

# Clinical Policy: Skin Substitutes for Chronic Wounds

Reference Number: LA.CP.MP.185

Last Review Date: 1/22

Coding Implications

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

Patients receiving skin replacement surgery with a skin substitute graft should be under the care of a wound care physician or surgeon. It is imperative that systemic disease be monitored/treated in order to insure adequate healing of the wound site. This policy addresses the medical necessity criteria for skin substitutes in the treatment of chronic wounds.

*Note: For skin substitutes for burns, refer to LA.CP.MP.186 Burn Surgery.*

## Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that skin substitutes are medically necessary for, venous stasis ulcers, or venous leg ulcers when all of the following are met:
  - A. Age  $\geq$  18 years;
  - B. Wound is chronic, defined as a wound that does not respond to at least 4 weeks of standard wound treatment as a component of organized, comprehensive conservative therapy;
  - C. Wound characteristics and treatment plan are documented;
  - D. Standard wound care has failed, evidenced by all of the following:
    1. The ulcer or skin deficit has been treated with appropriate wound-care measures, including debridement, standard dressings (including silver dressings), compression, off-loading;
    2. Wound has increased in size or depth; or has not changed in baseline size or depth and there is no indication that improvement is likely (such as granulation, epithelialization or progress towards closing);
  - E. Documentation of effort to cease nicotine use, including from sources other than cigarettes but excluding nicotine replacement therapy, for at least 4 weeks during conservative wound care and prior to planned bioengineered skin replacement therapy, or no nicotine use;
  - F. Wound characteristics, all of the following:
    1. Partial- or full-thickness ulcer with a clean, granular base;
    2. No involvement of tendon, muscle, joint capsule, or exposed bone or sinus tracts;
    3. No wound infection; wound must be clean and free of necrotic debris or exudate;
    4. Member has adequate circulation/oxygenation to support tissue growth/wound healing, as evidenced by physical examination (e.g., Ankle-Brachial Index [ABI] of no less than 0.7 or TCOM pressure greater than 30 millimeters of mercury [mmHg]);
  - G. For lower extremity chronic wounds (venous leg ulcer), one of the following:
    1. Venous stasis ulcer or venous leg ulcers (VSU or VLU), all of the following:
      - a. A chronic, non-infected ulcer VSU or VLU has failed to respond to documented conservative wound-care measures for  $\geq$  4 weeks with documented compliance;
      - b. Completed assessment includes:
        - i. History (prior ulcers, thrombosis risks);
        - ii. Physical exam (edema, skin changes);

- iii. ABI (Ankle-Brachial Index) and duplex scan to confirm Clinical-Etiology-Anatomy-Pathophysiology (\*CEAP);
- c. If VLU is present, a venous duplex ultrasound has evaluated for saphenous vein incompetency/venous reflux and contributory superficial ulcer bed perforators;
- 2. Full thickness skin-loss ulcer is the result of abscess, injury or trauma and has failed to respond to appropriate control of infection, foreign body, tumor resection, or other disease process for  $\geq 4$  weeks;
- H. Requested applications comply with FDA guidelines for the specific product, not to exceed 10 applications or treatments;
- I. Only one skin substitute will be simultaneously in place per wound episode. Product change within the wound episode is allowed, not to exceed the 10 application limit per wound per 12 week period of care;
- J. None of the following contraindications:
  - 1. Inadequate control of underlying conditions or exacerbating factors (active infection, and active Charcot arthropathy of the ulcer surface, vasculitis or continued tobacco smoking without physician attempt to affect smoking cessation);
  - 2. Known hypersensitivity to any component of the specific skin substitute graft (e.g., allergy to avian, bovine, porcine, equine products);
  - 3. Concurrent treatment with hyperbaric oxygen therapy;
  - 4. Partial thickness loss with the retention of epithelial appendages (epithelium will repopulate the deficit).

Note: Treatment of any chronic skin wound will typically last no more than 12 weeks.

**II.** It is the policy of Louisiana Healthcare Connections that skin substitutes for Chronic Diabetic Lower Extremity Ulcers are medically necessary when enrollees meet all of the following criteria:

- A. Presence of a lower extremity ulcer that:
  - 1. Is at least 1.0 square centimeter (cm) in size;
  - 2. Has persisted for at least four weeks;
  - 3. 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:
    - a. Application of dressings to maintain a moist wound environment;
    - b. Debridement of necrotic tissue, if present; and
    - c. Offloading of weight.
- B. A diagnosis of type 1 or type 2 diabetes mellitus;
- C. A glycated hemoglobin (HbA1c) level of  $\leq 9\%$  within the last 90 days or a documented plan to improve HbA1c to 9% or below as soon as possible;
- D. Evidence of adequate circulation to the affected extremity, as indicated by one or more of the following:
  - 1. Ankle-brachial index (ABI) of at least 0.7;
  - 2. Toe-brachial index (TBI) of at least 0.5;
  - 3. Dorsum transcutaneous oxygen test (TcPO<sub>2</sub>)  $\geq 30$  mm Hg; and/or
  - 4. Triphasic or biphasic Doppler arterial waveforms at the ankle of the affected leg.

- E. No evidence of untreated wound infection or underlying bone infection; and
- F. 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.
- G. The enrollee must not have any of the following:
  - 1. Active Charcot deformity or major structural abnormalities of the foot, when the ulcer is on the foot;
  - 2. Active and untreated autoimmune connective tissue disease;
  - 3. Known or suspected malignancy of the ulcer;
  - 4. Enrollee is receiving radiation therapy or chemotherapy; and  $\varpi$  Re-treatment of the same ulcer within one year.
- H. Coverage is limited to a maximum of 10 treatments within a 12-week period;
- I. If there is no measurable decrease in surface area or depth after five applications, then further applications are not covered;
- J. For all ulcers, a comprehensive treatment plan must be documented, including at least all of the following:
  - 1. Offloading of weight;
  - 2. Smoking cessation counseling and/or medications, if applicable;
  - 3. Edema control;
  - 4. Improvement in diabetes control and nutritional status; and
  - 5. Identification and treatment of other comorbidities that may affect wound healing such as ongoing monitoring for infection.
- K. 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
- L. Hyperbaric oxygen therapy is not covered when used at the same time as skin substitute treatment.

**III.** It is the policy of Louisiana Healthcare Connections that skin substitutes are not medically necessary for the following indications or scenarios:

- A. All indications not noted in section I and II;
- B. Decubitus ulcer treatment;
- C. Continued skin substitute use after treatment failure, which is defined as the repeat or alternative application course (of up to 12 weeks) of skin substitute grafts within one year of any given course of skin substitute treatment for a venous stasis ulcer or diabetic foot ulcer;
- D. Retreatment of healed ulcers (those showing greater than 75% size reduction and smaller than 1 square cm).  
If there is no measurable decrease in surface area, or depth, after five applications, then further applications shall not be covered, even when prior authorized.

### **Background**

According to the Centers for Medicare & Medicaid Services (CMS), chronic wounds of the lower extremities, including venous stasis ulcers (VSU), venous leg ulcers (VLU), Diabetic foot ulcers (DFU) and pressure sores, are a major public health problem. While lower extremity ulcers have numerous causes such as burns, trauma, mixed venous-arterial disease, immobility

and vasculitis, nutritional or other neuropathy, over 90% of the lesions in the United States are related to venous stasis disease and diabetic neuropathy.<sup>1</sup>

Standard care for lower extremity wounds and ulcers includes infection control and management of edema, mechanical offloading of the affected limb, mechanical compression, limb elevation, debridement of necrotic tissue, management of systemic disease and counseling on the risk of continued tobacco use. Additionally, maintenance of a therapeutic wound environment with appropriate dressings can facilitate development healthy granulation tissue and re-epithelialization. Dressings are an important part of wound management by not only maintaining a moist environment but by stopping contamination, absorbing exudate and helping to prevent further trauma.<sup>1,2</sup>

A wound that has not healed within one to three months may be considered a chronic wound and can be a challenge to treat effectively. Even with advancements in standard wound care and synthetic occlusive dressings, some ulcers fail to heal and may benefit from a skin substitute.<sup>1,2</sup>

For venous leg ulcers (VLU), it is essential to evaluate for presence of saphenous vein reflux prior to consideration of skin substitute. If there is significant saphenous vein incompetency and reflux (valve closure time defined as > 500 milliseconds), or if ulcer bed veins are identified as contributory on ultrasound, a referral to a vascular surgeon or interventional radiologist is required. For significant saphenous vein reflux, endovascular laser or radiofrequency ablation can have enhanced rates of healing compared to other treatments. Without significant reflux, sclerotherapy may also be more beneficial.<sup>3</sup>

There are currently a wide variety of bioengineered products available for soft tissue coverage to affect closure.

Autologous skin grafts, also referred to as autografts, are permanent covers that use skin from different parts of the individual's body. These grafts consist of the epidermis and a dermal component of variable thickness. A split-thickness skin graft (STSG) includes the entire epidermis and a portion of the dermis. A full thickness skin graft (FTSG) includes all layers of the skin. Although autografts are the optimal choice for full thickness wound coverage, areas for skin harvesting may be limited, particularly in cases of large burns or venous stasis ulceration. Harvesting procedures are painful, disfiguring and require additional wound care.<sup>2,4</sup>

Allografts which use skin from another human (e.g., cadaver) and Xenografts which use skin from another species (e.g., porcine or bovine) may also be employed as temporary skin replacements, but they must later be replaced by an autograft or the ingrowth of the patient's own skin.<sup>2,4</sup>

Bioengineered Skin / Cultured Epidermal Autografts (CEA) are autografts derived from the patient's own skin cells grown or cultured from very small amounts of skin or hair follicle. Production time is prolonged. One such product is grown on a layer of irradiated mouse cells, bestowing some elements of a xenograft. Wide spread usage has not been available due to limited availability or access to the technology.<sup>2,4</sup>

### Coding Implications

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CPT® Codes	Description
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)

<b>HCPCS®*</b> <b>Codes</b>	<b>Description</b>
Q4100	Skin substitute, nos
Q4101	Apligraf, per sq cm
Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWD), 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 square centimeter
Q4108	Integra matrix, per sq cm
Q4110	Primatrix, per square centimeter
Q4111	Gammagraft, per sq cm
Q4115	Alloskin, per sq cm
Q4117	Hyalomatrix, per sq cm
Q4118	Matristem micromatrix, 1mg
Q4121	TheraSkin, per sq cm
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cmr
Q4123	AlloSkin RT, per sq cm
Q4124	Oasis ultra tri-layer wound matrix, per sq cm
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm
Q4127	Talymed, per sq cm
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm
Q4132	Grafix Core and GrafixPL Core, per sq cm
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm
Q4134	Hmatrix, per sq cm
Q4135	Mediskin, per sq cm
Q4136	E-Z Derm, per sq cm
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 sq cm
Q4152	DermaPure, per sq cm
Q4153	Dermavest and Plurivest, per sq cm
Q4154	Biovance, per sq cm
Q4156	Neox 100 or Clarix 100, per sq cm
Q4157	Revitalon, per sq cm
Q4158	Kerecis Omega3, per sq cm
Q4159	Affinity, per sq cm
Q4160	Nushield, per square centimeter
Q4161	bio-ConneKt wound matrix, per sq cm



HCPCS®* Codes	Description
Q4163	Woundex, bioskin, per sq cm
Q4164	Helicoll, per square cm
Q4165	Keramatrix or Kerasorb, per sq cm
Q4166	Cytal, per square centimeter
Q4169	Artacent wound, per sq cm
Q4170	Cygnus, per sq cm
Q4173	Palingen or Palingen Xplus, per sq cm
Q4175	Miroderm, per sq cm
Q4176	Neopatch or therion, per square centimeter
Q4178	FlowerAmnioPatch, per sq cm
Q4180	Revita, per sq cm
Q4184	Cellesta or Cellesta Duo, per sq cm
Q4186	Epifix, per square centimeter
Q4187	Epicord, per square centimeter
Q4188	AmnioArmor, per sq cm
Q4195	PuraPly, per square cm
Q4196	PuraPly AM , per square cm
Q4197	Puraply XT, per square cm
Q4203	Derma-Gide, per sq cm
Q4237	Cryo-Cord, per sq cm
Q4238	Derm-Maxx, per sq cm
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm

Reviews, Revisions, and Approvals	Date	Approval Date
Converted corporate to local policy.	08/15/2020	
References reviewed and updated. HCPCS codes removed as they are not included in Medicare Article A56696: Q4150, Q4183, Q4190, Q4208-Q4226. Q4210, Q4217, Q4219, and Q4220 removed. New codes added (from Article A56696): Q4176, Q4237, Q4238, and Q4239. Added LA specific Criteria for Chronic Diabetic Lower Extremity Ulcers	1/22	3/26/22

## References

1. Local Coverage Determination Wound Application Of Cellular And/Or Tissue Based Products (Ctps), Lower Extremities (L36690). Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Published October 10, 2016 (revised September 23, 2019). Accessed March 30, 2021.
2. Local Coverage Determination Application of Bioengineered SKIN Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041). Centers for Medicare and Medicaid

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3. Mangit S. Gohell, MD, Fancine Heatly, B Sc, Xinxue Liu , PhD, Andrew Bradbury, MD et al. for the EVRA Trial Investigators. N Engl J Med 2018; 378:2105-2114
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  5. Armstrong DG, deAsla RJ. Management of diabetic foot ulcers. In: UpToDate. Collins KA (Ed). In: UpToDate, Waltham, MA. Accessed March 31, 2021.
  6. Louisiana Medicaid Managed Care Organization (MCO) Manual. Louisiana Department of Health Website: [https://ldh.la.gov/assets/medicaid/MCO\\_Manual\\_2021.11.09\\_published.pdf](https://ldh.la.gov/assets/medicaid/MCO_Manual_2021.11.09_published.pdf). Published November 9, 2021 (replaced version published September 27,2021). Accessed November 11, 2021.

### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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