

AmnioCore for Post-Mohs Wound Care

Clinical Evidence, Outcomes & Product Overview | Stability Biologics

Clinical Outcomes at a Glance

12x

Lower risk of infection or reintervention vs. autologous repair

Toman et al. 2022, Adjusted OR 11.71

19x

Lower risk of poor scar cosmesis or scar revision

Toman et al. 2022, Adjusted OR 18.76

91.9%

Median wound-area reduction after weekly Amnio Tri-Core application

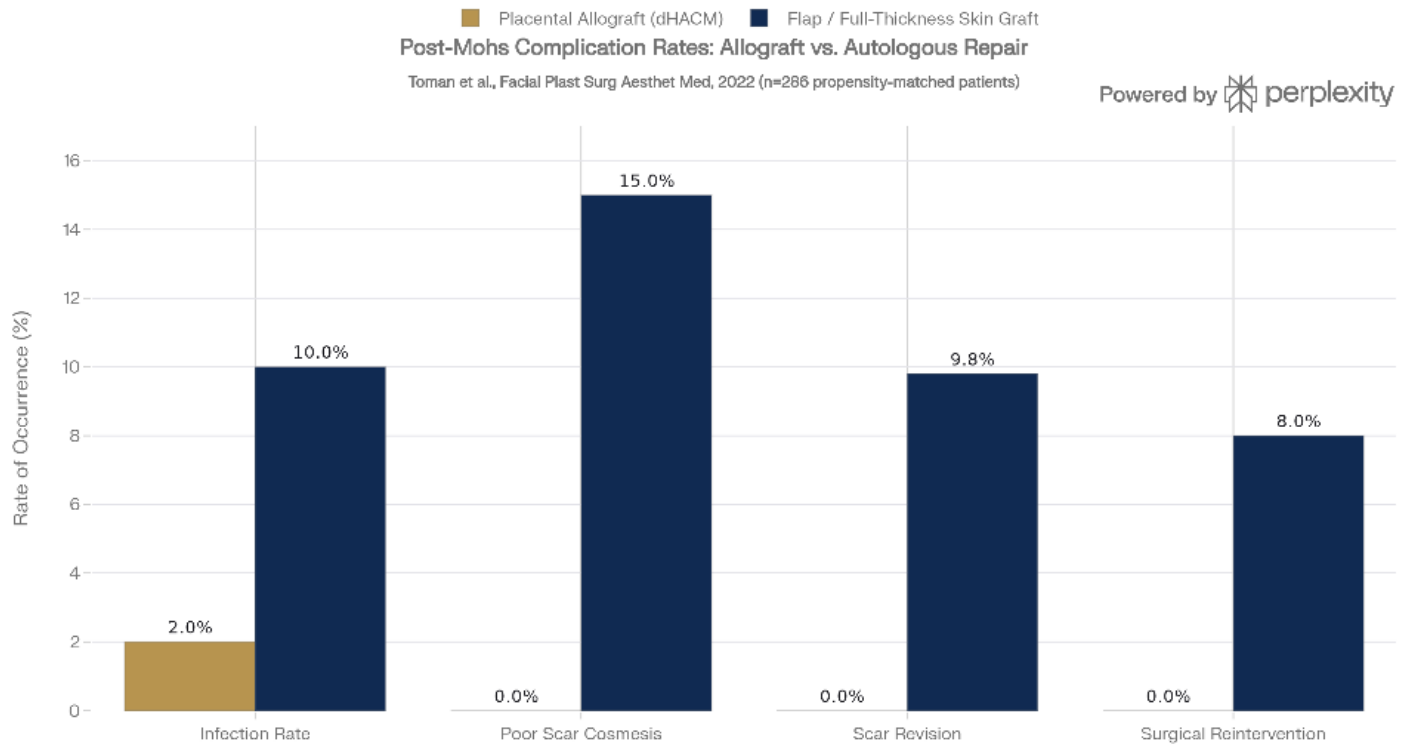
Sandhu et al. 2025, n=46 patients

6 wks

Median time to complete healing post-Mohs

Sandhu et al. 2025, mean 8.5 wks

Sources: Toman J, et al. *Facial Plast Surg Aesthet Med*. 2022;24(1):48-53 (n=286). Sandhu N, et al. *A retrospective study on the outcomes of Mohs micrographic surgery using tri-layer amniotic membrane*. *Int J Tissue Repair*. 2025 (n=46, 10 sites).



New: Retrospective Study on MMS Outcomes

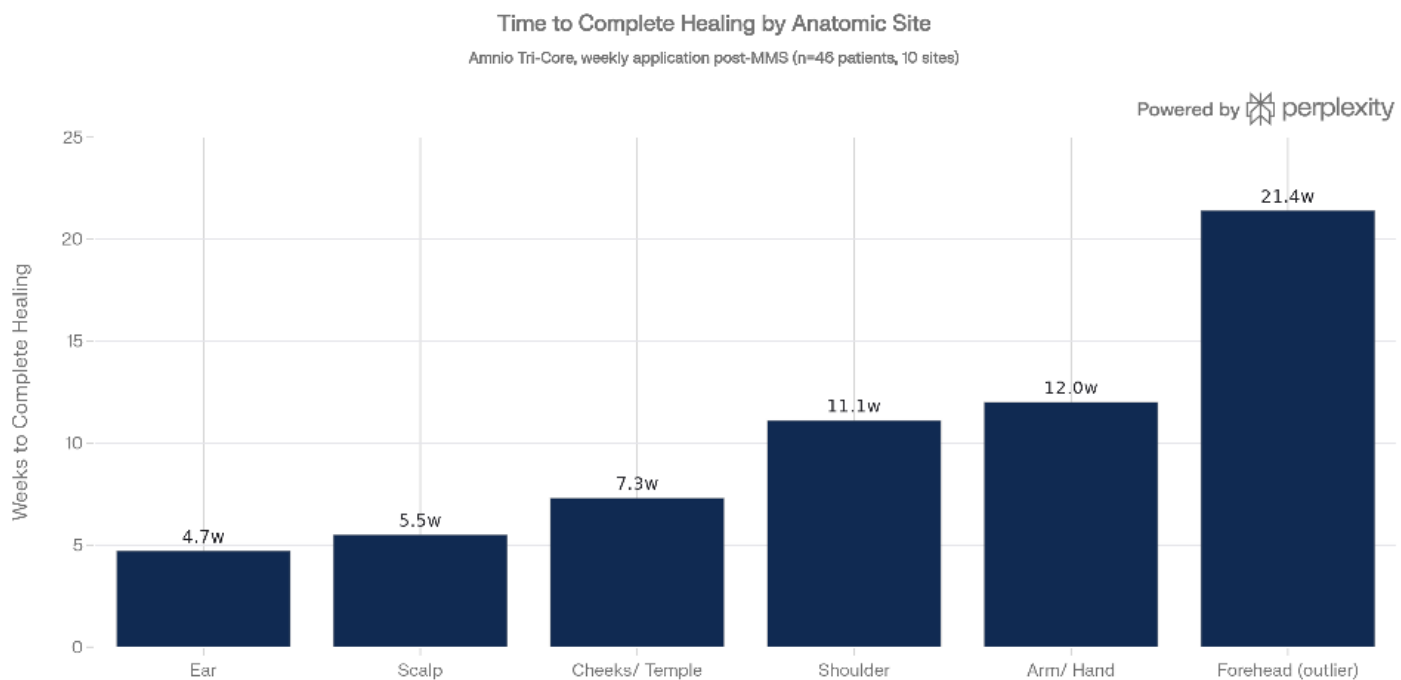
Sandhu et al., 2025 - Amnio Tri-Core Weekly Application After Mohs Micrographic Surgery

Study Summary

A 46-patient, 10-site retrospective series found weekly Amnio Tri-Core application after Mohs micrographic surgery produced reproducible, rapid, and statistically robust improvements in wound healing. The most compelling signal was objective wound-volume reduction, from a mean of 2.77 cm³ to 0.35 cm³ ($p<0.0001$), with large, clinically meaningful effects on wound-area reduction and time-to-heal that held consistently across patient subgroups, including elderly, diabetic, and

2.77 -> 0.35 cm³ Mean wound volume reduction, $p<0.0001$	84.4% Mean wound-area percentage reduction (PAR); median 91.9%	8.5 wks Mean time to complete healing; median 6 weeks	73/wounds Achieved 76-100% area reduction range
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Healing Time by Anatomic Site



Convex, well-vascularized sites such as the ear (4.7 weeks) and scalp (5.5 weeks) healed fastest, outperforming historical secondary-intent benchmarks, while the forehead was a notable outlier at 21.4 weeks.

Case Example

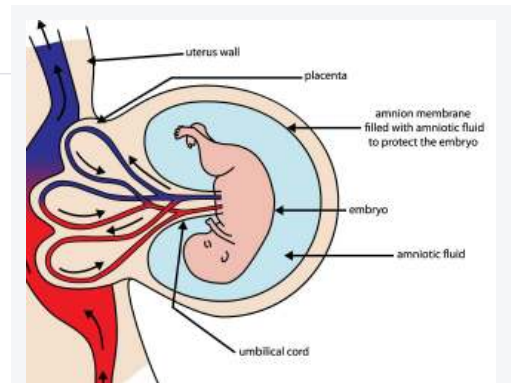
An 86-year-old male with diabetes and prior skin cancer underwent MMS for basal cell carcinoma on the superior helix. The initial wound measured 2.77 cm³ and decreased to 0.17 cm³ after 3.1 weeks - a 93.9% reduction following four weekly Amnio Tri-Core applications.

Source: Sandhu N, Serena TE, Nakayama B, Garcia LT (2025). A retrospective study on the outcomes of Mohs micrographic surgery for non-melanoma skin cancers using tri-layer amniotic membrane. *The International Journal of Tissue Repair*. (MKT-136 Rev. NEW, Effective 12/15/2025).

Clinical Evidence & Outcomes

In a propensity-matched case-control study of 286 Mohs defects, placental allograft repair was independently associated with 12x lower odds of infection or reintervention, and 19x lower odds of poor scar cosmesis or scar revision, compared with flap/FTSG reconstruction, with equivalent time to wound closure.

A separate 46-patient retrospective series found weekly amniotic membrane application after MMS produced statistically significant wound-volume reduction ($p < 0.0001$) with a median 6-week time to complete healing.

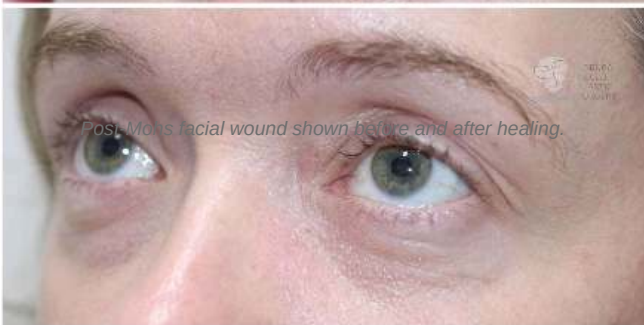


Amniotic membrane is harvested from donated placental tissue after scheduled C-section deliveries.

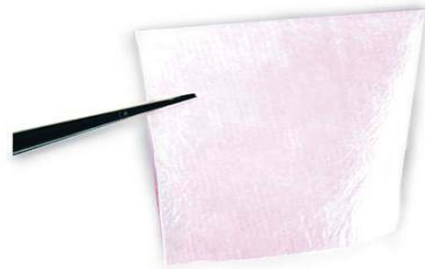
Why It Matters for Mohs Surgeons

Mohs defects often leave complex wounds where primary closure or flap reconstruction isn't ideal, particularly in elderly or medically complex patients. AmnioCore offers a dry-stored, repositionable graft that can be applied directly as a barrier/covering over the defect in-office, supporting healing while preserving cosmetic and functional outcomes without the added surgical time or risk of a flap.

Mohs repair on a young female



Post-Mohs facial wound shown before and after healing.



Amniotic membrane allograft handled with forceps prior to application.

Product Line, Company & Reimbursement

About Stability Biologics

Founded in 2010 and headquartered at a 27,500 sq ft manufacturing and processing facility in San Antonio, TX, Stability Biologics grew from a tissue distributor into a vertically integrated regenerative medicine company, manufacturing its own allografts since 2015. The company is FDA-registered under 21 CFR Part 1271 and accredited by the American Association of Tissue Banks (AATB), reflecting rigorous donor screening and quality standards.

AmnioCore Product Family

Product	HCPCS	Description	Billing
AmnioCore	Q4227	Dual-layer, amniotic membrane allograft	Per sq cm, 1 unit=1cm2
Amnio Tri-Core	Q4295	Three-layer, amniotic membrane allograft	Per sq cm, 1 unit=1cm2
Amnio Quad-Core	Q4294	Four-layer, amniotic membrane allograft	Per sq cm, 1 unit=1cm2
AmnioCore Pro	Q4298	Dual-layer, amnion/chorion membrane allograft	Per sq cm, 1 unit=1cm2
AmnioCore Pro	Q4299	Three-layer, amnion/chorion/amnion allograft	Per sq cm, 1 unit=1cm2

Key Features

- Dry storage - no cryopreservation necessary, simplifying in-office handling and logistics.
- Large graft sizes with repositionable design for easy manipulation over irregular Mohs defects.
- Wide range of sizes across all five product lines to fit small facial/scalp defects to larger wounds.
- Applied as a protective barrier and covering to support re-epithelialization and reduce scarring.
- 5 unique product lines let providers select the graft best suited to patient and defect needs.

Reimbursement

AmnioCore products are billed under CPT 15271-15278 for skin substitute graft application in the physician office or HOPD/ASC setting, using the HCPCS Level II codes listed above. Updated 2026 CMS national average payment rates are pending release; specific reimbursement figures will be provided once finalized. Providers are encouraged to contact the Stability Biologics Reimbursement Hotline for current coverage and coding guidance.

Sources: Stability Biologics Wound Care Coding Guide (MKT-117 Rev A); stabilitybio.com/ourstory; Toman et al. *Facial Plast Surg Aesthet Med* 2022;24(1):48-53; Kapp & Pfendler, *J Wound Care* 2024;33(Sup5):S22-S27; Sandhu et al., *Int J Tissue Repair*, 2025 (MKT-136 Rev. NEW). Reimbursement information for educational purposes only; not a guarantee of coverage or payment.