

SKIN SUBSTITUTES & SOFT TISSUE GRAFTS**Effective Date:** July 1, 2018**Review Dates:** 12/08, 8/09, 8/10, 8/11, 8/12, 4/13,
5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/22,
5/23, 5/24**Date Of Origin:** December 10, 2008**Status:** Current**I. POLICY/CRITERIA**

A. The following products are a covered benefit when used for FDA approved indications:

1. Acellular dermal matrices (ADMs) when used in association with a medically necessary breast reconstruction:
 - a. Alloderm
 - b. AlloMax
 - c. Cortiva
 - d. DermACELL
DermaMatrix
 - e. FlexHD
 - f. Strattice
 - g. SurgiMend
2. Apligraf® (graftskin) for either of the following:
 - a. In conjunction with standard therapy for the treatment of non-infected partial and full-thickness skin ulcers due to venous insufficiency of greater than one month duration without adequate response to conventional ulcer therapy.
 - b. In conjunction with standard diabetic foot ulcer care for full-thickness neuropathic diabetic foot ulcers of greater than three weeks duration without adequate response to conventional ulcer therapy and which extend through the dermis but without tendon, muscle, capsule or bone exposure.
3. Biobrane Biosynthetic Dressing® for temporary covering of a superficial partial-thickness burn.
4. Cymetra when used for treatment of vocal cord paralysis.
5. Dermagraft® when used for full-thickness diabetic foot ulcers greater than six weeks duration which extend through the dermis, but without tendon, muscle, joint capsule, or bone exposure. It is intended for use in conjunction with standard wound care and in patients that have adequate blood supply to the involved foot.
6. Epicel® cultured epidermal autograft for deep dermal or full thickness burns comprising $\geq 30\%$ total body surface area.

7. EpiFix membrane for a diabetic foot ulcer or a venous stasis ulcer that has failed to respond to at least one month of conservative treatment. Coverage is limited to 5 applications per ulcer.
8. Grafix® CORE Multipotent Cellular Repair Cryopreserved Chorion Matrix and Grafix® PRIME Multipotent Cellular Repair Cryopreserved Amnion Matrix for use in the treatment of partial and full-thickness neuropathic diabetic foot ulcers when all of the following apply:
 - a. Ulcer is greater than six weeks in duration.
 - b. There is no capsule, tendon or bone exposed.
 - c. Used in conjunction with standard diabetic ulcer care
 - d. Hemoglobin A1c (HbA1C) no greater than 12%.
 - e. Treated foot has adequate blood supply as evidenced by either the presence of a palpable pedal pulse or an ankle-brachial index (ABI) of ≥ 0.70 .
9. Integra® Dermal Regeneration Template (“IDRT”), Integra® Omnigraft Dermal Regeneration Matrix (“Omnigraft”), Integra® Bilayer Matrix Wound Dressing (“Integra® Bilayer Wound Matrix”), and Integra Meshed Bilayer Wound Matrix for either of the following:
 - a. Severe burns where there is a limited amount of skin for autografts, or patient is too ill to have more wound graft sites created.
 - b. Reconstructive surgery for burn scars where there is a limited amount of skin for autografts or patient is too ill to have more wound graft sites created.
10. Integra Dermal Regeneration Template (“IDRT”) and Integra Omnigraft Dermal Regeneration Matrix (“Omnigraft”) for use in the treatment of partial and full-thickness neuropathic diabetic foot ulcers when all of the following apply:
 - a. Ulcer is greater than six weeks in duration.
 - b. There is no capsule, tendon or bone exposed.
 - c. Used in conjunction with standard diabetic ulcer care
 - d. Hemoglobin A1c (HbA1C) no greater than 12%.
 - e. Treated foot has adequate blood supply as evidenced by either the presence of a palpable pedal pulse or an ankle-brachial index (ABI) of ≥ 0.70 .
11. Oasis® Wound Matrix for chronic, lower extremity, partial or full-thickness, venous or diabetic ulcers, when standard wound therapy has failed.
12. Orcel™ is indicated for the treatment of fresh, clean split-thickness donor site wounds in burn patients.
13. Theraskin® for partial or full-thickness diabetic foot ulcer or venous stasis ulcer of greater than four weeks duration that have failed standard wound care. There must be evidence of adequate blood supply to the involved

foot. For diabetic foot ulcers, the HbA1C cannot exceed 12%. Coverage is limited to up to 12 weeks of Theraskin application at FDA-approved intervals.

14. Transcyte® for either of the following:
 - a. As a temporary wound covering for surgically excised full-thickness and deep partial-thickness thermal burn wounds in patients who require such a covering prior to autograft placement, *or*
 - b. For the treatment of mid-dermal to indeterminate depth burn wounds that typically require debridement and that may be expected to heal without autografting.
- B. The following products are considered experimental, investigational or unproven. There is insufficient evidence to support their clinical effectiveness. Non-coverage may apply to other products and may not be limited to the following:
 1. Acellular dermal matrices (with the exception of those listed above which are only covered when used in association with a medically necessary breast reconstruction)
 2. Allopatch HD
 3. Alloskin
 4. AlloSkin RT, per sq cm
 5. Arthroflex, per sq cm
 6. Endoform Dermal Template™
 7. EpiFix, injectable or powdered, or any form other than membrane; or any indication not listed in A12 above
 8. E-Z Derm™
 9. Gammagraft
 10. Graftjacket Express
 11. GraftJacket® Regenerative Tissue Matrix
 12. Hyalomatrix
 13. Integra® Matrix Wound Dressing (“Integra® Wound Matrix”)
 14. Integra® Wound Matrix Thin (“Integra® Thin”)
 15. Integra® Neurawrap™
 16. Integra® Flowable Wound Matrix (“Flowable”)
 17. MatriStem micromatrix, MatriStem wound matrix and MatriStem burn matrix
 18. MemoDerm, per sq cm
 19. NeoForm Dermis™
 20. NeuraGen® Nerve Guide
 21. NeuroMatrix™ Collagen Nerve Cuff
 22. Neuromend
 23. Oasis Burn Matrix
 24. Oasis Ultra Tri-Layer Matrix
 25. Surgisis® RVP Recto-Vaginal Fistula Plug

- 26. Talymed, per sq cm
- 27. TenoGlide™ Tendon Protector Sheet
- 28. TissueMend®
- 29. Unite biomatrix, per sq cm
- 30. Veritas® Collagen Matrix

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Tissue-engineered human skin substitutes are products that use living cells within a natural or synthetic matrix to enhance wound healing. The skin substitutes are classified as dermal, epidermal or composite (both epidermal and dermal cells).

Skin substitutes are used to provide temporary wound coverage or complete wound closure, and may reduce healing time, pain, and contractures. They may obviate the need for more extensive treatments (e.g., grafting, amputation), as well as improve aesthetic results and functional abilities.

Numerous skin substitute products are available with FDA approval for various indications.

V. CODING INFORMATION

ICD-10 Codes that may apply:

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| C50.011 – C50.929 | Malignant neoplasm of female breast |
| C79.81 | Secondary malignant neoplasm of breast |
| D05.00 - D05.92 | Carcinoma in situ of breast |
| D48.60 - D48.62 | Neoplasm of uncertain behavior of breast |
| D49.3 | Neoplasm of unspecified behavior of breast |
| T85.44xA - T85.44xS | Capsular contracture of breast implant |
| N65.0 | Deformity of reconstructed breast |
| N65.1 | Disproportion of reconstructed breast |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z42.8 | Encounter for other plastic and reconstructive surgery following medical procedure or healed injury |
| Z40.01 | Encounter for prophylactic removal of breast |
| Z42.1 | Encounter for breast reconstruction following mastectomy |
| Z90.10 - Z90.13 | Acquired absence of breast and nipple |
| Z98.82 | Breast implant status |
| T20.20xA - T26.92xS | Burn and corrosion |
| T30.0 - T32.99 | Burns |
| I83.001 - I83.229 | Varicose veins with ulcer |
| I87.011 - I87.019 | Postphlebotic syndrome with ulcer |
| I87.311 - I87.319 | Chronic venous hypertension with ulcer |
| I87.331 - I87.339 | Chronic venous hypertension (idiopathic) with ulcer and inflammation |
| I87.2 | Venous insufficiency (chronic) (peripheral) |
| I87.9 | Disorder of vein, unspecified |
| I70.231 - I70.25 | Atherosclerosis of native arteries of leg with ulceration |
| I70.331 - I70.749 | Atherosclerosis of bypass graft(s) of leg with ulceration |
| L97.101- I97.929 | Non-pressure chronic ulcer |

Secondary diagnoses

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| E08.40 - E08.610 | Diabetes mellitus due to underlying condition with diabetic neuropathy |
| E09.40 - E09.610 | Drug or chemical induced diabetes mellitus with neurological complications |
| E10.40 - E10.69 | Type 1 diabetes mellitus with neurological complications |
| E11.40 - E11.69 | Type 2 diabetes mellitus with neurological complications |
| E13.40 - E13.69 | Other specified diabetes mellitus with neurological complications |

CPT/HCPCS Codes:

Appropriate Skin Substitute Application code/product combination must be billed the same claim for the same date of service.

High Cost Application Codes:

15271-15277

Low Cost Application Codes:

C5271-C5278

Not Covered:

- 15011 Harvest of skin for skin cell suspension autograft; first 25 sq cm or less
- 15012 Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)
- 15013 Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin
- 15014 Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)
- 15015 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less
- 15016 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)
- 15017 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less
- 15018 Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)

Product Codes:

- Q4100 Skin substitute, not otherwise specified
(*Explanatory notes must accompany claims billed with unlisted codes.*)
 - Use for billing: Orcel®, Biobrane Biosynthetic Dressing®, Epicel®, DermaMatrix™, Cortiva™, AlloMax™
- Q4101 Apligraf, per square centimeter

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| Q4102 | Oasis wound 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 |
| Q4112 | Cymetra, injectable, 1 cc (Cymetra) |
| Q4116 | AlloDerm, per square centimeter |
| Q4121 | TheraSkin, per sq cm |
| Q4122 | DermACELL, per sq cm |
| Q4128 | FlexHD or AllopatchHD or Matrix HD, per sq cm |
| Q4130 | Strattice TM, per sq cm |
| Q4132 | Grafix core and GrafixPL Core, per sq cm |
| Q4133 | Grafix prime and GrafixPL Prime, Stravix and StravixPL, per sq cm |
| Q4182 | Transcyte, per square centimeter |
| Q4186 | Epifix, per square centimeter |

The following products are not separately payable.

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| A2001 | Innovamatrix ac, per sq cm |
| A2002 | Mirrugen adv wnd mat per sq |
| A2004 | XCelliStem, 1 mg |
| A2005 | Microlyte matrix, per sq cm |
| A2006 | Novosorb synpath per sq cm |
| A2007 | Restrata, per sq cm |
| A2008 | Theragenesis, per sq cm |
| A2009 | Symphony, per sq cm |
| A2010 | Apis, per square centimeter |
| A2011 | Supra SDRM, per sq cm |
| A2012 | SUPRATHEL, per sq cm |
| A2013 | Innovamatrix FS, per sq cm |
| A2014 | Omeza collagen matrix, per 100 mg |
| A2015 | Phoenix wound matrix, per square centimeter |
| A2016 | Permeaderm b, per square centimeter |
| A2017 | Permeaderm glove, each |
| A2018 | Permeaderm c, per square centimeter |
| A2019 | Kerecis Omega3 MariGen Shield, per sq cm |
| A2020 | AC5 Advanced Wound System (AC5) |
| A2021 | NeoMatriX, per sq cm |
| A2022 | Innovaburn or innovamatrix xl, per square centimeter |
| A2023 | Innovamatrix pd, 1 mg |
| A2024 | Resolve Matrix or XenoPatch, per sq cm |
| A2025 | Miro3d, per cubic centimeter |
| A2026 | Restrata minimatrix, 5 mg |
| A2027 | Matriderm, per square centimeter |
| A2028 | Micromatrix flex, per mg |
| A2029 | Mirotract wound matrix sheet, per cubic centimeter |
| A4100 | Skin substitute, FDA-cleared as a device, not otherwise specified (Explanatory notes must accompany claims billed with unlisted codes.) |
| A6460 | Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing |

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| A6461 | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing |
| Q4100 | Skin substitute, not otherwise specified (Explanatory notes must accompany claims billed with unlisted codes.) Use for billing: NeoForm Dermis™, SurgisisRVP®, Tissuemend®, Graftix XC |
| Q4103 | Oasis burn matrix, per square centimeter |
| Q4107 | GraftJacket, per square centimeter |
| Q4108 | Integra matrix, per square centimeter |
| Q4110 | Primatrix, per square centimeter |
| Q4111 | GammaGraft, per square centimeter |
| Q4113 | GRAFTJACKET XPRESS, injectable, 1 cc |
| Q4114 | Integra flowable wound matrix, injectable, 1 cc |
| Q4115 | AlloSkin, per square centimeter |
| Q4117 | HYALOMATRIX, per sq cm |
| Q4118 | MatriStem micromatrix, 1 mg |
| Q4123 | AlloSkin RT, per sq cm |
| Q4124 | OASIS ultra tri-layer wound matrix, per sq cm |
| Q4125 | Arthroflex, per sq cm |
| Q4126 | MemoDerm, Deraspan, Tranzgraft or Integuply, per square centimeter |
| Q4127 | Talymed, per sq cm |
| 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 |
| Q4138 | BioDfence dryflex, per square centimeter |
| Q4139 | Amniomatrix or biodmatrix, injectable, 1 cc |
| Q4140 | BioDfence, per square centimeter |
| Q4141 | AlloSkin AC, per square centimeter |
| Q4142 | XCM biologic tissue matrix, per square centimeter |
| Q4143 | Repriza, per square centimeter |
| Q4145 | EpiFix, injectable, 1 mg |
| 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 sq cm |
| Q4149 | Excellagen, 0.1 cc |
| Q4150 | Allowrap DS or dry, 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 |
| Q4155 | Neox Flo or Clarix Flo, 1 mg |
| Q4156 | Neox 100 or Clarix 100, per square centimeter |
| Q4157 | Revitalon, per square centimeter |
| Q4158 | Kerecics Omega3, per square centimeter |
| Q4159 | Affinity, per square centimeter |
| Q4160 | Nushield, per square centimeter |
| Q4161 | Bio-ConneKt wound matrix, per square centimeter |
| Q4162 | WoundEx Flow, BioSkin Flow, 0.5 cc |

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| Q4163 | WoundEx Flow, BioSkin Flow, per square centimeter |
| Q4164 | Helicoll, per square centimeter |
| Q4165 | Keramatrix, per square centimeter |
| Q4166 | Cytal, per square centimeter |
| Q4167 | Truskin, per square centimeter |
| Q4168 | AmnioBand, 1 mg |
| Q4169 | Artacent wound, per square centimeter |
| Q4170 | Cygnus, per square centimeter |
| Q4171 | Interfyl, 1 mg |
| Q4173 | PalinGen or PalinGen XPlus, per square centimeter |
| Q4174 | PalinGen or ProMatrX, 0.36 mg per 0.25 cc |
| Q4175 | Miroderm, per square centimeter |
| Q4176 | Neopatch, per square centimeter |
| Q4177 | FlowerAmnioFlo, 0.1 cc |
| Q4178 | FlowerAmnioPatch, per square centimeter |
| Q4179 | Flowerderm, per square centimeter |
| Q4180 | Revita, per square |
| Q4181 | Amnio Wound, per square centimeter |
| Q4183 | Surgigraft, per square centimeter |
| Q4184 | Cellesta, per square centimeter |
| Q4185 | Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc |
| Q4187 | Epicord, per square centimeter |
| Q4188 | AmnioArmor, per square centimeter |
| Q4189 | Artacent AC, 1 mg |
| Q4190 | Artacent AC, per square centimeter |
| Q4191 | Restorigin, per square centimeter |
| Q4192 | Restorigin, 1 cc |
| Q4193 | Coll-e-Cerm, per square centimeter |
| Q4194 | Novachor, per square centimeter |
| Q4195 | PuraPly, per square centimeter |
| Q4196 | PuraPly AM, per square centimeter |
| Q4197 | Puraply XT, per square centimeter |
| Q4198 | Genesis Amniotic Membrane, per square centimeter |
| Q4199 | Cygnus matrix, per sq cm |
| Q4200 | Skin TE, per square centimeter |
| Q4201 | Matrion, per square centimeter |
| Q4202 | Keroxx (2.5g/cc), 1cc |
| Q4203 | Derma-Gide, per square centimeter |
| Q4204 | XWRAP, per square centimeter |
| Q4205 | Membrane Graft or Membrane Wrap, per sq cm |
| Q4206 | Fluid Flow or Fluid GF, 1 cc |
| Q4208 | Novafix, per sq cm |
| Q4209 | SurGraft, per sq cm |
| Q4211 | Amnion Bio or AxoBioMembrane, per sq cm |
| Q4212 | AlloGen, per cc |
| Q4213 | Ascent, 0.5 mg |
| Q4214 | Cellesta Cord, per sq cm |
| Q4215 | Axolotl Ambient or Axolotl Cryo, 0.1 mg |
| Q4216 | Artacent Cord, per sq cm |

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| Q4217 | WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm |
| Q4218 | SurgiCORD, per sq cm |
| Q4219 | SurgiGRAFT-DUAL, per sq cm |
| Q4220 | BellaCell HD or Surederm, per sq cm |
| Q4221 | Amnio Wrap2, per sq cm |
| Q4222 | ProgenaMatrix, per sq cm |
| Q4224 | Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm |
| Q4225 | AmnioBind or dermabind tl per sq cm |
| Q4226 | MyOwn Skin, includes harvesting and preparation procedures, per sq cm |
| Q4227 | Amniocore, per square centimeter |
| Q4229 | Cogenex amniotic membrane, per square centimeter |
| Q4230 | Cogenex flowable amnion, per 0.5 cc |
| Q4231 | Corplex p, per cc |
| Q4233 | Surfactor or nudyn, per 0.5 cc |
| Q4234 | Xcellerate, per square centimeter |
| Q4235 | Amniorepair or altiplay, per square centimeter |
| Q4237 | Cryo-cord, per square centimeter |
| Q4238 | Derm-maxx, per square centimeter |
| Q4239 | Amnio-maxx or amnio-maxx lite, per square centimeter |
| Q4240 | Corecyte, for topical use only, per 0.5 cc |
| Q4241 | Polycyte, for topical use only, per 0.5 cc |
| Q4242 | Amniocyte plus, per 0.5 cc |
| Q4245 | Amniotext, per cc |
| Q4246 | Coretext or protext, per cc |
| Q4247 | Amniotext patch, per square centimeter |
| Q4248 | Dermacyte amniotic membrane allograft, per square centimeter |
| Q4249 | Amniplay, for topical use only, per square centimeter |
| Q4250 | Amnioamp-mp, per square centimeter |
| Q4251 | Vim, per sq cm |
| Q4252 | Vendaje, per sq cm |
| Q4253 | Zenith Amniotic Membrane, per sq cm |
| Q4254 | Novafix dl, per square centimeter |
| Q4255 | Reguard, for topical use only, per square centimeter |
| Q4256 | MLG-Complete, per sq cm |
| Q4257 | Relese, per sq cm |
| Q4258 | Enverse, per sq cm |
| Q4259 | Celera Dual Layer or Celera Dual Membrane, per sq cm |
| Q4260 | Signature APatch, per sq cm |
| Q4261 | TAG, per sq cm |
| Q4262 | Dual Layer Impax membrane, per square centimeter |
| Q4263 | Surgraft tl, per square centimeter |
| Q4264 | Cocoon membrane, per square centimeter |
| Q4265 | NeoStim TL, per sq cm |
| Q4266 | Neostim membrane, per square centimeter |
| Q4267 | Neostim dl, per square centimeter |
| Q4268 | Surgraft ft, per square centimeter |
| Q4269 | Surgraft xt, per square centimeter |
| Q4270 | Complete sl, per square centimeter |

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| Q4271 | Complete ft, per square centimeter |
| Q4272 | Esano a, per square centimeter |
| Q4273 | Esano aaa, per square centimeter |
| Q4274 | Esano ac, per square centimeter |
| Q4275 | Esano aca, per square centimeter |
| Q4276 | Orion, per square centimeter |
| Q4278 | Epieffect, per square centimeter |
| Q4279 | Vendaje ac, per square centimeter |
| Q4280 | Xcell amnio matrix, per square centimeter |
| Q4281 | Barrera sl or barrera dl, per square centimeter |
| Q4282 | Cygnus dual, per square centimeter |
| Q4283 | Biovance tri-layer or biovance 3l, per square centimeter |
| Q4284 | Dermabind sl, per square centimeter |
| Q4285 | Nudyn dl or nudyn dl mesh, per square centimeter |
| Q4286 | Nudyn sl or nudyn slw, per square centimeter |
| Q4287 | Dermabind dl, per square centimeter |
| Q4288 | Dermabind ch, per square centimeter |
| Q4289 | Revoshield + amniotic barrier, per square centimeter |
| Q4290 | Membrane wrap-hydro, per square centimeter |
| Q4291 | Lamellas xt, per square centimeter |
| Q4292 | Lamellas, per square centimeter |
| Q4293 | Acesso dl, per square centimeter |
| Q4294 | Amnio quad-core, per square centimeter |
| Q4295 | Amnio tri-core amniotic, per square centimeter |
| Q4296 | Rebound matrix, per square centimeter |
| Q4297 | Emerge matrix, per square centimeter |
| Q4298 | Amnicore pro, per square centimeter |
| Q4299 | Amnicore pro+, per square centimeter |
| Q4300 | Acesso tl, per square centimeter |
| Q4301 | Activate matrix, per square centimeter |
| Q4302 | Complete aca, per square centimeter |
| Q4303 | Complete aa, per square centimeter |
| Q4304 | Grafix plus, per square centimeter |
| Q4305 | American amnion ac tri-layer, per square centimeter |
| Q4306 | American amnion ac, per square centimeter |
| Q4307 | American amnion, per square centimeter |
| Q4308 | Sanopellis, per square centimeter |
| Q4309 | Via matrix, per square centimeter |
| Q4310 | Procenta, per 100 mg |
| Q4311 | Acesso, per square centimeter |
| Q4312 | Acesso ac, per square centimeter |
| Q4313 | Dermabind fm, per square centimeter |
| Q4314 | Reeva ft, per square centimeter |
| Q4315 | Regenelink amniotic membrane allograft, per square centimeter |
| Q4316 | Amchoplast, per square centimeter |
| Q4317 | Vitograft, per square centimeter |
| Q4318 | E-graft, per square centimeter |
| Q4319 | Sanograft, per square centimeter |
| Q4320 | Pellograft, per square centimeter |

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| Q4321 | Renograft, per square centimeter |
| Q4322 | Caregraft, per square centimeter |
| Q4323 | Alloply, per square centimeter |
| Q4324 | Amniotx, per square centimeter |
| Q4325 | Acapatch, per square centimeter |
| Q4326 | Woundplus, per square centimeter |
| Q4327 | Duoamnio, per square centimeter |
| Q4328 | Most, per square centimeter |
| Q4329 | Singlay, per square centimeter |
| Q4330 | Total, per square centimeter |
| Q4331 | Axolotl graft, per square centimeter |
| Q4332 | Axolotl dualgraft, per square centimeter |
| Q4333 | Ardeograft, per square centimeter |
| Q4334 | Amnioplast 1, per square centimeter |
| Q4335 | Amnioplast 2, per square centimeter |
| Q4336 | Artacent c, per square centimeter |
| Q4337 | Artacent trident, per square centimeter |
| Q4338 | Artacent velos, per square centimeter |
| Q4339 | Artacent vericlen, per square centimeter |
| Q4340 | Simpligraft, per square centimeter |
| Q4341 | Simplimax, per square centimeter |
| Q4342 | Theramend, per square centimeter |
| Q4344 | Tri-membrane wrap, per square centimeter |
| Q4345 | Matrix hd allograft dermis, per square centimeter |
| Q4346 | Shelter dm matrix, per square centimeter |
| Q4347 | Rampart dl matrix, per square centimeter |
| Q4348 | Sentry sl matrix, per square centimeter |
| Q4349 | Mantle dl matrix, per square centimeter |
| Q4350 | Palisade dm matrix, per square centimeter |
| Q4351 | Enclose tl matrix, per square centimeter |
| Q4352 | Overlay sl matrix, per square centimeter |
| Q4353 | Xceed tl matrix, per square centimeter |

OP Facility billing only:

(C-codes are not separately payable under APC arrangements)

| | |
|-------|--|
| C1832 | Autograft suspension, including cell processing and application, and all system components <i>(payable for Medicare & Medicaid)</i> |
| C9358 | Dermal substitute, native, non-denatured collagen (SurgiMend Collagen Matrix), per 0.5 square centimeters |
| C9363 | Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centimeter |
| C9364 | Porcine implant (Permacol), per square cm |
| C9399 | Unclassified drugs or biologicals <i>These C-codes reportable by outpatient facility only; using rev code 0636</i> - Use for billing: Orcel®, Biobrane Biosynthetic Dressing®, Epicel®, DermaMatrix™, Cortiva™, AlloMax™ |

Not separately payable:

- C9352 Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length
- C9353 Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length
- C9354 Acellular pericardial tissue matrix of nonhuman origin (Veritas), per square centimeter
- C9355 Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length
- C9356 Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter
- C9359 Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
- C9360 Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm
- C9361 Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length
- C9362 Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc

Not Covered

- C9796 Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])
- C8002 Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)

V. REFERENCES

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