



Ambulatory Surgery
Center (ASC)



Inpatient
Surgical



Hospital Outpatient
Department (HOPD)



Myriad Matrix™
Myriad Morcells™
Myriad Morcells Fine™

Portfolio Master

Reimbursement Information



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



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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.

The information presented in this Coding and Coverage Guide is intended for general informational purposes only, and is not provided as legal advice, advice about how to code, complete, or submit any particular claim for payment for healthcare services or goods, or a recommendation of any kind. This information provides only an overview of **Aroa Biosurgery's** understanding of current coding policies and may not provide all the information necessary for a particular situation. The information provided may not be comprehensive or complete.

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Myriad Regulatory Information

FDA Clearance

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

Myriad Morcells™ received FDA 510(K) clearance on March 31, 2021 (K200502).

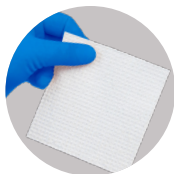
Please note: Some third-party payers only reimburse for FDA cleared indications.



An FDA-regulated product must receive FDA approval or clearance (unless exempt from the FDA premarket review process) for at least one indication to be eligible for consideration of Medicare coverage (except in specific circumstances). However, FDA approval or clearance alone does not entitle that technology to Medicare coverage.

8.7.2013, Federal Register, Vol. 78, No. 152, page 48165

Indications for use

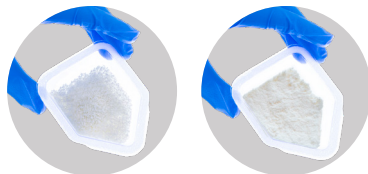


Myriad Matrix

Myriad Matrix is indicated for the management of the following wounds:

- Partial and full thickness wounds
- Pressure ulcers
- Venous ulcers
- Diabetic ulcers
- Chronic vascular ulcers
- Tunneled/undermined wounds
- Surgical wounds (donor sites, grafts, post-Moh's surgery, post laser surgery, podiatric, wound dehiscence)
- Trauma wounds (abrasions, lacerations, second-degree burns, and skin tears)
- Draining wounds

Myriad Matrix is also indicated for implantation to reinforce soft tissue where weakness exists in patients requiring soft tissue repair or reinforcement in plastic and reconstructive surgery.



Myriad Morcells and Morcells Fine

Myriad Morcells and **Morcells Fine** are indicated for use in the management of the following wounds:

- Partial and full thickness wounds
- Pressure ulcers
- Venous ulcers
- Diabetic ulcers
- Chronic vascular ulcers
- Tunneled/undermined wounds
- Surgical wounds (donor sites, grafts, post Moh's surgery, post laser surgery, podiatric, wound dehiscence)
- Trauma wounds (abrasions, lacerations, partial-thickness burns, and skin tears)
- Draining wounds

General coverage policies

Following FDA clearance, Medicare may develop national or local coverage determinations specific to individual procedure or technology.

These policies could extend coverage for certain diagnoses or in specific scenarios, or they may identify the procedure or technology as generally non-covered.

When no policy exists, Medicare coverage determinations are based on Medicare's "medically reasonable and necessary" requirement. MACs consider a service medically reasonable and necessary if it is:

- Safe and effective
- Not experimental or investigational
- Appropriate, including the duration and frequency that's considered appropriate for the item or service, in terms of whether it's:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;
 - Furnished in a setting appropriate to the patient's medical needs and condition; Ordered and furnished by qualified personnel;
 - One that meets, but does not exceed, the patient's medical need; and
 - At least as beneficial as an existing and available medically appropriate alternative.

Myriad Matrix Coding and Coverage

Inpatient Coding and Payments

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
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

Continued on next page >

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

MS-DRG	Description	National Average Rate
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
MS-DRG	Description	National Average Rate	
500	Soft Tissue Procedures with MCC	\$20,586.89	
501	Soft Tissue Procedures with CC	\$11,597.14	
502	Soft Tissue Procedures without CC/MCC	\$9,077.46	
579	Other Skin, Subcutaneous Tissue and Breast Procedures with MCC	\$21,175.55	
580	Other Skin, Subcutaneous Tissue and Breast Procedures with CC	\$11,519.17	
581	Other Skin, Subcutaneous Tissue and Breast Procedures without CC/MCC	\$23,285.24	
907	Other O.R. Procedures for Injuries with MCC	\$25,882.23	
908	Other O.R. Procedures for Injuries with CC	\$13,105.18	
909	Other O.R. Procedures for Injuries without CC/MCC	\$8,239.95	

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

Hospital Outpatient Department (HOPD)

Medicare has designated specific HCPCS codes (15271-15278) for facilities to report skin graft procedures when used with high-cost skin substitute products. Effective April 1st, 2025, Myriad Matrix is designated by CMS as a high-cost skin substitute product when applied topically. The selection of the code is based upon the location and size of the defect.

HOPD CPT Codes for topical application of Myriad Matrix

CPT	Description	APC	Status indicator	Medicare National Average Payment
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	5054	T	\$1,829.23
+15003	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	N/A	N	Packaged
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	5053	T	\$612.13
+15005	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	N/A	N	Packaged
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	5054	T	\$1,829.23
+15272	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)		N	Packaged
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, or 1% of body area of infants and children	5055	T	\$3,660.97
+15274	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, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		N	Packaged
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	5054	T	\$1,829.23
15276	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)		N	Packaged
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, or 1% of body area of infants and children	5054	T	\$1,829.23
15278	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, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		N	Packaged

HOPD/OPPS Status Indicator:

T = Significant Procedure, Multiple Reduction Applies **N** = Items and Services Packaged into APC Rates

Ambulatory Surgery Center (ASC)

Medicare has designated specific HCPCS codes (15271-15278) for facilities to report skin graft procedures when used with high-cost skin substitute products. Effective April 1st, 2025, Myriad Matrix is designated by CMS as a high-cost skin substitute product when applied topically. The selection of the code is based upon the location and size of the defect.

ASC CPT Codes for topical application of Myriad Matrix

CPT	Description	APC	ASC Status Indicator	Medicare National Average Payment
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	5054	A2	\$981.09
+15003	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	N/A	N1	Packaged
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	5053	A2	\$328.29
+15005	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	N/A	N1	Packaged
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	5054	G2	\$981.09
15272	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)		N1	Packaged
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, or 1% of body area of infants and children	5055	G2	\$1,957.33
15274	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, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		N1	Packaged
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	5054	P3	\$88.95
15276	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)		N1	Packaged
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, or 1% of body area of infants and children	5054	G2	\$981.09
15278	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, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)		N1	Packaged

ASC Status Indicator:

N1 = Packaged service/item; no separate payment made

G2 = Non office-based surgical procedure added 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 nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs

Physician Fee Schedule-Facility

Physician Fee Schedule for topical application of Myriad Matrix-Facility			
CPT	Description	RVU-Facility	Medicare National Physician Payment-Facility
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	3.65	\$213.49
+15003	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	0.80	\$43.02
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	4.58	\$252.63
+15005	Each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	1.60	\$86.69
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	1.5	\$81.51
+15272	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)	.33	\$16.17
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, or 1% of body area of infants and children	3.5	\$187.29
+15274	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, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	.8	\$42.37
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	1.83	\$90.57
+15276	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)	0.5	\$23.94
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, or 1% of body area of infants and children	4	\$215.75
+15278	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, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	1	\$54.02
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	3.65	\$207.66

Product Coding

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

Options for modifiers

Modifiers	
Code	Description
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft
JW	Drug amount discarded/not administered to any patient
KX	Requirements specified in the medical policy have been met

Myriad Morcells and Myriad Morcells Fine Coding and Coverage

Inpatient Coding

Hospital inpatient services are reported using the International Classification of Diseases, 10th Revision, Procedural Coding System (ICD-10-PCS). Diagnosis codes are used to describe the clinical rationale for physician services. They are reported using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) coding system. An example ICD-10-PCS code for Myriad Morcells when used in dermal repair is provided in the following table.

Example ICD-10-PCS-Root Operation examples for cases that involve applying Myriad Morcells and Myriad Morcells Fine

ICD-10-PCS –Root Operation	ICD-10-PCS –Root Operation Description
OHB	Skin and Breast, Excision
OJB	Subcutaneous Tissue and Fascia, Excision
OH5	Skin and Breast, Destruction

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	\$11,278.77
500	Soft Tissue Procedures with MCC	\$20,586.89
501	Soft Tissue Procedures with CC	\$11,597.14
502	Soft Tissue Procedures without CC/MCC	\$9,077.46
570	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders with MCC	\$19,559.65
571	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders with CC	\$10,881.78
572	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders without CC/MCC	\$7,422.58
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
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
579	Other Skin, Subcutaneous Tissue and Breast Procedures with MCC	\$21,175.55

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Example ICD-10-PCS-Root Operation examples for cases that involve applying Myriad Morcells and Myriad Morcells Fine (Continued)

MS-DRG	Description	National Average Rate
580	Other Skin, Subcutaneous Tissue and Breast Procedures with CC	\$11,519.17
581	Other Skin, Subcutaneous Tissue and Breast Procedures without CC/MCC	\$9,350.35
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	\$44,243.04
929	Full Thickness Burn with Skin Graft or Inhalation Injury without CC/MCC	\$20,559.20
957	Other O.R. Procedures for Multiple Significant Trauma with MCC	\$46,243.01
958	Other O.R. Procedures for Multiple Significant Trauma with CC	\$25,861.56
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	\$16,191.61

Hospital Outpatient Department and Ambulatory Surgical Center

Myriad Morcells

CPT	Description	APC	Status Indicator OPPS	OPPS National Payment	Status Indicator ASC	ASC National Payment
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	5052	T	\$399.53	A2	\$214.39
+11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	N/A	N	Packaged	N1	Packaged
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	5053	T	\$612.13	A2	\$328.29
+11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	N/A	N	Packaged	N1	Packaged
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	5072	J1	\$1620.24	A2	\$708.28
+11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	N/A	N1	Packaged	N1	\$93.48

Physician Fee Schedule-Facility

Physician Fee Schedule for topical application of Myriad Morcells - Facility			
CPT	Description	RVU-Facility	Medicare National Physician Payment-Facility
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	\$58.87
+11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	.5	\$23.94
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.7	\$149.44
+11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1.03	\$52.40
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4.1	\$217.69
+11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1.8	\$93.48

Product Coding

HCPCS II Myriad Morcells™ Product Code	
HCPCS II	HCPCS II Long Description
A2033	Myriad Morcells, per 4 mg



References

1. CMS Publication 100-08, Medicare Program Integrity Manual, Chapter 13 – *Local Coverage Determinations*, §13.5.1
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