

InnovaMatrix[®] Product Family

2024 Reimbursement Guide



Wound Care Reimbursement Support by:



convatec
— forever caring —

The InnovaMatrix® Technology Platform from Convatec offers next generation extracellular matrix (ECM) products that increase the options for wound management, burn care, and surgical care by combining the technological advantages of a regulated medical device - reliability, reproducibility, and a rigorous safety profile - with the inherent structural benefits found within the placenta.

Convatec is dedicated to increasing patient access to innovative, reliable, and affordable technologies that address complex surgical wounds, hard-to-heal wounds, burns, and other regenerative dermal applications.*



Innovative.

The InnovaMatrix® Platform offers the first and only placental-derived medical device technology on the market that addresses the specific limitations of human placental grafts.^{1,2}

This technology provides an array of new, exciting opportunities and is the foundation for Convatec's robust product development pipeline.



Reliable.

The InnovaMatrix® Platform products are regulated medical devices, unlike human cells, tissues and cellular and tissue-based products (HCT/Ps). Produced under Current Good Manufacturing Practice (CGMP) with a consistent source material, the InnovaMatrix® Platform products ensure our customers are provided with reliable and reproducible ECM products for wound management.



Affordable.

Our goal is to provide safe, cost-effective wound care solutions for patients. To that end, our operations maximize efficiency and create economic benefits for patients, healthcare providers, and payors.

*See instructions for use for full list of indications.

1. Cardinal, L. J. (2015). Central tendency and variability in biological systems. *J Community Hosp Intern Med Perspect*, 5(3), 27930. doi:10.3402/jchimp.v5.27930

2. O'Huallachain, M., Karczewski, K. J., Weissman, S. M., Urban, A. E., & Snyder, M. P. (2012). Extensive genetic variation in somatic human tissues. *Proc Natl Acad Sci U S A*, 109(44), 18018-18023. doi:10.1073/pnas.1213736109

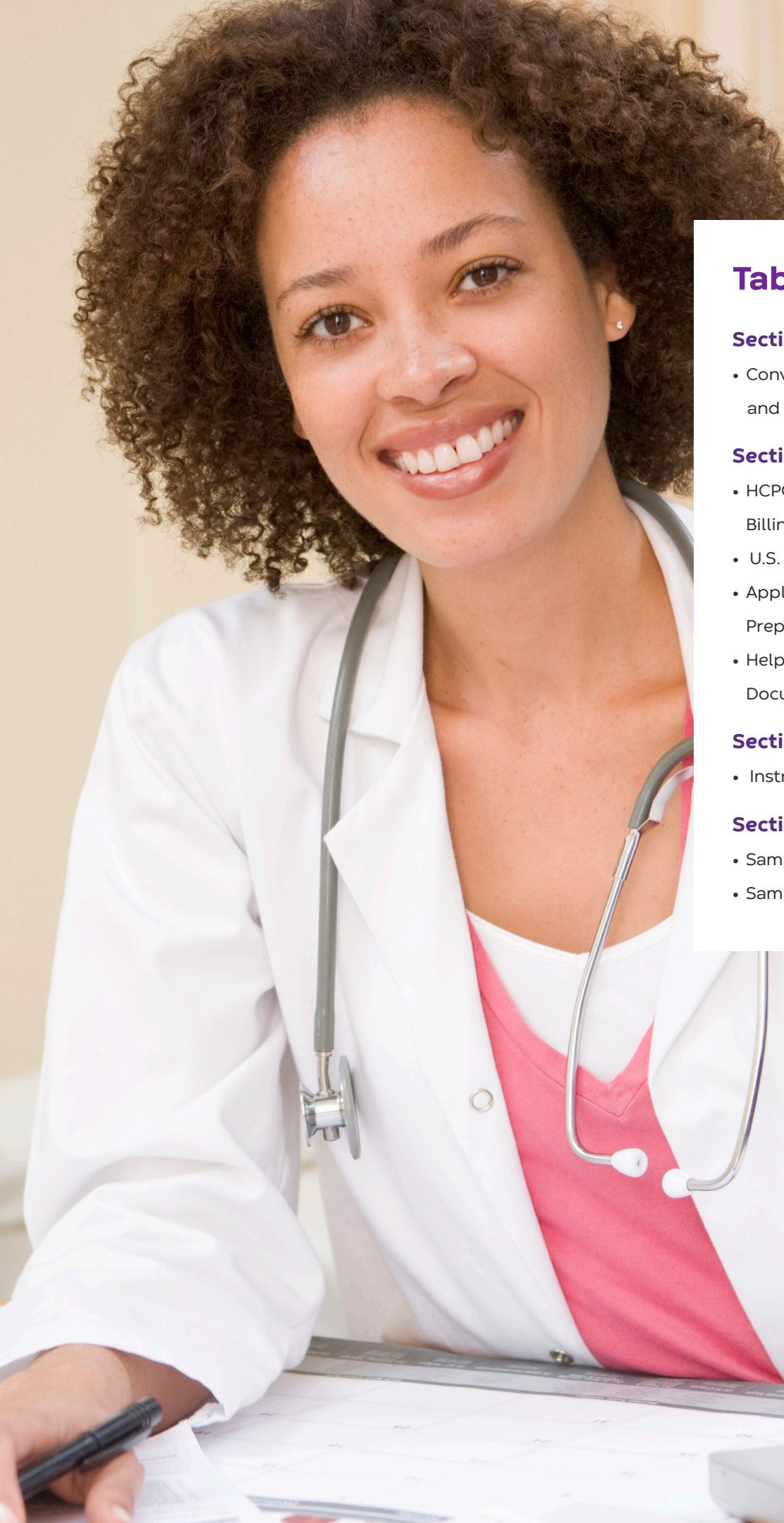


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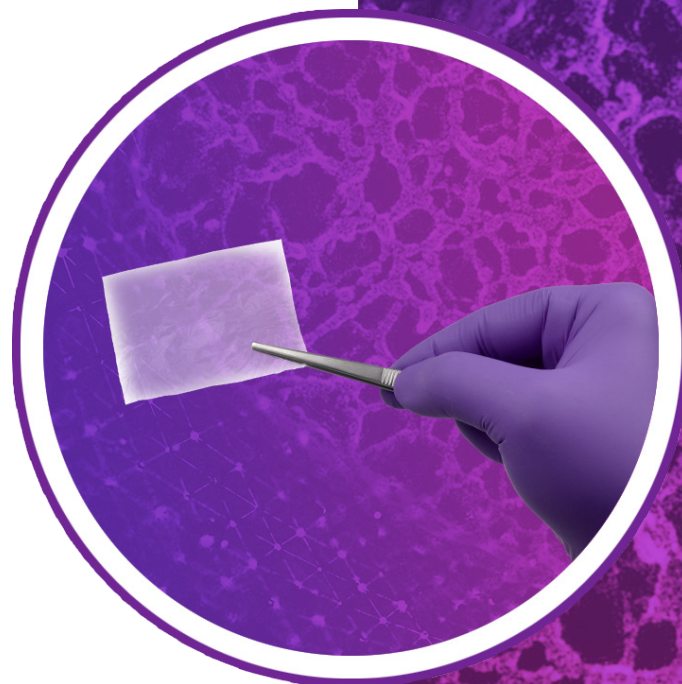
Section 1: Introduction

Reimbursement Support for InnovaMatrix® Products

Convatec aids patient access to our products through reimbursement support, including insurance verifications, payor trends, and claims/appeals process information.

Convatec is committed to providing customers with a best-in-class experience. As such, we are proud to offer the following reimbursement support programs designed to assist during the reimbursement process:

- Access to experienced reimbursement specialists
- Comprehensive overview of patient-specific benefits including out-of-pocket cost, prior authorization requirements, and other key payor insights
- Verification of benefits typically returned within 24 to 48 hours



Reimbursement Support

888.767.4849
reimbursement.wound@convatec.com

1770 Moriah Woods Blvd., Suite 18
Memphis, TN 38117
www.InnovaMatrix.com

How to Order

Contact your local rep or
Customer Service

Phone: 901.333.6000

Email: us.customerservice.memphis@convatec.com

Section 2: Coding

InnovaMatrix® AC Product Code

*See Package Insert for Indications for Use

HCPCS Code	Description	Medicare Payment Rate
A2001	InnovaMatrix® AC, Per Square Centimeter	Varies based on Medicare Administrative Contractor (MAC)

- The reimbursement rates vary by MAC. Contractors may use Wholesale Acquisition Cost (WAC) + a percentage, the invoice cost, or CMS published average sales price (ASP) rates where available.
- To determine the rates specific to your MAC, please contact the Convatec Reimbursement Team by phone at 888-767-4849 or by email at reimbursement.wound@convatec.com.

Billing Unit Information

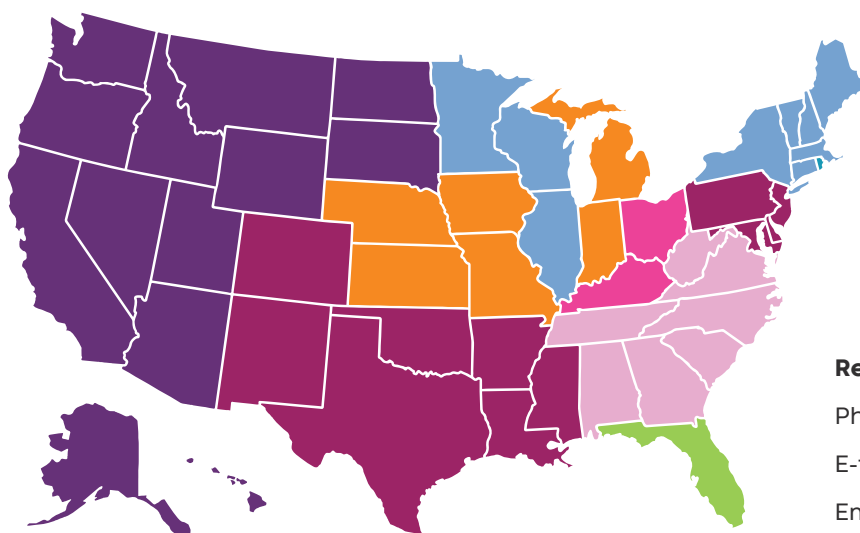
Dimensions	Wound Area Covered	Billing Units	Product
15 mm	IMX-15MM-01	2	InnovaMatrix® AC
2 cm x 2 cm	IMX-0202-01	4	InnovaMatrix® AC
4 cm x 4 cm	IMX-0404-01	16	InnovaMatrix® AC
4 cm x 6 cm	IMX-0406-01	24	InnovaMatrix® AC
5 cm x 5 cm	IMX-0505-01	25	InnovaMatrix® AC

Per the 2024 Physician Fee Schedule Final Rule, A2001 is contractor priced and will be paid separately in addition to the skin substitute application code (15271-78).

Diagnosis Codes (ICD-10 Codes)

- Review your Local Coverage Determination (LCD) for potentially covered ICD-10 codes.
- Policies may vary by MAC; see the map below to identify your MAC region.

U.S. Regional MAC Map



Regions by Color

- CGS Medicare
- First Coast Service Options
- Palmetto GBA Medicare
- NGS Medicare
- Noridian Healthcare Solutions
- Novitas Solutions
- WPS Medicare

Reimbursement Support Contact

Phone: 888.767.4849

E-fax: 888.980.1176

Email: reimbursement.wound@convatec.com

Application Codes

The application codes are subject to the multiple procedure reduction rule if billed on the same day as the surgical site preparation code.

CPT Code ¹	Medicare Non-Facility (Office) Rate ²	CPT Description
15271	\$151.61	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
+15272	\$24.23	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
15273	\$303.21	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
+15274	\$79.57	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)
15275	\$156.19	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
+15276	\$31.76	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)
15277	\$334.65	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% body area of infants and children
+15278	\$92.99	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. CPT is a registered trademark of the American Medical Association (AMA)

2. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>, rates are national averages

Surgical Site Preparation Codes

Code	Description
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
+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)
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, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq. cm or 1% of body area of infants and children
+15005	Each additional 100 sq. cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition of code for primary procedure)

- Coverage for the surgical site preparation codes varies. Please review payor guidelines.
- Per coding guidelines, site preparation codes may be billed once per wound.

Helpful Guidelines

- When billing for InnovaMatrix® AC, the CPT Codes and the application codes are based on anatomical site and wound surface area. Be sure to review the definitions of each application code and to use the appropriate code for the wound size.
- Review the add-on codes for wounds larger than 25 square centimeters.
- When setting your billed charge for InnovaMatrix® AC, review applicable allowables and cost. Utilize the methodology you employ for other products and services.
- Do not append modifiers to A2001. In some situations, it may be necessary to append a modifier to the CPT application code. Always refer to payor guidelines and modifier/code definitions.

The 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 payors 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.



General Documentation Guidelines

Always verify MAC-specific guidelines and applicable Local Coverage Determinations (LCDs).

Documentation should always reflect the procedures performed.

- Establish and document baseline measurements of the wound prior to initiation of treatment.
- Document types of conservative treatment over specific time with limited progress towards healing.
- Ensure adequate blood flow to wound site.
- Note presence or absence of infection and document treatment and response.
- Monitor and document diabetic patients' glucose levels.
- Verify that the wound was debrided and cleaned, ensuring it was free of exudate and/or necrotic tissue.
- When documenting the application of InovaMatrix® AC, be sure to note size/dimensions and lot number; include fixation method if required by your local policy.
- Include wound description prior to and after application of product.
- Track the amount of product used and the amount discarded.
- Document frequency and dates of wound dressing changes as well as patient compliance information, such as utilization of off-loading foot apparel.

Section 3: Insurance Verification

Instructions for completing Convatec's IVR and submitting for insurance verification:

- Indicate if the request is new, for a re-verification, or for additional product applications.
- Complete patient section or include demographic sheet with insurance information.
- Complete the physician and facility sections of the form. Be sure to include Tax ID and NPI numbers.
- Include the diagnosis code(s).
- Populate requested number of product applications and wound size(s).
- Check to make sure you have the proper patient release form on file to release patient-specific information. For information concerning our privacy practices, please visit <https://www.Convatecgroup.com/privacy-policy/>.
- Sign and date the form.
- Incomplete forms can lead to processing delays.
- Once complete, fax the form to the Reimbursement Team at 888-980-1176.



Section 4: Sample Resources

Sample IVR Form

PATIENT INSURANCE VERIFICATION REQUEST FORM

PLEASE FAX FORM TO CONVATEC TRIAD LIFE SCIENCES REIMBURSEMENT HOTLINE: 888 980 1176

PHONE 888.767.4849

EMAIL: REIMBURSEMENT.WOUND@CONVATEC.COM

NEW PATIENT RE-VERIFICATION ADDITIONAL APPLICATIONS NEW INSURANCE

CONVATEC TRIAD LIFE SCIENCES SALES REPRESENTATIVE NAME: _____

PATIENT AND INSURANCE INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Is the patient currently residing in a nursing home or skilled nursing facility? YES NO

If patient is currently under a surgical global period, please indicate date and procedure (CPT code) done:

Procedure (CPT) code(s): _____ Date of Procedure: _____

Primary Insurance: _____ Policy #: _____ Payer Phone #: _____

Secondary Insurance: _____ Policy #: _____ Payer Phone #: _____

Tertiary Insurance: _____ Policy #: _____ Payer Phone #: _____

Workers Comp Claim #: _____ Adjusters Name: _____ Adjuster Phone #: _____

PHYSICIAN AND FACILITY INFORMATION

Physicians Name and Specialty: _____

NPI #: _____ Medicare (PTAN) Provider #: _____

TAX ID: _____ Medicaid Provider #: _____

Office Contact: _____ Phone #: _____ Fax #: _____

TREATING FACILITY PLACE OF SERVICE (POS): Hospital-Based Outpatient Wound Department (HOPD – POS 22) Physician Office (POS – 11)
 Ambulatory Surgery Center (ASC – POS 24) Other (Please specify e.g., Critical Access Hospital or POS 19 Off Campus): _____

Facility Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

NPI #: _____ Tax ID #: _____

Medicare contractor (MAC) and Provider ID (PTAN) for claims processing: _____

PRODUCT AND TREATMENT INFORMATION

Product: <input type="checkbox"/> InnovaMatrix® AC <input type="checkbox"/> InnovaMatrix® FS		
Application Codes:		
Anticipated Treatment Start Date:	Number of Applications:	Frequency:

Total Surface Area of All Wounds: _____

Diabetic Foot Ulcer	Venous Leg Ulcer	Pressure Ulcer or Chronic Wound	Other
E Code _____ L Code _____	I Code _____ L Code _____	L Code _____	_____

AUTHORIZATION TO RELEASE INFORMATION

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 to Triad Life Sciences Hotline and its contractors as necessary to obtain insurance coverage and payment information regarding Triad Life Sciences Products and Treatments.

Physician or Qualified Healthcare Professional Signature: _____ Date: _____

Please fax this form along with a copy of the front and back of the patient's insurance card(s) and any additional pertinent information such as the patient's demographic sheet to 888-980-1176.

Disclaimer: The Reimbursement Hotline is offered as an information service only. Please keep in mind that this information represents a summary of information provided by the insurer which may change from time to time. Third-party payment is affected by many factors; therefore, Convatec Triad Life Sciences cannot guarantee of coverage or reimbursement now or in the future. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any treatment rendered.

Sample Insurance Claim Form

1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA BLK LUNG <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (ID)										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Jones, John J.										3. PATIENT'S BIRTH DATE 09 19 1931 M <input checked="" type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)														
5. PATIENT'S ADDRESS (No., Street) 1234 Any Street										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)									
CITY Anywhere					STATE LA					CITY					STATE														
ZIP CODE 99999					TELEPHONE (Include Area Code) (999) 999-9999					ZIP CODE					TELEPHONE (Include Area Code) ()														
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>									
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)										b. EMPLOYER'S NAME OR SCHOOL NAME									
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME									
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR GIVE FIRST DATE										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary for the payment of medical benefits to the undersigned physician or supplier for use by myself or to the party who accepts assignment.									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. DATE										17b. NPI									
19. RESERVED FOR LOCAL USE InnovaMatrix AC, A2001; Invoice total \$XXX.xx										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										23. PRIOR AUTHORIZATION NUMBER XXXXX										24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #									
07 01 22 07 01 23 11										1										xxx xx 4									
07 01 22 07 01 23 11										1										xxx xx 1									
31. SIGNATURE OF PHYSICIAN INCLUDING DEGREES OR (I certify that the statements apply to this bill and are made in good faith)										SIGNED										SIGNED									

Field 21
Enter ICD-10 diagnosis code(s)

Field 19
Enter product and invoice information (when MAC reimbursed using invoice cost)

Field 24F
Enter charges for each line item

Field 23
Enter PA number (when required)

Field 24B
Enter place of service

Field 24D
Enter diagnosis code pointer(s) corresponding HCPCS and CPT codes

Field 24E
Enter diagnosis code(s) pointer(s) corresponding with code(s) in Field 21

Field 24G
Enter appropriate number of units for each service provided. InnovaMatrix® AC is billed per sq. cm (This is an example, sizes vary)

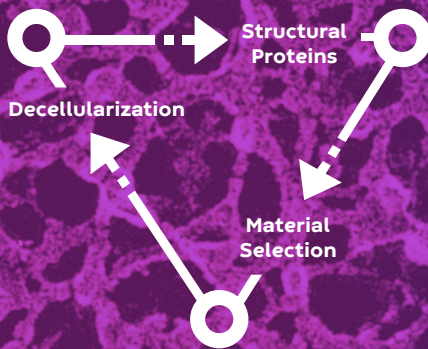
- 15mm = 2 units
- 2x2cm = 4 units
- 4x4cm = 16 units
- 4x6cm = 24 units
- 5x5cm = 25 units

We are dedicated to increasing patient access to innovative, reliable and affordable technologies that address acute, traumatic, and hard-to-heal wounds, surgical applications, soft tissue injuries, and other regenerative applications.

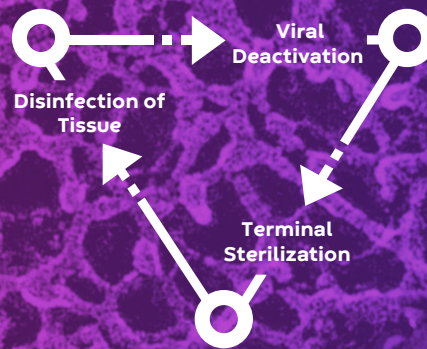
The InnovaMatrix[®] Equation

First placental-derived medical device for surgical and hard-to-heal wounds

Performance



Safety



+

=

InnovaMatrix[®] Platform

- Innovative
- Consistent
- Affordable



convatec
— forever caring —

Convatec Triad Life Sciences, LLC
1770 Moriah Woods Blvd., Suite 18, Memphis, TN 38117