



# 2025 Imbed Biosciences Microlyte® Matrix Reimbursement Guide

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The coverage, coding, payment information in this guide is for educational purposes only and shall not be construed as a statement, promise, or guarantee that all information is accurate, or reimbursement will be received. Reimbursement requirements are subject to change at any time. Therefore, check with your local payor regularly.

## HCPSC Codes

HCPSC Code	Description
A2005	Microlyte® matrix, per square centimeter

## CPT Codes<sup>1</sup>

CPT Code	Application Codes for Leg, Arm or Trunk
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272 <sup>+</sup>	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure). Cannot be used as a stand-alone code.
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area
15274 <sup>+</sup>	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure). Cannot be used as a stand-alone code.

CPT Code	Application Codes for Foot, Face, Scalp, etc.
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276 <sup>+</sup>	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure). Cannot be used as a stand-alone code.
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area
15278 <sup>+</sup>	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure). Cannot be used as a stand-alone code.

<sup>+</sup>Indicates an add-on code that cannot be used as a stand-alone code

**2025 National Average Medicare Rates**  
**Hospital Outpatient Setting**  
Microlyte® Matrix

CPT Code <sup>1</sup>	Status Indicator	OPPS Payment <sup>2</sup>	Physician Facility Payment
15271	T	\$1,829.23	\$81.51
15272 <sup>+</sup>	N	N/A	\$16.17
15273	T	\$3,660.97	\$187.29
15274 <sup>+</sup>	N	N/A	\$42.37
15275	T	\$1,829.23	\$90.57
15276 <sup>+</sup>	N	N/A	\$23.94
15277	T	\$1,829.23	\$215.75
15278 <sup>+</sup>	N	N/A	\$54.02

<sup>+</sup>Indicates an add-on code that cannot be used as a stand-alone code

Status Indicator “T”: Procedure or service, multiple procedure reduction applies. Paid under OPPS. Separate ASC payment.

Status Indicator “N”: Items and services packaged into APC rates. Payment is packaged into payment for other services. No separate APC payment.

Product	HCPCS Code	Facility Reimbursement Rates
Microlyte® Matrix	A2005	Carrier-priced code

## Medicare Sample Model Documentation

### Pre-Treatment

Duration of ulcer: \_\_\_\_\_ weeks

Exact location of ulcer

Describe adequate treatment of the underlying disease process contributing to the ulcer.

Diagnosis of patient

Additional documentation requirements:<sup>3</sup>

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

### Hospital Outpatient Modifiers

Effective 7/1/2023, report the JZ modifier when all the product has been applied to the patient & none of the product has been discarded

Must continue to report the JW modifier when a portion of the product has been discarded

Every claim for a skin substitute must include either the JZ or the JW modifier

JZ and JW cannot be used together on the same claim

The JZ modifier must appear on the line item that reports the amount of product applied to the patient

The JW modifier must appear on the line item reporting the amount of product that was discarded

Beginning Oct. 1, 2023, CMS will deny claims that do not include the JZ or JW modifier. The JW and JZ modifiers do not apply to skin substitutes administered in a Rural Health Clinic (RHC) or a Federally Qualified Health Center (FQHC), or a Hospital Outpatient Department.

## 2025 Q1 National Average Medicare Rates Physician Services in Physician Office

Microlyte® Matrix

CPT Code <sup>1</sup>	CPT Code Description	Physician Non-Facility Payment <sup>4</sup>
15271	First 25 square centimeters	\$148.47
15272 <sup>+</sup>	Each additional 25 centimeters	\$23.61
15273	First 100 square centimeters	\$295.00
15274 <sup>+</sup>	Each additional 100 sq cm	\$76.98
15275	First 25 sq cm	\$153.97
15276 <sup>+</sup>	Each additional 25 sq cm	\$31.90
15277	First 100 sq cm	\$329.93
15278 <sup>+</sup>	Each additional 100 sq cm	\$91.22

\*Indicates an add-on code that cannot be used as a stand-alone code

Product	HCPCS Code	Physician Office Reimbursement Rates
Microlyte® Matrix	A2005	Carrier-priced code

## 2025 National Average Medicare Rates

Mircolyte® Matrix

CPT Code <sup>1</sup>	Subject to multiple procedure discounting?	CY 2025 Payment Indicator	ASC 2025 Payment Rate <sup>4</sup>
15271	Y	G2	\$981.09
15272 <sup>+</sup>	N	N1	N/A
15273	Y	G2	\$1,957.33
15274 <sup>+</sup>	N	N1	N/A
15275	Y	P3	\$88.95
15276 <sup>+</sup>	N	N1	N/A
15277	Y	G2	\$981.09
15278 <sup>+</sup>	N	N1	N/A

<sup>+</sup>Indicates an add-on code that cannot be used as a stand-alone code

### Payment Indicators:

N1 - Packaged item or service; no separate payment made

G2 - non-office based surgical procedure add in CY 2008 or later; payment based on OPPS relative payment weight

P3- Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS non-facility PE RVUs; payment based on NPFS non-facility PE RVUs

## IMBED BIOSCIENCES

### REIMBURSEMENT GUIDE

#### **Microlyte® Matrix**

**INTENDED USE:** Under the direction of a healthcare professional, Microlyte® Matrix may be used for partial and full thickness pressure ulcers, venous stasis ulcers, diabetic ulcers, first- and second-degree burns, abrasions and lacerations, donor sites and surgical wounds. Microlyte® Matrix may be used over debrided and grafted partial thickness wounds.

**INDICATIONS FOR USE:** Under the supervision of a healthcare professional, Microlyte® Matrix may be used for the management of:

- Wounds,
- Partial and full thickness wounds including pressure ulcers, venous stasis ulcers, diabetic ulcers, first and second -degree burns, abrasions and lacerations, donor sites and surgical wounds,
- May be used over debrided and grafted partial thickness wounds.

The above publicly available information is presented for illustrative purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. It is not intended to guarantee, increase or maximize reimbursement by any payer. Individual coding decisions should be based upon diagnosis and treatment of individual patients. Imbed Biosciences does not warrant, promise, guarantee, or make any statement that the use of this information will result in coverage or payment or that any payment received will cover providers' costs. Imbed Biosciences is not responsible for any action providers take in billing for, or appealing claims. Physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies furnished to a patient. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate. Laws, regulations and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be current when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding and payment policies. Please consult with your legal counsel or reimbursement specialists for any reimbursement or billing questions. Rev. January 2025.

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2. FY 2025 CMS OPPS Final Rule, [CMS-1809-FC], Addendum B.
3. Medicare Billing and Coding Article (A54117): Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds. URL: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54117&ver=86&keyword=15271&keywordType=any&areald=all&docType=NCA>
4. Code of Federal Regulations, §512.250, Determination of national base rates. URL: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-B/subject-group-ECFR388d9ab0bb970d0/section-512.250>