon, per sq cm (add-on, list separately in addition to primary procedure)
Q4158	Kerecis Omega3, per sq cm (add-on, list separately in addition to primary procedure)
Q4159	Affinity, per sq cm (add-on, list separately in addition to primary procedure)
Q4160	Nushield, per sq cm (add-on, list separately in addition to primary procedure)
Q4161	Bio-connekt wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Q4163	WoundEx, BioSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4164	Helicoll, per sq cm (add-on, list separately in addition to primary procedure)
Q4165	Keramatrix or Kerasorb, per sq cm (add-on, list separately in addition to primary procedure)
Q4166	Cytal, per sq cm (add-on, list separately in addition to primary procedure)
Q4167	Truskin, per sq cm (add-on, list separately in addition to primary procedure)
Q4168	Amnioband, 1 mg
Q4169	Artacent wound, per sq cm (add-on, list separately in addition to primary procedure)
Q4170	Cygnus, per sq cm (add-on, list separately in addition to primary procedure)
Q4171	Interfyl, 1 mg
Q4173	Palingen or palingen xplus, per sq cm (add-on, list separately in addition to primary procedure)
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc
Q4175	Miroderm, per sq cm (add-on, list separately in addition to primary procedure)
Q4176	Neopatch, per sq cm (add-on, list separately in addition to primary procedure)
Q4177	Floweramnioflo, 0.1 cc
Q4178	Floweramniopatch, per sq cm (add-on, list separately in addition to primary procedure)
Q4179	Flowerderm, per sq cm (add-on, list separately in addition to primary procedure)
Q4180	Revita, per sq cm (add-on, list separately in addition to primary procedure)
Q4181	Amnio wound, per sq cm (add-on, list separately in addition to primary procedure)
Q4182	Transcyte, per sq cm (add-on, list separately in addition to primary procedure)
Q4183	Surgigraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4184	Cellesta or Cellesta Duo, per sq cm (add-on, list separately in addition to primary procedure)
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Q4186	Epifix, per sq cm (add-on, list separately in addition to primary procedure)
Q4187	Epicord, per sq cm (add-on, list separately in addition to primary procedure)
Q4188	AmnioArmor, per sq cm (add-on, list separately in addition to primary procedure)
Q4189	Artacent AC, 1 mg
Q4190	Artacent AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4191	Restorigin, per sq cm (add-on, list separately in addition to primary procedure)
Q4192	Restorigin, 1 cc
Q4193	Coll-e-Derm, per sq cm (add-on, list separately in addition to primary procedure)
Q4194	Novachor, per sq cm (add-on, list separately in addition to primary procedure)
Q4195	PuraPly, per sq cm (add-on, list separately in addition to primary procedure)
Q4196	PuraPly AM, per sq cm (add-on, list separately in addition to primary procedure)
Q4197	PuraPly XT, per sq cm (add-on, list separately in addition to primary procedure)
Q4198	Genesis Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4199	Cygnus matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4200	SkinTE, per sq cm (add-on, list separately in addition to primary procedure)

HCPCS Code	Description
Q4201	Matrion, per sq cm (add-on, list separately in addition to primary procedure)
Q4202	Keroxx (2.5 g/cc), 1 cc
Q4203	Derma-Gide, per sq cm (add-on, list separately in addition to primary procedure)
Q4204	XWRAP, per sq cm (add-on, list separately in addition to primary procedure)
Q4205	Membrane graft or membrane wrap, per sq cm (add-on, list separately in addition to primary procedure)
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per sq cm (add-on, list separately in addition to primary procedure)
Q4209	SurGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4211	Amnion Bio or AxoBioMembrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4212	AlloGen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta Cord, per sq cm (add-on, list separately in addition to primary procedure)
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	Artacent Cord, per sq cm (add-on, list separately in addition to primary procedure)
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm (add-on, list separately in addition to primary procedure)
Q4218	SurgiCORD, per sq cm (add-on, list separately in addition to primary procedure)
Q4219	SurgiGRAFT-DUAL, per sq cm (add-on, list separately in addition to primary procedure)
Q4220	BellaCell HD or Surederm, per sq cm (add-on, list separately in addition to primary procedure)
Q4221	Amnio Wrap2, per sq cm (add-on, list separately in addition to primary procedure)
Q4222	ProgenaMatrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm (add-on, list separately in addition to primary procedure)
Q4225	AmnioBind or DermaBind TL, per sq cm (add-on, list separately in addition to primary procedure)
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
Q4227	AmnioCore, per sq cm (add-on, list separately in addition to primary procedure)
Q4229	Cogenex Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4230	Cogenex flowable amnion, per 0.5 cc
Q4231	Corplex p, per cc (Deleted 03/31/2025, see A2035)
Q4232	Corplex, per sq cm (add-on, list separately in addition to primary procedure)
Q4233	Surfactor or nudyn, per 0.5 cc
Q4234	Xcellerate, per sq cm (add-on, list separately in addition to primary procedure)
Q4235	AMNIOREPAIR or AltiPly, per sq cm (add-on, list separately in addition to primary procedure)
Q4236	carePATCH, per sq cm (add-on, list separately in addition to primary procedure)
Q4237	Cryo-Cord, per sq cm (add-on, list separately in addition to primary procedure)
Q4238	Derm-Maxx, per sq cm (add-on, list separately in addition to primary procedure)
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm (add-on, list separately in addition to primary procedure)
Q4240	Corecyte, for topical use only, per 0.5 cc
Q4241	Polycyte, for topical use only, per 0.5 cc
Q4242	Amniocyte plus, per 0.5 cc
Q4245	Amniotext, per cc
Q4246	Coretext or protext, per cc
Q4247	Amniotext patch, per sq cm (add-on, list separately in addition to primary procedure)

HCPCS Code	Description
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)
Q4249	AMNIPLY, for topical use only, per sq cm (add-on, list separately in addition to primary procedure)
Q4250	AmnioAmp-MP, per sq cm (add-on, list separately in addition to primary procedure)
Q4251	Vim, per sq cm (add-on, list separately in addition to primary procedure)
Q4252	Vendaje, per sq cm (add-on, list separately in addition to primary procedure)
Q4253	Zenith amniotic membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4254	Novafix DL, per sq cm (add-on, list separately in addition to primary procedure)
Q4255	REGUaRD, for topical use only, per sq cm (add-on, list separately in addition to primary procedure)
Q4256	MLG-Complete, per sq cm (add-on, list separately in addition to primary procedure)
Q4257	Relese, per sq cm (add-on, list separately in addition to primary procedure)
Q4258	Enverse, per sq cm (add-on, list separately in addition to primary procedure)
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4260	Signature APatch, per sq cm (add-on, list separately in addition to primary procedure)
Q4261	TAG, per sq cm (add-on, list separately in addition to primary procedure)
Q4262	Dual Layer impax Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4263	Surgraft TL, per sq cm (add-on, list separately in addition to primary procedure)
Q4264	Cocoon membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4265	NeoStim TL, per sq cm (add-on, list separately in addition to primary procedure)
Q4266	NeoStim Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4267	NeoStim DL, per sq cm (add-on, list separately in addition to primary procedure)
Q4268	SurGraft FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4269	SurGraft XT, per sq cm (add-on, list separately in addition to primary procedure)
Q4270	Complete SL, per sq cm (add-on, list separately in addition to primary procedure)
Q4271	Complete FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4272	Esano A, per sq cm (add-on, list separately in addition to primary procedure)
Q4273	Esano AAA, per sq cm (add-on, list separately in addition to primary procedure)
Q4274	Esano AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4275	Esano ACA, per sq cm (add-on, list separately in addition to primary procedure)
Q4276	ORION, per sq cm (add-on, list separately in addition to primary procedure)
Q4278	EPIEFFECT, per sq cm (add-on, list separately in addition to primary procedure)
Q4279	Vendaje AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4280	Xcell Amnio Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4281	Barrera SL or Barrera DL, per sq cm (add-on, list separately in addition to primary procedure)
Q4282	Cygnus Dual, per sq cm (add-on, list separately in addition to primary procedure)
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm (add-on, list separately in addition to primary procedure)
Q4284	DermaBind SL, per sq cm (add-on, list separately in addition to primary procedure)
Q4287	DermaBind DL, per sq cm (add-on, list separately in addition to primary procedure)
Q4288	DermaBind CH, per sq cm (add-on, list separately in addition to primary procedure)
Q4289	RevoShield+ Amniotic Barrier, per sq cm (add-on, list separately in addition to primary procedure)
Q4290	Membrane Wrap-Hydro, per sq cm (add-on, list separately in addition to primary procedure)
Q4291	Lamellas XT, per sq cm (add-on, list separately in addition to primary procedure)
Q4292	Lamellas, per sq cm (add-on, list separately in addition to primary procedure)
Q4293	Acesso DL, per sq cm (add-on, list separately in addition to primary procedure)

HCPCS Code	Description
Q4294	Amnio Quad-Core, per sq cm (add-on, list separately in addition to primary procedure)
Q4295	Amnio Tri-Core Amniotic, per sq cm (add-on, list separately in addition to primary procedure)
Q4296	Rebound Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4297	Emerge Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4298	AmniCore Pro, per sq cm (add-on, list separately in addition to primary procedure)
Q4299	AmniCore Pro+, per sq cm (add-on, list separately in addition to primary procedure)
Q4300	Acesso TL, per sq cm (add-on, list separately in addition to primary procedure)
Q4301	Activate Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4302	Complete ACA, per sq cm (add-on, list separately in addition to primary procedure)
Q4303	Complete AA, per sq cm (add-on, list separately in addition to primary procedure)
Q4304	GRAFIX PLUS, per sq cm (add-on, list separately in addition to primary procedure)
Q4305	American Amnion AC Tri-Layer, per sq cm (add-on, list separately in addition to primary procedure)
Q4306	American Amnion AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4307	American Amnion, per sq cm (add-on, list separately in addition to primary procedure)
Q4308	Sanopellis, per sq cm (add-on, list separately in addition to primary procedure)
Q4309	VIA Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4310	Procenta, per 100 mg
Q4311	Acesso, per sq cm (add-on, list separately in addition to primary procedure)
Q4312	Acesso AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4313	DermaBind FM, per sq cm (add-on, list separately in addition to primary procedure)
Q4314	Reeva FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)
Q4316	AmchoPlast, per sq cm (add-on, list separately in addition to primary procedure)
Q4317	VitoGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4318	E-Graft, per sq cm (add-on, list separately in addition to primary procedure)
Q4319	SanoGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4320	PelloGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4321	RenoGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4322	CaregraFT, per sq cm (add-on, list separately in addition to primary procedure)
Q4323	alloPLY, per sq cm (add-on, list separately in addition to primary procedure)
Q4324	AmnioTX, per sq cm (add-on, list separately in addition to primary procedure)
Q4325	ACApatch, per sq cm (add-on, list separately in addition to primary procedure)
Q4326	WoundPlus, per sq cm (add-on, list separately in addition to primary procedure)
Q4327	DuoAmnion, per sq cm (add-on, list separately in addition to primary procedure)
Q4328	MOST, per sq cm (add-on, list separately in addition to primary procedure)
Q4329	Singlay, per sq cm (add-on, list separately in addition to primary procedure)
Q4330	TOTAL, per sq cm (add-on, list separately in addition to primary procedure)
Q4331	Axolotl Graft, per sq cm (add-on, list separately in addition to primary procedure)
Q4332	Axolotl DualGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4333	ArdeoGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4334	AmnioPlast 1, per sq cm (add-on, list separately in addition to primary procedure)
Q4335	AmnioPlast 2, per sq cm (add-on, list separately in addition to primary procedure)
Q4336	Artacent C, per sq cm (add-on, list separately in addition to primary procedure)
Q4337	Artacent Trident, per sq cm (add-on, list separately in addition to primary procedure)

HCPCS Code	Description
Q4338	Artacent Velos, per sq cm (add-on, list separately in addition to primary procedure)
Q4339	Artacent Vericlen, per sq cm (add-on, list separately in addition to primary procedure)
Q4340	SimpliGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4341	SimpliMax, per sq cm (add-on, list separately in addition to primary procedure)
Q4342	TheraMend, per sq cm (add-on, list separately in addition to primary procedure)
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)
Q4344	Tri-Membrane Wrap, per sq cm (add-on, list separately in addition to primary procedure)
Q4345	Matrix HD Allograft Dermis, per sq cm (add-on, list separately in addition to primary procedure)
Q4346	Shelter DM Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4347	Rampart DL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4348	Sentry SL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4349	Mantle DL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4350	Palisade DM Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4351	Enclose TL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4352	Overlay SL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4353	Xceed TL Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4354	PalinGen Dual-Layer Membrane and Dual-Layer PalinGen X-Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4357	XWRAP Plus, per sq cm (add-on, list separately in addition to primary procedure)
Q4358	XWRAP Dual, per sq cm (add-on, list separately in addition to primary procedure)
Q4359	ChoriPly, per sq cm (add-on, list separately in addition to primary procedure)
Q4360	AmchoPlast FD, per sq cm (add-on, list separately in addition to primary procedure)
Q4361	EPIXPRESS, per sq cm (add-on, list separately in addition to primary procedure)
Q4362	CYGNUS Disk, per sq cm (add-on, list separately in addition to primary procedure)
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4367	AmnioCore SL, per sq cm (add-on, list separately in addition to primary procedure)
Q4368	AmchoThick, per sq cm (add-on, list separately in addition to primary procedure)
Q4369	AmnioPlast 3, per sq cm (add-on, list separately in addition to primary procedure)
Q4370	AeroGuard, per sq cm (add-on, list separately in addition to primary procedure)
Q4371	NeoGuard, per sq cm (add-on, list separately in addition to primary procedure)
Q4372	AmchoPlast EXCEL, per sq cm (add-on, list separately in addition to primary procedure)
Q4373	Membrane Wrap-Lite, per sq cm (add-on, list separately in addition to primary procedure)
Q4375	duoGRAFT AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4376	Duograft AA, per sq cm (add-on, list separately in addition to primary procedure)
Q4377	triGRAFT FT, per sq cm (add-on, list separately in addition to primary procedure)

HCPCS Code	Description
Q4378	Renew FT Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4379	AmnioDefend FT Matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4380	AdvoGraft One, per sq cm (add-on, list separately in addition to primary procedure)
Q4382	AdvoGraft Dual, per sq cm (add-on, list separately in addition to primary procedure)
Q4383	Axolotl Graft Ultra, per sq cm (add-on, list separately in addition to primary procedure)
Q4384	Axolotl DualGraft Ultra, per sq cm (add-on, list separately in addition to primary procedure)
Q4385	Apollo FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4386	Acesso TrifACA, per sq cm (add-on, list separately in addition to primary procedure)
Q4387	NeoThelium FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4388	NeoThelium 4L, per sq cm (add-on, list separately in addition to primary procedure)
Q4389	NeoThelium 4L Plus, per sq cm (add-on, list separately in addition to primary procedure)
Q4390	Ascendion, per sq cm (add-on, list separately in addition to primary procedure)
Q4391	AmnioPlast Double, per sq cm (add-on, list separately in addition to primary procedure)
Q4392	GRAFIX Duo, per sq cm (add-on, list separately in addition to primary procedure)
Q4393	SurGraft AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4394	SurGraft ACA, per sq cm (add-on, list separately in addition to primary procedure)
Q4395	Acelagraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4396	Natalin, per sq cm (add-on, list separately in addition to primary procedure)
Q4397	Summit AAA, per sq cm (add-on, list separately in addition to primary procedure)
Q4398	Summit AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4399	Summit FX, per sq cm (add-on, list separately in addition to primary procedure)
Q4400	Polygon3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4401	Absolv3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4402	XWRAP 2.0, per sq cm (add-on, list separately in addition to primary procedure)
Q4403	XWRAP Dual Plus, per sq cm (add-on, list separately in addition to primary procedure)
Q4404	XWRAP Hydro Plus, per sq cm (add-on, list separately in addition to primary procedure)
Q4405	XWRAP Fenestra Plus, per sq cm (add-on, list separately in addition to primary procedure)
Q4406	XWRAP Fenestra, per sq cm (add-on, list separately in addition to primary procedure)
Q4407	XWRAP Tribus, per sq cm (add-on, list separately in addition to primary procedure)
Q4408	XWRAP Hydro, per sq cm (add-on, list separately in addition to primary procedure)
Q4409	AmniomatrixF3X, per sq cm (add-on, list separately in addition to primary procedure)
Q4410	AmchoMatrixDL, per sq cm (add-on, list separately in addition to primary procedure)
Q4411	AmniomatrixF4X, per sq cm (add-on, list separately in addition to primary procedure)
Q4412	CHORIOFIX, per sq cm (add-on, list separately in addition to primary procedure)
Q4413	Cygnus Solo, per sq cm (add-on, list separately in addition to primary procedure)
Q4414	SimpliChor, per sq cm (add-on, list separately in addition to primary procedure)
Q4415	AlexiGuard SL-T, per sq cm (add-on, list separately in addition to primary procedure)
Q4416	AlexiGuard TL-T, per sq cm (add-on, list separately in addition to primary procedure)
Q4417	AlexiGuard DL-T, per sq cm (add-on, list separately in addition to primary procedure)
Q4420	NuForm, per sq cm (add-on, list separately in addition to primary procedure)

## Definitions

**Cellular and/or Tissue-Based Products (CTPs):** CTPs accurately describes these products inclusive of both current and future technology. This terminology has been adopted and accepted by the wound care community, contractors, and other government agencies. The American Society for Testing and Materials (ASTM) updated its standard guide to define CTP nomenclature, and they have also included synthetic products within the definition of a CTP. A59518 - Response to

Comments: Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers.

## Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the [Medicare Coverage Database](#), if no NCD, LCD, or LCA is found, refer to the criteria as noted in the [Coverage Rationale](#) section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
<b>Skin Substitutes Grafts/Cellular and Tissue-Based Products (CTP)</b>				
N/A	<a href="#">L36690 Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities</a>	<a href="#">A56696 Billing and Coding: Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities</a>	Part A and B MAC	CGS
	<a href="#">L36377 Application of Skin Substitute Grafts for Treatment of DFU and VLU of Lower Extremities</a>	<a href="#">A57680 Billing and Coding: Application of Skin Substitute Grafts for Treatment of DFU and VLU of Lower Extremities</a>	Part A and B MAC	First Coast
	<a href="#">L35041 Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds.</a>	<a href="#">A54117 Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds</a>	Part A and B MAC	Novitas**
<b>Amniotic and Placental Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</b>				
N/A	<a href="#">L39575 Amniotic and Placental Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	<a href="#">A59374 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	Part A and B MAC	CGS
	<a href="#">L39877 Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	<a href="#">A59764 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	Part A and B MAC	First Coast
	<a href="#">L39139 Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	<a href="#">A58893 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	Part A and B MAC	NGS
	<a href="#">L39116 Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	<a href="#">A58865 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	Part A and B MAC	Noridian

NCD	LCD	LCA	Contractor Type	Contractor Name
<b>Amniotic and Placental Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</b>				
N/A	<a href="#">L39118 Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound Retired 10/23/2025 (See L39116)</a>	<a href="#">A58867 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound Retired 10/23/2025 (See A58865)</a>	Part A and B MAC	Noridian
	<a href="#">L39879 Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	<a href="#">A59766 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	Part A and B MAC	Novitas**
	<a href="#">L39128 Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	<a href="#">A58883 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	Part A and B MAC	Palmetto**
	<a href="#">L39624 Amniotic and Placental Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	<a href="#">A59434 Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound</a>	Part A and B MAC	WPS*

### Medicare Administrative Contractor (MAC) With Corresponding States/Territories

MAC Name (Abbreviation)	States/Territories
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE

#### Notes

\*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers.

\*\*For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.

### Other(s)

[Code of Federal Regulations, § 419.2, Basis of payment](#)  
[CMS-1832-F | CMS](#)

## Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p><b>Coverage Rationale Overview</b></p> <ul style="list-style-type: none"> <li>• Added language to indicate: <ul style="list-style-type: none"> <li>○ Medicare coverage requires that all integral components of a billed service meet the reasonable and necessary standard under Social Security Act (SSA) §1862(a)(1)(A); for example, if a skin substitute/cellular and tissue-based product is not reasonable and necessary, then the associated application service(s) are also not reasonable and necessary</li> <li>○ Refer to the following Centers for Medicare &amp; Medicaid Services (CMS) references: <ul style="list-style-type: none"> <li>▪ SSA Section 1862(a)(1)(A)</li> <li>▪ Medicare Benefit Policy Manual <ul style="list-style-type: none"> <li>– Chapter 16, §§ 10, General Exclusions from Coverage; 20, Services Not Reasonable and Necessary; 180, Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare</li> <li>– Chapter 15, § 50.4.3, Examples of Not Reasonable and Necessary – Excessive Medications</li> </ul> </li> <li>▪ Medicare Program Integrity Manual Chapter 3, § 3.6.2.2, Reasonable and Necessary Criteria</li> </ul> </li> </ul> </li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>• Added HCPCS codes Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, and Q4420</li> </ul> <p><b>Centers for Medicare and Medicaid Services (CMS) Related Documents</b></p> <ul style="list-style-type: none"> <li>• Updated list of documents available in the <i>Medicare Coverage Database</i> to reflect the most current information</li> <li>• Added reference link to: <ul style="list-style-type: none"> <li>○ CMS-1832-F   CMS</li> <li>○ Federal Register: Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program</li> <li>○ FDA Purplebook</li> <li>○ JW and JZ Modifier FAQs</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version MMP105.20</li> </ul>

## Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely

responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.