Policy

DEPARTMENT: Utilization Management	**POLICY#: UM-019**
TITLE: Wound Care	**VERSION: 1.2**
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DEPENDENCIES:	

Table of Contents

Purpose

Various methods to promote wound healing have been devised over time. A method which is unproven by valid scientific literature would be considered unreasonable and unnecessary. Wound care involves the evaluation and treatment of a specific wound, identifying causative factors of delayed healing, and modification of the treatment plan as needed. This policy outlines Longevity Health's expectations and guidelines surrounding wound care.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP	Longevity Health Plan, the Plan
CMS	Centers for Medicare and Medicaid Services
Wet Dressing	Water and medication may be applied to the skin with dressings
Dry Dressing	Provide gentle debridement and protection to the skin; hold medications against the skin and may possibly prevent scratching, rubbing of the wound
Advanced Dressing	Used with increasing frequency to provide gentle debridement in the treatment of acute wounds, chronic venous wounds, diabetic wounds, and pressure ulcers
Dressing Changes	Removal and subsequent reapplication that may be performed by practitioners
NPWT	Negative Pressure Wound Therapy
MIST Therapy	Low-Frequency, Non-Contact, Non-Thermal Ultrasound

General Information

Medicare coverage for wound care on a continuing basis for a specific wound in a specific patient is contingent upon evidence documented in the patient's medical record that there is noted improvement of the wound in response to the wound care and treatments being provided. Evidence of improvement may include one or more measurable changes in the following:

- Drainage
- Inflammation
- Swelling
- Pain
- Tenderness
- Wound dimensions (surface measurements, depth)
- Granulation
- Necrotic tissue
- Tunneling/Undermining

Wound care must be performed in accordance with accepted standards for medical and surgical treatment of the wound. The goal in most instances of chronic wound treatment is the eventual closure with or without skin grafts, replacement of tissue, or surgical intervention. Although complete healing may not be feasible in all cases, the goal should be to get the wound to a state where it can be managed by the patient and/or the primary caregiver with periodic oversight, assessment, and supervision by a practitioner. In some cases where patients have a severe underlying condition or debility, the goal of the wound care in an outpatient setting may simply be

to prevent progression of the wound and prevention of prolonged or continual hospitalizations related to the wound.

Covered Indications

Medicare would expect that wound care may be necessary for the following wound types:

- Surgical wounds that must be left open to heal by secondary intention
- Infected open wounds induced by trauma or surgery
- Wounds with biofilm
- Wounds associated with complicating autoimmune, metabolic, vascular, or pressure factors
- Open or closed wounds complicated by necrotic tissue and/or eschar

Active Wound Care Management

Debridement may be indicated whenever necrotic tissue as well as cellular or proteinaceous debris is present on an open wound to keep the wound in an active state of healing or in cases of abnormal wound healing or repair. Application of a topical or local anesthetic agent does not elevate active wound care management to surgical debridement. Debridement is categorized as selective or non-selective.

1. Wound Care Selective Debridement:
   a. Removal of specific, targeted areas of devitalized or necrotic tissue from a wound along the margin of viable tissue by sharp dissection utilizing scissors, scalpel, curettes, and/or tweezers/forceps.
   b. This procedure typically requires no anesthesia and generally has no or minimal associated bleeding.

2. Wound Care Non-Selective Debridement:
   a. Mechanical Debridement: This type of debridement is the removal of necrotic tissue by cleansing or application of a wet-to-dry or dry-to-dry dressing technique. Wet-to-dry dressings should be used judiciously as maceration of surrounding tissue may hinder healing. Generally, dressing changes are not considered a skilled service.
   b. Enzymatic Debridement: Debridement with topical enzymes is used when the necrotic substances to be removed from a wound are protein, fiber, and collagen. The manufacturer's product insert contains indications, contraindications, precautions, dosage and administration guidelines; it is the clinician's responsibility to comply with those guidelines.
   c. Autolytic Debridement: This type of debridement is indicated where manageable amounts of necrotic tissue are present, and there is no infection. Autolytic debridement occurs when the enzymes that are naturally found in wound fluids are sequestered under synthetic dressings.
   d. Maggot/larvae therapy: debridement with medical-grade maggots in wounds.

3. Wound Care Surgical Debridement

   Conditions that may require surgical debridement of large amounts of skin include but are not limited to:

   - Rapidly spreading necrotizing process
   - Severe eczema
   - Extensive Skin Trauma

- Autoimmune diseases

Surgical debridement occurs only if material has been excised and is typically reported for the treatment of a wound to clear and maintain the site free of devitalized tissue including but is not limited to:

- Necrosis
- Slough
- Eschar
- Infected tissue
- Biofilm
- Abnormal tissue granulation

Note: These procedures can be effective but represent extensive debridement. They may be complex and may require the use of anesthesia to be performed.

4. Use of Evaluation and Management in Conjunction with Surgical Debridement
   Patients with chronic wounds often have underlying medical conditions or problems that require accompanying management in order to provide wound closure. Many of these patients require education and other services as well as coordination of care in both the preoperative and postoperative phases of the debridement procedure. Evaluation and Management service may be provided and documented on the same day as a debridement and may be covered by Medicare but only when the documentation clearly supports the service as a "separately identifiable service" that was reasonable and necessary and distinct from the debridement services provided.

5. Negative Pressure Wound Care (NPWT)

   Negative pressure wound therapy is a method of wound care used to manage exudates and promote wound closure using a vacuum-assisted draining collection device that may be applied in an effort to cleanse the wound by removing fluids and stimulate the wound bed to reduce edema and improve oxygenation.

   Negative pressure wound therapy involves the application of controlled or intermittent negative pressure to properly dressed wound cavities. Suction is applied under air tight wound dressings to promote healing of open wounds that have shown resistance to healing with previous treatment.

   Negative pressure wound therapy for non-healing wounds is medically necessary when one of the following conditions are met:

- There are complications of a surgically induced wound
- There is a traumatic wound and a need for accelerated formation of granulation tissue not attainable by other topical wound treatments
- There is a chronic, non-healing ulcer with noted lack of improvement despite standard wound treatments including aspiration with syringes, debridement of present necrotic tissue if applicable, maintenance of adequate nutrition, and weekly evaluations with documented wound measurements in one of the following clinical situations:
  a. Acute wounds
  b. Sub-acute wounds
  c. Dehisced wounds
  d. Traumatic wounds
  e. Ulcers
  f. Chronic Stage III or IV pressure ulcer

g. Chronic diabetic neuropathic ulcer
h. Chronic venous ulcer
i. Flaps or grafts

6. Low-Frequency, Non-Contact, Non-Thermal Ultrasound (MIST Therapy)

Low Frequency, non-contact, non-thermal ultrasound describes a system that uses continuous low-frequency, ultrasonic energy to produce and propel a mist of liquid and deliver continuous low-frequency ultrasound to the wound bed and is often referred to as MIST Therapy.

This is considered reasonable and necessary wound therapy and is eligible for Medicare coverage when provided for any of the following clinical conditions:

- Wounds or ulcers too painful for sharp or excisional debridement and have failed conventional debridement with documentation supporting this failure
- Wounds or ulcers that meet Medicare coverage for debridement but with documented contraindications for sharp or excisional debridement.
- Wounds or ulcers that meet Medicare coverage for debridement but with documented evidence of no signs of improvement after 30 days of standard wound therapy.

Low-frequency, non-contact, non-thermal ultrasound may be provided 2-3 times per week to be considered as reasonable and necessary. The length of treatments is dependent upon the size of the wounds being treated.

Observable, documented improvements in the wounds should be evident after a maximum of 6 treatments and may include one or more of the following:

- Pain
- Necrotic tissue
- Wound size
- Improved granulation tissue

Note: Application of paste boot (Unna Boot) or application of multi-layer compression system may be useful adjuncts to wound care management.

7. Biologicals for Wound Care and Procedures

Biologics used in procedures (not medication), e.g.

- Platelet Rich Plasma (PRP)
- Skin Substitutes/Dermal Matrix (SS/DM)
- Mesenchymal Stem Cells (MSC)
- Recombinant Human Bone Morphogenic Protein (BMP)
- Amniotic Membrane Transplant (AMT) for ophthalmologic procedures

Materials for Wound Care and Burns:

- Select skin substitutes/dermal matrix products may be considered medically necessary in certain situations.

Materials for Orthopedic Conditions:

I. Platelet Rich Plasma (PRP): Autologous blood derived growth factors are considered investigational.
II. Stem cells and Mesenchymal stem cells (MSC)

- Mesenchymal stem cell therapy is considered investigational and NOT medically necessary for treatment of orthopedic indications.
- Brain tissue transplantation or stem cell neuro transplantation for treatment of Parkinson's Disease (embryonic or fetal allograft or auto-transplantation) is considered experimental and investigational and NOT medically necessary.

III. Recombinant human bone morphogenic protein (rhBMP-2 or rhBMP-7 only)

- Currently 2 rhBMPs have FDA approval for specific use. OP-1TM consists of rhBMP-7 and bovine collagen which is reconstituted with saline to form a paste or putty. The inFUSE ® system is rhBMP-2 on an absorbable collagen sponge carrier.

IV. The use of recombinant human bone morphogenetic protein-2 (rhBMP-2) is considered medically necessary for:

- Anterior lumbar interbody fusion (ALIF) procedure and not PLIF or TLIF
- Posterolateral lumbar intertransverse fusion
- Open fracture of the tibial shaft, which has been stabilized with intramedullary nail fixation after appropriate wound management.

V. The use of recombinant human bone morphogenetic protein-7 (rhBMP-7) is considered medically necessary for:

- Treatment of tibial fracture nonunions after 7.5 months of conservative therapy, including electrical bone growth stimulation, when autologous bone graft is not feasible; or
- As an alternative to autograft in compromised individuals requiring revision of posterolateral lumbar intertransverse fusion, when autologous bone and bone marrow harvest are not feasible or are not expected to promote fusion. Examples of compromising factors include osteoporosis, smoking, and diabetes.

VI. The use of recombinant human bone morphogenetic protein-2 or recombinant human bone protein-7 is considered experimental and investigational for conditions that do not meet criteria including but not limited to:

- Cervical spine fusion procedures
- Posterior lumbar interbody fusion (PLIF) or transforaminal lumbar interbody fusion (TLIF)
- As management of early stages of osteonecrosis of the vascular head or femoral shaft
- As an adjunct to distraction osteogenesis
- Craniofacial applications including, but not limited to, periodontal defect regeneration, cleft palate repair, cranial defect repair, restoration and maintenance of the alveolar dental ridge.

VII. Amniotic membrane and amniotic fluid, mesenchymal stem cell therapy is considered experimental and investigational for non-wound care indications including orthopedic indications. Non-covered products include but are not limited to, AlloStem®, Cellular Bone Allograft (AlloSource), NuCel, Map3, Osteocel Plus, Trinity Evolution Matrix, Cellentra, and RegenexxSD.

8. Other Conditions:

I. Amniotic Membrane Transplantation may be considered medically necessary for the following ophthalmologic conditions after failure of conservative treatment:

- Chemical and thermal injuries
- Conjunctivochalasis
- Conjunctival surface reconstruction
- Corneal ulceration
- Herpes zoster ophthalmicus
- Limbal stem cell deficiency (partial or total), combined with stem cell graft
- Persistent epithelial defects
- Pterygium surgery
- Steven-Johnson Syndrome
- Symblepharon lysis

- Symptomatic bullous keratopathy
- Trabeculectomy; bleb leakage or revision

Note: All biological interventions require prior authorization.

Limitations

1. Wound care should employ comprehensive wound management including appropriate control of complicating factors such as unrelieved pressure, infection, vascular and/or uncontrolled metabolic derangement, and/or nutritional deficiency in addition to appropriate debridement. Medicare coverage for professional wound care procedures requires that all applicable adjunctive measures are also employed as part of comprehensive wound management. Wound care in the absence of such measures, when they are indicated, is not considered to be medically reasonable and necessary.

2. Debridement will be considered not reasonable and necessary for a wound that is clean and free of necrotic tissue/slough.

3. Debridements are considered selective or non-selective unless the medical record supports that a surgical excisional debridement was performed.

4. Debridements are best provided under an individualized plan of care.

5. Wound care may be of a palliative nature. Optimally, the overall goal of care is healing, and it would be neither reasonable nor medically necessary to continue a given type of wound care if evidence of wound improvement leading to healing of the wound as outlined in this LCD cannot be shown. However, if it is determined that the goal of care is not wound healing, which would lead ultimately to wound closure, the patient should be managed following appropriate palliative care standards. Wounds of some Medicare beneficiaries residing in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs) may not close, heal, or be amenable to self-care in spite of optimal therapy. In those patients where wound closure, healing, or self-care is not a likely outcome, the goals of wound care may include prevention of hospitalization and improvement in quality of life. As such, due to severe underlying debility or other factors, the goal of wound care provided in these settings may be only to prevent progression of the wound by stabilizing the wound by:

    - minimizing the risk of infection and further progression of the wound
    - managing the multiple issues that cause patient and family suffering; and
    - optimizing the patient's function and quality of life.

6. Complicating circumstances that support additional wound care services as reasonable and necessary must be supported by adequate medical record documentation.

7. Autolytic debridement is contraindicated for infected wounds.

8. Debridement of extensive eczematous or infected skin is not appropriate for debridement of a localized amount of tissue normally associated with a circumscribed lesion. Examples of this are ulcers, furuncles, and localized skin infections.

9. Surgical debridement will be considered not reasonable and necessary when documentation indicates the wound is without devitalized, fibrotic, nonviable tissue, infection, necrosis,

foreign matter, or if the wound has pink to red granulated tissue. When utilized, it is expected that the frequency of debridement will decrease over time.

10. Wound debridement utilizing a method which is unproven by valid scientific literature would be considered investigational and not reasonable and necessary.

11. If a treatment is investigational, under waiver of liability provisions of Medicare law, an Advance Beneficiary Notice (ABN) must be obtained for the beneficiary.

12. When performed in conjunction with another wound care service, the dressing change is considered an integral component of that service and is not a separately covered service.

13. A wound that shows no improvement after 30 days may require a new approach, which may include a physician reassessment of underlying infection, off-loading, biofilm, metabolic, nutritional, or vascular problems which may inhibit wound healing.

14. Procedures performed for cosmetic reasons or to prepare tissues for cosmetic procedures are statutorily excluded from coverage by Medicare.

15. Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia are included in the reimbursement for wound care services and are not separately covered.

16. The following procedures are considered part of an E/M service and are not separately covered when an E/M service is performed:

- Removal of necrotic tissue by cleansing and dressing, including wet or dry-to-dry dressing changes,
- Cleansing and dressing small or superficial lesions, and
- Removal of coagulated serum from normal skin surrounding an ulcer.

17. NPWT is contraindicated for any of the following wound types/conditions:

- Necrotic tissue with eschar present,
- Untreated osteomyelitis,
- Non-enteric and unexplored fistulas,
- Malignancy in the wound,
- Exposed vasculature,
- Exposed nerves,
- Exposed anastomotic site, or
- Exposed organs.

18. Continuing MIST treatments for wounds demonstrating no improvement after six treatments is considered not reasonable and necessary.

- Observable, documented improvements in the wound(s) should be evident after 2 weeks or 4-6 MIST treatments. Improvements may include documented reduction in pain, necrotic tissue, or wound size, or improved granulation tissue.

19. The following services are not reasonable and necessary wound debridement services:

- Removal of necrotic tissue by cleansing or dry-to-dry or wet-to-dry dressing.
- Washing bacterial or fungal debris from lesions.
- Removal of secretions and coagulation serum from normal skin surrounding an ulcer.
- Dressing of small or superficial lesions.
- Paring or cutting of corns or non-plantar calluses.
- Incision and drainage of abscess including paronychia, trimming or debridement of mycotic nails, avulsion of nail plates, acne surgery, or destruction of warts.
- Removal of non-tissue integrated fibrin exudates, crusts, or other materials from a wound without removal of tissue does not meet the definition of any debridement code and may not be reported as such.

20. Wet-to-dry dressings, jet hydrotherapy, or wound irrigations should be used cautiously as maceration of surrounding tissue may hinder healing.

21. Jet therapy and wound irrigation for wound debridement must be performed by skilled personnel in order to be considered reasonable and necessary.

22. Medicare expects that with appropriate care:

- Wound volume or surface dimension should decrease, or
- Wounds optimally will demonstrate granulation tissue.

23. Debridements of the wound(s) if indicated must be performed judiciously and at appropriate intervals. It is expected that, with appropriate care, and no extenuating medical or surgical complications or setbacks, wound volume or surface dimension should decrease over time. It is also expected the wound care treatment plan is modified in the event that appropriate healing is not achieved.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the Plan upon request.

2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.

3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

4. The most accurate and specific diagnosis code(s) must be submitted on the claim. The patient's medical record should indicate the specific signs/symptoms, and other clinical data supporting the diagnosis code(s) used. It is expected that the physician will document the current status of the wound in the patient's medical record and the patient's response to the current treatment.

5. The patient's medical record must contain clearly documented evidence of the progress of the wound's response to treatment at each physician visit. This documentation must include, at a minimum:

    - Current wound volume (surface dimensions and depth).

- Presence (and extent of) or absence of obvious signs of infection.
- Presence (and extent of) or absence of necrotic, devitalized or non-viable tissue.
- Other material in the wound that is expected to inhibit healing or promote adjacent tissue breakdown.

6. Identification of the wound location, size, depth and stage by description and may be supported by a drawing or photograph. Photographic documentation of wounds immediately before and after debridement is recommended for prolonged or repetitive debridement services (especially those that exceed five debridements per wound). Photographic documentation is required for payment of more than five extensive debridements (beyond skin and subcutaneous tissue) per wound.

7. Medical record documentation for debridement services must include the type of tissue removed during the procedure as well as the depth, size, or other characteristics of the wound and must correspond to the debridement service submitted. A pathology report substantiating depth of debridement is encouraged when billing for the debridement procedures involving deep tissue or bone.

8. In addition, except for patients with compromised healing due to severe underlying debility or other factors, documentation in the medical record must show:

    - There is an expectation that the treatment will substantially affect tissue healing and viability, reduce or control tissue infection, remove necrotic tissue, or prepare the tissue for surgical management.
    - The extent and duration of wound care treatment must correlate with the patient's expected restoration potential. If wound closure is not a reasonable goal, then the expectation is to optimize recovery and establish an appropriate non-skilled maintenance program. Alternatively, palliative care of the patient and wound may be provided to diminish the probability of prolonged hospitalization, etc. If it is determined that the goal of care is not wound closure, the patient should be managed following appropriate covered palliative care standards.

9. Service(s) must include an operative note or procedure note for the debridement service(s). This note should include the following:

    - Medical diagnosis.
    - Indication(s) and medical necessity for the debridement.
    - Type of anesthesia used, if and when used.
    - Wound characteristics such as diameter, depth, undermining or tunneling, color, presence of exudates or necrotic tissue.
    - Level/depth of tissue debrided and a description of the types(s) of tissue involved and the tissue(s) removed.
    - Vascular status, infection, or evidence of reduced circulation.
    - Narrative of the procedure to include the instruments used. When debridements are reported, the debridement procedure notes must demonstrate tissue removal (i.e., skin, full or partial thickness; subcutaneous tissue; muscle and/or bone), the method used to debride (i.e., hydrostatic, sharp, abrasion, etc.) and the character of the wound (including dimensions, description of necrotic material present, description of tissue removed, degree of epithelialization, etc.) before and after debridement.
    - Patient specific goals and/or response to treatment.

- Immediate post-op care and follow-up instructions.
- The presence or absence of necrotic, devitalized, fibrotic, or other tissue or foreign matter must be documented in the medical record when wound debridement is performed.

10. The medical record must include a plan of care containing treatment goals and physician follow-up. The record must document complicating factors for wound healing as well as measures taken to control complicating factors when debridement is part of the plan. Appropriate modification of treatment plans, when necessitated by failure of wounds to heal, must be demonstrated. A wound that shows no improvement after 30 days may require a new approach. Documentation of such cases may include a physician reassessment of underlying infection, metabolic, nutritional, or vascular problems inhibiting wound healing, or a new treatment approach.

11. Appropriate evaluation and management of contributory medical conditions or other factors affecting the course of wound healing (such as nutritional status or other predisposing conditions) should be addressed in the medical record at intervals consistent with the nature of the condition or factor.

12. Documentation must support the use of skilled personnel with the use of jet therapy and wound irrigation for wound debridement.

13. Documentation for low frequency, non-contact, non-thermal ultrasound (MIST Therapy) services should include documented improvements of pain reduction, reduction in wound size, improved and increased granulation tissue, or reduction in necrotic tissue. The services should be medically necessary based on the provider’s documentation of a medical evaluation of the patient's condition, diagnosis, and plan.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Wound care must be performed in accordance with accepted standards for medical and surgical treatment of wounds. The appropriate interval and frequency of debridement depends on the individual clinical characteristics of the patient and the extent of the wound. The extent and number of services provided should be medically necessary and reasonable based on the documented medical evaluation of the patient's condition, diagnosis, and plan.

With the above in mind, only a minority of beneficiaries who undergo debridements for wound care appear to require more than eight total surgical excisional debridement services involving subcutaneous tissue, muscle/fascia, or bone in a 360-day period, (five debridements of which involve removal of muscle/fascia, and/or bone) in order to accomplish the desired objective of the treatment plan of the wound. Only when medical necessity continues to be met and there is documented evidence of clear benefit from the debridements already provided, should debridement services be continued beyond this frequency or time frame.

Also, with the above in mind, of the beneficiaries who undergo treatment utilizing negative pressure wound therapy, only a minority appears to require more than 6 NPWT services in a 120 day period to accomplish the desired objective of the treatment plan of the wound. Only when medical necessity continues to be met and there is documented evidence of clear benefit from the NPWT

treatment already provided, should NPWT services be continued beyond this frequency or time frame.

The number of debridements and NPWT for a wound within the context of a palliative treatment plan (i.e., when wounds are not expected to heal or when patients are in an end-of-life situation) would be expected to be of a limited frequency and duration consistent with that of palliative care. Low frequency, non-contact, non-thermal ultrasound (MIST Therapy) may be provided 2-3 times per week to be considered reasonable and necessary. No more than 18 services of low frequency, non-contact, non-thermal ultrasound (MIST Therapy) within a six week period will be considered reasonable and necessary.

Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record. When services are performed in excess of anticipated peer norms, based on data analysis, the services may be subject to prepay or post pay medical review.

Platelet Rich Plasma: No NCD or LCD
Skin Substitutes/Dermal Matrix: LCD L35041; LCD L35125
Bone morphogenetic protein: No NCD or LCD
Amniotic membrane transplant: No NCD or LCD

Associated CPT Codes

Codes	Description
11000	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF
11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF
11004	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR
11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL
11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL
11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION
11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS
11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC
11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM
11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS
97750	Physical Performance Test
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN

A2001	INNOVAMATRIX AC, PER SQUARE CENTIMETER
A2004	XCELLISTEM, 1MG
A2008	THERAGENESIS, PER SQUARE CENTIMETER
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED
Q4101	APLIGRAF, PER SQUARE CENTIMETER
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERATION MATRIX, PER SQUARE CENTIMETER
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER
Q4110	PRIMATRIX, PER SQUARE CENTIMETER
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER
Q4115	ALLOSKIN, PER SQUARE CENTIMETER
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER
Q4118	MATRISTEM MICROMATRIX, 1 MG
Q4121	THERASKIN, PER SQUARE CENTIMETER
Q4122	DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQUARE CENTIMETER
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER
Q4126	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER
Q4127	TALYMED, PER SQUARE CENTIMETER
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER
Q4133	GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER
Q4134	HMATRIX, PER SQUARE CENTIMETER
Q4135	MEDISKIN, PER SQUARE CENTIMETER
Q4136	EZ-DERM, PER SQUARE CENTIMETER
Q4137	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQUARE CENTIMETER
Q4140	BIODFENCE, PER SQUARE CENTIMETER
Q4141	ALLOSKIN AC, PER SQUARE CENTIMETER
Q4146	TENSIX, PER SQUARE CENTIMETER
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTIMETER
Q4148	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER

Q4152	DERMAPURE, PER SQUARE CENTIMETER
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER
Q4154	BIOVANCE, PER SQUARE CENTIMETER
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER
Q4157	REVITALON, PER SQUARE CENTIMETER
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER
Q4159	AFFINITY, PER SQUARE CENTIMETER
Q4160	NUSHIELD, PER SQUARE CENTIMETER
Q4161	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER
Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER
Q4164	HELICOLL, PER SQUARE CENTIMETER
Q4165	KERAMATRIX OR KERASORB, PER SQUARE CENTIMETER
Q4166	CYTAL, PER SQUARE CENTIMETER
Q4169	ARTACENT WOUND, PER SQUARE CENTIMETER
Q4170	CYGNUS, PER SQUARE CENTIMETER
Q4173	PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER
Q4175	MIRODERM, PER SQUARE CENTIMETER
Q4176	NEOPATCH OR THERION, PER SQUARE CENTIMETER
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETER
Q4180	REVITA, PER SQUARE CENTIMETER
Q4186	EPIFIX, PER SQUARE CENTIMETER
Q4187	EPICORD, PER SQUARE CENTIMETER
Q4188	AMNIOARMOR, PER SQUARE CENTIMETER
Q4195	PURAPLY, PER SQUARE CENTIMETER
Q4196	PURAPLY AM, PER SQUARE CENTIMETER
Q4197	PURAPLY XT, PER SQUARE CENTIMETER
Q4201	MATRION, PER SQUARE CENTIMETER
Q4203	DERMA-GIDE, PER SQUARE CENTIMETER
Q4232	CORPLEX, PER SQUARE CENTIMETER
Q4253	ZENITH AMNIOTIC MEMBRANE, PER SQUARE CENTIMETER
Q4254	NOVAFIX DL, PER SQUARE CENTIMETER

Note: The list of CPT codes included is not complete and may be updated at any time based on CMS guidelines and changes.

Biologicals CPT Code List:

Wound Care/Burn Material	Code	Conditions
Acellular dermal matrix		Wound healing, breast reconstruction.
Artiss	C9250	Burns
Affinity1 square cm	Q4159	
Alloskin	Q4115	
Alloskin	Q4123	
Alloskin ac, 1 cm	Q4141	
Amnioarmor 1 sq cm	Q4188	
Amnioband, guardian 1 sq cm	Q4151	
Amnioexcel biodexcel 1sq cm	Q4137	
Apligraf	Q4101	Venous ulcers, diabetic ulcers
Architect ecm px fx 1 sq cm	Q4147	
Artacent ac 1 sq cm	Q4190	
Artacent wound, per sq cm	Q4169	
Biobrane Biosyntheic Dressing	Q4100	Burns
Bio-connekt per square cm	Q4161	
Biodfence 1cm	Q4140	
Biovance 1 square cm	Q4154	
Cytal, per square centimeter	Q4166	
Dermacell	Q4122	
Derma-gide, 1 sq cm	Q4203	
Dermagraft	Q4106	Epidermolysis bullosa, diabetic ulcers
Dermapure 1 square cm	Q4152	
Dermavest, plurivest sq cm	Q4153	
Epicel	Q4100	Deep burns when >30% BSA affected
Epicord 1 sq cm	Q4187	

Epifix	Q4186	Diabetic ulcers
Ezderm	Q4136	
Flexhd/allopatchhd/matrixhd	Q4128	
Floweramniopatch, per sq cm	Q4178	
Gammagraft	Q4111	
Grafix core	Q4132	Diabetic ulcers
Grafix prime	Q4133	Diabetic ulcers
Graftjacket	Q4107	Venous ulcers, diabetic ulcers
Helicoll, per square cm	Q4164	
Hmatrix	Q4134	
Hyalomatrix	Q4117	
Integra® Bilayer Matrix Wound Dressing	Q4104	Burns
Integra® Dermal Regeneration Template	Q4105	Burns, diabetic ulcers
Integra® Matrix	Q4108	
Keramatrix, per square cm	Q4165	
Kerecis omega3, per sq cm	Q4158	
Matristem micromatrix	Q4118	
Mediskin	Q4135	
Memoderm/derma/tranz/integup	Q4126	
Miroderm	Q4175	
Neox 100 or clarix 100	Q4156	
Neox neox rt or clarix cord	Q4148	
Nushield 1 square cm	Q4160	
Oasis Burn Matrix	Q4103	Burns
Oasis tri-layer wound matrix	Q4124	
Oasis Wound Matrix	Q4102	Venous ulcers, diabetic ulcers
OrCel	Q4100	Recessive dystrophic epidermolysis bullosa, donor site
Palingen or palingen xplus	Q4173	
Primatrix	Q4110	
Puraply 1 sq cm	Q4195	
Puraply am 1 sq cm	Q4196	
Revita, per sq cm	Q4180	
Revitalon 1 square cm	Q4157	
Surgigraft, 1 sq cm	Q4183	
Talymed	Q4127	
Tensix, 1cm	Q4146	
Theraskin	Q4121	
Woundex, bioskin, per sq cm	Q4163	

C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide)
C9358	Dermal substitute, native, non-denatured collagen (SurgiMend Collagen Matrix)
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix)
C9364	Porcine implant, Permacol
Q4112	Cymetra, injectable
Q4113	GRAFTJACKET XPRESS
Q4114	Integra Flowable Wound Matrix
Q4119	MatriStem wound matrix
Q4125	Arthroflex
Q4129	Unite biomatrix
Q4130	Strattice TM
Q4138	Biodfence dryflex
Q4139	Amniomatrix or biodmatrix, injectable
Q4142	XCM biologic tissue matrix
Q4143	Repriza
Q4145	EpiFix injectiable
Q4149	Excellagen
Q4150	Allowrap DS or dry
Q4155	Neoxflo or clarixflo
Q4167	Truskin
Q4168	Amnioband
Q4170	Cygnus
Q4171	Interfyl
Q4172	Puraply or puraply am
Q4174	PalinGen or ProMatrX
Q4176	NeoPatch
Q4177	FlowerAmnioFlo
Q4179	FlowerDerm
Q4181	Amnio Wound
Q4182	Transcyte

Q4205	Membrane Graft or Membrane Wrap
Q4206	Fluid Flow or Fluid GF
Q4208	Novafix
Q4209	SurGraft
Q4210	Axolotl Graft or Axolotl DualGraft
Q4211	Amnion Bio or AxoBioMembrane
Q4212	AlloGen
Q4213	Ascent
Q4214	Cellesta Cord
Q4215	Axolotl Ambient or Axolotl Cryo
Q4216	Artacent Cord
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus
Q4218	SurgiCORD
Q4219	SurgiGRAFT-DUAL
Q4220	BellaCell HD or Surederm
Q4221	Amnio Wrap2
Q4222	ProgenaMatrix
Q4226	MyOwn Skin, includes harvesting and preparation procedures

Important note:
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	15271 - 15278 - Application of skin substitute
CPT Not Covered:	
HCPCS Codes	C9250 Artiss Q4159 Affinity1 square cm Q4115 Alloskin Q4123 Alloskin Q4141 Alloskin ac, 1 cm Q4188 Amnioarmor 1 sq cm Q4151 Amnioband, guardian 1 sq cm Q4137 Amnioexcel biodexcel 1sq cm Q4101 Apligraf Q4147 Architect ecm px fx 1 sq cm Q4190 Artacent ac 1 sq cm Q4169 Artacent wound, per sq cm Q4100 Biobrane Biosyntheic Dressing Q4161 Bio-connekt per square cm Q4140 Biodfence 1cm Q4154 Biovance 1 square cm Q4166 Cytal, per square centimeter Q4122 Dermacell
	Q4203 Derma-gide, 1 sq cm Q4106 Dermagraft Q4152 Dermapure 1 square cm Q4153 Dermavest, plurivest sq cm Q4100 Epicel Q4187 Epicord 1 sq cm Q4186 Epifix Q4136 Ezderm Q4128 Flexhd/allopatchhd/matrixhd Q4178 Floweramniopatch, per sq cm Q4111 Gammagraft Q4132 Grafix core Q4133 Grafix prime Q4107 Graftjacket Q4164 Helicoll, per square cm Q4134 Hmatrix Q4117 Hyalomatrix Q4104 Integra® Bilayer Matrix Wound Dressing Q4105 Integra® Dermal Regeneration Template Q4108 Integra® Matrix Q4165 Keramatrix, per square cm Q4158 Kerecis omega3, per sq cm Q4118 Matristem micromatrix Q4135 Mediskin Q4126 Memoderm/derma/tranz/integup Q4175 Miroderm Q4156 Neox 100 or clarix 100 Q4148 Neox neox rt or clarix cord Q4160 Nushield 1 square cm Q4103 Oasis Burn Matrix Q4124 Oasis tri-layer wound matrix Q4102 Oasis Wound Matrix Q4100 OrCel Q4173 Palingen or palingen xplus Q4110 Primatrix Q4195 Puraply 1 sq cm Q4196 Puraply am 1 sq cm Q4180 Revita, per sq cm Q4157 Revitalon 1 square cm Q4183 Surgigraft, 1 sq cm Q4127 Talymed Q4146 Tensix, 1cm Q4121 Theraskin Q4163 Woundex, bioskin, per sq cm V2790 Amniotic membrane

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		8/30/2022	Courtney Gonzales	NEW
Rev 1.1	Minor	11/17/2022	Courtney Gonzales	Addition of Assoc. CPT Codes
Rev. 1.2	Major	11/21/2022	Courtney Gonzales	Addition of Biologic Information; CPT Codes

Appendices


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