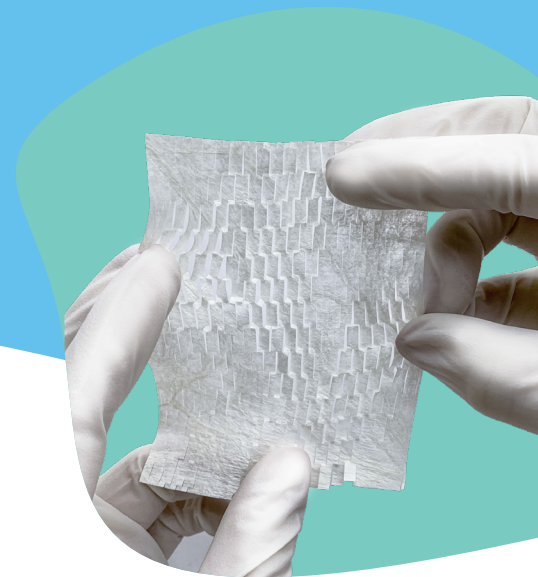
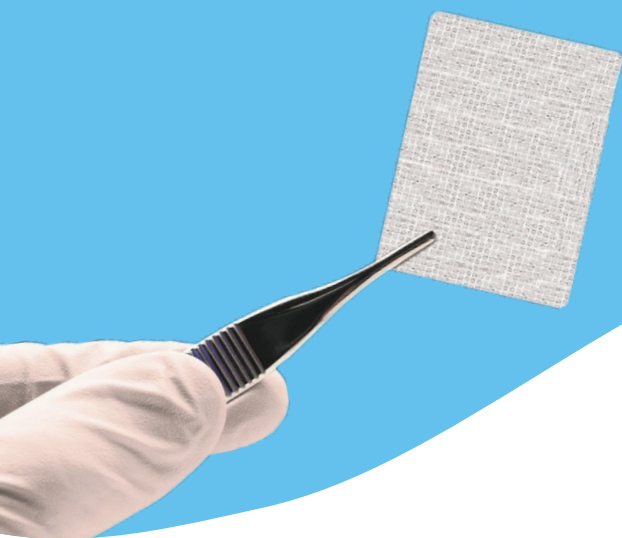


# 2026 S+N CAMP Portfolio Reimbursement Guide

Hospital Outpatient Department and  
Ambulatory Surgical Center



## Smith+Nephew

### GRAFIX PL PRIME ♦

Lyopreserved  
Placental Membrane

### GRAFIX CORE ♦

Cryopreserved  
Placental Membrane

### OASIS® ULTRA

Tri-Layer Matrix

### GRAFIX PRIME ♦

Cryopreserved  
Placental Membrane

### GRAFIX PLUS ♦

Lyopreserved  
Placental Membrane

### OASIS®

Burn Matrix

### OASIS®

Wound Matrix

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#### Reimbursement Hotline Services

Phone: 866-988-3491

Fax: 866-304-6692

Additional fax: 443-472-4274

#### Customer support

Phone: 888-674-9551

## Reimbursement Hotline Services

For assistance with reimbursement questions, contact Smith+Nephew Reimbursement Hotline Services Monday through Friday from 8:00 am - 7:00 pm EST at **1-866-988-3491**.

Smith+Nephew Reimbursement Hotline Services staff can assist with the following:

- Patient-specific insurance verifications
- Payer policy and Medicare Local Coverage Determination (LCD) information
- Nurse Case Manager review of documentation and coding
- Prior authorization and pre-determination support

To initiate insurance verification support for your patients, please submit a complete **Insurance Verification Request (IVR) Form** with a signed practitioner authorization and fax to **866-304-6692**. The provider is responsible for verifying individual contract or reimbursement rates with each payer. Smith+Nephew Reimbursement Hotline Services is not able to confirm contracted or reimbursable rates on your behalf.

## Reimbursement disclaimer

Information on reimbursement in the U.S. is provided as a courtesy. Due to the rapidly changing nature of the law and the Medicare payment policy, and reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided "AS IS" and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise. This information has been compiled based on data gathered from many primary and secondary sources, including the American Medical Association, and certain Medicare contractors. Providers must confirm or clarify coding and coverage from their respective payers, as each payer may have differing formal or informal coding and coverage policies or decisions. Providers are responsible for accurate documentation of patient conditions and for reporting of products in accordance with particular payer requirements.

## Medical necessity checklist

It is recommended that the provider review clinical evidence for GRAFIX<sup>®</sup> and OASIS<sup>®</sup> for indications of use, clinical outcomes, and frequency of applications. Providers should review applicable Medicare LCD or medical policy for GRAFIX and OASIS<sup>®</sup> and ensure all requirements and coverage guidelines are met.

**Suggested documentation: The following should be documented in the patient's medical record based on current wound care standards:**

- ☐ Duration of wound (# of days or weeks)
- ☐ Prior conservative treatments that have failed to induce significant wound healing
- ☐ Wound diagnosis (e.g. DFU, VLU, etc.); ICD 10 codes should report etiology and wound location
- ☐ Wound is free of infection and osteomyelitis (noted at each visit)
- ☐ Adequate treatment of the underlying disease(s) contributing to the non-healing wound
  - Documented diabetes management plan, appropriate offloading or compression if applicable
- ☐ Describe wound dressings applied and frequency of wound dressing changes
- ☐ Adequate blood flow / perfusion; documentation of tests used to assess perfusion
- ☐ Patient's nutritional status is adequate for healing
- ☐ For patients with history of Charcot neuroarthropathy, include documentation that acute Charcot Foot is not present, and any history of acute Charcot Foot has been treated
- ☐ If patient is a smoker, document patient was counselled that smoking inhibits wound healing, and resources for smoking cessation were provided
- ☐ Measurement of the wound progression at each visit (length x width x depth) Including at least twice in the last 30 days and before the first treatment (be specific about modalities such as debridement, advanced dressings, collagen, etc.)
- ☐ Wound appearance at each visit: amount of granulation tissue, amount and description of exudate and slough, appearance of wound edge
- ☐ Was appropriate wound preparation performed (e.g. debridement)? If not, explain why? If yes, describe level of debridement and tissue removed at each visit
- ☐ Record skin substitute application number and improvement since last treatment at each visit
- ☐ Document skin substitute product, size used, lot #, expiration date, amount applied, and amount discarded, if any.

<b>1. Type of Insurance Verification Requested: Prior Authorization support will be initiated if required by Payer, include clinical documentation to support PA</b>					
<div style="display: flex; justify-content: space-between;"> <span>New Wound</span> <span>Subsequent Applications</span> <span>Re-Verification</span> <span>New Insurance</span> <span>I opt out of Prior Authorization support services</span> </div>					
<div style="display: flex; justify-content: space-between;"> <span>Single Wound</span> <span>Multiple Wounds</span> <span>Procedure Date: ____/____/____</span> </div>					
<b>2. Patient Information: Please list the patient's name on this form when attaching a face sheet</b>					
First Name:		Last Name:		M.I.:	
Address:		Apt./Suite#:	City:	State:	Zip:
Date of Birth:		Phone #:		Gender:	Female      Male
<b>3. Insurance Information: Please attach a copy (front &amp; back) of patient's insurance card(s)</b>					
Cardholder Name:		DOB:		Relationship to patient:	
<b>Primary Payer:</b>		SSN:		Plan Type:	
Policy #:		Group #:		Card Phone #:	
<b>Secondary Payer:</b>				Plan Type:	
Policy #:		Group #:		Card Phone #:	
<b>4. Healthcare Provider (HCP) &amp; Facility/Agency Information: Please note, we do not verify inpatient benefits. Provider must confirm Place of Service (POS). Select only ONE POS.</b>					
<b>Place of Service:</b> Physician Office (POS11)    Hospital Outpatient Department (POS19/22)    Ambulatory Surgery Center (POS24) Home Visit (POS12)    Assisted Living Facility (POS13)    Unskilled Nursing Bed (POS32)    Other POS: _____					
<b>Skilled Nursing Facility:</b> Provider is responsible for confirming skilled/unskilled status. Is the patient expected to be in a skilled bed on the date of service?    Yes    No					
HCP First Name:		HCP Last Name:		M.I.:	
HCP NPI:		HCP Tax ID#:		HCP PTAN:	
Specialty:    MD    DO    DPM    PA    NP/FNP    Other: _____					
Contact Name:		Phone #:			
Facility Name:		Facility NPI:		Facility PTAN/Facility CCN:	
Facility Address:		Facility Tax ID:			
City, State, Zip:		Phone #:		Fax #:	
<b>5. Treatment Information: If needed, select up to 3 products in order of preference numerically</b>					
____ GRAFIX® PL PRIME Membrane (Q4133)    ____ GRAFIX® PRIME Membrane (Q4133)    ____ GRAFIX® CORE Membrane (Q4132)    ____ GRAFIX® PLUS Membrane (Q4304) ____ OASIS® Wound Matrix (Q4102)    ____ OASIS® Burn Matrix (Q4103)    ____ OASIS® ULTRA Tri-Layer Matrix (Q4124)					
<b>CPT:</b> Legs/Arms/Trunk < 100 sq cm: ____ 15271/15272                      Legs/Arms/Trunk > 100 sq cm: ____ 15273/15274 Feet/Hands/Head < 100 sq cm: ____ 15275/15276                      Feet/Hands/Head > 100 sq cm: ____ 15277/15278 <b>NOTE: Prior use of skin substitutes or global periods related to the same wound may impact reimbursement</b>					
<b>PRP:</b> Chronic Diabetic PRP Procedure (CENTRIO): ____ G0465					
<b>6. Wound Information &amp; Diagnosis Code(s): Please include ICD-10 codes that indicate Primary diagnosis, ulcer type, AND location. MUST include the full alpha-numeric ICD-10 Code. Ex: E11.621; L97.512; If treating more than one wound, please provide diagnosis codes for each additional wound</b>					
<b>ICD-10 Codes: #1 Wound (Required)</b>			<b>ICD-10 Codes: #2 Wound</b>		
Primary (Etiology): _____			Primary (Etiology): _____		
Secondary (Ulcer/Location): _____			Secondary (Ulcer/Location): _____		
Tertiary (Optional): _____			Tertiary (Optional): _____		
Wound Dimensions: L____ W____ D____			Wound Dimensions: L____ W____ D____		
<b>7. Prior Authorization: For PA support please attach all clinical notes related to the wound treatment episode</b>					
# of Anticipated Applications/Visits _____ Anticipated Units _____					
<b>8. Authorized Signature: Please include all required information and sign below</b>					
By signing below, I certify that I have obtained a valid authorization from the patient listed on this form permitting me to release the patient's protected health information (PHI) to the Smith+Nephew Reimbursement Hotline Services, Smith+Nephew, Inc., its contractors, and the patient's health insurance company as necessary to research insurance coverage and payment information to determine benefits related to Smith+Nephew products on behalf of the patient. I further understand that completing this form does not guarantee that insurance coverage or reimbursement will be provided to the patient. I certify that the information provided on this form is current, complete, and accurate to the best of my knowledge. <b>If prior authorization is required, I authorize Smith and Nephew to initiate the authorization.</b> <b>For typed or stamped signatures below: I agree that this typed or stamped signature has the same validity and meaning as my handwritten signature.</b> <b>Authorized Signature:</b> _____ <b>Date:</b> _____					
Disclaimer: The Smith+Nephew Reimbursement Hotline is an information service only. Benefits information is provided by the insurer or third-party payer. Results of this research are not a guarantee of coverage or reimbursement now or in the future, and Smith+Nephew disclaims liability for payment of any claims, benefits or costs.					

## Hospital Outpatient Department CPT procedure code and Medicare payments

Medicare has designated specific CPT codes (15271-15278) for qualified healthcare providers to report the application of skin substitute graft procedures when applying CAMPs/skin substitute products. The selection of the code is based upon the location and size of the defect. Ensure the medical record reflects these elements and a procedure description including the fixation method. HOPD's applying Cellular, acellular and matrix-like products (CAMPs) should report both the Current Procedural Terminology (CPT) application code(s) and the applicable GRAFIX<sup>®</sup> Membrane or OASIS<sup>®</sup> product Healthcare Common Procedural Coding System (HCPCS) codes when submitting claims for:

- **Q4133 GRAFIX PRIME and GRAFIX PL**
- **Q4132 GRAFIX CORE**
- **Q4304 GRAFIX PLUS**
- **Q4102 OASIS Wound Matrix**
- **Q4103 OASIS Burn**
- **Q4124 for OASIS ULTRA Tri-Layer Matrix**

CPT codes	Code description	APC Group	Status indicator	Medicare National Average Payment
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	5053	T	\$755.08
+15272	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	5054	T	\$2,107.97
+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)		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	5053	T	\$755.08
+15276	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	\$2107.97
+15278	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

## Ambulatory Surgery Center CPT procedure codes and Medicare payments

CPT codes	Code description	Payment Indicator	Medicare National Average payment
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	G2	\$404.93
15272	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	G2	\$1,128.57
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)	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	P3	\$94.66
15276	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	G2	\$1,128.57
15278	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

**Important Notes:** The Medicare payment amounts listed do not reflect adjustments for deductible, copayments, coinsurance, sequestration or any other reductions. All payment amounts listed are based on national averages and will vary by geographical locations.

**Status Indicators:** T = Significant procedure, multiple reduction applies; N and N1 = Items and services are packaged into APC Rate; 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.

**References:** The Centers for Medicare and Medicaid Services, CY 2026 Hospital Outpatient PPS Final Rule, Addendum A and Addendum B Updates. Retrieved from <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc>. CPT is a registered trademark of American Medical Association. CY 2026 Ambulatory Surgery Center Fee Schedule <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc>

## Product HCPCS codes and modifiers

### GRAFIX<sup>®</sup> and OASIS<sup>®</sup> Matrix HCPCS codes, UPC codes and billing units:

All GRAFIX Membranes and OASIS Matrix are billed per square centimeter. One billable unit is 1 cm<sup>2</sup>. To calculate the number of billable units multiply the length by the width of the wound cover that was applied. The below chart lists the assigned HCPCS codes for GRAFIX Membranes and OASIS Matrix and the maximum billable units per product size.

For CY 2026 CMS is considering skin substitute products as incident-to supplies when they are used as part of a covered application procedure paid under the OPPI in the facility setting. For CY 2026 CMS has set a single payment rate of **\$127.14** per sq. cm.

Preservation and storage	Product description	Part number	UPC code	Billing units (per sq cm)	HCPCS Q-code
Lyopreserved and stored at room temperature	GRAFIX PL PRIME <sup>®</sup> 16 mm Disc (2 cm <sup>2</sup> )	PS13016	859857003395	2	Q4133
	GRAFIX PL PRIME 1.5 x 2 cm (3 cm <sup>2</sup> )	PS13015	859857003388	3	Q4133
	GRAFIX PL PRIME 2 x 3 cm (6 cm <sup>2</sup> )	PS13023	859857003371	6	Q4133
	GRAFIX PL PRIME 3 x 3 cm (9 cm <sup>2</sup> )	PS13033	859857003449	9	Q4133
	GRAFIX PL PRIME 3 x 4 cm (12 cm <sup>2</sup> )	PS13034	859857003364	12	Q4133
	GRAFIX PL PRIME 5 x 5 cm (25 cm <sup>2</sup> )	PS13055	859857003357	25	Q4133
	GRAFIX PLUS <sup>®</sup> 2 x 3 cm (6 cm <sup>2</sup> )	PS16023	859857003562	6	Q4304
	GRAFIX PLUS 3 x 4 cm (12 cm <sup>2</sup> )	PS16034	859857003555	12	Q4304
Cryopreserved and stored at -75°C to -85°C	GRAFIX PRIME <sup>®</sup> 16 mm Disc (2 cm <sup>2</sup> )	PS60013	859857003340	2	Q4133
	GRAFIX PRIME 1.5 x 2 cm (3 cm <sup>2</sup> )	PS11015	859857003081	3	Q4133
	GRAFIX PRIME 2 x 3 cm (6 cm <sup>2</sup> )	PS11023	859857003067	6	Q4133
	GRAFIX PRIME 3 x 4 cm (12 cm <sup>2</sup> )	PS11034	859857003074	12	Q4133
	GRAFIX PRIME 5 x 5 cm (25 cm <sup>2</sup> )	PS11055	859857003098	25	Q4133
	GRAFIX CORE <sup>®</sup> 1.5 x 2 cm (3 cm <sup>2</sup> )	PS12015	859857003104	3	Q4132
	GRAFIX CORE 2 x 3 cm (6 cm <sup>2</sup> )	PS12023	859857003050	6	Q4132
	GRAFIX CORE 3 x 4 cm (12 cm <sup>2</sup> )	PS12034	859857003111	12	Q4132
	GRAFIX CORE 5 x 5 cm (25 cm <sup>2</sup> )	PS12055	859857003128	25	Q4132
	OASIS <sup>®</sup> Wound Matrix 3 x 3.5 cm (11 cm <sup>2</sup> )	8213-1000-33	10827002466224	11	Q4102
Dehydrated and stored at 15-30°C until use.	OASIS Wound Matrix 3 x 7 cm (21 cm <sup>2</sup> )	8213-1000-37	10827002466262	21	Q4102
	OASIS <sup>®</sup> Burn Matrix 3 x 3.5 cm (11 cm <sup>2</sup> )	RQ: 8213-3000-16	10827002576046	11	Q4103
	OASIS Burn Matrix 3 x 7 cm (21 cm <sup>2</sup> )	RQ: 8213-3000-18	10827002576060	21	Q4103
	OASIS Burn Matrix 5 x 7 cm (35 cm <sup>2</sup> )	RQ: 8213-3000-13	10827002576039	35	Q4103
	OASIS Burn Matrix 7 x 10 cm (70 cm <sup>2</sup> )	RQ: 8213-3000-09	10827002576015	70	Q4103
	OASIS Burn Matrix 7 x 20 cm (140 cm <sup>2</sup> )	RQ: 8213-3000-11	10827002576022	140	Q4103
	OASIS <sup>®</sup> ULTRA Tri-Layer Matrix 3 x 3.5 cm (11 cm <sup>2</sup> )	8213-0000-16	10827002352428	11	Q4124
	OASIS ULTRA Tri-Layer Matrix 3 x 7 cm (21 cm <sup>2</sup> )	8213-0000-18	10827002352442	21	Q4124
	OASIS ULTRA Tri-Layer Matrix 5 x 7 cm (35 cm <sup>2</sup> )	8213-0000-13	10827002231198	35	Q4124
	OASIS ULTRA Tri-Layer Matrix 7 x 10 cm (70 cm <sup>2</sup> )	8213-0000-09	10827002564630	70	Q4124
	OASIS ULTRA Tri-Layer Matrix 7 x 20 cm (140 cm <sup>2</sup> )	8213-0000-11	10827002564654	140	Q4124



## Important notes:

1. **The Medically Unlikely Edit (MUE) is the maximum units of a product reimbursed in one application per day.**

The MUE for GRAFIX<sup>®</sup> Membrane products areas follows:

Product	MUE (Units)
GRAFIX CORE <sup>®</sup> (Q4132)	50
GRAFIX PL PRIME <sup>®</sup> and GRAFIX PRIME <sup>®</sup> (Q4133)	113
GRAFIX PLUS <sup>®</sup> (Q4304)	Not set
OASIS <sup>®</sup> Wound Matrix (Q4102)	140
OASIS <sup>®</sup> Burn Matrix (Q4103)	Not set
OASIS <sup>®</sup> ULTRA Tri-Layer Matrix (Q4124)	280

**Note:** MUE data as of 2019.

2. **Billing of Incident-to Supply**

In the CY 2026 Physician Fee Schedule (PFS) final rule CMS finalized to pay skin substitutes as incident-to supplies beginning January 1, 2026. As a result, non-BLA skin substitutes are no longer payable under Medicare Part B as a drug or biological as of January 1, 2026, and only the administered portion is payable.

3. **Consolidated Billing — Medicare Only — Skilled Nursing Facility**

If a CAMP is applied and billed when the Medicare patient is under a Skilled Episode of Care, separate reimbursement will not be received.

- Medicare covers up to 100 days of care in a Skilled Nursing Facility (SNF), in a single benefit period, if the patient continues to be eligible.
- Under consolidated billing, a SNF must submit all Medicare claims for services provided to residents except for specifically excluded services. Consolidated billing rules make the SNF responsible for such services when rendered outside of the SNF.
- Reimbursement for services provided to patients in a Skilled Nursing Facility (SNF) are included in a bundled payment from the Part A Medicare Administrative Contractor (MAC) directly to the SNF
- Physician services may include both a professional and technical component. The technical component is subject to consolidated billing and should be billed to and reimbursed by the SNF.
- The SNF furnishes the services, either directly or under an “arrangement/contract” with an outside facility. The SNF bills Medicare for all services provided. The outside facility requests payment from the SNF, not Medicare Part B.

**Reference:** The Centers for Medicare and Medicaid Services, CY 2026 Hospital Outpatient PPS Final Rule  
Retrieved from <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulationsnotices/cms-1809-fc>.  
Retrieved from <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>



## ICD-10 diagnosis code guidelines for wound care

S+N CAMP coverage is based on medical necessity and subject to payer coverage guidelines. Always refer to the product Instructions for Use (IFU) or package insert for guidance on appropriate use. For most payers, GRAFIX<sup>®</sup> PL and GRAFIX<sup>®</sup> and OASIS<sup>®</sup> Membranes are considered medically necessary as an adjunct in the treatment of chronic ulcers that fail to progress toward healing after a period of standard wound care. Providers should always follow payer coverage guidelines for covered indications.

### Examples of common lower-extremity chronic wounds include:

- Diabetic foot ulcers (DFU) / diabetic ulcers of the lower extremities (ankle)
- Venous stasis ulcers (VSU) / venous leg ulcers (VLU)
- Pressure ulcers
- Chronic non-healing surgical or trauma wounds of the lower extremity with co-morbidities

It is recommended that providers select the most specific primary and secondary diagnosis codes to accurately describe the reason the wound is not healing properly, and codes that indicate the wound is chronic and describe the location, severity, and laterality.

### Example of specific DFU codes:

- Primary diagnosis:  
E11.621, *type 2 diabetes mellitus with a foot ulcer*
- Secondary diagnosis:  
L97.522, *non-pressure chronic ulcer of other part of left foot with fat layer exposed*

### Example of specific VLU codes:

- Primary diagnosis:  
I87.312, *chronic venous hypertension (idiopathic) with ulcer of left lower extremity*
- Secondary diagnosis:  
L97.222, *non-pressure chronic ulcer of left calf with fat layer exposed*

These codes are provided for information only and are not a statement or guarantee of reimbursement. The provider is ultimately responsible for verifying coverage with the patient's payer source.

The ICD-10 codes listed below represent some of the etiology diagnosis codes commonly associated with causes of lower extremity chronic ulcers. This is not meant to be an exhaustive list. Codes were selected from internal benefit investigation data and represent the most common codes submitted to the S+N Reimbursement Hotline.

Common ICD-10 codes associated with chronic lower extremity ulcers	
Code	Description
<b>Diabetic ulcer codes (not meant to be an exhaustive list)</b>	
E10.621	Type 1 diabetes mellitus with <b>foot ulcer</b>
E10.622	Type 1 diabetes mellitus with other <b>skin ulcer</b>
E11.621	Type 2 diabetes mellitus with <b>foot ulcer</b>
E11.622	Type 2 diabetes mellitus with other <b>skin ulcer</b>
E13.621	Other specified diabetes mellitus with <b>foot ulcer</b>
<b>Venous Ulcer Codes (not meant to be an exhaustive list)</b>	
I83.012	Varicose veins of <b>right</b> lower extremity with ulcer of <b>calf</b>
I83.013	Varicose veins of <b>right</b> lower extremity with ulcer of <b>ankle</b>
I83.014	Varicose veins of <b>right</b> lower extremity with ulcer of <b>heel &amp; midfoot</b>
I83.015	Varicose veins of <b>right</b> lower extremity with ulcer of <b>other part of foot</b>
I83.018	Varicose veins of <b>right</b> lower extremity with ulcer of other part of lower leg
<b>Non-Pressure Chronic Ulcer of Lower Limb</b>	
L97.211	Non-Pressure Chronic Ulcer of <b>right</b> calf limited to breakdown of skin
L97.212	Non-Pressure Chronic Ulcer of <b>right</b> calf with fat layer exposed
L97.221	Non-Pressure Chronic Ulcer of <b>left</b> calf limited to breakdown of skin
L97.222	Non-Pressure Chronic Ulcer of <b>left</b> calf with fat layer exposed
L97.311	Non-Pressure Chronic Ulcer of <b>right</b> ankle limited to breakdown of skin

Please see the product's Instructions for Use (IFU) for indications, contraindications, warnings, precautions and other important information.

This example represents the application of GRAFIX® PRIME Membrane, 3 x 4cm (12cm<sup>2</sup>), to an area on the foot, conducted in the HOPD on the UB04 claim form (also known as the CMS-1450).

1		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL	
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 DATE		13 ACDT STATE	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		100		101	
102		103		104		105	
106		107		108		109	
110		111		112		113	
114		115		116		117	
118		119		120		121	
122		123		124		125	
126		127		128		129	
130		131		132		133	
134		135		136		137	
138		139		140		141	
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