

STABILITY[®]
BIOLOGICS

2025 CODING GUIDE

Support
reimbursement@stabilitybio.com
Phone: (855) 925-6154
Fax: (855) 925-6544

Disclaimer: Payment amounts referenced are based on 2025 Medicare national averages and do not include adjustments for both co-payments/deductibles, sequestration or wage index adjustments. This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third party payors is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Items and services that are billed to payors must be medically necessary and supported by appropriate documentation. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payors.

AmnioCore Product Families, HCPCS Codes and Common Modifiers

AmnioCore is an allogeneic amniotic membrane allograft for use as a barrier and applied as a covering. Stability's proprietary processing method results in large graft sizes with repositionable design and excellent handling properties. This allows for easy manipulation and results in a dependable, flexible allograft that is ideal for use as a barrier and applied as a covering.

Key Features:

- Dry Storage - no cryopreservation necessary
- Large graft sizes with repositionable design
- Wide range of sizes

The AmnioCore product family offers 5 unique product lines to allow providers to choose which grafts is best suited to their patient's needs.

Product	HCPCS	Product Description
AmnioCore	Q4227	Dual-layer, amniotic membrane allograft
Amnio Tri-Core	Q4295	Three-layer, amniotic membrane allograft
Amnio Quad-Core	Q4294	Four-layer, amniotic membrane allograft
AmnioCore Pro	Q4298	Dual-layer, amnion/chorion membrane allograft
AmnioCore Pro+	Q4299	Three-layer, amnion/chorion/amnion membrane allograft

**AmnioCore products are billed per square centimeter, one billable unit = 1cm²

***See page 7 for HCPCS product coding information

Place of Service (POS) Codes

POS codes are 2-digit numbers included on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare and Medicaid Services (CMS) maintain POS codes used throughout the healthcare industry. Listed below are POS and descriptions that typically apply to our products. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payors for reimbursement policies regarding these codes.

Place of Service Code	Place of Service Name	Place of Service Description
11	Office	Location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or Local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. Description change effective January 1, 2016
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

References

1. <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

CPT® Coding

The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.

CPT®	Descriptions for Application of Skin Substitutes
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
+15272	Each additional 25 sq. cm up to 100 sq. cm wound surface area, or part thereof. List separately in addition to code 15271 for primary procedure.
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
+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 15273 for primary procedure.
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 cm or less wound surface area
+15276	Each additional 25 sq. cm wound surface area, or part thereof. List separately in addition to code 15275 for primary procedure.
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
+15278	Each additional 100 sq. cm wound surface area, or part thereof. List separately in addition to code 15277 for primary procedure.

CPT® Codes 15271-15278:

- Billing Units = 1 unit per service for CPT® 15271, 15273, 15275 and 15277 (daily limitations apply)
- Add-on codes 15272, 15274, 15276 and 15278 are billed as 1 unit for each additional amount of graft material as specified; either each additional 25 cm² or 100 cm² applied

Add-on Codes: The + symbol signifies an add-on code. An add-on code cannot be used alone but must be billed with the initial code above it. Please check the CPT® 2025 coding book for further instructions.

Modifiers:

Check with your local MAC or patient's insurance carrier regarding modifier requirements for HCPCS and/or the CPT® codes. See page 8 of this guide for additional modifier coding information.

Common modifiers may include:

- JC: skin substitute used as a graft
- JW: wastage
- KX: requirements in the medical policy have been met
- JZ: identifies no billing units were discarded

CPT® is a registered trademark of the American Medical Association®.

ICD-10® Codes

It is recommended that providers select the most specific primary and secondary diagnosis codes to accurately describe the reason the wound is not healing properly, and codes that indicate the wound is chronic and describe the location, severity, and laterality (for lower extremity ulcers).

Example of specific Diabetic Foot Ulcers (DFUs) codes:

- Primary diagnosis: E11.621, type 2 diabetes mellitus with a foot ulcer
- Secondary diagnosis: L97.522, non-pressure chronic ulcer of other part of left foot with fat layer exposed

Example of specific Venous Leg Ulcers (VLUs) codes:

- Primary diagnosis: I87.312, chronic venous hypertension (idiopathic) with ulcer of left lower extremity
- Secondary diagnosis: L97.222, non-pressure chronic ulcer of left calf with fat layer exposed

ICD-10[®]-CM Examples

The ICD-10[®]-CM codes listed below represent some of the etiology diagnosis codes commonly associated with causes of lower extremity chronic ulcers. This is not meant to be an exhaustive list. The below list of codes includes an edit to use an additional ICD-10[®]-CM manifestation code from the L97 non-pressure chronic ulcer dcode series as a secondary diagnosis.

CPT	DESCRIPTION
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
E13.621	Other specified diabetes mellitus with other skin ulcer
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.014	Varicose veins of right lower extremity with ulcer of heel & midfoot
I83.015	Varicose veins of right lower extremity with ulcer of other part of foot
I83.018	Varicose veins of right lower extremity with ulcer of other part of lower leg
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.023	Varicose veins of left lower extremity with ulcer of ankle
I83.024	Varicose veins of left lower extremity with ulcer of heel & midfoot
I83.025	Varicose veins of left lower extremity with ulcer of other part of foot
I83.028	Varicose veins of left lower extremity with ulcer of other part of lower leg
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel & midfoot and inflammation
I83.215	Varicose veins of right lower extremity with both ulcer of other part of foot and inflammation
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel & midfoot and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer of other part of foot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I87.2	Venous Insufficiency (chronic peripheral)
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity

WHO is the copyright holder of ICD-10, and can grant licenses for the use of ICD-10 worldwide for commercial and non-commercial uses.

ICD-10®-CM Examples

The ICD-10®-CM codes listed below are specific manifestation diagnosis codes commonly associated with nonpressure chronic ulcers of the lower extremity. This is not meant to be an exhaustive list.

ICD-10-CM	DESCRIPTION
L97 SERIES	NON-PRESSURE CHRONIC ULCER OF LOWER LIMB
L97.211	Non-Pressure Chronic Ulcer of Right calf limited to breakdown of skin
L97.212	Non-Pressure Chronic Ulcer of Right calf with fat layer exposed
L97.213	Non-Pressure Chronic Ulcer of Right calf with necrosis of muscle
L97.214	Non-Pressure Chronic Ulcer of Right calf with necrosis of bone
L97.221	Non-Pressure Chronic Ulcer of Left calf limited to breakdown of skin
L97.222	Non-Pressure Chronic Ulcer of Left calf with fat layer exposed
L97.223	Non-Pressure Chronic Ulcer of Left calf with necrosis of muscle
L97.224	Non-Pressure Chronic Ulcer of Left calf with necrosis of bone
L97.311	Non-Pressure Chronic Ulcer of Right ankle limited to breakdown of skin
L97.312	Non-Pressure Chronic Ulcer of Right ankle with fat layer exposed
L97.313	Non-Pressure Chronic Ulcer of Right ankle with necrosis of muscle
L97.314	Non-Pressure Chronic Ulcer of Right ankle with necrosis of bone
L97.321	Non-Pressure Chronic Ulcer of Left ankle limited to breakdown of skin
L97.322	Non-Pressure Chronic Ulcer of Left ankle with fat layer exposed
L97.323	Non-Pressure Chronic Ulcer of Left ankle with necrosis of muscle
L97.324	Non-Pressure Chronic Ulcer of Left ankle with necrosis of bone
L97.411	Non-Pressure Chronic Ulcer of Right heel & midfoot limited to breakdown of skin
L97.412	Non-Pressure Chronic Ulcer of Right heel & midfoot with fat layer exposed
L97.413	Non-Pressure Chronic Ulcer of Right heel & midfoot with necrosis of muscle
L97.414	Non-Pressure Chronic Ulcer of Right heel & midfoot with necrosis of bone
L97.421	Non-Pressure Chronic Ulcer of Left heel & midfoot limited to breakdown of skin
L97.422	Non-Pressure Chronic Ulcer of Left heel & midfoot with fat layer exposed
L97.423	Non-Pressure Chronic Ulcer of Left heel & midfoot with necrosis of muscle
L97.424	Non-Pressure Chronic Ulcer of Left heel & midfoot with necrosis of bone
L97.511	Non-Pressure Chronic Ulcer of Other part of right foot limited to breakdown of skin
L97.512	Non-Pressure Chronic Ulcer of Other part of right foot with fat layer exposed
L97.513	Non-Pressure Chronic Ulcer of Other part of right foot with necrosis of muscle
L97.514	Non-Pressure Chronic Ulcer of Other part of right foot with necrosis of bone
L97.521	Non-Pressure Chronic Ulcer of Other part of left foot limited to breakdown of skin
L97.522	Non-Pressure Chronic Ulcer of Other part of left foot with fat layer exposed
L97.523	Non-Pressure Chronic Ulcer of Other part of left foot with necrosis of muscle
L97.524	Non-Pressure Chronic Ulcer of Other part of left foot with necrosis of bone
L97.811	Non-Pressure Chronic Ulcer of Other part of right lower leg limited to breakdown of skin
L97.812	Non-Pressure Chronic Ulcer of Other part of right lower leg with fat layer exposed
L97.813	Non-Pressure Chronic Ulcer of Other part of right lower leg with necrosis of muscle
L97.814	Non-Pressure Chronic Ulcer of Other part of right lower leg with necrosis of bone
L97.821	Non-Pressure Chronic Ulcer of Other part of left lower leg limited to breakdown of skin
L97.822	Non-Pressure Chronic Ulcer of Other part of left lower leg with fat layer exposed
L97.823	Non-Pressure Chronic Ulcer of Other part of left lower leg with necrosis of muscle
L97.824	Non-Pressure Chronic Ulcer of Other part of left lower leg with necrosis of bone

WHO is the copyright holder of ICD-10, and can grant licenses for the use of ICD-10 worldwide for commercial and non-commercial uses.

Product Coding

Product	HCPCS	Descriptor
AmnioCore	Q4227	Amniocore, per square centimeter
Amnio Tri-Core	Q4295	Amnio tri-core amniotic, per square centimeter
Amnio Quad-Core	Q4294	Amnio quad-core, per square centimeter
AmnioCore Pro	Q4298	AmnioCore Pro, per square centimeter
AmnioCore Pro+	Q4299	AmnioCore pro+, per square centimeter

**AmnioCore products are billed per square centimeter, one billable unit = 1cm².

Check with your local MAC or patient's insurance carrier regarding modifier requirements for HCPCS and/or the CPT® codes.

MODIFIERS

JC	Skin Substitute used as graft
JW	Drug amount discarded/not administered to any patient
KX	Requirements in the medical policy have been met
JZ	No discarded amount : full amount administered

Important Billing Instructions:

- Average Sales Price information is published quarterly by the Centers for Medicare and Medicaid Services (CMS) in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File.
- Providers are encouraged to review the ASP Pricing files posted quarterly by CMS and listed by HCPCS on CMS.gov for updates.
- Payment allowance limits that are not included in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File, are based on the published Wholesale Acquisition Cost (WAC) or invoice pricing. In determining the payment limit based on WAC, the contractors follow the methodology specified in Publication. 100-04, Chapter 17, Drugs and Biologicals, for calculating the Average Wholesale Price (AWP), but substitute WAC for AWP.
- Providers are encouraged to check with local MACs or their patient's insurance carrier for information on established rates
- Providers are also encouraged to check with payers to determine if an invoice is required to be submitted with the claim and/or in Box 19 of the CMS-1500 claim form.
- Providers should check with local payers regarding appropriate use of modifiers.
- JW modifier must be reported for dates of service on and after January 1, 2023
- JZ modifier must be reported for dates of service on and after July 1, 2023

Procedure coding should be based upon medical necessity, procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Stability Biologics makes no guarantee of coverage or reimbursement of fees. These payment rates are nationally unadjusted average amounts and do not account for differences in payment due to geographic variation. Contact your local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. (Updated January 2022).

References

1. CMS Manual for that detail Section 20.1.3: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>

CPT® is a registered trademark of the American Medical Association®.

Use of either JW or JZ Modifiers to detail wastage or lack of wastage

Providers and suppliers are required to report the JW or JZ modifier on Medicare Part B drug claims for discarded drugs and biologicals. Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical record including:

- Date, time, and location of ulcer treated
- Name of skin substitute and how product supplied
- Approximate amount of product unit used
- Approximate amount of product unit discarded
- Reason for the wastage
- Manufacturer's serial/lot/batch or other unit identification number on graft material

The amount discarded should be billed on a separate line with the JW modifier. The unit field should reflect the amount of tissue discarded. The modifier is not required if no discarded portion is being billed to any payer.

(Please refer to: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf> and the FAQs at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JWModifier-FAQs.pdf>).

Use modifier JZ on billing claims to attest there was no discarded amount from the single-dose vial or single-use package that is normally paid under Part B. Reference (IOM 100-4 Chapter 17, Sections 40-40.1) or page 621 of the CMS CY2025 OPPS/ASC Final Rule: <https://public-inspection.federalregister.gov/2022-23918.pdf>.

Physician Office

Modifiers: Please be sure to bill using appropriate product code and wastage modifiers. Check with your local MAC or patient's insurance carrier regarding modifier requirements for HCPCS and/or the CPT® codes. See page 8 of this guide for additional modifier coding information.

Procedure Codes for Application of Skin Graft Substitutes

2025 Medicare National Average Payment²

CPT® Code ¹	Description	Physician Office	Physician Services in HOPPS/ASC
15271	App of skin sub to trunk, arms, legs, up to 100 sq. cm; 1 st 25 sq. cm	\$148.49	\$81.52
+ 15272	Each additional 25 sq. cm	\$23.62	\$16.18
15273	App of skin sub to trunk, arms, legs to >100 sq. cm, 1 st 100 sq cm	\$295.03	\$187.31
+ 15274	Each additional 100 sq. cm	\$76.99	\$42.38
15275	App of skin sub to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, multiple digits up to 100 sq. cm; 1 st 25 sq cm	\$153.99	\$90.58
+ 15276	Each additional 25 sq. cm	\$31.70	\$23.94
15277	App of skin sub to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, multiple digits . 100 sq. cm	\$329.97	\$215.77
+ 15278	Each additional 25 sq. cm	\$91.23	\$54.02

References

1. 2025 AMA CPT® Professional
2. CY2025 MPFS Final Rule: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f>

Coinsurance/Deductibles: As with all products and services paid for under Medicare Parts A & B, Medicare will reimburse 80 percent of the allowable amount. The patient, or secondary/supplemental plan, is responsible for the remaining 20 percent coinsurance amount. The appropriate annual deductibles also apply.

Sequestration: Sequestration is a mechanism for 3 budget enforcement rules created by the 1) Statutory Pay-As-You-Go Act of 2010 (Statutory PAYGO; P.L. 111-139), 2) the Budget Control Act of 2011 (BCA; P.L. 112-25), and 3) the Fiscal Responsibility Act of 2023 (FRA; P.L. 118-5). In 2024, only the BCA sequester has been triggered and is in effect at 2%. Under the BCA, the sequestration of mandatory spending was originally scheduled to occur in FY2013 through FY2021. However, subsequent legislation extended sequestration for mandatory spending through FY2031 and the sequestration of only Medicare benefit payments spending through FY2032. (The sequestration to Medicare was temporarily suspended from May 1, 2020, through March 30, 2022, and was limited to 1% from April 1, 2022, through June 30, 2022.) The Statutory PAYGO sequester applies to mandatory funding, is current law, and can be triggered if associated budget enforcement rules are broken. Due to the potential impact of the American Rescue Plan Act of 2021 (ARPA; P.L. 117-2) on deficits, sequestration under PAYGO was expected to be triggered in early 2022. However, the Protecting Medicare and American Farmers from Sequester Cuts Act (P.L. 117-71) deferred the impact of ARPA to 2023. Subsequently, the Consolidated Appropriations Act, 2023, deferred the impact of ARPA and other legislation estimated to impact the deficit under PAYGO. Without related congressional action, reductions to Medicare under PAYGO could occur in 2025. The FRA sequester applies to discretionary funding, is current law, and can be triggered if associated budget enforcement rules are broken (and Congress does not take action to change or waive this rule).

Geographic Practice Cost Index (GPCI): The Medicare physician fee schedule amounts are adjusted to reflect the variation in practice costs from area to area. A GPCI has been established for every Medicare payment locality based on the RVUs for work, practice expense, and malpractice. The GPICs are applied in the calculation of a fee schedule payment amount by multiplying the RVU for each component times the GPCI for that component.

Procedure coding should be based upon medical necessity, procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Stability Biologics makes no guarantee of coverage or reimbursement of fees. These payment rates are nationally unadjusted average amounts and do not account for differences in payment due to geographic variation. Contact your local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. (Updated March 2025).

STABILITY BIOLOGICS®

2025 CODING GUIDE



Sales Rep Contact Information:

Name: _____
 Email: _____
 Phone: _____

Insurance Verification Request (IVR) Form

Fax Completed Form to: 855-925-6544
 Email: reimbursement@stabilitybio.com

Facility Return Contact Information:

Name: _____
 Email: _____
 Phone: _____

Facility Information		
Facility Address:		Tax ID:
Physician Name:	Practice Name:	Office Contact Name:
Physician PTAN:	Practice PTAN:	Office Contact Email:
Physician NPI:	Practice NPI:	Office Contact Fax:
Patient Information		
Patient Name:	Cardholder Name/Relationship:	Patient DOB:
Primary Insurance:	Group #:	Member ID:
Secondary Insurance:	Group #:	Member ID:
Copy of Front and Back of Insurance Card Attached: Yes or No		
Place of Service (Circle One): (11) Office (12) Home (13) Assisted Living (22) HOPD (24) Ambulatory Surgery Center (32) Nursing Facility		
Is the patient currently residing in a Nursing Home OR Skilled Nursing Facility: Yes or No		If yes, has it been over 100 days? Yes or No
Is this patient currently under a post-op period? Yes or No		
If yes, please list CPT code(s) of previous surgery:		Surgery Date:
Procedure Information		
Procedure Date:	Wound Size: L _____ W _____ D _____ Total _____	
Wound Location:	Size of Graft Requested:	
Graft Requested: AmnioCore (Q4227) Amnio Tri-Core (Q4295) Amnio Quad-Core (Q4294) AmnioCore Pro (Q4298) AmnioCore Pro+ (Q4299)		
ICD-110	CPT	HCPCS (when applicable)
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)
Healthcare Provider Signature:		
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 (PHI) to the Stability Biologics Reimbursement Hotline Services, Stability Biologics, LLC, its contractors, and the patient's health insurance company as necessary to research insurance coverage and payment information to determine benefits related to AmnioCore products on behalf of the patient. I further understand that completing this form does not guarantee that insurance coverage or reimbursement will be provided to the patient. I certify that the information provided on this form is current, complete, and accurate to the best of my knowledge.		
For typed signatures below: I agree that this typed signature has the same validity and meaning as my handwritten signature.		
HCP Signature: _____		Date: _____
Disclaimer: The Stability Biologics Reimbursement Hotline is an information service only. Benefits information is provided by the insurer or third-party payer. Results of this research are not a guarantee of coverage or reimbursement now or in the future, and Stability Biologics disclaims liability for payment of any claims, benefits or costs.		

The Stability Biologics® AmnioCore, Amnio Tri-Core, Amnio Quad-Core, AmnioCore Pro and AmnioCore Pro+ product lines are regulated by the FDA under 21 CFR Part 1271 Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/PS). AmnioCore, Amnio Tri-Core, Amnio Quad-Core, AmnioCore Pro and AmnioCore Pro+ are processed by and donor eligibility determined by Stability Biologics®. Stability Biologics® is registered with the FDA for tissue processing and accredited by the American Association of Tissue Banks (AATB).

Questions? Contact the Stability Biologics Reimbursement Hotline at:

Email: reimbursement@stabilitybio.com

Phone: (855) 925-6154

Fax: (855) 925-6544

MKT-104 Rev D Effective 03192025
 ©2025 Stability Biologics, LLC
 1077 Central Parkway South Suite 500 San Antonio, TX 78232
 All rights reserved. AmnioCore is a registered trademark of Stability Biologics, LLC.

Sample Letter of Medical Necessity
(Place on appropriate practice letterhead)

Date
Insurer Name
Insurer Address
City, State, Zip Code

RE: Letter of Medical Necessity for {PRODUCT NAME, HCPCS}

Patient's Name
Policy Number
Group Number
Date of Birth

Dear [Insurance Contact Name]:

I am writing to notify you of my intent to treat Mr./Ms. <Patient's Name> with {PRODUCT NAME} ({HCPCS Code}), which is an allogeneic amniotic membrane allograft for use as a barrier and applied as a covering. {PRODUCT NAME} is used to treat <name of type of wound: i.e. pressure wounds/diabetic foot ulcers/venous stasis ulcers, etc.>. The patient's medical history is as follows:<include relevant medical history>

{PRODUCT NAME} is a {DESCRIPTION PROVIDED ON PAGE 7 OF THIS GUIDE} manufactured by Stability Biologics, LLC and regulated by the FDA under 21CFR Part 1271 Human Cells, Tissue, and Cellular and Tissue-based Products (HCT/Ps), and section 361 of the Public Health Service Act (PHS Act). Stability Biologics, LLC is registered with the FDA as a tissue establishment and is accredited by the American Association of Tissue Banks (AATB).

Stability's proprietary processing method results in large graft sizes with repositionable design and excellent handling properties. This allows for easy manipulation and results in a dependable, flexible allograft that is ideal for use as a barrier and applied as a covering.

My patient has not responded to conservative care for <time frame> and has not responded to more advanced therapy including <product name(s) & type(s) of products>. More aggressive treatment is medically necessary to prevent further damage and <list risk(s) of non-closure>. I believe my patient will benefit from this therapy.

I have enclosed the product information and published data regarding the clinical utility of {PRODUCT NAME}.

Please feel free to contact me if additional information is required to process my request for coverage.

Sincerely,



Support

Email: reimbursement@stabilitybio.com

Phone: (855) 925-6154

Fax: (855) 925-6544

www.stabilitybio.com

The Stability Biologics® AmnioCore Product Line is regulated by the FDA under 21 CFR Part 1271 Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/Ps). AmnioCore is processed by and donor eligibility determined by Stability Biologics®. Stability Biologics® is registered with the FDA for tissue processing and accredited by the American Association of Tissue Banks (AATB).

© 2025 Stability Biologics® LLC. All Rights Reserved.
1077 Central Parkway South Suite 500 San Antonio, TX 78232 www.stabilitybio.com
MKT-117 Rev A Effective 03202025