

Skin and Tissue Substitutes

Red Line Draft

Humana

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

For members under age 21, requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Humana ~~members enrolled in~~ Healthy Horizons in Louisiana members may be eligible under the Plan for **skin and tissue substitutes for the treatment of partial and full-thickness diabetic lower extremity ulcers** when the following criteria are met¹⁴⁵:

- **Comprehensive treatment plan must be documented, including ALL the following:**
 - **Offloading of weight; AND**
 - **Smoking cessation counseling and/or medications, if applicable; AND**
 - **Edema control; AND**
 - **Improvement in diabetes control and nutritional status; AND**
 - **Identification and treatment of other comorbidities that may affect wound healing such as ongoing monitoring for infection; AND**
- **Presence of a lower extremity ulcer that:**
 - **Is at least 1.0 square centimeter (cm) in size; AND**
 - **Has persisted for at least four weeks; AND**
 - **Has not demonstrated measurable signs of healing, defined as a decrease in surface area and depth or a decreased amount of exudate and necrotic tissue, with comprehensive therapy including ALL of the following:**
 - **Application of dressings to maintain a moist wound environment; AND**
 - **Debridement of necrotic tissue, if present; AND**
 - **Offloading of weight; AND**
 - **Diagnosis of type one or type two diabetes mellitus; AND**

- Glycated hemoglobin (HbA1c) level of less than or equal to 9% within the last 90 days or a documented plan to improve HbA1c to 9% or below as soon as possible; AND
- No evidence of untreated wound infection or underlying bone infection; AND
- Ulcer does not extend to tendon, muscle, joint capsule, or bone or exhibit exposed sinus tracts unless the product indication for use allows application to such ulcers; AND
- Evidence of adequate circulation to the affected extremity, as indicated by one or more of the following:
 - Ankle-brachial index (ABI) of at least 0.7; OR
 - Toe-brachial index (TBI) of at least 0.5; OR
 - Dorsum transcutaneous oxygen test (TcPO₂) greater than or equal to 30 mm Hg; OR
 - Triphasic or biphasic Doppler arterial waveforms at the ankle of the affected leg

AND the individual does NOT have ANY of the following:

- Active Charcot deformity or major structural abnormalities of the foot, when the ulcer is on the foot; OR
- Active and untreated autoimmune connective tissue disease; OR
- Known or suspected malignancy of the ulcer; OR
- Individual is receiving radiation therapy or chemotherapy; OR
- Re-treatment of the same ulcer within one year

Skin substitutes require prior authorization (PA) and submitted medical documentation must demonstrate that the beneficiary meets all of the aforementioned requirements.

NOTE: If there is no measurable decrease in surface area, or depth, after five applications, then further applications are not covered even when prior authorized.

Skin / Tissue Substitute	Indication(s) / Criteria	Associated HCPCS Code(s)
<p><u>Apligraf</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.</p>	<ul style="list-style-type: none"> ● 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 ● Used in conjunction with standard wound therapy 	Q4101
<p><u>Biobrane, Biobrane-L</u> Constructed using collagen (porcine type 1) that is incorporated with both silicone and nylon and mechanically bonded to a flexible knitted nylon fabric.</p>	<ul style="list-style-type: none"> ● Full thickness (third degree) burns; OR ● Partial thickness (second degree) burns 	Q4100
<p><u>Dermagraft</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.</p>	<ul style="list-style-type: none"> ● 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 ● Used in conjunction with standard wound therapy 	Q4106
<p><u>Dual Layer Impax Membrane</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.</p>	<ul style="list-style-type: none"> ● 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 ● Used in conjunction with standard wound therapy 	Q4262
<p><u>Epifix</u> Biologic human amniotic membrane.</p>	<ul style="list-style-type: none"> ● 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 	Q4186

Skin / Tissue Substitute	Indication(s) / Criteria	Associated HCPCS Code(s)
<p><u>Integra Bilayer Matrix Wound Dressing</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.</p>	<ul style="list-style-type: none"> ● Used in conjunction with standard wound therapy ● Partial thickness (second-degree) burns; OR ● 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 ● Used in conjunction with standard wound therapy 	<p>Q4104</p>
<p><u>Integra Dermal Regeneration Template, Omnigraft</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.</p>	<ul style="list-style-type: none"> ● 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 ● 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 ● 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 ● Used in conjunction with standard wound therapy 	<p>Q4105</p>
<p><u>Integra Meshed Bilayer Wound Matrix</u> Porous matrix of cross-linked bovine tendon collagen and glycosaminoglycan. The collagen-glycosaminoglycan biodegradable matrix provides a scaffold for cellular</p>	<ul style="list-style-type: none"> ● Partial thickness (second-degree) burns; OR ● 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, 	<p>Q4104, C9363</p>

Skin / Tissue Substitute	Indication(s) / Criteria	Associated HCPCS Code(s)
<p>invasion and capillary growth. The meshed bilayer matrix allows drainage of wound exudate and provides a flexible adherent covering for the wound surface.</p>	<p>where there is no bone, capsule, muscle or tendon exposure; AND</p> <ul style="list-style-type: none"> Used in conjunction with standard wound therapy 	
<p>NuShield Allograft derived from amniotic and chorionic membranes.</p>	<ul style="list-style-type: none"> 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 Used in conjunction with standard wound therapy 	Q4160
<p>PuraPly, PuraPly AM Purified Type 1 native collagen matrix creates a durable biocompatible scaffold.</p>	<ul style="list-style-type: none"> 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 Used in conjunction with standard wound therapy 	Q4195, Q4196
<p>TheraSkin 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.</p>	<ul style="list-style-type: none"> 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 Used in conjunction with standard wound therapy 	Q4121
<p>Transcyte Combines a synthetic epidermis with a bioengineered human dermal layer that contains fibronectin growth factors and collagen</p>	<ul style="list-style-type: none"> 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 Treatment of mid dermal to indeterminate depth burn wounds that typically require 	Q4182

Skin / Tissue Substitute	Indication(s) / Criteria	Associated HCPCS Code(s)
	debridement and that may be expected to heal without autografting	

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~~ any other indications other than those listed above. ~~or when the above criteria are not met including,~~ but may not be limited to: The following coverage limitations apply¹⁴⁵:

- Coverage is limited to a maximum of 10 treatments within a 12-week period; AND
- If there is no measurable decrease in surface area or depth after five applications, then further applications are not covered; AND
- For all ulcers, a comprehensive treatment plan must be documented, including at least ALL of the following:
 - Offloading of weight; AND
 - Smoking cessation counseling and/or medications, if applicable; AND
 - Edema control; AND
 - Improvement in diabetes control and nutritional status; AND
 - Identification and treatment of other comorbidities that may affect wound healing such as ongoing monitoring for infection; AND
- While providers may change products used for the diabetic lower extremity ulcers, simultaneous use of more than one product for the diabetic lower extremity ulcers is not covered; AND
- Hyperbaric oxygen therapy is not covered when used at the same time as skin substitute treatment.

All other indications are considered not medically necessary.

- ~~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; OR~~
- ~~PuraPly AM; OR~~
- ~~TheraSkin~~
- ~~Tranocyte~~

~~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. **Do not rely on the accuracy and inclusion of specific codes.** 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.~~

CPT® Code(s)	Description	Comments
15271	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	-
15272	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)	
15273	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	
15274	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)	
15275	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	
15276	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)	
15277	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	
15278	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 additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	

CPT® Code(s)	Description	Comments
No code(s) identified		
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A2001	InnovaMatrix AC, per sq cm	Not Covered

A2002	Mirragen Advanced Wound Matrix, per sq cm	Not Covered
A2004	XCelliStem, per sq cm	Not Covered
A2005	Microlyte Matrix, per sq cm	Not Covered
A2007	Restrata, per sq cm	Not Covered
A2008	TheraGenesis, per sq cm	Not Covered
A2009	Symphony, per sq cm	Not Covered
A2010	Apis, per sq cm	Not Covered
A2011	Supra sdrm, per square centimeter	Not Covered
A2012	Suprathel, per square centimeter	Not Covered
A2013	Innovamatrix fs, per square centimeter	Not Covered
A2014	Omeza collagen matrix, per 100 mg	Not Covered
A2015	Phoenix wound matrix, per square centimeter	Not Covered
A2016	Permeaderm b, per square centimeter	Not Covered
A2017	Permeaderm glove, each	Not Covered
A2018	Permeaderm c, per square centimeter	Not Covered
A2019	Kerecis omega3 marigen shield, per square centimeter	Not Covered
A2020	Ac5 advanced wound system (ac5)	Not Covered
A2021	Neomatrix, per square centimeter	Not Covered
A2022	Innovaburn or innovamatrix xl, per square centimeter	Not Covered
A2023	Innovamatrix pd, 1 mg	Not Covered
A2024	Resolve matrix, per square centimeter	Not Covered
A2025	Miro3d, per cubic centimeter	Not Covered
A2026	Restrata minimatrix, 5 mg	Not Covered
A2027	Matriderm, per square centimeter	Not Covered
A2028	Micromatrix flex, per mg	Not Covered
A2029	Mirotract wound matrix sheet, per cubic centimeter	Not Covered
A4100	Skin substitute, fda cleared as a device, not otherwise specified	Not Covered
C1832	Autograft suspension, including cell processing and application, and all system components	Not Covered
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	Not Covered
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Not Covered
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Not Covered
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	Not Covered
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	Not Covered
C9364	Porcine implant, Permacol, per sq cm	Not Covered
Q4100	Skin substitute, not otherwise specified	

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

Q4145	EpiFix, injectable, 1 mg	Not Covered
Q4146	Tensix, per sq cm	Not Covered
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Not Covered
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Not Covered
Q4149	Excellagen, 0.1 cc	Not Covered
Q4150	AlloWrap DS or dry, per sq cm	Not Covered
Q4151	AmnioBand or Guardian, per sq cm	Not Covered
Q4152	DermaPure, per sq cm	Not Covered
Q4153	Dermavest and Plurivest, per sq cm	Not Covered
Q4154	Biovance, per sq cm	Not Covered
Q4155	Neox Flo or Clarix Flo 1 mg	Not Covered
Q4156	Neox 100 or Clarix 100, per sq cm	Not Covered
Q4157	Revitalon, per sq cm	Not Covered
Q4158	Kerecis Omega3, per sq cm	Not Covered
Q4159	Affinity, per sq cm	Not Covered
Q4160	NuShield, per sq cm <u>(add-on, list separately in addition to primary procedure)</u>	
Q4161	bio-ConneKt wound matrix, per sq cm	Not Covered
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Not Covered
Q4163	WoundEx, BioSkin, per sq cm	Not Covered
Q4164	Helicoll, per sq cm	Not Covered
Q4165	Keramatrix or Kerasorb, per sq cm	Not Covered
Q4166	Cytal, per sq cm	Not Covered
Q4167	Truskin, per sq cm	Not Covered
Q4168	AmnioBand, 1 mg	Not Covered
Q4169	Artacent wound, per sq cm	Not Covered
Q4170	Cygnus, per sq cm	Not Covered
Q4171	Interfyl, 1 mg	Not Covered
Q4173	PalinGen or PalinGen XPlus, per sq cm	Not Covered
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Not Covered
Q4175	Miroderm, per sq cm	Not Covered
Q4176	Neopatch or therion, per square centimeter	Not Covered
Q4177	FlowerAmnioFlo, 0.1 cc	Not Covered
Q4178	FlowerAmnioPatch, per sq cm	Not Covered
Q4179	FlowerDerm, per sq cm	Not Covered
Q4180	Revita, per sq cm	Not Covered
Q4181	Amnio Wound, per sq cm	Not Covered
Q4182	Transcyte, per sq cm	
Q4183	Surgigraft, per sq cm	Not Covered
Q4184	Cellesta or Cellesta Duo, per sq cm	Not Covered
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Not Covered

Q4186	Epifix, per sq cm <u>(add-on, list separately in addition to primary procedure)</u>	
Q4187	Epicord, per sq cm	Not Covered
Q4188	AmnioArmor, per sq cm	Not Covered
Q4189	Artacent AC, 1 mg	Not Covered
Q4190	Artacent AC, per sq cm	Not Covered
Q4191	Restorigin, per sq cm	Not Covered
Q4192	Restorigin, 1 cc	Not Covered
Q4193	Coll-e-Derm, per sq cm	Not Covered
Q4194	Novachor, per sq cm	Not Covered
Q4195	PuraPly, per sq cm <u>(add-on, list separately in addition to primary procedure)</u>	
Q4196	PuraPly AM, per sq cm <u>(add-on, list separately in addition to primary procedure)</u>	
Q4197	PuraPly XT, per sq cm	Not Covered
Q4198	Genesis Amniotic Membrane, per sq cm	Not Covered
Q4199	Cygnus matrix, per sq cm	Not Covered
Q4200	SkinTE, per sq cm	Not Covered
Q4201	Matrion, per sq cm	Not Covered
Q4202	Keroxx (2.5 g/cc), 1 cc	Not Covered
Q4203	Derma-Gide, per sq cm	Not Covered
Q4204	XWRAP, per sq cm	Not Covered
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Not Covered
Q4206	Fluid Flow or Fluid GF, 1 cc	Not Covered
Q4208	Novafix, per sq cm	Not Covered
Q4209	SurGraft, per sq cm	Not Covered
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Not Covered
Q4212	AlloGen, per cc	Not Covered
Q4213	Ascent, 0.5 mg	Not Covered
Q4214	Cellesta Cord, per sq cm	Not Covered
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Not Covered
Q4216	Artacent Cord, per sq cm	Not Covered
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Not Covered
Q4218	SurgiCORD, per sq cm	Not Covered
Q4219	SurgiGRAFT-DUAL, per sq cm	Not Covered
Q4220	BellaCell HD or Surederm, per sq cm	Not Covered
Q4221	Amnio Wrap2, per sq cm	Not Covered
Q4222	ProgenaMatrix, per sq cm	Not Covered
Q4224	Human health factor 10 amniotic patch (hhf10 p), per square centimeter	Not Covered
Q4225	Amniobind, per square centimeter	

Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Not Covered
Q4227	AmnioCore™, per sq cm	Not Covered
Q4229	Cogenex Amniotic Membrane, per sq cm	Not Covered
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Not Covered
Q4231	Corplex P, per cc	Not Covered
Q4232	Corplex, per sq cm	Not Covered
Q4233	SurFactor or NuDyn, per 0.5 cc	Not Covered
Q4234	XCellerate, per sq cm	Not Covered
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Not Covered
Q4236	Carepatch, per square centimeter	Not Covered
Q4237	Cryo-Cord, per sq cm	Not Covered
Q4238	Derm-Maxx, per sq cm	Not Covered
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Not Covered
Q4240	CoreCyte, for topical use only, per 0.5 cc	Not Covered
Q4241	PolyCyte, for topical use only, per 0.5 cc	Not Covered
Q4242	AmnioCyte Plus, per 0.5 cc	Not Covered
Q4245	AmnioText, per cc	Not Covered
Q4246	CoreText or ProText, per cc	Not Covered
Q4247	Amniotext patch, per sq cm	Not Covered
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Not Covered
Q4249	AMNIPLY, for topical use only, per sq cm	Not Covered
Q4250	AmnioAmp-MP, per sq cm	Not Covered
Q4251	Vim, per sq cm	Not Covered
Q4252	Vendaje, per sq cm	Not Covered
Q4253	Zenith Amniotic Membrane, per sq cm	Not Covered
Q4254	Novafix DL, per sq cm	Not Covered
Q4255	REGUARD, for topical use only, per sq cm	Not Covered
Q4256	Mlg-complete, per square centimeter	Not Covered
Q4257	Relese, per square centimeter	Not Covered
Q4258	Enverse, per square centimeter	Not Covered
Q4259	Celera dual layer or celera dual membrane, per square centimeter	Not Covered
Q4260	Signature apatch, per square centimeter	Not Covered
Q4261	Tag, per square centimeter	Not Covered
Q4262	Dual layer impax membrane, per square centimeter	
Q4263	Surgraft tl, per square centimeter	Not Covered
Q4264	Cocoon membrane, per square centimeter	Not Covered
Q4265	Neostim tl, per square centimeter	Not Covered
Q4266	Neostim membrane, per square centimeter	Not Covered
Q4267	Neostim dl, per square centimeter	Not Covered
Q4268	Surgraft ft, per square centimeter	Not Covered

Q4269	Surgraft xt, per square centimeter	Not Covered
Q4270	Complete sl, per square centimeter	Not Covered
Q4271	Complete ft, per square centimeter	Not Covered
Q4272	Esano a, per square centimeter	Not Covered
Q4273	Esano aaa, per square centimeter	Not Covered
Q4274	Esano ac, per square centimeter	Not Covered
Q4275	Esano aca, per square centimeter	Not Covered
Q4276	Orion, per square centimeter	Not Covered
Q4277	Woundplus membrane or e-graft, per square centimeter	Not Covered
Q4278	Epieffect, per square centimeter	Not Covered
Q4279	Vendaje ac, per square centimeter	Not Covered
Q4280	Xcell amnio matrix, per square centimeter	Not Covered
Q4281	Barrera sl or barrera dl, per square centimeter	Not Covered
Q4282	Cygnus dual, per square centimeter	Not Covered
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	Not Covered
Q4284	Dermabind sl, per square centimeter	Not Covered
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter	Not Covered
Q4286	Nudyn sl or nudyn slw, per square centimeter	Not Covered
Q4287	Dermabind dl, per square centimeter	Not Covered
Q4288	Dermabind ch, per square centimeter	Not Covered
Q4289	Revoshield + amniotic barrier, per square centimeter	Not Covered
Q4290	Membrane wrap-hydro, per square centimeter	Not Covered
Q4291	Lamellas xt, per square centimeter	Not Covered
Q4292	Lamellas, per square centimeter	Not Covered
Q4293	Acesso dl, per square centimeter	Not Covered
Q4294	Amnio quad-core, per square centimeter	Not Covered
Q4295	Amnio tri-core amniotic, per square centimeter	Not Covered
Q4296	Rebound matrix, per square centimeter	Not Covered
Q4297	Emerge matrix, per square centimeter	Not Covered
Q4298	Amniocore pro, per square centimeter	Not Covered
Q4299	Amnicore pro+, per square centimeter	Not Covered
Q4300	Acesso tl, per square centimeter	Not Covered
Q4301	Activate matrix, per square centimeter	Not Covered
Q4302	Complete aca, per square centimeter	Not Covered
Q4303	Complete aa, per square centimeter	Not Covered
Q4304	Grafix plus, per square centimeter	Not Covered
Q4305	American amnion ac tri-layer, per square centimeter	Not Covered
Q4306	American amnion ac, per square centimeter	Not Covered
Q4307	American amnion, per square centimeter	Not Covered
Q4308	Sanopellis, per square centimeter	Not Covered
Q4309	Via matrix, per square centimeter	Not Covered
Q4310	Procenta, per 100 mg	Not Covered

Q4311	Acesso, per square centimeter	Not Covered
Q4312	Acesso ac, per square centimeter	Not Covered
Q4313	Dermabind fm, per square centimeter	Not Covered
Q4314	Reeva ft, per square centimeter	Not Covered
Q4315	Regenelink amniotic membrane allograft, per square centimeter	Not Covered
Q4316	Amchoplast, per square centimeter	Not Covered
Q4317	Vitograft, per square centimeter	Not Covered
Q4318	E-graft, per square centimeter	Not Covered
Q4319	Sanograft, per square centimeter	Not Covered
Q4320	Pellograft, per square centimeter	Not Covered
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	Duoamnion, 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^{50,151}; AND~~
- ~~Assessment of an individual's vascular status and correction of any amenable vascular problems for arterial and/or venous ulcers^{151,154}; 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^{151,154}; AND~~

- ~~Frequent repositioning of an individual with pressure injuries (usually every 2 hours)¹⁵⁴; **AND**~~
- ~~Improvement of glucose control^{151,154}; **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)^{50,154,155}; **AND**~~
- ~~Necessary treatment to resolve any infection that may be present (eg, antibiotics, debridement of devitalized tissue, surgical management of osteomyelitis)^{50,151,154,155}~~

Change Summary

02/04/2025 New Policy.

02/03/2026 Annual Review, Coverage Change. Updated Coding Information Edits align with state-specific content