Arthrex Amnion™ Matrix

2026 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the Arthrex Amnion matrix, the following information is shared for educational and strategic planning purposes only. While Arthrex believes this information to be correct, coding and reimbursement decisions by AMA, CMS, and leading payers are subject to change without notice. As a result, providers are encouraged to speak regularly with their payers.

FDA Regulatory Clearance

Amniotic tissues are allografts regulated by the FDA as a human cell, tissue, and cellular and tissue-based product (HCT/P) under 21 CFR Part 1271 and Section 361 of the Public Health Service Act. Tissues and fluids are minimally manipulated and intended for homologous use only. Homologous use is defined as repair, reconstruction, replacement, or supplementation of a tissue with an HCT/P that performs the same basic function in the recipient as in the donor. Final products are tested for sterility and indicated usage is single patient one-time use.

Value Analysis Significance

Arthrex Amnion matrix is rich in growth factors and contains regenerative qualities and growth factors that maintain the natural healing properties of amnion.[1-4] Used as an anatomical barrier or wrap in a variety of orthopedic applications, Arthrex Amnion matrices provide biological and mechanical protection to strengthen the repair while helping prevent adhesion.[5,a]

[a] Results from animal studies are not indicative of clinical use.

Coding Considerations

Codes provide a uniform language for describing services performed by health care providers. The actual selection of codes depends on the primary surgical procedure, supported by details in the patient's medical record about medical necessity. It is the sole responsibility of the health care provider to correctly prepare claims submitted to insurance carriers.

Physician's Professional Fee

In addition to the appropriate procedure(s) performed by the surgeon, the facility may also report the following or similar HCPCS codes for Arthrex Amnion matrix:

HCPCS Code	Code Description	Notes
C1762	**Connective tissue, human** These tissues include a natural, cellular collagen or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia lata, or decellularized dermal tissue.	For Medicare, anchors/screws/ joint devices are not separately reimbursed in any setting of care (eg, hospital, ASC). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc). For non-Medicare (eg, commercial) patients, depending on contractual terms and general stipulations of the payer, direct invoicing by the facility may be allowed. Contact the patient's insurance company or the facility's payer contract for further information.
L8699	**Prosthetic implant, no otherwise specified** This code reports prosthetic implants that are not otherwise described in more specific HCPCS Level II codes.	
A4649	**Surgical supplies; miscellaneous** This code reports miscellaneous surgical supplies and should only be reported if a more specific HCPCS Level II or CPT code is not available.	

List of pass-through payment device category codes (updated September 2022): https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough_payment

For more information about the primary procedure, please speak with your admitting surgeon. You may also call the Arthrex Coding Helpline at 1-844-604-6359 or email AskMarketAccess@arthrex.com.

References

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5. Kim SS, Sohn SK, Lee KY, Lee MJ, Roh MS, Kim CH. Use of human amniotic membrane wrap in reducing perineural adhesions in a rabbit model of ulnar nerve neurorrhaphy. *J Hand Surg Eur Vol.* 2010;35(3):214-219. doi:10.1177/1753193409352410