

## MP.083.MPC - Skin Substitutes - Human Skin Equivalents

Maryland Physicians Care considers **Skin Substitutes- Human Skin Equivalents (HSE)** medically necessary for the following indications:

**AlloDerm** is covered for medically necessary breast reconstruction. *All other applications are considered experimental and investigational.*

**APLIGRAF® (formerly marketed as Graftskin)** is indicated for the treatment of venous insufficiency ulcers in conjunction with the recommended post-application compression therapy when all of the following are met:

1. The treatment is specific to non-infected partial or full-thickness skin ulcers, at least 1.0 cm<sup>2</sup> in size, due to clinically documented venous insufficiency (venous insufficiency should be objectively documented either by history of previous deep venous thrombosis in the index leg, or objective documentation of valvular reflux by duplex ultrasound, venography, or air/photo plethysmography); And
2. The ulcer(s) is of at least four weeks in duration; And
3. The medical record supports that the ulcer(s) has been treated by the provider applying the human skin equivalents (HSE) with conventional non-surgical therapy for a minimum of four weeks and has failed to decrease in size, and the ulcer(s) has not shown any indication (e.g., epithelial in growth and progression towards closure) that improvement is likely;  
Or  
The medical record supports that the ulcer is so clinically severe that it requires immediate, aggressive therapy; And
4. Adequate circulation/oxygenation supported by documented physical examination and an Ankle-Brachial Index (ABI) of no less than 0.65; And
5. The member is competent and/or has the support services required to participate in follow-up care associated with the treatment of the wound following the application of Apligraf®;

OR

**APLIGRAF® (Graftskin)** is indicated for the treatment of diabetic foot ulcers in conjunction with the recommended post-application compression therapy when all of the following are met:

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1. The treatment is specific to non-infected full thickness foot ulcers, at least 1.0 cm<sup>2</sup> in size, due to clinically documented diabetic neuropathy (type 1 or type 2 diabetes should be objectively documented as well as the current medical management for the diabetes, including medical management of neuropathy); And
  2. The ulcer is of at least three (3) weeks in duration; And
  3. The ulcer is located on the surface of the foot and is free of infection, tunnels, and tracts. The ulcer must be free of cellulitis, eschar, or obvious necrotic material as this will interfere with the device adherence and wound healing; And
  4. The ulcer extends through the dermis but it does not involve the tendon, muscle, capsule or have bone exposure; And
  5. The medical record supports that the ulcer(s) has been treated by the provider applying the HSE with conventional non-surgical therapy for a minimum of three (3) weeks and has failed to decrease in size; And
  6. The ulcer(s) has not shown any indication (e.g., epithelial in-growth and progression towards closure) that improvement is likely;
- Or
- The medical record supports that the ulcer is so clinically severe that it requires immediate, aggressive therapy; And
7. The extremity is free of active Charcot's arthropathy; And
  8. The member must have adequate arterial blood supply to support tissue growth; And
  9. The member is competent and/or has the support system required to participate in the follow-up care associated with treatment of the wound with Apligraf®.

**DERMAGRAFT®** is indicated for the treatment of diabetic foot ulcers when all of the following are met and documented:

1. The treatment is specific to non-infected full thickness diabetic foot ulcers, is at least 1.0 cm<sup>2</sup> in size, (type 1 or type 2 diabetes should be objectively documented as well as the current medical management for the diabetes); And
2. The ulcer is of at least three weeks in duration; And
3. The ulcer is located on the surface of the foot and is free of infection, tunnels, and tracts, cellulitis, eschar, or obvious necrotic material as this will interfere with the device adherence and wound healing; And
4. The ulcer extends through the dermis, but it does not involve the tendon, muscle, joint capsule or have bone exposure; And
5. The medical record supports that the ulcer(s) has been treated by the provider applying the HSE with conventional non-surgical therapy for a minimum of three weeks and has failed to decrease in size; And
6. The ulcer(s) has not shown any indication (e.g., epithelial in-growth and progression towards closure) that improvement is likely.

OR

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The medical record supports that the ulcer is so clinically severe that it requires immediate, aggressive therapy; And

7. The extremity must be free of active Charcot's arthropathy; And
8. The member must have adequate arterial blood supply to support tissue growth; And
9. The member is competent and/or has the support system required to participate in follow-up care associated with treatment of the wound with Dermagraft®.

**EpiFix® Amniotic Membrane** is indicated for the treatment of diabetic foot ulcers and venous stasis ulcers when all of the following are met and documented:

1. Diabetic foot ulcer
  - Partial or full-thickness, diabetic foot ulcer
  - Type 1 or type 2 diabetes mellitus
  - Failed standard wound therapy
2. Venous stasis ulcer
  - Partial or full-thickness venous stasis ulcer
  - Failed standard wound therapy

**EpiCord** is a non-viable cellular human umbilical cord allograft intended to provide an extracellular matrix as a scaffold in the form of fibrillar collagens, fibronectin, laminins, and proteoglycans. Compared to EpiFix, EpiCord has a thicker and stiffer composition allowing physicians to apply it to deep tunneling wounds.

EpiCord is considered medically necessary when the member has:

- Diabetic foot ulcers that have not healed with standard therapy attempted for at least 1 month but not greater than 52 weeks.

**Graftjacket® Regenerative Tissue Matrix** (non injectable) is covered for open wound of wrist, hand or fingers with tendon involvement. It is considered experimental and investigational for all other indications, and will therefore deny. It is considered experimental and investigational for all other indications.

**INTEGRA Dermal Regeneration Template and Flowable Wound Matrix** is indicated for the treatment of:

1. Severe (2<sup>nd</sup> or 3<sup>rd</sup> degree) burns  
Or  
Burn scars/contracture reconstructive surgery  
Or  
Significant open wounds, such as severe necrotizing fasciitis  
And
2. When there is a limited amount of member's skin for autografts  
Or  
The member is too ill to have more wound graft sites created.

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**INTEGRA Meshed Bilayer Wound Matrix** is indicated for the treatment of:

1. Diabetic ulcers that are greater than six weeks in duration, not involving muscle, tendon, ligament or severe burns where allograft is not possible, when used in conjunction with standard diabetic ulcer care, OR;
2. Severe burns where there is a limited amount of member's skin for autografts, OR;
3. Severe burns where member is too ill to have wound sites created for autografts.

**OASIS WOUND MATRIX® and OASIS Tri-Layer Wound Matrix:**

1. The product is being used for the management of wounds including:
  - Treatment of neuropathic diabetic foot ulcers that have failed conservative measures of at least four weeks duration.  
Or
  - When used in association with a medically necessary breast reconstruction surgery  
Or
  - Treatment of partial and full-thickness skin venous insufficiency ulcers present for a minimum of four weeks duration and have failed conventional treatment for at least two weeks.  
Or
  - Skin substitute used in conjunction with standard wound care regiment.  
And
2. The medical record clearly documents that the product is being used in an office or clinic based comprehensive, organized wound management program

**TheraSkin** is indicated when used for any of the following:

1. In conjunction with standard therapeutic compression for the treatment of chronic, non-infected, partial or full-thickness skin ulcers due to venous insufficiency of greater than one month in duration and which have not adequately responded to a four week period of conventional ulcer therapy (such as standard dressing changes, and standard therapeutic compression)  
Or
2. In conjunction with standard diabetic foot ulcer care for the treatment of full-thickness neuropathic diabetic foot ulcers of greater than one month duration which have not adequately responded following at least a four week period of conventional ulcer therapy (such as surgical debridement, complete off-loading and standard dressing changes) and which can extend through the dermis, including tendon, muscle, joint capsule or bone exposure  
Or
3. Large surgical wounds  
Or

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### 4. Pressure ulcers

#### Limitations

##### Apligraf®

1. A single application of Apligraf® may be all that is required to affect the wound healing in those wounds that are likely to improve by this therapy.
  - The use of additional applications if less than 50% “take” is observed, is limited to a total of four additional applications for the same ulcer.
  - Additional applications beyond this for one year are considered not medically necessary.
  - Apligraf® is not covered for use with acute surgical wounds, pressure sores and burns.
2. Retreatment:
  - Within one year following the last successful Apligraf® application is considered not medically necessary.
  - Of an ulcer following the unsuccessful treatment where it consisted of two failed Apligraf® applications is considered not medically necessary.

NOTE: Debridement of the ulcer is not payable during active treatment with Apligraf®, except for debridement prior to re-applications, or prior to retreatment.

3. Contraindications:
  - Clinically infected wounds (i.e. increased exudate, odor, redness, swelling, heat, pain, tenderness to the touch, purulent drainage);
  - Known allergies to bovine collagen; and
  - A known hypersensitivity to the components of the agarose shipping medium
  - There is insufficient proof to extend the use of Apligraf to the treatment of pressure sores, dermatological surgical wounds and burns.

##### Dermagraft®

1. A single application of Dermagraft® may be all that is required to affect the wound healing in those wounds that are likely to improve by this therapy.
  - The use of additional applications if less than 50% “take” is observed, is limited to a total of seven additional applications for the same ulcer.
  - Additional applications beyond this for one year are considered not medically necessary.
  - Dermagraft® is not covered for use with acute surgical wounds, pressure sores and burns.
2. Retreatment:
  - Within one year following the last successful Dermagraft® application is considered not medically necessary.

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- Of an ulcer following the unsuccessful treatment where it consisted of two failed Dermagraft® applications is considered not medically necessary.

NOTE: Debridement of the ulcer is not payable during active treatment with Dermagraft®, except for debridement prior to re-applications, or prior to retreatment.

### 3. Contraindications:

- Clinically infected ulcers (i.e. increased exudate, odor, redness, swelling, heat, pain, tenderness to the touch, purulent discharge) or ulcers with sinus tracts;
- Known hypersensitivity to bovine products, as it may contain trace amounts of bovine proteins from the manufacturing medium and storage solution.

### Integra

1. Use of Integra for any other indications than those listed in this policy will result in a claims denial.
2. Contraindications:
  - Clinically infected ulcers (i.e. increased exudate, odor, redness, swelling, heat, pain, tenderness to the touch, purulent discharge) or ulcers with sinus tracts;
  - Known hypersensitivity or allergy to bovine products

### Oasis® Wound Matrix

1. A non-adherent, secondary dressing should be used over the Oasis® Wound Matrix to maintain a moist wound environment.
2. Oasis Tri-layer Wound Matrix is not indicated for use in association with a medically necessary breast reconstruction surgery.

### TheraSkin

The use of TheraSkin on an ulcer with any of the following conditions is not considered medically necessary and will result in a claims denial:

- Cellulitis;
- Osteomyelitis;
- Necrotic ulcer;
- Draining wound;
- Clinically significant wound healing impairment due to uncontrolled diabetes.

### Human Skin Equivalents/Skin Substitutes

The application of HSE is limited to clinicians and physicians who are highly skilled in wound care management and have experience in the use of HSE for the treatment of wounds.

1. HSE should be applied to a clean ulcer that has undergone one detailed debridement prior to each application.

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2. The member should be under the care of a physician for the treatment and monitoring of their systemic disease processes.
3. Prior to HSE application:
  - The medical record documentation should contain evidence that the conservative measures have failed, or support that the ulcer is so clinically severe that it requires immediate, aggressive therapy.
  - The medical record should indicate failure of the ulcer to decrease in size and depth, or that there has been no change in baseline size or depth with no signs of improvement, or no indication that improvement is likely.
4. Medical record documentation should contain the frequency of the HSE application for both venous insufficiency ulcers and neuropathic diabetic foot ulcers and be consistent with each member's specific history and response to the device application.
5. Contraindications:
  - Clinically infected wounds (i.e., increased exudate, odor, redness, swelling, heat, pain, tenderness to the touch, purulent discharge)
  - Known allergies to bovine collagen - for bovine derived products
  - Known hypersensitivity to the components of the agarose (gel-like substance derived from seaweed) shipping medium.
6. Not medically necessary applications of Apligraf® and Dermagraft®
  - Surgical wounds,
  - Pressure sores, and
  - Burns
7. Experimental and Investigational:
  - AlloSkin skin substitute
  - AmnioAmp-MP
  - Amnioarmor
  - AmnioCyte Plus
  - AmnioCore™
  - Amnioexcel or Biodexcel
  - AmnioFix
  - Amniomatrix or Biodmatrix
  - Amnio-Maxx or Amnio-Maxx Lite
  - Amniorepair or Altiplay
  - AmnioText
  - Amniplay
  - Artacent
  - Arthroflex
  - Artiss (Human plasma fibrin sealant, vapor-heated, solvent-detergent)
  - Biodfence
  - BioNextPATCH
  - carePATCH



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- Cellesta
- Cellesta Flowable Amnion
- Cogenex Amniotic Membrane
- Cogenex Flowable Amnion
- Coll-E-Derm
- CoreCyte
- CoreTextor ProText
- Corplex
- Cryo-Cord
- Dermacell
- Dermacyte
- Derma-Gide
- Derm-Maxx
- Endoform Dermal Template
- Excellagen
- FlexHD (AKA: AlloPatch)
- Genesis Amniotic Membrane
- Graftjacket® Regenerative Tissue Matrix- (*non injectable*) \*
- Graftjacket X-Press® Flowable Soft Tissue Scaffold (*injectable*)
- Keroxx
- Matrimon
- Memoderm
- NeoX
- NeuroMend Collagen Nerve Wrap (Collagen matrix nerve wrap )
- Permacol Porcine implant
- Novachor
- Novafix
- PolyCyte
- Primatrix
- Procenta
- Puraply
- Reguard
- Repriza
- Restorigin
- Skinte
- Stratice
- SurFactor or NuDyn
- Tensix
- Oasis Burn Matrix
- Oasis Ultra Tri-Layer Matrix
- Surgigraft



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- SurgiMend Collagen Matrix (Dermal substitute, native, non-denatured collagen, neonatal bovine origin)
- Talymed
- Unite Biomatrix
- XCellerate
- XCM Biologic Tissue Matrix

### Background

In the United States, the total prevalence of chronic wounds related to venous ulcers, diabetic foot ulcers, and pressure sores, has been estimated to range from 3 to 6 million. These wounds are categorized as chronic as they have occurred in duration for a minimum of four weeks. Skin substitutes, also referred to as human skin equivalents (HSE), are tissue-engineered products using human cells, animal cells, or both, in a scaffold of natural or synthetic extracellular matrices. The extracellular matrices provide mechanical stability and a 3-dimensional framework for eventual tissue infiltration and development and can also promote wound healing by stimulating the host to produce a variety of cytokines.

### Codes:

| CPT Codes / HCPCS Codes / ICD-10 Codes |                                                                                                                                                                                                                                                                    |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Code                                   | Description                                                                                                                                                                                                                                                        |
| <b>CPT Codes</b>                       |                                                                                                                                                                                                                                                                    |
| 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                                  | 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                                  | 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                                  | 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 |
| 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                                       |

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| 15276                                                                                               | 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                                                                                                  |
| 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                                                             |
| 15278                                                                                               | 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 |
| <b>HCPCS codes covered if selection criteria are met (If Appropriate):</b>                          |                                                                                                                                                                                                                                                                                                                                                  |
| Q4101                                                                                               | Apligraf, per square centimeter                                                                                                                                                                                                                                                                                                                  |
| Q4102                                                                                               | Oasis Wound Matrix, per square centimeter                                                                                                                                                                                                                                                                                                        |
| Q4104                                                                                               | Skin Substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per sq cm                                                                                                                                                                                                                                                                         |
| Q4105                                                                                               | Skin Substitute, Integra Dermal Regeneration Template (DRT), per sq cm                                                                                                                                                                                                                                                                           |
| Q4108                                                                                               | Integra Matrix, per sq cm                                                                                                                                                                                                                                                                                                                        |
| Q4114                                                                                               | Integra™ Flowable Wound Matrix                                                                                                                                                                                                                                                                                                                   |
| Q4106                                                                                               | Dermagraft, per square centimeter                                                                                                                                                                                                                                                                                                                |
| Q4121                                                                                               | TheraSkin, per square centimeter                                                                                                                                                                                                                                                                                                                 |
| <b>Alloderm code covered when billed with any of the following breast reconstruction diagnoses:</b> |                                                                                                                                                                                                                                                                                                                                                  |
| Q4116                                                                                               | Alloderm, per sq cm                                                                                                                                                                                                                                                                                                                              |
| <b>HCPCS Codes requiring Prior Authorization</b>                                                    |                                                                                                                                                                                                                                                                                                                                                  |
| Q4186                                                                                               | Epifix, per sq cm                                                                                                                                                                                                                                                                                                                                |
| <b>ICD-10 codes</b>                                                                                 |                                                                                                                                                                                                                                                                                                                                                  |
| C44.500                                                                                             | Unspecified malignant neoplasm of anal skin                                                                                                                                                                                                                                                                                                      |
| C44.501                                                                                             | Unspecified malignant neoplasm of skin of breast                                                                                                                                                                                                                                                                                                 |
| C44.509                                                                                             | Unspecified malignant neoplasm of skin of other part of trunk                                                                                                                                                                                                                                                                                    |
| C50.019                                                                                             | Malignant neoplasm of nipple and areola, unspecified female breast                                                                                                                                                                                                                                                                               |
| C50.029                                                                                             | Malignant neoplasm of nipple and areola, unspecified male breast                                                                                                                                                                                                                                                                                 |
| C50.929                                                                                             | Malignant neoplasm of unspecified site of unspecified male breast                                                                                                                                                                                                                                                                                |

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|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| C50.119                                                                          | Malignant neoplasm of central portion of unspecified female breast                                                  |
| C50.219                                                                          | Malignant neoplasm of upper-inner quadrant of unspecified female breast                                             |
| C50.319                                                                          | Malignant neoplasm of lower-inner quadrant of unspecified female breast                                             |
| C50.419                                                                          | Malignant neoplasm of upper-outer quadrant of unspecified female breast                                             |
| C50.519                                                                          | Malignant neoplasm of lower-outer quadrant of unspecified female breast                                             |
| C50.619                                                                          | Malignant neoplasm of axillary tail of unspecified female breast                                                    |
| C50.819                                                                          | Malignant neoplasm of overlapping sites of unspecified female breast                                                |
| C50.919                                                                          | Malignant neoplasm of unspecified site of unspecified female breast                                                 |
| C79.2                                                                            | Secondary malignant neoplasm of skin                                                                                |
| C79.81                                                                           | Secondary malignant neoplasm of breast                                                                              |
| D05.90                                                                           | Unspecified type of carcinoma in situ of unspecified breast                                                         |
| D07.39                                                                           | Carcinoma in situ of other female genital organs                                                                    |
| D48.60                                                                           | Neoplasm of uncertain behavior of unspecified breast                                                                |
| D49.3                                                                            | Neoplasm of unspecified behavior of breast                                                                          |
| Z85.3                                                                            | Personal history of malignant neoplasm of breast                                                                    |
| Z90.10                                                                           | Acquired absence of unspecified breast and nipple                                                                   |
| <b>Graftjacket code covered when billed with any of the following diagnoses:</b> |                                                                                                                     |
| Q4107                                                                            | Graftjacket skin substitute ( <i>non injectable</i> ), per sq cm                                                    |
| <b>ICD-10 codes</b>                                                              |                                                                                                                     |
| S61.109A                                                                         | Unspecified open wound of unspecified thumb with damage to nail, initial encounter                                  |
| S61.209A                                                                         | Unspecified open wound of unspecified finger without damage to nail, initial encounter                              |
| S61.409A                                                                         | Unspecified open wound of unspecified hand, initial encounter                                                       |
| S61.509A                                                                         | Unspecified open wound of unspecified wrist, initial encounter                                                      |
| S66.021A                                                                         | Laceration of long flexor muscle, fascia and tendon of right thumb at wrist and hand level, initial encounter       |
| S66.022A                                                                         | Laceration of long flexor muscle, fascia and tendon of left thumb at wrist and hand level, initial encounter        |
| S66.029A                                                                         | Laceration of long flexor muscle, fascia and tendon of unspecified thumb at wrist and hand level, initial encounter |

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| S66.120A | Laceration of flexor muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter    |
| S66.121A | Laceration of flexor muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter    |
| S66.122A | Laceration of flexor muscle, fascia and tendon of right middle finger at wrist and hand level, initial encounter   |
| S66.123A | Laceration of flexor muscle, fascia and tendon of left middle finger at wrist and hand level, initial encounter    |
| S66.124A | Laceration of flexor muscle, fascia and tendon of right ring finger at wrist and hand level, initial encounter     |
| S66.125A | Laceration of flexor muscle, fascia and tendon of left ring finger at wrist and hand level, initial encounter      |
| S66.126A | Laceration of flexor muscle, fascia and tendon of right little finger at wrist and hand level, initial encounter   |
| S66.127A | Laceration of flexor muscle, fascia and tendon of left little finger at wrist and hand level, initial encounter    |
| S66.128A | Laceration of flexor muscle, fascia and tendon of other finger at wrist and hand level, initial encounter          |
| S66.129A | Laceration of flexor muscle, fascia and tendon of unspecified finger at wrist and hand level, initial encounter    |
| S66.221A | Laceration of extensor muscle, fascia and tendon of right thumb at wrist and hand level, initial encounter         |
| S66.229A | Laceration of extensor muscle, fascia and tendon of unspecified thumb at wrist and hand level, initial encounter   |
| S66.320A | Laceration of extensor muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter  |
| S66.321A | Laceration of extensor muscle, fascia and tendon of left index finger at wrist and hand level, initial encounter   |
| S66.322A | Laceration of extensor muscle, fascia and tendon of right middle finger at wrist and hand level, initial encounter |
| S66.323A | Laceration of extensor muscle, fascia and tendon of left middle finger at wrist and hand level, initial encounter  |
| S66.324A | Laceration of extensor muscle, fascia and tendon of right ring finger at wrist and hand level, initial encounter   |

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| S66.325A | Laceration of extensor muscle, fascia and tendon of left ring finger at wrist and hand level, initial encounter     |
| S66.326A | Laceration of extensor muscle, fascia and tendon of right little finger at wrist and hand level, initial encounter  |
| S66.327A | Laceration of extensor muscle, fascia and tendon of left little finger at wrist and hand level, initial encounter   |
| S66.328A | Laceration of extensor muscle, fascia and tendon of other finger at wrist and hand level, initial encounter         |
| S66.329A | Laceration of extensor muscle, fascia and tendon of unspecified finger at wrist and hand level, initial encounter   |
| S66.421A | Laceration of intrinsic muscle, fascia and tendon of right thumb at wrist and hand level, initial encounter         |
| S66.422A | Laceration of intrinsic muscle, fascia and tendon of left thumb at wrist and hand level, initial encounter          |
| S66.429A | Laceration of intrinsic muscle, fascia and tendon of unspecified thumb at wrist and hand level, initial encounter   |
| S66.520A | Laceration of intrinsic muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter  |
| S66.521A | Laceration of intrinsic muscle, fascia and tendon of left index finger at wrist and hand level, initial encounter   |
| S66.522A | Laceration of intrinsic muscle, fascia and tendon of right middle finger at wrist and hand level, initial encounter |
| S66.523A | Laceration of intrinsic muscle, fascia and tendon of left middle finger at wrist and hand level, initial encounter  |
| S66.524A | Laceration of intrinsic muscle, fascia and tendon of right ring finger at wrist and hand level, initial encounter   |
| S66.525A | Laceration of intrinsic muscle, fascia and tendon of left ring finger at wrist and hand level, initial encounter    |
| S66.526A | Laceration of intrinsic muscle, fascia and tendon of right little finger at wrist and hand level, initial encounter |
| S66.527A | Laceration of intrinsic muscle, fascia and tendon of left little finger at wrist and hand level, initial encounter  |
| S66.528A | Laceration of intrinsic muscle, fascia and tendon of other finger at wrist and hand level, initial encounter        |

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| S66.529A | Laceration of intrinsic muscle, fascia and tendon of unspecified finger at wrist and hand level, initial encounter     |
| S66.821A | Laceration of other specified muscles, fascia and tendons at wrist and hand level, right hand, initial encounter       |
| S66.822A | Laceration of other specified muscles, fascia and tendons at wrist and hand level, left hand, initial encounter        |
| S66.829A | Laceration of other specified muscles, fascia and tendons at wrist and hand level, unspecified hand, initial encounter |
| S66.921A | Laceration of unspecified muscle, fascia and tendon at wrist and hand level, right hand, initial encounter             |
| S66.922A | Laceration of unspecified muscle, fascia and tendon at wrist and hand level, left hand, initial encounter              |
| S66.929A | Laceration of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, initial encounter       |

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## MP.083.MPC - Skin Substitutes - Human Skin Equivalents

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