

## 2026 BioTissue® Wound Coding Sheets - Neox® Neox® 1K, Neox® RT, and Neox® 100

Neox 1K, Neox RT and Neox 100, are Human Amniotic Membrane Allografts derived from Human Birth Tissue. The biological integrity of the Amniotic Membrane is maintained through a proprietary CryoTek® Cryopreservation Process. These products are registered with the U.S. Food and Drug Administration (FDA) as Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/P) under Section 361 of the Public Health Service (PHS) Act.

The Neox product line is indicated for use as a wound covering to create a protective environment for wound healing to occur.

Product Line				
Neox 1K		Neox RT		Neox 100
 Cryopreserved ultra-thick human amniotic membrane allograft derived from umbilical cord		 Sterile hydrated, ultra-thick, human amniotic membrane allograft derived from umbilical cord		 Cryopreserved human amniotic membrane allograft
Allograft				
HCPCS	Descriptor	Non-Facility MPFS		
Q4148	Neox 1K, Neox RT, or Clarix 1K, per square centimeter	\$127 per square centimeter*		
Q4156	Neox 100 or Clarix 100, per square centimeter	\$127 per square centimeter*		
HCPCS	Descriptor	Inpatient	OPPS	ASC
Q4148	Neox 1K, Neox RT, or Clarix 1K, per square centimeter	N/A	Packaged	Packaged
Q4156	Neox 100 or Clarix 100, per square centimeter	N/A	Packaged	Packaged

## Skin Substitute Application Procedure Codes

\*Payment amount rounded.

Physician Fee Schedule - Facility and Non-Facility Settings (CY 2026)					
CPT Code	Code Description	Non-Facility		Facility	
		RVUs	MPFS	RVUs	MPFS
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	4.73	\$157.99	2.25	\$75.15
+15272	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	0.77	\$25.72	0.44	\$14.70
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	9.64	\$321.98	5.14	\$171.68
+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)	2.60	\$86.84	1.16	\$38.75
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	4.80	\$160.32	2.52	\$84.17
+15276	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	1.01	\$33.73	0.66	\$22.04
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	10.82	\$361.40	5.91	\$197.40
+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)	3.03	\$101.20	1.46	\$48.77

## Skin Substitute Application Procedure Codes - OPPS & ASC

Facility Reimbursement - Hospital Outpatient Department and Ambulatory Surgical Center Settings (CY 2026)						
CPT Code	Code Description	APC	Status Indicator OPPS (SI)	Hospital Outpatient	Payment Indicator ASC	Ambulatory Surgical Center
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	G2	\$404.93
+15272	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	N/A	N	Packaged	N1	\$0.00
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	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)	N/A	N	Packaged	N1	\$0.00
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	P3	\$94.66
+15276	each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	N/A	N	Packaged	N1	\$0.00
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	\$2,107.97	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)	N/A	N	Packaged	N1	\$0.00

**OPPS Status Indicator** - **T** = Significant Procedure, Multiple Reduction Applies  
**N** = Items and Services Packaged into APC Rates

**ASC Status Indicator** - **N1** = Packaged service/item; no separate payment made  
**G2** = Non-office based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

+ = Add-on code

### Revenue Code

Revenue Code	Descriptor
636	Pharmacy Extension 025X-Drug Requiring Detailed Coding

### Inpatient Facility Reimbursement

DRG	Descriptor	Payment
463	Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders with MCC	\$41,473.89
464	Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders with CC	\$22,664.92
465	Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders without CC/MCC	\$13,270.63
573	Skin graft for Skin Ulcer or Cellulitis with MCC	\$47,672.97
574	Skin graft for Skin Ulcer or Cellulitis with CC	\$25,260.54
575	Skin graft for Skin Ulcer or Cellulitis without CC/MCC	\$11,887.32

### References/Notes:

- The payment rates specified in this document are Centers for Medicare & Medicaid Services (CMS) national unadjusted averages. Actual payment rates will vary based on geographic adjustments and are updated quarterly. Commercial payment rates will vary per contract.
- By Report - For CPT codes that have not been assigned RVUs (e.g., miscellaneous codes), there is no national payment rate. Providers must provide detailed operative notes describing the service provided. If there is an existing service with an established CPT code that involves similar work, that CPT code may be provided as a suggested crosswalk for payment purposes.
- If required, please utilize appropriate modifiers with Neox 1K, Neox RT and Neox 100 products.
- JC - Skin substitute used as a graft.
- JW - Portion of skin substitute discarded (required for ALL MACS as of January 1, 2017).
- For drugs and biologicals not included in the ASP Medicare Part B Drug Pricing File, payment is based on WAC or invoice pricing.
- CY 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; and Final CY 2026 Payment Rates (CMS-1834-FC); Addendum B and ASC Addenda.
- CY 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; (CMS-1832-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$33.4009 effective Jan. 1, 2026.
- DRG values were calculated using a base labor + non-labor rate of \$6,752.61 and Capital Standard Payment of \$524.15. The base payment rate assumes the hospital submitted quality data and is a user of EHR. The weighted rate used the 10% Cap Applied. A hospital's base payment rate will change if the hospital does not meet either or both of these measures. Calculations were based on data provided in FY 2026 IPPS Final Rule (Tables 1B, 1D, and Table 5). Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association.
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## Available Sizes & Billing Quantities

Catalogue Number	Size - cm <sup>2</sup>	Billing Quantity*
<b>Neox<sup>®</sup> 1K (Q4148)</b>		
NX-10-2010	2.0 x 1.0 cm	2
NX-10-1515	1.5 x 1.5 cm	3
NX-10-2020	2.0 x 2.0 cm	4
NX-10-3020	3.0 x 2.0 cm	6
NX-10-2525	2.5 x 2.5 cm	7
NX-10-3030	3.0 x 3.0 cm	9
NX-10-4030	4.0 x 3.0 cm	12
NX-10-6030	6.0 x 3.0 cm	18
NX-10-8030	8.0 x 3.0 cm	24
<b>Neox<sup>®</sup> RT (Q4148)</b>		
NX-UR-2010	2.0 x 1.0 cm	2
NX-UR-2020	2.0 x 2.0 cm	4
NX-UR-3020	3.0 x 2.0 cm	6
NX-UR-3030	3.0 x 3.0 cm	9
NX-UR-4030	4.0 x 3.0 cm	12
NX-UR-6030	6.0 x 3.0 cm	18
NX-UR-8030	8.0 x 3.0 cm	24
<b>Neox<sup>®</sup> 100 (Q4156)</b>		
NX-02-2020	2.0 x 2.0 cm	4
NX-02-3030	3.0 x 3.0 cm	9
NX-02-4040	4.0 x 4.0 cm	16
NX-02-7070	7.0 x 7.0 cm	49

\*Rounded up to the nearest whole number.

## HCPCS Q CODES

Neox wound allografts are reported with either of two HCPCS Q Codes. The code selection depends on the allograft selected.



**Q4148** - Neox 1K, Neox RT, or Clarix 1K, per sq cm



**Q4156** - Neox 100 or Clarix 100, per sq cm

Coverage for the use of amniotic membrane derived skin substitutes varies by payor, contract, and the patient's plan.

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