



# Q3 2025 PHYSICIAN OFFICE ORDERING GUIDE



## CPT GUIDE Q3 PRODUCTS

PRODUCT	Q-CODE	ASP
Amnio-maxx	Q4239	\$2038.50 per sq cm
Neostim TL	Q4265	\$1704.03 per sq cm
Xcell Amnio Matrix	Q4280	\$2892.85 per sq cm
Derm-Maxx	Q4238	\$1725.04 per sq cm
Membrane Wrap	Q4205	\$1190.44 per sq cm
Membrane Wrap Hydro	Q4290	\$1864.71 per sq cm
Activate Matrix	Q4301	\$1806.34 per sq cm
AmchoPlast	Q4316	\$4415.97 per sq cm
SimpliMax	Q4341	\$3071.28 per sq cm
AmnioAMP-MP	Q4250	\$2901.66 per sq cm
Acesso TL	Q4300	\$2114.70 per sq cm
Helicoll	Q4164	\$1640.93 per sq cm

**INSURANCE + REIMBURSEMENT** [ivr@oxbiomed.com](mailto:ivr@oxbiomed.com)  
**ORDERS** [orders@oxbiomed.com](mailto:orders@oxbiomed.com)



v.07.03.2025

The information provided above is intended solely for illustrative purposes and does not constitute coding, reimbursement, treatment, or legal advice. It does not guarantee, enhance, or maximize reimbursement from any payer. Coding decisions should be based on the individual diagnosis and treatment of each patient. OX BioMed makes no representations or warranties regarding the use of this information, including any implications for coverage, payment, or cost coverage for providers. OX BioMed is not responsible for actions taken by providers in billing or appealing claims. Physicians are responsible for adhering to Medicare and other payer rules and requirements, as well as ensuring the accuracy of information submitted with all claims and appeals. Before submitting claims or appeals, physicians should review official payer instructions, confirm the accuracy of their coding and billing practices with payers, and apply independent judgment when selecting codes that accurately describe the services or supplies provided to a patient. Providers must determine and document the medical necessity of services and the appropriateness of the site of service. Reimbursement laws, regulations, and policies are complex and frequently updated. While efforts have been made to ensure the information is current as of the issue date, it may not be up-to-date at the time of viewing. Providers are encouraged to contact third-party payers for specific information on coverage, coding, and payment policies. For reimbursement or billing inquiries, please consult with legal counsel or reimbursement specialists. Revised March 2025.



[WWW.OXBIOMED.COM](http://WWW.OXBIOMED.COM)



# Q3 2025 MEDICARE RATES PHYSICIAN OFFICE

## CPT GUIDE Q3 PRODUCTS

PRODUCT		TYPE	SIZES
Amnio-maxx		Dual Layer Amnion	2x2, 2x3, 2x4, 4x4, 4x8
Neostim TL		Triple Layer Dehydrated Amnion	2x2, 2x3, 4x4, 4x8
Xcell Amnio Matrix		Lyophilized Amniotic Membrane	2x2, 2x4, 4x4, 4x7
Derm-Maxx		Acellular Human Dermis	2x2, 2x4, 4x4, 4x8
Membrane Wrap		Amnion Amnion	2x2, 2x3, 4x4, 4x6, 4x8
Membrane Wrap Hydro		Dual Layer Dehydrated Amnion	2x2, 2x3, 4x4, 4x6, 4x8
Activate Matrix		Amnion, Intermediate Layer, and Chorion	2x2, 4x4, 4x8
AmchoPlast		Dehydrated Amnion Chorion	2x2, 2x3, 2x4, 4x4, 4x8
SimpliMax		Dehydrated Dual-Layer Amnion	2x2, 2x3, 2x4, 4x4, 4x8
AmnioAMP-MP		Decellularized Dehydrated Human Amniotic Membrane	2x2, 2x3, 2x4, 4x4, 4x8
Acesso TL		Triple Layer Amnion	2x2, 2x3, 4x4, 4x6, 4x8
Helicoll		Acellular matrix	1sq cm disc, 5 sq cm disc, 2x4cm, 3x4cm, 4x4cm, 5x5cm, 5x10cm
CPT CODE		CODE DESCRIPTION	
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 of wound surface area	
+15272		Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 cm2; each additional 25 cm2 wound surface area, or part thereof (List separately in addition to code for primary procedure)	
15273		Application of skin substitute graft to trunk, arms, legs, total wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children)	
+15274		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	
15275		Application of skin substitute graft to face, scalp, feet, etc., total wound surface area up to 100 sq cm; first 25 sq cm or less	
+15276		Each additional 25 sq cm wound surface area, or part thereof. List separately in addition to code for primary procedure	
15277		Application of skin substitute graft to face, scalp, feet, etc., 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	
+15278		Each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children. List separately in addition to the code for primary procedure	



