IOWA Health and Human Services

Medical Service Codes Requiring Prior Authorization

Code	Description	Effective Date
15769	Self-Soft Tissue Graft	1/1/2020
15771	Graft Using Patient's Fat Removed By Liposuction And Inserted Into Trunk, Breasts, Scalp, Arms, Or Legs, 50.0 Cc Or Less	1/1/2020
15772	Graft Using Patient's Fat Removed By Liposuction And Inserted Into Trunk, Breasts, Scalp, Arms, Or Legs, Each Additional 50.0 Cc	1/1/2020
15773	Graft Using Patient's Fat Removed By Liposuction And Inserted Into Face, Eyelids, Mouth, Neck, Ears, Around Eyes, Genitals, Hands, Or Feet, 25.0 Cc Or Less	1/1/2020
15774	Graft Using Patient's Fat Removed By Liposuction And Inserted Into Face, Eyelids, Mouth, Neck, Ears, Around Eyes, Genitals, Hands, Or Feet, Each Additional 25.0 Cc	1/1/2020
15820	Repair Of Lower Eyelid Defect	6/1/2022
15821	Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad	6/1/2022
15822	Blepharoplasty, Upper Eyelid	6/1/2022
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weight	7/1/2024
15830	Removal Of Extra Skin And Tissue Of Abdomen	7/1/2024
15847	Extensive Removal Of Extra Skin And Tissue Of Abdomen	7/1/2024
19316	Mastopexy	6/1/2022
19318	Reduction Mammoplasty	7/1/2024
22856	Insertion Of Artificial Upper Spine Disc, Anterior Approach	7/1/2024
22857	Insertion Of Artificial Disc Between Bones Of Lower Spine, Single Space	6/1/2022
22858	Insertion Of Artificial Upper Spine Disc Anterior Approach	7/1/2024

Code	Description	Effective Date
22860	Insertion Of Artificial Disc Between Bones Of Lower Spine, Additional Space	2/1/2024
22861	Revision Of Total Disc Replacement In Upper Back	7/1/2024
22862	Revision Of Total Disc Replacement In Lower Back	6/1/2022
22864	Revision Of Artificial Upper Spine Disc, Cervical	6/1/2022
22865	Revision Of Artificial Lower Spine Disc, Lumbar	7/1/2024
27412	Implantation Of Self Cartilage Into Knee Joint	12/1/2023
27416	Implantation Of Self Cartilage Cells Into Knee Bone	6/11/2012
28446	Implantation Of Self Cartilage Cells Into Foot Joint With Graft	6/11/2012
30140	Removal Of Nasal Air Passage Under Lining Tissue	7/1/2024
30400	Rhinoplasty, Primary; Lateral And Alar Cartilages	6/1/2022
30410	Reshaping Of Bone, Cartilage, And/or Tip Of Nose	7/1/2024
30420	Rhinoplasty, Primary; Including Major Septal Repair	7/1/2024
30430	Revision To Reshape Nose Or Small Amount Of Tip Of Nose After Previous Repair	7/1/2024
30435	Rhinoplasty, Secondary; Intermediate Revision	6/1/2022
30450	Rhinoplasty, Secondary;Major Revision	6/1/2022
30460	Revision Of Congenital Nasal Defect To Lengthen Tip Of Nose	6/1/2022
30462	Revision Of Congenital Nasal Defect With Lengthening Of Tip Of Nose	6/1/2022
30520	Septoplasty Or Submucous Resection, With Or Without Scoring	7/1/2024
31298	Dilation Of Sphenoid And Frontal Nasal Sinus Using An Endoscope	7/1/2024
32851	Transplantation Of Lung	7/1/2024
32852	Transplantation Of Lung On Heart-Lung Machine	6/1/2022
32853	Transplantation Of 2 Lungs	7/1/2024
32854	Transplantation Of 2 Lungs On Heart-Lung Machine	6/1/2022

Code	Description	Effective Date
32994	Destruction Of Growth Of Lung Using Extreme Cold	1/1/2018
33285	Insertion Of Heart Rhythm Monitor Under Skin	7/1/2024
33286	Removal Of Heart Rhythm Monitor From Under The Skin	7/1/2024
33927	Implantation Of Artificial Heart	1/1/2018
33928	Replacement Of Artificial Heart	2/1/2024
33929	Removal Of Artificial Heart	2/1/2024
33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	7/1/2013
33945	Heart Transplant, With Or Without Recipient Cardiectomy	7/1/2024
33975	Insertion Of External Blood Flow Assist Device In Lower Heart Chamber	4/1/2014
33976	Implantation Ventricular Assist Device, Biventricular Support	7/1/2024
33977	Removal Of External Blood Flow Assist Device In Lower Heart Chamber	7/1/2024
33978	Removal Of External Blood Flow Assist Device In Both Lower Heart Chambers	4/1/2014
33979	Insertion Of Implanted Blood Flow Assist Device In Lower Heart Chamber	4/1/2014
33980	Removal Of Implanted Blood Flow Assist Device In Lower Heart Chamber	4/1/2014
33981	Replacement Of External Blood Flow Assist Device In Lower Heart Chamber	6/1/2022
33982	Replacement Of Implanted Blood Flow Assist Device In Lower Heart Chamber	6/1/2022
33983	Replacement Of Implanted Blood Flow Assist Device In Lower Heart Chamber On Heart-Lung Machine	7/1/2024
33990	Insertion Of Blood Flow Assist Device In Lower Heart Chamber Through Skin With Review By Radiologist Using Artery Access	7/1/2024

Code	Description	Effective Date
33991	Insertion Of Blood Flow Assist Device In Lower Heart Chamber Through Skin With Review By Radiologist Using Artery And Vein Access	7/1/2024
33995	Insertion Of Ventricular Assist Device, Percutaneous, Including Radiological Supervision And Interpretation; Right Heart, Venous Access Only	8/1/2022
33997	Removal Of Percutaneous Right Heart Ventricular Assist Device, Venous Cannula, At Separate And Distinct Session From Insertion	8/1/2022
36468	Injection Of Chemical Agent Into Spider Vein Of Arm, Leg, Or Trunk	6/1/2022
36470	Injection Of Sclerosing Solution; Single Vein	6/1/2022
36471	Injection Of Chemical Agent Into Multiple Incompetent Veins Of Leg	7/1/2024
36475	Destruction Of First Incompetent Vein Of Arm Or Leg Using Radiofrequency And Imaging Guidance	6/1/2022
37700	Tying And Division Of Long Leg Vein	6/1/2022
37765	Removal Of Varicose Veins Of Arm Or Leg, 10-20 Incisions	6/1/2022
37780	Tying And Division Of Short Leg Vein	7/1/2024
38240	Transplantation Of Donor Stem Cells Per Donor	7/1/2024
38241	Bone Marrow Or Blood-Derived Peripheral Stem Cell Transplantation; Autologous	7/1/2024
38242	Transplantation Of Donor White Blood Cells	7/1/2013
43644	Bypass Of Stomach Using An Endoscope	7/1/2024
43645	Bypass Of Stomach With Reconstruction Of Small Bowel Using An Endoscope	7/1/2013
43770	Lap, Place Gastr Adjust Band	7/1/2013
43771	Adjustment Of Stomach Reduction Device Using An Endoscope	7/1/2024
43772	Lap, Remove Adjust Gast Band	7/1/2024
43773	Lap, Change Adjust Gast Band	7/1/2024

Code	Description	Effective Date
43774	Removal Of Stomach Reduction Device And Port Using An Endoscope	7/1/2013
43775	Partial Removal Of Stomach For Weight Loss Using An Endoscope	7/1/2024
43842	Banding Of Upper Stomach To Reduce Size Of Stomach	7/1/2024
43843	Gastric Restrictive Procedure Other Than Vert. Banded Gastr	7/1/2024
43845	Partial Removal Of Stomach, Upper Bowel, And Ileum For Weight Loss	7/1/2013
43846	Bypass Of Stomach For Weight Loss With Roux-En-Y Connection Of Upper Bowel To Upper Stomach	7/1/2013
43847	Bypass Of Stomach For Weight Loss With Small Bowel Reconstruction	7/1/2013
43848	Revision Of Upper Stomach Bypass	7/1/2024
43886	Revision Of Port For Saline Injection Into Stomach Banding Device	7/1/2013
43887	Removal Of Port For Saline Injection Into Stomach Banding Device	7/1/2013
43888	Replacement Of Port For Saline Injection Into Stomach Banding Device	7/1/2024
47135	Transplantation Of Donor Liver	7/1/2024
48160	Pancreatectomy, Total Or Subtotal, W/Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	9/1/2018
48554	Transplantation Of Pancreatic Allograft	7/1/2013
61885	Insertion Of Brain Neurostimulator Pulse Device With Connection To Single Electrode Array	6/1/2022
61889	Insertion Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver	1/1/2024
61891	Revision Or Replacement Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver	1/1/2024
64553	Insertion Of Cranial Nerve Neurostimulator Electrode	7/1/2024

Code	Description	Effective Date
64568	Insertion Of Cranial Nerve Neurostimulator Electrode And Generator	1/1/2024
64582	Open Implantation Of Hypoglossal Nerve Neurostimulator Array, Pulse Generator, And Distal Respiratory Sensor Electrode Or Electrode Array	1/1/2024
66987	Complex Removal Of Cataract With Insertion Of Prosthetic Lens And Laser Treatment To Decrease Fluid Production In Eye	2/1/2024
66988	Removal Of Cataract With Insertion Of Prosthetic Lens And Laser Treatment To Decrease Fluid Production In Eye	2/1/2024
66989	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1-Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification), Complex	7/1/2024
66991	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification); With Insertion	7/1/2024
67900	Repair Of Brow Ptosis	7/1/2024
67903	Repair Of Blepharoptosis, Tarsolevator Resect. Inter Approach	6/1/2022
67904	Repair Of Blepharoptosis, Tarsolevator Resect, External Appr	6/1/2022
67909	Revision Of Surgery To Correct Drooping Or Paralyzed Upper Eyelid	7/1/2024
67950	Reconstruction Of Eyelid Margin	6/1/2022
89259	Cryopreservation; Sperm	12/1/2018
90378	Respiratory Syncytial Virus, Monoclonal Antibody, Recombinant, For Intramuscular Use, 50 Mg, Each	3/1/2024
90867	Treatment Using Magnetic Field To Stimulate Nerve Cells In Brain, Initial Delivery And Management	7/1/2024
90868	Treatment Using Magnetic Field To Stimulate Nerve Cells In Brain, Subsequent Delivery And Management	7/1/2020

Code	Description	Effective Date
90869	Treatment Using Magnetic Field To Stimulate Nerve Cells In Brain, Subsequent Motor Threshold Redetermination With Delivery And Management	7/1/2024
90912	Biofeedback Training For Bowel Or Bladder Control, Initial 15 Minutes	1/1/2020
90913	Biofeedback Training For Bowel Or Bladder Control, Each Additional 15 Minutes	1/1/2020
92065	Eye Training Exercise Performed By Health Care Professional	9/1/2018
93745	Programming Of Wearable Cardioverter-Defibrillator	7/1/2024
94669	Therapy Procedure To Clear Airway Using An Inflatable Vest	7/1/2024
97802	Therapy Procedure For Nutrition Management, Each 15 Minutes	7/1/2013
97803	Therapy Procedure Reassessment For Nutrition Management, Each 15 Minutes	7/1/2013
0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	8/1/2022
0098T	Revision Including Replacement Of Total Disc Arthroplasty(Artificial Disc) Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	7/1/2024
0164T	Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach, Each Additional Interspace, Lumbar(List Separately In Addition To Code For Primary procedure)	8/1/2022
0165T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In addition To Code For Primary Procedure)	7/1/2024
0479T	Fractional Ablative Laser Fenest. Of Scars For Fx Improvement; First 100 Cm2 Or Part Thereof, Or 1% Of Body Surface Area Of Infants And Children	7/1/2022

Code	Description	Effective Date
0480T	Fractional Ablative Laser Fenest. Of Scars For Fx Improvement; Each Addt'l 100 Cm2, Or Each Addt'l 1% Of Body Surface Area. (List Separately In Addition To Code For Primary Procedure)	7/1/2022
0743T	Bone Stngth And Fx risk Usng Finite Elmnt Analyses Of Fnctl Data & Bn-Mnrl Dnsty, W/ Concrrnt Vrtbrl Fx Assess, Utlzng Data Frm Ct Scan, Rtrvl & Trnsmssn Of The Scn Data	1/1/2023
0749T	Bne Strngth & Fx-Risk Assmnt Usng Dgtl X-Ray Rdgrmmtry-Bne Mnrl Dnsty Anlyss Of Bne Mnrl Dnsty Utlzng Data Frm A Dgtl X Ray, Rtrvl & Trnsmssn Of Dgtl X Ray Data, Assmnt Of Bne Strngth & Fx-Rsk & Bmd	1/1/2023
0750T	Bne Strngth & Fx-Risk Assmnt Usng Dgtl X-Ray Rdgrmmtry-Bne Mnrl Dnsty Anlys Of Bne Mnrl Dnsty Utlzng Data Frm A Dgtl X Ray, Rtrvl & Trnsmssn Of Dgtl X Ray Data, Assmnt Of Bne Strngth & Fx-Rsk & Bmd, S	1/1/2023
0751T	Digitization Of Glass Microscope Slides For Level Ii, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0752T	Digitization Of Glass Microscope Slides For Level Iii, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0753T	Digitization Of Glass Microscope Slides For Level Iv, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0754T	Digitization Of Glass Microscope Slides For Level V, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0755T	Digitization Of Glass Microscope Slide For Level Vi, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0756T	Digitization Of Glass Microscope Slides For Special Stain, Including Interpretation And Report, Group I, For Microorganisms (Eg, Acid Fast, Methenamine Silver) (List Separately In Addition To Code For	1/1/2023

Code	Description	Effective Date
0757T	Dgtztn Of Glss Mcrscpe Slds For Spcl Stn, Grp Ii, All Other, Excpt Stn For Mcrrgnsms, Stns For Enzym Cnsttnts, Or Immncytchmstry & Immnhstchmstry (List Separately In Addition To Code For Primary Proc	1/1/2023
0758T	Digitization Of Glass Microscope Slides For Special Stain, Including Interpretation And Report, Histochemical Stain On Frozen Tissue Block (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0759T	Digitization Of Glass Microscope Slides For Special Stain, Including Interpretation And Report, Group Iii, For Enzyme Constituents (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0760T	Digitization Of Glass Microscope Slides For Immunohistochemistry Or Immunocytochemistry, Per Specimen, Initial Single Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedur	1/1/2023
0761T	Digitization Of Glass Microscope Slides For Immunohistochemistry Or Immunocytochemistry, Per Specimen, Each Additional Single Antibody Stain Procedure (List Separately In Addition To Code For Primary	1/1/2023
0762T	Digitization Of Glass Microscope Slides For Immunohistochemistry Or Immunocytochemistry, Per Specimen, Each Multiplex Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedur	1/1/2023
0763T	Dgtztn Of Glss Mcrscp Slds For Mrphmtrc Anlys, Tmr Immnhstchmstry, Quant Or Semiquant, Pr Spec, Ea Sngl Antbdy Stn Proc, Manual (List Separately In Addition To Code For Primary Procedure)	1/1/2023
0784T	Insertion Or Replacement Of Spinal Integrated Nerve Stimulating System With Electrode Array, Accessed Through The Skin	1/1/2024
0785T	Revision Or Removal Of Spinal Integrated Nerve Stimulating System With Electrode Array	1/1/2024

Code	Description	Effective Date
0786T	Insertion Or Replacement Of Sacral Integrated Never Stimulating System With Electrode Array, Accessed Through The Skin	1/1/2024
0787T	Revision Or Removal Of Sacral Integrated Nerve Stimulating System With Electrode Array	1/1/2024
0814T	Injection Through The Skin Of Calcium-Based Osteoconductive Material To Repair Upper Thigh Bone	1/1/2024
0816T	Insertion Or Replacement Of Integrated Posterior Tibial Nerve Stimulating System Under The Skin, For Bladder Dysfunction	1/1/2024
0817T	Insertion Or Replacement Of Integrated Posterior Tibial Nerve Stimulating System Under Muscle, For Bladder Dysfunction	1/1/2024
0818T	Revision Or Removal Of Integrated Posterior Nerve Stimulating System Under Skin, For Bladder Dysfunction	1/1/2024
0819T	Revision Or Removal Of Integrated Posterior Nerve Stimulating System Under Muscle, For Bladder Dysfunction	1/1/2024
0827T	Digitization Of Glass Microscope Slides For Cytopathology Of Fluids, Washings, Or Brushings, Smears	1/1/2024
0828T	Digitization Of Glass Microscope Slides For Cytopathology Of Fluids, Washings, Or Brushings, Simple Filter Method	1/1/2024
0829T	Digitization Of Glass Microscope Slides For Cytopathology, Concentration Technique	1/1/2024
0830T	Digitization Of Glass Microscope Slides For Cytopathology, Selective-Cellular Enhancement Technique	1/1/2024
0831T	Digitization Of Glass Microscope Slides For Cytopathology Of Cervical Or Vaginal Specimen	1/1/2024
0832T	Digitization Of Glass Microscope Slides For Cytopathology, Smears Requiring Screening And Interpretation	1/1/2024
0833T	Digitization Of Glass Microscope Slides For Cytopathology, Smears Requiring Preparation, Screening And Interpretation	1/1/2024
0834T	Digitization Of Glass Microscope Slides For Cytopathology, Smears Requiring Extended Study Of Over 5 Slides And/Or Multiple Stains	1/1/2024

Code	Description	Effective Date
0835T	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate, First Evaluation	1/1/2024
0836T	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate, Each Additional Evaluation	1/1/2024
0837T	Digitization Of Glass Microscope Slides For Cytopathology Evaluation Of Fine Needle Aspirate	1/1/2024
0838T	Digitization Of Glass Microscope Slides For Consultation And Report On Slides Prepared Elsewhere	1/1/2024
0839T	Digitization Of Glass Microscope Slides For Consultation And Report Requiring Preparation Of Slides Using Referred Material	1/1/2024
0840T	Digitization Of Glass Microscope Slides For Consultation, Comprehensive Review	1/1/2024
0841T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, First Tissue Block	1/1/2024
0842T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, Each Additional Tissue Block	1/1/2024
0843T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, Cytologic Examination Of Initial Site	1/1/2024
0844T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery, Cytologic Examination Of Each Additional Site	1/1/2024
0845T	Digitization Of Glass Microscope Slides For Immunofluorescence, Initial Single Antibody Stain Procedure	1/1/2024
0846T	Digitization Of Glass Microscope Slides For Immunofluorescence, Each Additional Antibody Stain Procedure	1/1/2024
0847T	Digitization Of Glass Microscope Slides For Examination And Selection Of Retrieved Archival Tissue(S) For Molecular Analysis	1/1/2024

Code	Description	Effective Date
0848T	Digitization Of Glass Microscope Slides For In Situ Hybridization, Initial Single Probe Stain Procedure	1/1/2024
0849T	Digitization Of Glass Microscope Slides For In Situ Hybridization, Each Additional Single Probe Stain Procedure	1/1/2024
0850T	Digitization Of Glass Microscope Slides For In Situ Hybridization, Each Multiplex Probe Stain Procedure	1/1/2024
0851T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Initial Manual Single Probe Stain Procedure	1/1/2024
0852T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Each Additional Manual Single Probe Stain Procedure	1/1/2024
0853T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization, Each Manual Multiplex Probe Stain Procedure	1/1/2024
0854T	Digitization Of Glass Microscope Slides For Peripheral Blood Smear	1/1/2024
0855T	Digitization Of Glass Microscope Slides For Bone Marrow Smear	1/1/2024
0856T	Digitization Of Glass Microscope Slides For Diagnostic Electron Microscopy	1/1/2024
G0455	Preparation With Instillation Of Fecal Microbiota By Any Method, Including Assessment Of Donor Specimen	4/1/2018
J0604	Cinacalcet, Oral, 1 Mg, (For Esrd On Dialysis)	3/1/2024
J1202	Miglustat, Oral, 65 Mg	4/1/2024
J1439	Ferric Carboxymaltose Iv Solution	3/1/2024
J1813	Insulin (Lyumjev) For Administration Through Dme (I.E., Insulin Pump) Per 50 Units	7/1/2023
J3389	Topical administration, prademagene zamikeracel, per treatment	1/1/2026
J3401	Beremagene Geperpavec-Svdt For Topical Administration, Containing Nominal 5 X 10^9 Pfu/Ml Vector Genomes, Per 0.1 Ml	1/1/2024

Code	Description	Effective Date
J7330	Autologous cultured chondrocytes, implant	9/1/2023
J7354	Cantharidin For Topical Administration, 0.7%, Single Unit Dose Applicator (3.2 Mg)	4/1/2024
Q4183	Surgigraft, Per Square Centimeter	10/1/2019
Q4184	Cellesta, Per Square Centimeter	7/1/2024
Q4185	Cellesta Flowable Amnion (25 Mg Per Cc), Per 0.5 Cc	10/1/2019
Q4186	Epifix, Per Square Centimeter	9/1/2020
Q4187	Epicord, Per Square Centimeter	7/1/2024
Q4188	Amnioarmor, Per Square Centimeter	10/1/2019
Q4189	Artacent Ac, 1 Mg	10/1/2019
Q4190	Artacent Ac, Per Square Centimeter	3/18/2020
Q4191	Restorigin, Per Square Centimeter	10/1/2019
Q4192	Restorigin, 1 Cc	10/1/2019
Q4193	Coll-E-Derm, Per Square Centimeter	3/18/2020
Q4194	Novachor, Per Square Centimeter	10/1/2019
Q4195	Puraply, Per Square Centimeter	7/1/2024
Q4196	Puraply Am, Per Square Centimeter	7/1/2024
Q4197	Puraply Xt, Per Square Centimeter	10/1/2019
Q4198	Genesis Amniotic Membrane, Per Square Centimeter	3/18/2020
Q4200	Skin Te, Per Square Centimeter	3/18/2020
Q4201	Matrion, Per Square Centimeter	10/1/2019
Q4202	Keroxx (2.5G/Cc), 1Cc	10/1/2019
Q4203	Derma-Gide, Per Square Centimeter	3/18/2020
Q4204	Xwrap, Per Square Centimeter	10/1/2019
S9988	Services provided as part of a Phase I clinical trial	4/1/2024
S9990	Services provided as part of a Phase II clinical trial	4/1/2024
S9991	Services provided as part of a Phase III clinical trial	4/1/2024