



The introduction of InnovaMatrix® AC and InnovaMatrix® FS by Convatec are significant and innovative advancements in biologic dressings for acute, traumatic, and chronic wound care. InnovaMatrix® AC and InnovaMatrix® FS are the first-ever placental-derived medical devices cleared by the FDA for wound management.

To learn about important updates regarding the 2023 billing and coding for InnovaMatrix® AC and InnovaMatrix® FS in the Physician Office setting of care, please refer to the information below.

HCPCS Code	Description	MAC	Physician Office Reimbursement Rate
A2001	InnovaMatrix® AC, per square centimeter	FCSO	\$1,030.00
A2013	InnovaMatrix® FS, per square centimeter	FCSO	\$1,154.63

**InnovaMatrix® AC and InnovaMatrix® FS - Physician Office Update - 2023**

Permanent HCPCS code for InnovaMatrix® AC is effective on 01/01/2022.  
 Permanent HCPCS code for InnovaMatrix® FS is effective on 04/01/2022.

A2001 is defined as: InnovaMatrix® AC, per square centimeter.  
 A2001 is to be used in the Physician Office setting.  
 A2013 is defined as: InnovaMatrix® FS, per square centimeter.  
 A2013 is to be used in the Physician Office setting.

**For HCPCS codes no longer requiring invoice (A2001 and A2013), FCSO requires in CMS-1500 Box 19 (or equivalent):**

- The invoice dollar amount

The full article can be found at:  
[https://medicare.fcso.com/Coverage\\_News/0501966.asp](https://medicare.fcso.com/Coverage_News/0501966.asp)

The A Code will be billed with the CPT series 15271-78 series (just like Q Codes).

The rates for A2001 and A2013 in FCSO are \$1,030.00 and \$1,154.63, respectively. These rates were effective on 01/01/2023 and may be updated on a quarterly basis. Please check with Convatec’s Reimbursement Hotline for the most up to date information.

**Questions?**

Please contact your local Convatec sales rep or Convatec’s Reimbursement Hotline by phone (888-767-4849) or by email (Reimbursement.Wound@convatec.com).

This information in this document is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure, or treatment. It is the provider’s responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure, or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Local payers and physician specialty societies should be contacted for specific coding guidelines. Convatec cannot guarantee medical benefit coverage or reimbursement with the codes listed in this document.