

AURIX® Reimbursement Guide

AURIX is a biodynamic hematogel that harnesses a patient’s innate regenerative abilities for the effective treatment of chronic wounds. FDA-cleared and nationally covered by Medicare.

AURIX® TREATMENTS ARE BILLED USING HCPCS CODE G0465

G0465 Code Descriptor: Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment).

AURIX® REIMBURSEMENT DETAILS FOR THE FOLLOWING LOCATIONS:

Location Type	2026 Medicare Average National Payment: Facility Fee	2026 Medicare Average National Payment: Professional Fee
Hospital Outpatient (on campus) – POS 22	\$2,107.97	2.51 RVUs / \$83.84
Hospital Outpatient (off campus) – POS 19	\$2,107.97	2.51 RVUs / \$83.84
Location Type	2026 Medicare Average National Payment: Professional Fee	
Private Office – POS 11	\$1,064.49	...
Independent Clinic – POS 49	\$1,064.49	...
Home Health – POS 12	\$1,064.49	...

The information in this document is gathered from public sources and is provided here for illustrative purposes only. This information cannot cover all situations or all third-party payer rules or policies, nor does use of this information guarantee coverage or payment. This document makes no other representations or warranties as to selecting codes for procedures or compliance with any other billing protocols or prerequisites. As with all claims, individual providers and suppliers are responsible for exercising independent clinical judgment in selecting the codes that most accurately reflect a patient’s condition and the procedures performed. Laws, regulations, and policies concerning coding and payment are complex and subject to change.

You should refer to current, complete and authoritative publications such as Medicare transmittals, AMA CPT lists, and third-party insurer policies as the basis for selecting codes that describe care rendered to an individual patient, and you may wish to contact individual payers as needed.

Coding and Payment for the Aurix System® | Hospital Outpatient Department and Private Office

As with any claim, you must list the diagnosis code(s) to which the procedure or item codes match. In the table below are the diagnosis codes that will indicate that the patient is eligible for Medicare coverage of the AURIX treatment.

IN ADDITION TO THE G0465 CODE, TWO ICD-10 DIAGNOSIS CODES ARE REQUIRED: DIABETES MELLITUS (E CODE) PLUS A SINGLE SPECIFIED CHRONIC ULCER (L CODE). THE COVERED CODES ARE LISTED BELOW:

ICD-10-CM	
Diagnosis Code	Description
Diabetes Mellitus	
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
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
E13.622	Other specified diabetes mellitus with other skin ulcer
Chronic Ulcer	
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity
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
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity
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

ICD-10-CM**Diagnosis Code Description****Chronic Ulcer (Continued)**

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
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity
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
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.318	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
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
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
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
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin

ICD-10-CM	
Diagnosis Code	Description
Chronic Ulcer (Continued)	
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
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity
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
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
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
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin
L98.422	Non-pressure chronic ulcer of back with fat layer exposed
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle
L98.424	Non-pressure chronic ulcer of back with necrosis of bone
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.428	Non-pressure chronic ulcer of back with other specified severity
L98.431	Non-pressure chronic ulcer of abdomen limited to breakdown of skin
L98.432	Non-pressure chronic ulcer of abdomen with fat layer exposed
L98.433	Non-pressure chronic ulcer of abdomen with necrosis of muscle
L98.434	Non-pressure chronic ulcer of abdomen with necrosis of bone

The Centers for Medicare and Medicaid (CMS) provides Contractors with physicians' fees via the Medicare Physicians' Fee Schedule (MPFS) Database. Resource-based practice expenses relative value units (RVUs) comprise the core of physician fees paid under Medicare Physicians' Fee Schedule. The CMS provides carriers with the fee schedule RVUs for all services except those with local codes.

ICD-10-CM	
Diagnosis Code	Description
Chronic Ulcer (Continued)	
L98.435	Non-pressure chronic ulcer of abdomen with muscle involvement without evidence of necrosis
L98.436	Non-pressure chronic ulcer of abdomen with bone involvement without evidence of necrosis
L98.438	Non-pressure chronic ulcer of abdomen with other specified severity
L98.441	Non-pressure chronic ulcer of chest limited to breakdown of skin
L98.442	Non-pressure chronic ulcer of chest with fat layer exposed
L98.443	Non-pressure chronic ulcer of chest with necrosis of muscle
L98.444	Non-pressure chronic ulcer of chest with necrosis of bone
L98.445	Non-pressure chronic ulcer of chest with muscle involvement without evidence of necrosis
L98.446	Non-pressure chronic ulcer of chest with bone involvement without evidence of necrosis
L98.448	Non-pressure chronic ulcer of chest with other specified severity
L98.451	Non-pressure chronic ulcer of neck limited to breakdown of skin
L98.452	Non-pressure chronic ulcer of neck with fat layer exposed
L98.453	Non-pressure chronic ulcer of neck with necrosis of muscle
L98.454	Non-pressure chronic ulcer of neck with necrosis of bone
L98.455	Non-pressure chronic ulcer of neck with muscle involvement without evidence of necrosis
L98.456	Non-pressure chronic ulcer of neck with bone involvement without evidence of necrosis
L98.458	Non-pressure chronic ulcer of neck with other specified severity
L98.461	Non-pressure chronic ulcer of face limited to breakdown of skin
L98.462	Non-pressure chronic ulcer of face with fat layer exposed
L98.463	Non-pressure chronic ulcer of face with necrosis of muscle
L98.464	Non-pressure chronic ulcer of face with necrosis of bone
L98.465	Non-pressure chronic ulcer of face with muscle involvement without evidence of necrosis
L98.466	Non-pressure chronic ulcer of face with bone involvement without evidence of necrosis
L98.468	Non-pressure chronic ulcer of face with other specified severity
L98.471	Non-pressure chronic ulcer of groin limited to breakdown of skin
L98.472	Non-pressure chronic ulcer of groin with fat layer exposed
L98.473	Non-pressure chronic ulcer of groin with necrosis of muscle
L98.474	Non-pressure chronic ulcer of groin with necrosis of bone
L98.475	Non-pressure chronic ulcer of groin with muscle involvement without evidence of necrosis
L98.476	Non-pressure chronic ulcer of groin with bone involvement without evidence of necrosis
L98.478	Non-pressure chronic ulcer of groin with other specified severity
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis of bone
L98.A111	Non-pressure chronic ulcer of right upper arm limited to breakdown of skin
L98.A112	Non-pressure chronic ulcer of right upper arm with fat layer exposed

The Centers for Medicare and Medicaid (CMS) provides Contractors with physicians' fees via the Medicare Physicians' Fee Schedule (MPFS) Database. Resource-based practice expenses relative value units (RVUs) comprise the core of physician fees paid under Medicare Physicians' Fee Schedule. The CMS provides carriers with the fee schedule RVUs for all services except those with local codes.

ICD-10-CM**Diagnosis Code Description****Chronic Ulcer (Continued)**

L98.A113	Non-pressure chronic ulcer of right upper arm with necrosis of muscle
L98.A114	Non-pressure chronic ulcer of right upper arm with necrosis of bone
L98.A115	Non-pressure chronic ulcer of right upper arm with muscle involvement without evidence of necrosis
L98.A116	Non-pressure chronic ulcer of right upper arm with bone involvement without evidence of necrosis
L98.A118	Non-pressure chronic ulcer of right upper arm with other specified severity
L98.A121	Non-pressure chronic ulcer of left upper arm limited to breakdown of skin
L98.A122	Non-pressure chronic ulcer of left upper arm with fat layer exposed
L98.A123	Non-pressure chronic ulcer of left upper arm with necrosis of muscle
L98.A124	Non-pressure chronic ulcer of left upper arm with necrosis of bone
L98.A125	Non-pressure chronic ulcer of left upper arm with muscle involvement without evidence of necrosis
L98.A126	Non-pressure chronic ulcer of left upper arm with bone involvement without evidence of necrosis
L98.A128	Non-pressure chronic ulcer of left upper arm with other specified severity
L98.A211	Non-pressure chronic ulcer of right forearm limited to breakdown of skin
L98.A212	Non-pressure chronic ulcer of right forearm with fat layer exposed
L98.A213	Non-pressure chronic ulcer of right forearm with necrosis of muscle
L98.A214	Non-pressure chronic ulcer of right forearm with necrosis of bone
L98.A215	Non-pressure chronic ulcer of right forearm with muscle involvement without evidence of necrosis
L98.A216	Non-pressure chronic ulcer of right forearm with bone involvement without evidence of necrosis
L98.A218	Non-pressure chronic ulcer of right forearm with other specified severity
L98.A221	Non-pressure chronic ulcer of left forearm limited to breakdown of skin
L98.A222	Non-pressure chronic ulcer of left forearm with fat layer exposed
L98.A223	Non-pressure chronic ulcer of left forearm with necrosis of muscle
L98.A224	Non-pressure chronic ulcer of left forearm with necrosis of bone
L98.A225	Non-pressure chronic ulcer of left forearm with muscle involvement without evidence of necrosis
L98.A226	Non-pressure chronic ulcer of left forearm with bone involvement without evidence of necrosis
L98.A228	Non-pressure chronic ulcer of left forearm with other specified severity
L98.A311	Non-pressure chronic ulcer of right hand limited to breakdown of skin
L98.A312	Non-pressure chronic ulcer of right hand with fat layer exposed
L98.A313	Non-pressure chronic ulcer of right hand with necrosis of muscle
L98.A314	Non-pressure chronic ulcer of right hand with necrosis of bone
L98.A315	Non-pressure chronic ulcer of right hand with muscle involvement without evidence of necrosis
L98.A316	Non-pressure chronic ulcer of right hand with bone involvement without evidence of necrosis
L98.A318	Non-pressure chronic ulcer of right hand with other specified severity
L98.A321	Non-pressure chronic ulcer of left hand limited to breakdown of skin
L98.A322	Non-pressure chronic ulcer of left hand with fat layer exposed
L98.A323	Non-pressure chronic ulcer of left hand with necrosis of muscle
L98.A324	Non-pressure chronic ulcer of left hand with necrosis of bone
L98.A325	Non-pressure chronic ulcer of left hand with muscle involvement without evidence of necrosis
L98.A326	Non-pressure chronic ulcer of left hand with bone involvement without evidence of necrosis
L98.A328	Non-pressure chronic ulcer of left hand with other specified severity

The Centers for Medicare and Medicaid (CMS) provides Contractors with physicians' fees via the Medicare Physicians' Fee Schedule (MPFS) Database. Resource-based practice expenses relative value units (RVUs) comprise the core of physician fees paid under Medicare Physicians' Fee Schedule. The CMS provides carriers with the fee schedule RVUs for all services except those with local codes.

SAMPLE UB04 FORM

1 Wound Healing Center 1 Healing Way Anytown, NJ 00000		2 Wound Healing Center 1 Healing Way Anytown, NJ 00000		3a PAT. CNTL.# b. MED. REC.# Account # assigned by facility		4 TYPE OF BILL 133	
				5 FED. TAX NO. XX-XXXXXXX		6 STATEMENT COVERS PERIOD FROM 1-1-19 THROUGH 1-1-19	
8 PATIENT NAME		a Patient ID		9 PATIENT ADDRESS		a 111 Nonexistent Street	
b Name, Fake, A (patient name)		b Anytown		c NJ		d 00000	
10 BIRTHDATE 12 09 2012		11 SEX F		12 DATE 1-1-19		13 HR 12 3 1	
14 TYPE		15 SRC		16 DHR		17 STAT 01	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
Name, Fake, A		a		b		c	
111 Nonexistent Street		d					
Anytown, NJ 00000							
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
1 0500				G0465		1-1-19	
2						46 SERV. UNITS	
3						1	
4						47 TOTAL CHARGES	
5						Dollars Cents	
6						0 00	
7						48 NON-COVERED CHARGES	
8						0 00	
9						49	
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		PAGE 1 OF 1		CREATION DATE		1-2-19	
TOTALS		Dollars		cents		0 00	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASSO BEN.	
Primary insurance company		Payer ID		Y		Y	
Secondary insurance company		Payer ID					
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		XXXXXXXXXX	
0 00		Dollars cents		57 OTHER PRV ID			
58 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
Name, Fake, A		18		AB123456789		Group name	
62 INSURANCE GROUP NO.						123456	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
Payer prior authorization code		Payer's internal control number					
66 DX		67		68		69	
E11.621		Z79.4		L97.421		C D E F G H	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
E11.621		a		b		c	
74 PRINCIPAL PROCEDURE DATE		75		76 ATTENDING NPI		QUAL	
G0465		1-1-19		Provider NPI			
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		QUAL	
80 REMARKS		81CC a		82		83	
		b		c		d	
		d					

SAMPLE 1500 FORM



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>												PICA <input type="checkbox"/>																							
1. MEDICARE <input checked="" type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)												1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1EG4-TE5-MK73																							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Name, Fake, A						3. PATIENT'S BIRTH DATE MM DD YY 12 09 12 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>						4. INSURED'S NAME (Last Name, First Name, Middle Initial) Name, Fake, A																							
5. PATIENT'S ADDRESS (No., Street) 111 Nonexistent Street						6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street) 111 Nonexistent Street																							
CITY Anytown				STATE NJ		8. RESERVED FOR NUCC USE				CITY 111 Nonexistent Street				STATE NJ																					
ZIP CODE 00000			TELEPHONE (Include Area Code) (123) 4567890			9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER																					
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						a. INSURED'S DATE OF BIRTH MM DD YY 12 09 12 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>																							
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____						b. OTHER CLAIM ID (Designated by NUCC)																							
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						c. INSURANCE PLAN NAME OR PROGRAM NAME																							
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																							
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.												12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.											
SIGNED _____												DATE _____												SIGNED _____											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL: _____						15. OTHER DATE MM DD YY QUAL: _____						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____ 17b. NPI _____						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ A. E11.621 B. Z79.4 C. L97.421 D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____												22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____						23. PRIOR AUTHORIZATION NUMBER _____																	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #															
1		01 01 20		22		G0465				ABC		Dollars		1		NPI		Provider NPI																	
2																NPI																			
3																NPI																			
4																NPI																			
5																NPI																			
6																NPI																			
25. FEDERAL TAX I.D. NUMBER XX - XXXXXXXX SSN EIN <input type="checkbox"/> <input type="checkbox"/>						26. PATIENT'S ACCOUNT NO. Generated by provider						27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						28. TOTAL CHARGE \$ _____						29. AMOUNT PAID \$ _____						30. Rsvd for NUCC Use					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 1-2-20 SIGNED _____ DATE _____												32. SERVICE FACILITY LOCATION INFORMATION Wound Healing Center 1 Healing Way Anytown, NJ 00000 a. Office NPI b. _____												33. BILLING PROVIDER INFO & PH # (000) 000-0000 Healing, Doctor 1 Wound Way Anytown, NJ 00000 a. Provider NPI b. _____											

CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

NOTES



NOTES



NOTES



THE SECRET INGREDIENT TO HEALING? YOUR PATIENT.

IVRs can be faxed to (888) 811-8846. Contact the AURIX Reimbursement Assistant (AURA) at (361) 488-5239 (recorded line), or email aurix@roguemanagement.net for additional reimbursement questions and patient support including: benefits verification, prior authorization, and appeals assistance.

Coding information derived from Pub 100-04 Medicare Claims Processing, CMS Transmittal 11171, January 12, 2022 https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/R11171CP_1.pdf; National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds, April 13, 2021.

Current Procedural Terminology (CPT®) copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Nuo Therapeutics, Inc. Reimbursement Disclaimer: The information in this document was obtained from third-party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules, and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers' rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients' medical condition, procedures performed, and the products used. This document represents no promise or guarantee by Nuo Therapeutics, Inc. regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. Nuo Therapeutics, Inc. specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.

For product information, including indications, contraindications, warnings, and precautions, see the AURIX® Instructions for Use Manual and aurixsystems.com.

©2025 Nuo Therapeutics, Inc.

Coverage under private insurance and Medicaid is currently determined on a case-by-case basis. Please contact aurix@roguemanagement.net, phone 361.488.5239, for more information on submitting a claim for Aurix® to one of these payers.

Aurix® is a breakthrough wound care solution that starts and ends with the patient.

By harnessing the body's innate healing mechanisms, this biodynamic hematology helps providers change the trajectory of healing for a broader range of patients. Because of its individualized nature, Aurix offers providers more flexibility at all stages of healing.

nuo
THERAPEUTICS

AU

AURIX: HEAL ON.