

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
Q4155	NEOXFLO OR CLARIXFLO 1 MG	12/01/2020	
Q4156	NEOX 100 1 SQUARE CM	12/01/2020	
Q4157	REVITALON 1 SQUARE CM	12/01/2020	
Q4158	Kerecis omega3, per sq cm	05/15/2021	
Q4159	AFFINITY1 SQUARE CM	12/01/2020	01/31/2022
Q4160	NUSHIELD 1 SQUARE CM	12/01/2020	
Q4161	Bio-connekt per square cm	05/15/2021	
Q4162	AMNIOPRO FLOW, BIOSKIN FLOW, BIOREN	12/01/2020	
Q4163	AMNIOPRO, BIOSKIN, BIORENEW, WOUNDE	12/01/2020	
Q4164	Helicoll, per square cm	05/15/2021	
Q4165	Keramatrix, kerasorb sq cm	05/15/2021	
Q4166	Cytal, per square centimeter	05/15/2021	
Q4167	Truskin, per sq centimeter	05/15/2021	
Q4169	ARTACENT WOUND, PER SQUARE CENTIMET	12/01/2020	
Q4170	CYGNUS, PER SQUARE CENTIMETER	12/01/2020	
Q4171	INTERFYL, 1 MG	12/01/2020	
Q4173	PALINGEN OR PALINGEN XPLUS PER SQU	12/01/2020	
Q4174	PALINGEN OR PROMATRX 0 36 MG PER 0	12/01/2020	
Q4175	Microderm	04/01/2021	
Q4176	NEOPATCH OR THERION, PER SQUARE CEN	12/01/2020	
Q4177	FLOWERAMNIOFLO, 0.1 CC	12/01/2020	
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIM	12/01/2020	
Q4179	Flowerderm, per sq cm	05/15/2021	
Q4180	REVITA, PER SQUARE CENTIMETER	12/01/2020	
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	12/01/2020	
Q4182	Transcyte, per sq centimeter	05/15/2021	
Q4183	SURGIGRAFT PER SQUARE CENTIMETER	12/01/2020	
Q4184	CELLESTA OR CELLESTA DUO, PER SQUAR	12/01/2020	
Q4185	CELLESTA FLOWABLE AMNION (25 MG PER	12/01/2020	
Q4188	AMNIOARMOR PER SQUARE CENTIMETER	12/01/2020	
Q4189	ARTACENT AC 1 MG	12/01/2020	
Q4190	ARTACENT AC PER SQUARE CENTIMETER	12/01/2020	
Q4191	RESTORIGIN PER SQUARE CENTIMETER	12/01/2020	
Q4192	RESTORIGIN 1 CC	12/01/2020	
Q4193	Coll-e-derm 1 sq cm	05/15/2021	



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
Q4194	NOVACHOR PER SQUARE CENTIMETER	12/01/2020	
Q4195	Puraply 1 sq cm	05/15/2021	
Q4196	Puraply am 1 sq cm	05/15/2021	
Q4197	PURAPLY XT PER SQUARE CENTIMETER	12/01/2020	
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQUA	12/01/2020	
Q4199	Cygnus matrix, per sq cm	04/15/2022	
Q4200	Skin te 1 sq cm	05/15/2021	
Q4201	MATRION PER SQUARE CENTIMETER	12/01/2020	
Q4202	Kerxxx (2.5g/cc), 1cc	05/15/2021	
Q4203	Derma-gide, 1 sq cm	05/15/2021	
Q4204	XWRAP PER SQUARE CENTIMETER	12/01/2020	
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP, PE	12/01/2020	
Q4206	FLUID FLOW OR FLUID GF, 1 CC	12/01/2020	
Q4208	NOVAFIX, PER SQUARE CENTIMETER	12/01/2020	
Q4209	SURGRAFT, PER SQUARE CENTIMETER	12/01/2020	
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT,	12/01/2020	
Q4211	AMNION BIO OR AXOBIOMEMBRANE, PER S	12/01/2020	
Q4212	ALLOGEN, PER CC	12/01/2020	
Q4213	ASCENT, 0.5 MG	12/01/2020	
Q4214	CELLESTA CORD, PER SQUARE CENTIMETE	12/01/2020	
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.	12/01/2020	
Q4216	ARTACENT CORD, PER SQUARE CENTIMETE	12/01/2020	
Q4217	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS,	12/01/2020	
Q4218	SURGICORD, PER SQUARE CENTIMETER	12/01/2020	
Q4219	SURGIGRAFT-DUAL, PER SQUARE CENTIME	12/01/2020	
Q4220	Bellacell hd, surederm sq cm	05/15/2021	
Q4221	AMNIOWRAP2, PER SQUARE CENTIMETER	12/01/2020	
Q4222	Progenamatrix, per sq cm	05/15/2021	
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	04/01/2022	
Q4225	Amniobind, per square centimeter	04/01/2022	
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	12/01/2020	
Q4228	BIONEXTPATCH, PER SQUARE CENTIMETER	12/01/2020	09/30/2021
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUA	12/01/2020	
Q4230	COGENEX FLOWABLE AMNION, PER 0.5 CC	12/01/2020	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
Q4231	CORPLEX P, PER CC	12/01/2020	
Q4232	CORPLEX, PER SQUARE CENTIMETER	12/01/2020	
Q4233	SURFACTOR OR NUDYN, PER 0.5 CC	12/01/2020	
Q4234	XCELLERATE, PER SQUARE CENTIMETER	12/01/2020	
Q4235	AMNIOREPAIR OR ALTIPLY, PER SQUARE	12/01/2020	
Q4236	CAREPATCH, PER SQUARE CENTIMETER	12/01/2020	
Q4237	CRYO-CORD, PER SQUARE CENTIMETER	12/01/2020	
Q4238	Derm-maxx per sq cm	07/01/2022	
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE, PER	12/01/2020	
Q4240	CORECYTE, FOR TOPICAL USE ONLY, PER	12/01/2020	
Q4241	POLYCYTE, FOR TOPICAL USE ONLY, PER	12/01/2020	
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	12/01/2020	
Q4244	PROCENTA, PER 200 MG	12/01/2020	
Q4245	AMNIOTEXT, PER CC	12/01/2020	
Q4246	CORETEXT OR PROTEXT, PER CC	12/01/2020	
Q4247	AMNIOTEXT PATCH, PER SQUARE CENTIME	12/01/2020	
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRA	12/01/2020	
Q4249	Amniply, per sq cm	03/01/2021	
Q4250	Amnioamp-mp per sq cm	03/01/2021	
Q4251	Vim, per square centimeter	04/15/2022	
Q4252	Vendaje, per square centimeter	04/15/2022	
Q4253	Zenith amniotic membrane psc	04/15/2022	
Q4254	Novafix dl per sq cm	03/01/2021	
Q4255	Requard, topical use per sq	03/01/2021	
Q4256	Mlg-complete, per square centimeter	04/01/2022	
Q4257	Relese, per square centimeter	04/01/2022	
Q4258	Enverse, per square centimeter	04/01/2022	
Q4259	Celera per sq cm	01/01/2023	
Q4260	Signature apatch, per sq cm	01/01/2023	
Q4261	Tag, per square centimeter	01/01/2023	
Q4262	Dual layer impax, per sq cm	01/01/2023	
Q4263	Surgraft tl, per sq cm	01/01/2023	
Q4264	Cocoon membrane, per sq cm	01/01/2023	
Q4265	Neostim tl per sq cm	09/01/2023	
Q4266	Neostim per sq cm	09/01/2023	



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
Q4267	Neostim dl per sq cm	09/01/2023	
Q4268	Surgraft ft per sq cm	09/01/2023	
Q4269	Surgraft xt per sq cm	09/01/2023	
Q4270	Complete sl per sq cm	09/01/2023	
Q4271	Complete ft per sq cm	09/01/2023	
Q4272	Esano a, per sq cm	12/01/2023	
Q4273	Esano aaa, per sq cm	12/01/2023	
Q4274	Esano ac, per square centimeter	12/01/2023	
Q4275	Esano aca, per square centimeter	12/01/2023	
Q4276	Orion, per square centimeter	12/01/2023	
Q4277	Woundplus membrane or e-graft, per square centimeter	12/01/2023	
Q4278	Epieffect, per square centimeter	12/01/2023	
Q4280	Xcell amnio matrix, per square centimeter	12/01/2023	
Q4281	Barrera sl or barrera dl, per square centimeter	12/01/2023	
Q4282	Cygnus dual, per square centimeter	12/01/2023	
Q4284	Dermabind sl, per square centimeter	12/01/2023	
Q4285	Nudyn dl or nudyn dl mesh, per sq cm	10/01/2023	
Q4286	Nudyn sl or nudyn slw, per sq cm	10/01/2023	
S2117	ARTHROEREISIS SUBTALAR	12/01/2020	
S2300	ARTHROSCOPY SHOULDER SURGI	12/01/2020	
S3650	SALIVA TEST HORMONE LEVEL DURING	12/01/2020	
S3652	SALIVA TEST HORMONE LEVEL TO ASSE	12/01/2020	
S3900	SURFACE EMG	09/01/2020	
S8130	INTERFERENTIAL STIM 2 CHAN	09/01/2020	
S8131	INTERFERENTIAL STIM 4 CHAN	09/01/2020	
S8940	HIPPOTHERAPY PER SESSION	09/01/2020	
S9001	HOME UTERINE MONITOR WITH OR	09/01/2020	
S9056	COMA STIMULATION PER DIEM	12/01/2020	
S9090	VERTEBRAL AXIAL DECOMPRESSION	09/01/2020	



References

Medical Policies site

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Healthcare Common Procedure Coding System (HCPCS)

Policy Update History:

Approval Date	Description
09/27/2023	Added HCPCS codes eff 10/01/2023
08/07/2023	End-dated codes 06/30/2023; Added HCPCS codes eff 12/01/2023.
05/25/2023	Added HCPCS codes eff 09/01/2023
05/26/2023	Added new CPT/HCPCS codes eff 07/01/2023; Revised effective date of CPT/HCPCS codes from 07/01/2023 to 09/01/2023
05/26/2023	End-dated code 06/30/2023; Added CPT/HCPCS codes effective 06/01/2023
03/24/2023	Added CPT/HCPCS codes effective 07/01/2023; Removed CPT/HCPCS codes (AMA/HCPCS end-dated 12/31/2020, 09/30/2021, 12/31/2021, 12/31/2022)
12/20/2022	End-dated codes 12/31/2022; Added new CPT/HCPCS codes effective 01/01/2023; and CPT/HCPCS codes 04/01/2023
09/22/2022	Added CPT/HCPCS codes effective 01/01/2023
04/22/2022	Added CPT/HCPCS codes effective 08/01/2022
03/29/2022	Added HCPCS codes effective 04/01/2022
01/27/2022	Code end-dated 01/31/2022
01/10/2022	Added CPT/HCPCS codes effective 04/15/22; Code end-dated 10/14/2021
05/12/2021	Added CPT/HCPCS Codes Effective 8/15/2021
01/28/2021	Added CPT/HCPCS Codes Effective 5/15/2021; Removed CPT/HCPCS Codes (AMA/HCPCS end-dated 12/31/2020)
11/05/2020	Added/Removed CPT/HCPCS Code (AMA changes effective 1/1/2021)
10/30/2020	Added/Removed CPT/HCPCS Code Effective 3/1/2021
10/01/2020	Removal of CPT/HCPCS Code
08/25/2020	Added CPT/HCPCS codes effective 12/1/2020
08/13/2020	Removal of CPT/HCPCS Code
05/28/2020	New policy Codes Effective 9/1/2020

CPCP028 Addendum: BCBSTX Additional EIU Codes

Code	Description	Effective Date
J7604	ACETYLCYSTEINE COMP UNIT	12/1/2020
J7607	LEVALBUTEROL COMP CON	12/1/2020
J7609	ALBUTEROL COMP UNIT	12/1/2020
J7610	ALBUTEROL COMP CON	12/1/2020
J7615	LEVALBUTEROL COMP UNIT	12/1/2020
J7622	BECLOMETHASOME INHALATION SOLUTION	12/1/2020
J7624	BETAMETHASOME INHALATION SOLUTION	12/1/2020
J7627	BUDESONIDE COMP UNIT	12/1/2020
J7628	BITOLTEROL MESYLATE, INHALATION SOL	12/1/2020
J7629	BITOLTEROL MESYLATE INHALATION SOL	12/1/2020
J7632	CROMOLYN SODIUM COMP UNIT	12/1/2020
J7634	BUDESONIDE INHALATION SOLUTION CO	12/1/2020
J7635	ATROPINE, INHALATION SOLUTION ADMIN	12/1/2020
J7636	ATROPINE INHALATION SOLUTION ADMIN	12/1/2020
J7637	DEXAMETHASONE COMP CON	12/1/2020
J7638	DEXAMETHASONE COMP UNIT	12/1/2020
J7640	FORMOTEROL COMP UNIT	12/1/2020
J7641	FLUNISOLIDE, INHALATION SOLUTION AD	12/1/2020
J7642	GLYCOPYRROLATE COMP CON	12/1/2020
J7643	GLYCOPYRROLATE COMP UNIT	12/1/2020
J7645	IPRATROPIUM BROMIDE COMP	12/1/2020
J7647	ISOETHARINE HCL, INHALATION SOLUTIO	12/1/2020
J7650	ISOETHARINE HCL, INHALATION SOLUTIO	12/1/2020
J7657	ISOPROTERENOL HCL, INHALATION SOLUT	12/1/2020
J7660	ISOPROTERENOL HCL INHALATION SOLUT	12/1/2020
J7667	METAPROTERENOL SULFATE, INHALATION	12/1/2020
J7670	METAPROTERENOL SULFATE INHALATION	12/1/2020
J7676	PENTAMIDINE COMP UNIT DOSE	12/1/2020
J7680	TERBUTALINE SULF COMP CON	12/1/2020
J7681	TERBUTALINE SULFATE INHALATION SOL	12/1/2020
J7683	TRIAMCINOLONE COMP CON	12/1/2020
J7684	TRIAMCINOLONE COMP UNIT	12/1/2020
J7685	TOBRAMYCIN, INHALATION SOLUTION, CO	12/1/2020