

LA.CLI.083 Skin and Tissue Substitutes



Louisiana Medicaid Medical Coverage Policy

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Description

Bioengineered skin and soft tissue substitutes, often referred to as cellular and/or tissue-based products (CTPs), are acellular (no biological component) or cellular (contain living cells) matrices. Acellular dermal matrices (ADM) or extracellular matrices (ECM) have had all cellular material removed during the manufacturing process and contain a matrix or scaffold composed of materials such as collagen, elastin, fibronectin and hyaluronic acid. These products vary in several ways including source (biological tissue, synthetic materials or a combination), additives (antibiotics, surfactants), hydration (freeze dried, wet) and required preparation (multiple rinses, rehydration).

Cellular matrices contain living cells such as fibroblasts and keratinocytes within a matrix which are derived from either autologous or allogeneic (human tissue) or xenographic (animal tissue), synthetic materials or a composite of these materials.

Manufacturing processes of bioengineered skin and tissue substitutes vary by company, but generally involve seeding selected cells onto a matrix, where they receive proteins and growth factors necessary for them to multiply and develop into the desired tissue. The tissue may be used for a variety of conditions and procedures including breast reconstruction, healing of lower extremity ulcers (eg, diabetic and/or venous ulcers), ocular defects, plantar fasciitis, surgical wounds and treatment of severe burns.

Coverage Determination

Humana members enrolled in Healthy Horizons Louisiana may be eligible under the Plan for skin and tissue substitutes when the following criteria are met:

<u>Skin / Tissue Substitute</u>	<u>Indication(s) / Criteria</u>	<u>Associated HCPCS Code(s)</u>
<u>Apligraf</u> <u>Much like human skin as it has two primary layers; the epidermal (outer) layer consists of live human keratinocytes, while the dermal (inner) layer contains living fibroblasts. Also referred to as human skin equivalent.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4101</u>
<u>Biobrane, Biobrane-L</u> <u>Constructed using collagen (porcine type 1) that is incorporated with both silicone and nylon and mechanically bonded to a flexible knitted nylon fabric.</u>	<ul style="list-style-type: none"> <u>Full-thickness (third-degree) burns; OR</u> <u>Partial-thickness (second-degree) burns</u> 	<u>Q4100</u>
<u>Dermagraft</u> <u>Manufactured from human fibroblast cells derived from newborn foreskin tissue. The fibroblasts are cultured on a bioabsorbable polyglactin mesh. Proteins and growth factors are secreted during the culture period and generate a three dimensional (3D) human dermis.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4106</u>
<u>Dual Layer Impax Membrane</u> <u>Dehydrated dual layered human amniotic membrane allograft. Designed to function as a barrier or cover for acute and chronic wounds and for use as a barrier to protect wounds from the surrounding environment.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4262</u>
<u>Epifix</u> <u>Biologic human amniotic membrane.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have</u> 	<u>Q4186</u>

<u>Skin / Tissue Substitute</u>	<u>Indication(s) / Criteria</u>	<u>Associated HCPCS Code(s)</u>
	<p><u>not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u></p> <ul style="list-style-type: none"> <u>Used in conjunction with standard wound therapy</u> 	
<u>Integra Bilayer Matrix Wound Dressing</u> <u>Comprised of a porous matrix of cross-linked bovine tendon collagen and glycosaminoglycan and a semipermeable polysiloxane (silicone layer). The collagen-glycosaminoglycan biodegradable matrix provides a scaffold for cellular invasion and capillary growth.</u>	<ul style="list-style-type: none"> <u>Partial-thickness (second-degree) burns; OR</u> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4104</u>
<u>Integra Dermal Regeneration Template, Omnigraft</u> <u>Bilayer membrane system for skin replacement. The dermal replacement layer is made of a porous matrix of fibers of cross-linked bovine tendon collagen and glycosaminoglycan (chondroitin-6-sulfate). The epidermal substitute layer is made of thin polysiloxane (silicone) layer.</u>	<ul style="list-style-type: none"> <u>Post excisional treatment of life-threatening, full-thickness or deep partial-thickness thermal injuries where sufficient autograft is not available at the time of excision or not desirable due to the physiological condition of the individual; OR</u> <u>Repair of scar contractures when other therapies have failed or when donor sites for repair are not sufficient or desirable due to the physiological condition of the individual; OR</u> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4105</u>
<u>Integra Meshed Bilayer Wound Matrix</u>	<ul style="list-style-type: none"> <u>Partial-thickness (second-degree) burns; OR</u> 	<u>Q4104,</u>

<u>Skin / Tissue Substitute</u>	<u>Indication(s) / Criteria</u>	<u>Associated HCPCS Code(s)</u>
<u>Porous matrix of cross-linked bovine tendon collagen and glycosaminoglycan. The collagen-glycosaminoglycan biodegradable matrix provides a scaffold for cellular invasion and capillary growth. The meshed bilayer matrix allows drainage of wound exudate and provides a flexible adherent covering for the wound surface.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>C9363</u>
<u>NuShield</u> <u>Allograft derived from amniotic and chorionic membranes.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4160</u>
<u>PuraPly, PuraPly AM</u> <u>Purified Type 1 native collagen matrix creates a durable biocompatible scaffold.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4195,</u> <u>Q4196</u>
<u>TheraSkin</u> <u>Biologically active cryopreserved human skin allograft with both epidermis and dermis layers; the cellular and extracellular composition provides a supply of collagen, cytokines and growth factors.</u>	<ul style="list-style-type: none"> <u>Treatment of diabetic foot ulcers, venous leg ulcers, or full thickness skin-loss ulcers, of greater than 4 weeks duration that have not responded to standard wound therapy, where there is no bone, capsule, muscle or tendon exposure; AND</u> <u>Used in conjunction with standard wound therapy</u> 	<u>Q4121</u>

<u>Skin / Tissue Substitute</u>	<u>Indication(s) / Criteria</u>	<u>Associated HCPCS Code(s)</u>
<u>Transcyte</u> <u>Combines a synthetic epidermis with a bioengineered human dermal layer that contains fibronectin growth factors and collagen</u>	<ul style="list-style-type: none"> • <u>For use as a temporary wound covering for surgically excised full-thickness and deep partial-thickness thermal burn wounds in an individual who requires such a covering prior to autograft placement; OR</u> • <u>Treatment of mid-dermal to indeterminate depth burn wounds that typically require debridement and that may be expected to heal without autografting</u> 	<u>Q4182</u>

Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for any of the following skin and tissue substitutes for ANY other indication or when the above criteria are not met including, but may not be limited to:

- Apligraf; OR
- Biobrane, Biobrane-L; OR
- Dermagraft; OR
- Dual Layer Impax Membrane; OR
- Epifix; OR
- Integra Bilayer Matrix Wound Dressing; OR
- Integra Dermal Regeneration Template, Omnigraft (Integra DRT); OR
- Integra Meshed Bilayer Wound Matrix; OR
- NuShield; OR
- PuraPly, PuraPly AM; OR
- TheraSkin; OR
- Transcyte

These are considered experimental/investigational as they are not identified as widely used and generally accepted for any other proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for any other skin or tissue substitutes not addressed in the Coverage Determination section. These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Coding Information

Any codes listed on this policy are for informational purposes only. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure. Coverage is subject to each requested codes inclusion on the corresponding LDH fee schedule. Non-covered codes are reviewed for medical necessity for members under 21 years of age on a per case basis.

<u>CPT® Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>15271</u>	<u>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</u>	-
<u>15272</u>	<u>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 (List separately in addition to code for primary procedure)</u>	
<u>15273</u>	<u>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</u>	
<u>15274</u>	<u>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 (List separately in addition to code for primary procedure)</u>	
<u>15275</u>	<u>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</u>	
<u>15276</u>	<u>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 (List separately in addition to code for primary procedure)</u>	
<u>15277</u>	<u>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</u>	
<u>15278</u>	<u>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</u>	

	<u>additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)</u>	
<u>HCPCS Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>A2001</u>	<u>InnovaMatrix AC, per sq cm</u>	<u>Not Covered</u>
<u>A2002</u>	<u>Mirragen Advanced Wound Matrix, per sq cm</u>	<u>Not Covered</u>
<u>A2004</u>	<u>XCelliStem, per sq cm</u>	<u>Not Covered</u>
<u>A2005</u>	<u>Microlyte Matrix, per sq cm</u>	<u>Not Covered</u>
<u>A2007</u>	<u>Restrata, per sq cm</u>	<u>Not Covered</u>
<u>A2008</u>	<u>TheraGenesis, per sq cm</u>	<u>Not Covered</u>
<u>A2009</u>	<u>Symphony, per sq cm</u>	<u>Not Covered</u>
<u>A2010</u>	<u>Apis, per sq cm</u>	<u>Not Covered</u>
<u>A2011</u>	<u>Supra sdrm, per square centimeter</u>	<u>Not Covered</u>
<u>A2012</u>	<u>Suprathel, per square centimeter</u>	<u>Not Covered</u>
<u>A2013</u>	<u>Innovamatrix fs, per square centimeter</u>	<u>Not Covered</u>
<u>A2014</u>	<u>Omeza collagen matrix, per 100 mg</u>	<u>Not Covered</u>
<u>A2015</u>	<u>Phoenix wound matrix, per square centimeter</u>	<u>Not Covered</u>
<u>A2016</u>	<u>Permeaderm b, per square centimeter</u>	<u>Not Covered</u>
<u>A2017</u>	<u>Permeaderm glove, each</u>	<u>Not Covered</u>
<u>A2018</u>	<u>Permeaderm c, per square centimeter</u>	<u>Not Covered</u>
<u>A2019</u>	<u>Kerecis omega3 marigen shield, per square centimeter</u>	<u>Not Covered</u>
<u>A2020</u>	<u>Ac5 advanced wound system (ac5)</u>	<u>Not Covered</u>
<u>A2021</u>	<u>Neomatrix, per square centimeter</u>	<u>Not Covered</u>
<u>A2022</u>	<u>Innovaburn or innovamatrix xl, per square centimeter</u>	<u>Not Covered</u>
<u>A2023</u>	<u>Innovamatrix pd, 1 mg</u>	<u>Not Covered</u>
<u>A2024</u>	<u>Resolve matrix, per square centimeter</u>	<u>Not Covered</u>
<u>A2025</u>	<u>Miro3d, per cubic centimeter</u>	<u>Not Covered</u>
<u>A2026</u>	<u>Restrata minimatrix, 5 mg</u>	<u>Not Covered</u>
<u>A2027</u>	<u>Matriderm, per square centimeter</u>	<u>Not Covered</u>
<u>A2028</u>	<u>Micromatrix flex, per mg</u>	<u>Not Covered</u>
<u>A2029</u>	<u>Mirottract wound matrix sheet, per cubic centimeter</u>	<u>Not Covered</u>
<u>A4100</u>	<u>Skin substitute, fda cleared as a device, not otherwise specified</u>	<u>Not Covered</u>
<u>C1832</u>	<u>Autograft suspension, including cell processing and application, and all system components</u>	<u>Not Covered</u>
<u>C9354</u>	<u>Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm</u>	<u>Not Covered</u>
<u>C9358</u>	<u>Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm</u>	<u>Not Covered</u>
<u>C9360</u>	<u>Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm</u>	<u>Not Covered</u>
<u>C9361</u>	<u>Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length</u>	<u>Not Covered</u>
<u>C9363</u>	<u>Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm</u>	<u>Not Covered</u>

<u>C9364</u>	<u>Porcine implant, Permacol, per sq cm</u>	<u>Not Covered</u>
<u>Q4100</u>	<u>Skin substitute, not otherwise specified</u>	
<u>Q4101</u>	<u>Apligraf, per sq cm</u>	<u>Not Covered</u>
<u>Q4102</u>	<u>Oasis wound matrix, per sq cm</u>	
<u>Q4103</u>	<u>Oasis burn matrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4104</u>	<u>Integra bilayer matrix wound dressing (BMWD), per sq cm</u>	
<u>Q4105</u>	<u>Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm</u>	
<u>Q4106</u>	<u>Dermagraft, per sq cm</u>	
<u>Q4107</u>	<u>GRAFTJACKET, per sq cm</u>	<u>Not Covered</u>
<u>Q4108</u>	<u>Integra matrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4110</u>	<u>PriMatrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4111</u>	<u>GammaGraft, per sq cm</u>	<u>Not Covered</u>
<u>Q4112</u>	<u>Cymetra, injectable, 1 cc</u>	<u>Not Covered</u>
<u>Q4113</u>	<u>GRAFTJACKET XPRESS, injectable, 1 cc</u>	<u>Not Covered</u>
<u>Q4114</u>	<u>Integra flowable wound matrix, injectable, 1 cc</u>	<u>Not Covered</u>
<u>Q4115</u>	<u>AlloSkin, per sq cm</u>	<u>Not Covered</u>
<u>Q4116</u>	<u>AlloDerm, per sq cm</u>	
<u>Q4117</u>	<u>HYALOMATRIX, per sq cm</u>	<u>Not Covered</u>
<u>Q4118</u>	<u>MatriStem micromatrix, 1 mg</u>	<u>Not Covered</u>
<u>Q4121</u>	<u>TheraSkin, per sq cm</u>	
<u>Q4122</u>	<u>DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm</u>	<u>Not Covered</u>
<u>Q4123</u>	<u>AlloSkin RT, per sq cm</u>	<u>Not Covered</u>
<u>Q4124</u>	<u>OASIS ultra tri-layer wound matrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4125</u>	<u>ArthroFlex, per sq cm</u>	<u>Not Covered</u>
<u>Q4126</u>	<u>MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm</u>	<u>Not Covered</u>
<u>Q4127</u>	<u>Talymed, per sq cm</u>	<u>Not Covered</u>
<u>Q4128</u>	<u>FlexHD, AllopatchHD, or Matrix HD, per sq cm</u>	<u>Not Covered</u>
<u>Q4130</u>	<u>Strattice TM, per sq cm</u>	<u>Not Covered</u>
<u>Q4132</u>	<u>Grafix Core and GrafixPL Core, per sq cm</u>	<u>Not Covered</u>
<u>Q4133</u>	<u>Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm</u>	<u>Not Covered</u>
<u>Q4134</u>	<u>HMatrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4135</u>	<u>Mediskin, per sq cm</u>	<u>Not Covered</u>
<u>Q4136</u>	<u>E-Z Derm, per sq cm</u>	<u>Not Covered</u>
<u>Q4137</u>	<u>AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm</u>	<u>Not Covered</u>
<u>Q4138</u>	<u>BioDFence DryFlex, per sq cm</u>	<u>Not Covered</u>
<u>Q4139</u>	<u>AmnioMatrix or BioDMatrix, injectable, 1 cc</u>	<u>Not Covered</u>
<u>Q4140</u>	<u>BioDFence, per sq cm</u>	<u>Not Covered</u>
<u>Q4141</u>	<u>AlloSkin AC, per sq cm</u>	<u>Not Covered</u>
<u>Q4142</u>	<u>XCM biologic tissue matrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4143</u>	<u>Repriza, per sq cm</u>	<u>Not Covered</u>
<u>Q4145</u>	<u>EpiFix, injectable, 1 mg</u>	<u>Not Covered</u>

<u>Q4146</u>	<u>Tensix, per sq cm</u>	<u>Not Covered</u>
<u>Q4147</u>	<u>Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4148</u>	<u>Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm</u>	<u>Not Covered</u>
<u>Q4149</u>	<u>Excellagen, 0.1 cc</u>	<u>Not Covered</u>
<u>Q4150</u>	<u>AlloWrap DS or dry, per sq cm</u>	<u>Not Covered</u>
<u>Q4151</u>	<u>AmnioBand or Guardian, per sq cm</u>	<u>Not Covered</u>
<u>Q4152</u>	<u>DermaPure, per sq cm</u>	<u>Not Covered</u>
<u>Q4153</u>	<u>Dermavest and Plurinvest, per sq cm</u>	<u>Not Covered</u>
<u>Q4154</u>	<u>Biovance, per sq cm</u>	<u>Not Covered</u>
<u>Q4155</u>	<u>Neox Flo or Clarix Flo 1 mg</u>	<u>Not Covered</u>
<u>Q4156</u>	<u>Neox 100 or Clarix 100, per sq cm</u>	<u>Not Covered</u>
<u>Q4157</u>	<u>Revitalon, per sq cm</u>	<u>Not Covered</u>
<u>Q4158</u>	<u>Kerecis Omega3, per sq cm</u>	<u>Not Covered</u>
<u>Q4159</u>	<u>Affinity, per sq cm</u>	<u>Not Covered</u>
<u>Q4160</u>	<u>Nushield, per sq cm</u>	
<u>Q4161</u>	<u>bio-ConneKt wound matrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4162</u>	<u>WoundEx Flow, BioSkin Flow, 0.5 cc</u>	<u>Not Covered</u>
<u>Q4163</u>	<u>WoundEx, BioSkin, per sq cm</u>	<u>Not Covered</u>
<u>Q4164</u>	<u>Helicoll, per sq cm</u>	<u>Not Covered</u>
<u>Q4165</u>	<u>Keramatrix or Kerasorb, per sq cm</u>	<u>Not Covered</u>
<u>Q4166</u>	<u>Cytal, per sq cm</u>	<u>Not Covered</u>
<u>Q4167</u>	<u>Truskin, per sq cm</u>	<u>Not Covered</u>
<u>Q4168</u>	<u>AmnioBand, 1 mg</u>	<u>Not Covered</u>
<u>Q4169</u>	<u>Artacent wound, per sq cm</u>	<u>Not Covered</u>
<u>Q4170</u>	<u>Cygnus, per sq cm</u>	<u>Not Covered</u>
<u>Q4171</u>	<u>Interfyl, 1 mg</u>	<u>Not Covered</u>
<u>Q4173</u>	<u>PalinGen or PalinGen XPlus, per sq cm</u>	<u>Not Covered</u>
<u>Q4174</u>	<u>PalinGen or ProMatrX, 0.36 mg per 0.25 cc</u>	<u>Not Covered</u>
<u>Q4175</u>	<u>Miroderm, per sq cm</u>	<u>Not Covered</u>
<u>Q4176</u>	<u>Neopatch or therion, per square centimeter</u>	<u>Not Covered</u>
<u>Q4177</u>	<u>FlowerAmnioFlo, 0.1 cc</u>	<u>Not Covered</u>
<u>Q4178</u>	<u>FlowerAmnioPatch, per sq cm</u>	<u>Not Covered</u>
<u>Q4179</u>	<u>FlowerDerm, per sq cm</u>	<u>Not Covered</u>
<u>Q4180</u>	<u>Revita, per sq cm</u>	<u>Not Covered</u>
<u>Q4181</u>	<u>Amnio Wound, per sq cm</u>	<u>Not Covered</u>
<u>Q4182</u>	<u>Transcyte, per sq cm</u>	
<u>Q4183</u>	<u>Surgigraft, per sq cm</u>	<u>Not Covered</u>
<u>Q4184</u>	<u>Cellesta or Cellesta Duo, per sq cm</u>	<u>Not Covered</u>
<u>Q4185</u>	<u>Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc</u>	<u>Not Covered</u>
<u>Q4186</u>	<u>Epifix, per sq cm</u>	
<u>Q4187</u>	<u>Epicord, per sq cm</u>	<u>Not Covered</u>
<u>Q4188</u>	<u>AmnioArmor, per sq cm</u>	<u>Not Covered</u>

<u>Q4189</u>	<u>Artacent AC, 1 mg</u>	<u>Not Covered</u>
<u>Q4190</u>	<u>Artacent AC, per sq cm</u>	<u>Not Covered</u>
<u>Q4191</u>	<u>Restorigin, per sq cm</u>	<u>Not Covered</u>
<u>Q4192</u>	<u>Restorigin, 1 cc</u>	<u>Not Covered</u>
<u>Q4193</u>	<u>Coll-e-Derm, per sq cm</u>	<u>Not Covered</u>
<u>Q4194</u>	<u>Novachor, per sq cm</u>	<u>Not Covered</u>
<u>Q4195</u>	<u>PuraPly, per sq cm</u>	
<u>Q4196</u>	<u>PuraPly AM, per sq cm</u>	
<u>Q4197</u>	<u>PuraPly XT, per sq cm</u>	<u>Not Covered</u>
<u>Q4198</u>	<u>Genesis Amniotic Membrane, per sq cm</u>	<u>Not Covered</u>
<u>Q4199</u>	<u>Cygnus matrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4200</u>	<u>SkinTE, per sq cm</u>	<u>Not Covered</u>
<u>Q4201</u>	<u>Matrion, per sq cm</u>	<u>Not Covered</u>
<u>Q4202</u>	<u>Keroxx (2.5 g/cc), 1 cc</u>	<u>Not Covered</u>
<u>Q4203</u>	<u>Derma-Gide, per sq cm</u>	<u>Not Covered</u>
<u>Q4204</u>	<u>XWRAP, per sq cm</u>	<u>Not Covered</u>
<u>Q4205</u>	<u>Membrane Graft or Membrane Wrap, per sq cm</u>	<u>Not Covered</u>
<u>Q4206</u>	<u>Fluid Flow or Fluid GF, 1 cc</u>	<u>Not Covered</u>
<u>Q4208</u>	<u>Novafix, per sq cm</u>	<u>Not Covered</u>
<u>Q4209</u>	<u>SurGraft, per sq cm</u>	<u>Not Covered</u>
<u>Q4211</u>	<u>Amnion Bio or AxoBioMembrane, per sq cm</u>	<u>Not Covered</u>
<u>Q4212</u>	<u>AlloGen, per cc</u>	<u>Not Covered</u>
<u>Q4213</u>	<u>Ascent, 0.5 mg</u>	<u>Not Covered</u>
<u>Q4214</u>	<u>Cellesta Cord, per sq cm</u>	<u>Not Covered</u>
<u>Q4215</u>	<u>Axolotl Ambient or Axolotl Cryo, 0.1 mg</u>	<u>Not Covered</u>
<u>Q4216</u>	<u>Artacent Cord, per sq cm</u>	<u>Not Covered</u>
<u>Q4217</u>	<u>WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm</u>	<u>Not Covered</u>
<u>Q4218</u>	<u>SurgiCORD, per sq cm</u>	<u>Not Covered</u>
<u>Q4219</u>	<u>SurgiGRAFT-DUAL, per sq cm</u>	<u>Not Covered</u>
<u>Q4220</u>	<u>BellaCell HD or Surederm, per sq cm</u>	<u>Not Covered</u>
<u>Q4221</u>	<u>Amnio Wrap2, per sq cm</u>	<u>Not Covered</u>
<u>Q4222</u>	<u>ProgenaMatrix, per sq cm</u>	<u>Not Covered</u>
<u>Q4224</u>	<u>Human health factor 10 amniotic patch (hhf10-p), per square centimeter</u>	<u>Not Covered</u>
<u>Q4225</u>	<u>Amniobind, per square centimeter</u>	
<u>Q4226</u>	<u>MyOwn Skin, includes harvesting and preparation procedures, per sq cm</u>	<u>Not Covered</u>
<u>Q4227</u>	<u>AmnioCoreTM, per sq cm</u>	<u>Not Covered</u>
<u>Q4229</u>	<u>Cogenex Amniotic Membrane, per sq cm</u>	<u>Not Covered</u>
<u>Q4230</u>	<u>Cogenex Flowable Amnion, per 0.5 cc</u>	<u>Not Covered</u>
<u>Q4231</u>	<u>Corplex P, per cc</u>	<u>Not Covered</u>
<u>Q4232</u>	<u>Corplex, per sq cm</u>	<u>Not Covered</u>

<u>Q4233</u>	<u>SurFactor or NuDyn, per 0.5 cc</u>	<u>Not Covered</u>
<u>Q4234</u>	<u>XCellerate, per sq cm</u>	<u>Not Covered</u>
<u>Q4235</u>	<u>AMNIOREPAIR or AltiPly, per sq cm</u>	<u>Not Covered</u>
<u>Q4236</u>	<u>Carepatch, per square centimeter</u>	<u>Not Covered</u>
<u>Q4237</u>	<u>Cryo-Cord, per sq cm</u>	<u>Not Covered</u>
<u>Q4238</u>	<u>Derm-Maxx, per sq cm</u>	<u>Not Covered</u>
<u>Q4239</u>	<u>Amnio-Maxx or Amnio-Maxx Lite, per sq cm</u>	<u>Not Covered</u>
<u>Q4240</u>	<u>CoreCyte, for topical use only, per 0.5 cc</u>	<u>Not Covered</u>
<u>Q4241</u>	<u>PolyCyte, for topical use only, per 0.5 cc</u>	<u>Not Covered</u>
<u>Q4242</u>	<u>AmnioCyte Plus, per 0.5 cc</u>	<u>Not Covered</u>
<u>Q4245</u>	<u>AmnioText, per cc</u>	<u>Not Covered</u>
<u>Q4246</u>	<u>CoreText or ProText, per cc</u>	<u>Not Covered</u>
<u>Q4247</u>	<u>Amniotext patch, per sq cm</u>	<u>Not Covered</u>
<u>Q4248</u>	<u>Dermacyte Amniotic Membrane Allograft, per sq cm</u>	<u>Not Covered</u>
<u>Q4249</u>	<u>AMNIPLY, for topical use only, per sq cm</u>	<u>Not Covered</u>
<u>Q4250</u>	<u>AmnioAmp-MP, per sq cm</u>	<u>Not Covered</u>
<u>Q4251</u>	<u>Vim, per sq cm</u>	<u>Not Covered</u>
<u>Q4252</u>	<u>Vendaje, per sq cm</u>	<u>Not Covered</u>
<u>Q4253</u>	<u>Zenith Amniotic Membrane, per sq cm</u>	<u>Not Covered</u>
<u>Q4254</u>	<u>Novafix DL, per sq cm</u>	<u>Not Covered</u>
<u>Q4255</u>	<u>REGUaRD, for topical use only, per sq cm</u>	<u>Not Covered</u>
<u>Q4256</u>	<u>Mlg-complete, per square centimeter</u>	<u>Not Covered</u>
<u>Q4257</u>	<u>Relese, per square centimeter</u>	<u>Not Covered</u>
<u>Q4258</u>	<u>Enverse, per square centimeter</u>	<u>Not Covered</u>
<u>Q4259</u>	<u>Celera dual layer or celera dual membrane, per square centimeter</u>	<u>Not Covered</u>
<u>Q4260</u>	<u>Signature apatch, per square centimeter</u>	<u>Not Covered</u>
<u>Q4261</u>	<u>Tag, per square centimeter</u>	<u>Not Covered</u>
<u>Q4262</u>	<u>Dual layer impax membrane, per square centimeter</u>	
<u>Q4263</u>	<u>Surgraft tl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4264</u>	<u>Cocoon membrane, per square centimeter</u>	<u>Not Covered</u>
<u>Q4265</u>	<u>Neostim tl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4266</u>	<u>Neostim membrane, per square centimeter</u>	<u>Not Covered</u>
<u>Q4267</u>	<u>Neostim dl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4268</u>	<u>Surgraft ft, per square centimeter</u>	<u>Not Covered</u>
<u>Q4269</u>	<u>Surgraft xt, per square centimeter</u>	<u>Not Covered</u>
<u>Q4270</u>	<u>Complete sl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4271</u>	<u>Complete ft, per square centimeter</u>	<u>Not Covered</u>
<u>Q4272</u>	<u>Esano a, per square centimeter</u>	<u>Not Covered</u>
<u>Q4273</u>	<u>Esano aaa, per square centimeter</u>	<u>Not Covered</u>
<u>Q4274</u>	<u>Esano ac, per square centimeter</u>	<u>Not Covered</u>
<u>Q4275</u>	<u>Esano aca, per square centimeter</u>	<u>Not Covered</u>
<u>Q4276</u>	<u>Orion, per square centimeter</u>	<u>Not Covered</u>
<u>Q4277</u>	<u>Woundplus membrane or e-graft, per square centimeter</u>	<u>Not Covered</u>

<u>Q4278</u>	<u>Epieffect, per square centimeter</u>	<u>Not Covered</u>
<u>Q4279</u>	<u>Vendaje ac, per square centimeter</u>	<u>Not Covered</u>
<u>Q4280</u>	<u>Xcell amnio matrix, per square centimeter</u>	<u>Not Covered</u>
<u>Q4281</u>	<u>Barrera sl or barrera dl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4282</u>	<u>Cygnus dual, per square centimeter</u>	<u>Not Covered</u>
<u>Q4283</u>	<u>Biovance tri-layer or biovance 3l, per square centimeter</u>	<u>Not Covered</u>
<u>Q4284</u>	<u>Dermabind sl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4285</u>	<u>Nudyn dl or nudyn dl mesh, per square centimeter</u>	<u>Not Covered</u>
<u>Q4286</u>	<u>Nudyn sl or nudyn slw, per square centimeter</u>	<u>Not Covered</u>
<u>Q4287</u>	<u>Dermabind dl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4288</u>	<u>Dermabind ch, per square centimeter</u>	<u>Not Covered</u>
<u>Q4289</u>	<u>Revoshield + amniotic barrier, per square centimeter</u>	<u>Not Covered</u>
<u>Q4290</u>	<u>Membrane wrap-hydro, per square centimeter</u>	<u>Not Covered</u>
<u>Q4291</u>	<u>Lamellas xt, per square centimeter</u>	<u>Not Covered</u>
<u>Q4292</u>	<u>Lamellas, per square centimeter</u>	<u>Not Covered</u>
<u>Q4293</u>	<u>Acesso dl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4294</u>	<u>Amnio quad-core, per square centimeter</u>	<u>Not Covered</u>
<u>Q4295</u>	<u>Amnio tri-core amniotic, per square centimeter</u>	<u>Not Covered</u>
<u>Q4296</u>	<u>Rebound matrix, per square centimeter</u>	<u>Not Covered</u>
<u>Q4297</u>	<u>Emerge matrix, per square centimeter</u>	<u>Not Covered</u>
<u>Q4298</u>	<u>Amniocore pro, per square centimeter</u>	<u>Not Covered</u>
<u>Q4299</u>	<u>Amnicore pro+, per square centimeter</u>	<u>Not Covered</u>
<u>Q4300</u>	<u>Acesso tl, per square centimeter</u>	<u>Not Covered</u>
<u>Q4301</u>	<u>Activate matrix, per square centimeter</u>	<u>Not Covered</u>
<u>Q4302</u>	<u>Complete aca, per square centimeter</u>	<u>Not Covered</u>
<u>Q4303</u>	<u>Complete aa, per square centimeter</u>	<u>Not Covered</u>
<u>Q4304</u>	<u>Grafix plus, per square centimeter</u>	<u>Not Covered</u>
<u>Q4305</u>	<u>American amnion ac tri-layer, per square centimeter</u>	<u>Not Covered</u>
<u>Q4306</u>	<u>American amnion ac, per square centimeter</u>	<u>Not Covered</u>
<u>Q4307</u>	<u>American amnion, per square centimeter</u>	<u>Not Covered</u>
<u>Q4308</u>	<u>Sanopellis, per square centimeter</u>	<u>Not Covered</u>
<u>Q4309</u>	<u>Via matrix, per square centimeter</u>	<u>Not Covered</u>
<u>Q4310</u>	<u>Procenta, per 100 mg</u>	<u>Not Covered</u>
<u>Q4311</u>	<u>Acesso, per square centimeter</u>	<u>Not Covered</u>
<u>Q4312</u>	<u>Acesso ac, per square centimeter</u>	<u>Not Covered</u>
<u>Q4313</u>	<u>Dermabind fm, per square centimeter</u>	<u>Not Covered</u>
<u>Q4314</u>	<u>Reeva ft, per square centimeter</u>	<u>Not Covered</u>
<u>Q4315</u>	<u>Regenelink amniotic membrane allograft, per square centimeter</u>	<u>Not Covered</u>
<u>Q4316</u>	<u>Amchoplast, per square centimeter</u>	<u>Not Covered</u>
<u>Q4317</u>	<u>Vitograft, per square centimeter</u>	<u>Not Covered</u>
<u>Q4318</u>	<u>E-graft, per square centimeter</u>	<u>Not Covered</u>
<u>Q4319</u>	<u>Sanograft, per square centimeter</u>	<u>Not Covered</u>
<u>Q4320</u>	<u>Pellograft, per square centimeter</u>	<u>Not Covered</u>

Q4321	Renograft, per square centimeter	Not Covered
Q4322	Caregraft, per square centimeter	Not Covered
Q4323	Alloply, per square centimeter	Not Covered
Q4324	Amniotx, per square centimeter	Not Covered
Q4325	Acapatch, per square centimeter	Not Covered
Q4326	Woundplus, per square centimeter	Not Covered
Q4327	Duoamnio, per square centimeter	Not Covered
Q4328	Most, per square centimeter	Not Covered
Q4329	Singlay, per square centimeter	Not Covered
Q4330	Total, per square centimeter	Not Covered
Q4331	Axolotl graft, per square centimeter	Not Covered
Q4332	Axolotl dualgraft, per square centimeter	Not Covered
Q4333	Ardeograft, per square centimeter	Not Covered
Q4334	Amnioplast 1, per square centimeter	Not Covered
Q4335	Amnioplast 2, per square centimeter	Not Covered
Q4336	Artacent c, per square centimeter	Not Covered
Q4337	Artacent trident, per square centimeter	Not Covered
Q4338	Artacent velos, per square centimeter	Not Covered
Q4339	Artacent vericlen, per square centimeter	Not Covered
Q4340	Simpligraft, per square centimeter	Not Covered
Q4341	Simplimax, per square centimeter	Not Covered
Q4342	Theramend, per square centimeter	Not Covered
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Not Covered
Q4344	Tri-membrane wrap, per square centimeter	Not Covered
Q4345	Matrix hd allograft dermis, per square centimeter	Not Covered

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Appendix

Standard wound therapy based on the specific type of wound includes:

- Appropriate offloading^{47,150}; AND
- Assessment of an individual's vascular status and correction of any amenable vascular problems for arterial and/or venous ulcers^{150,154}; AND
- Comprehensive patient assessment (history, exam, Ankle-Brachial Index [ABI]) and diagnostic tests as indicated) and implemented treatment plan¹⁵⁴; AND
- Compression garments/dressings have been consistently applied for venous ulcers^{150,154}; AND
- Frequent repositioning of an individual with pressure injuries (usually every 2 hours)¹⁵⁴; AND
- Improvement of glucose control^{150,154}; AND
- Individual with venous leg ulcer (VLU) - assessment of clinical history (prior ulcers, thrombosis risks), physical exam (edema, skin changes), ABI, diagnostic testing to verify superficial or deep venous reflux, perforator incompetence, and chronic (or acute) venous thrombosis¹⁵⁴; AND
- Maintenance of a clean, moist bed of granulation tissue with appropriate moist dressings (eg, alginate, films, foams, hydrocolloid, hydrogels that provide a moist wound environment)^{47,154,155}; AND
- Necessary treatment to resolve any infection that may be present (eg, antibiotics, debridement of devitalized tissue, surgical management of osteomyelitis)^{47,150,154,155}

Change Summary

02/04/2025 New Policy.