



Inpatient
Surgical



2025/2026



Myriad Matrix™

Inpatient
Surgical

Coding and Coverage Guide

Myriad Matrix
Regulatory
Information

FDA Clearance

Myriad Matrix™ received FDA 510(K) clearance on June 14, 2017 (K171231) and December 20, 2016 (K162461).

Please note: Some third-party payers only reimburse for FDA cleared indications.

Myriad Matrix
Coding and Coverage

Medicare classifies cases into Medicare Severity Diagnosis Related Groups (MS-DRGs) for payment under the IPPS based on the following information reported by the hospital: the principal diagnosis, up to 24 additional diagnoses, and up to 25 procedures performed during the stay. In a small number of MS-DRGs, classification is also based on the age, sex, and discharge status of the patient. Effective October 1, 2015, the diagnosis and procedure information is reported by the hospital using codes from the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS).

The following tables are examples of potential ICD-10-PCS procedure codes that are available for hospitals when reporting inpatient skin graft procedures or inpatient soft tissue reinforcement procedures. The tables are for reference only and not all-inclusive. Consult the 2025 ICD-10-PCS book for a complete list of procedure codes.

ICD-10 PCS Code Description - Root Operation - Replacement (OHR)			
Section	O- Medical and Surgical		
Body System	H - Skin and Breast Operation		
Operation	R - Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part		
Body Part	Approach	Device	Qualifier
Select the appropriate character for the body part position	X-External	K-Nonautologous Tissue Substitute	3-Full Thickness 4-Partial Thickness
MS-DRG	Description		National Average Rate
463	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders with MCC		\$35,090.29
464	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders with CC		\$19,158.12
465	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders without CC/MCC		\$11,278.59
573	Skin Graft for Skin Ulcer or Cellulitis with MCC		\$40,009.44
574	Skin Graft for Skin Ulcer or Cellulitis with CC		\$22,511.40
575	Skin Graft for Skin Ulcer or Cellulitis without CC/MCC		\$12,971.98

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ICD-10 PCS Code Description - Root Operation - Replacement (OHR) (Continued)

MS-DRG	Description	National Average Rate
576	Skin Graft Except for Skin Ulcer or Cellulitis with MCC	\$35,052.61
577	Skin Graft Except for Skin Ulcer or Cellulitis with CC	\$17,299.87
578	Skin Graft Except for Skin Ulcer or Cellulitis without CC/MCC	\$10,982.49
622	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with MCC	\$24,326.12
623	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with CC	\$12,435.95
624	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders without CC/MCC	\$6,470.07
904	Skin Grafts for Injuries with CC/MCC	\$25,085.66
905	Skin Grafts for Injuries without CC/MCC	\$10,708.30
927	Extensive Burns or Full Thickness Burns with Mechanical Ventilation >96 Hours with Skin Graft	\$130,667.76
928	Full Thickness Burn with Skin Graft or Inhalation Injury with CC/MCC	\$43,392.62
929	Full Thickness Burn with Skin Graft or Inhalation Injury without CC/MCC	\$20,662.90
957	Other O.R. Procedures for Multiple Significant Trauma with MCC	\$48,494.35
958	Other O.R. Procedures for Multiple Significant Trauma with CC	\$26,700.90
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	\$17,177.07

This information is provided as a benchmark reference only. The national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2025 IPPS Final Rule.

ICD-10 PCS Code Description - Root Operation - Supplement (OJU)

Section	O- Medical and Surgical		
Body System	J - Subcutaneous Tissue & Fascia		
Operation	U - Supplement		
Body Part	Approach	Device	Qualifier
Select the appropriate character for the body part position	0-Open 3-Percutaneous	K-Nonautologous Tissue Substitute	Z-No qualifier

This information is provided as a benchmark reference only. The national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2025 IPPS Final Rule.

Acronym Key:

MS-DRG – Medical Severity Diagnosis Related Groups

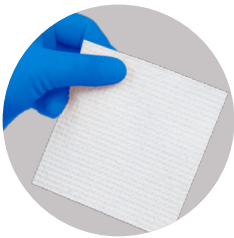
CC – Comorbidities and Complications

MDC – Major Diagnostic Category

MCC – Major Comorbidities and Complications

Product Coding

HCPCS code selection will be specific to your payer requirements	
HCPCS II	HCPCS II Long Description
A2032	Myriad Matrix, per sq cm



References

- 1. CMS Publication 100-08, Medicare Program Integrity Manual, Chapter 13 – Local Coverage Determinations, §13.5.1
- 2. CPT® Code Book 2024. Current Procedural Terminology (CPT) copyright 2024 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. *Fee Schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.* The ICD-10-PCS codes and descriptors, and DRG payment groups are effective October 1, 2024.

Reimbursement Information



Should you wish to speak to one of our specialist reimbursement support team, please contact us on:



1-800-807-2762 (1-800-807-AROA)



reimbursement@aroa.com



Fax: 1-877-775-3157

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This Coding and Coverage Guide is intended to provide reference material related to the reimbursement of **Myriad™** products when used consistently with the product's labeling.

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To order **Myriad Matrix™** or for more information, please call 1-877-627-6224 or email customerservice@aroa.com.



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