

AlloMend[®]

ACELLULAR DERMAL MATRIX

REIMBURSEMENT GUIDE | 2025

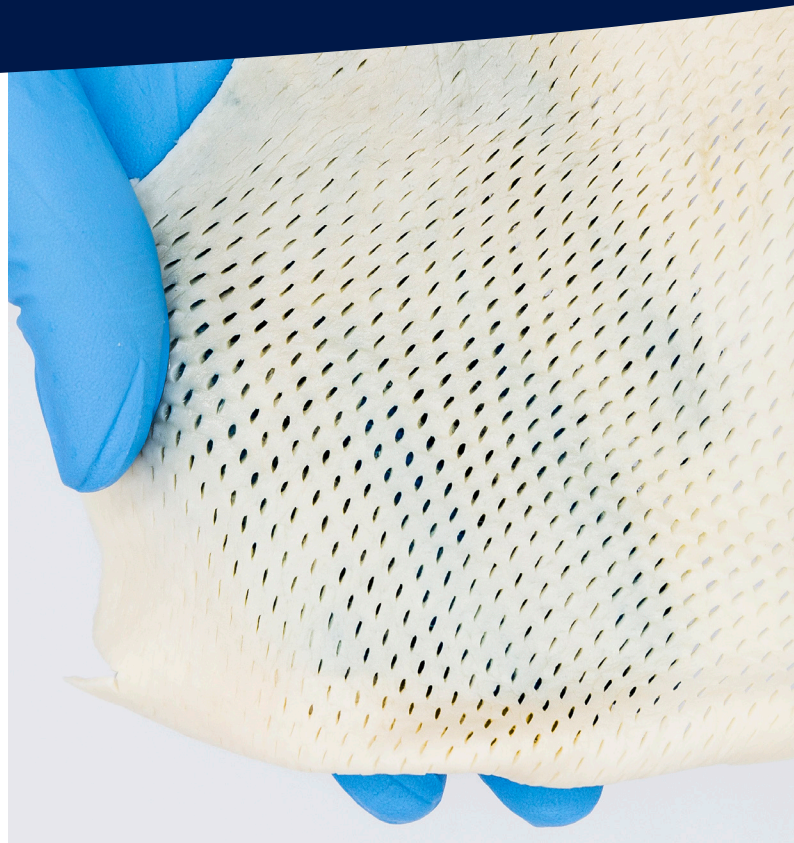
PRODUCT OVERVIEW

AlloMend Acellular Dermal Matrix (ADM) is a human-derived allograft that incorporates into surrounding tissue and provides a scaffold for cell repopulation and regeneration of the natural host tissues.¹ This dermal allograft is used for soft tissue reconstruction, helping surgeons repair and reconstruct soft tissue defects for long-term structural support.

For additional product information on AlloMend, please visit allosource.org/allomend.

FDA REGULATORY STATUS

AlloMend ADM is regulated by the FDA under 21 CFR Part 1271 Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps). AlloSource is registered with the FDA as a tissue establishment and accredited by the American Association of Tissue Banks.



The content provided is for educational and informational purposes only and does not imply a guarantee of reimbursement or coverage. All procedures and products should be coded based on the patient's condition and the procedure(s) performed. We recommend you reach out to the specific payor directly for detailed coding, billing, and coverage information. We are not responsible for any decisions made based on this information.

OVERVIEW OF COMMON CODING FOR ALLOMEND

Current Procedural Terminology (CPT) Procedural Code

The most common CPT code used when implanting AlloMend is CPT 15777.

CPT CODE	DESCRIPTOR
15777 ²	Implantation of biologic implant (e.g. acellular dermal matrix) for soft tissue reinforcement (e.g. breast, trunk). This code should be listed separately from the primary procedure code.

Healthcare Common Procedure Coding System (HCPCS) Product Codes

Currently there is no specific HCPCS code for AlloMend. In the absence of a specific code, the codes listed below can be considered. These codes should be listed separately as they are specifically for each piece of ADM allograft used in a procedure.

HCPCS CODE	DESCRIPTOR
Q4100 ³	Skin substitute, otherwise not specified.
C9399 ⁴	Unspecified or biologic (hospital outpatient or ambulatory surgery center settings only).

REFERENCES

1. Stillwell R, Delaney R. The biomechanics of acellular dermal matrix: Biocompatibility study. *AlloSource White Paper*. 2016; 00088-LIT [001].
2. Codify by AAPC (American Academy of Professional Coders). <https://www.aapc.com/codes/cpt-codes/15777>.
3. Codify by AAPC. <https://www.aapc.com/codes/hcpcs-codes/Q4100>.
4. Codify by AAPC. <https://www.aapc.com/codes/hcpcs-codes/C9399>.
5. "Women's Health and Cancer Rights Act (WHCRA)." *CMS.Gov*, www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/whcra_factsheet. Oct. 2024.

PRIVATE PAYOR POLICY COVERAGE

AlloMend ADM is either explicitly covered or implicitly not ruled out in over 60 policies, including those from Blue Cross Blue Shield, United Healthcare, and Humana. As AlloSource continues to develop robust clinical data, we are actively pursuing additional coverage with private payors.

For questions regarding your specific policy, contact us at info@allosource.org.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

The WHCRA is a federal law that provides protection to patients who choose to have breast reconstruction in connection with mastectomy. Group health plans, insurance companies and health maintenance organizations offering mastectomy coverage must also provide coverage for all stages of reconstruction on the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and treatment for physical complications.⁵