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PLANS IN SCOPE

Aspirus Health Plan

BACKGROUND & PURPOSE:

Most wounds are resolved within 4-6 weeks; however, 2% of wounds, called chronic wounds, remain after this time frame. Chronic wounds negatively affect an individual's quality of life and contribute to morbidity and mortality. Complications can include osteomyelitis, amputation and sepsis. Diabetic foot ulcers (DFUs) and venous leg ulcers (VLUs) are two of the more common types of chronic ulcers.

There are extensive guidelines for treatment of DFUs and VLUs identified within the literature including prevention, offloading (for DFUs), debridement, revascularization (for peripheral artery disease), and skin substitutes. Skin substitutes are generally considered an adjunctive therapy after standard care has failed. As of 2023, there were over 75 skin substitutes available each with differing study quality and outcomes.

The intent of this policy is to provide coverage guidelines for skin substitutes rendered for the treatment of chronic ulcers

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

COVERAGE INDICATIONS:

General coverage indications

- All healthcare services must be ordered by a provider
- All healthcare services must be medically necessary
- All applicable conservative treatments must have been tried

Application of Skin Substitute Graft/Cellular and Tissue Based Products (CTP)

Application of skin substitutes for chronic ulceration is considered medically necessary if all the following conditions are met:

- I. The presence of a chronic, non-infected DFU having failed to achieve at least 50% ulcer area reduction with documented standard of care (SOC) treatment (outlined below) for a minimum of 4 weeks with documented compliance. For purposes of this policy, SOC treatment includes:
 - a. Comprehensive patient assessment (history, exam, vascular assessment) and diagnostic tests indicated as part of the implemented treatment plan.
 - b. For patients with a DFU: assessment of Type 1 or Type 2 diabetes and management history with attention to certain comorbidities (e.g., vascular disease, neuropathy, osteomyelitis), review of current blood glucose levels/hemoglobin A1c (HbA1c), diet and nutritional status, activity level, physical exam that includes assessment of skin, ulcer, and vascular perfusion), and assessment of off-loading device or use of appropriate footwear.
 - c. For patients with a VLU: assessment of clinical history (that includes prior ulcers, higher body mass index, history of pulmonary embolism or superficial/deep venous thrombosis, higher number of pregnancies, and physical inactivity), physical exam (edema, skin changes and vascular competence*), evaluation of superficial or deep venous reflux, perforator incompetence, and chronic (or acute) venous thrombosis. The use of a firm strength compression garment (>20 mmHg) or multi-layered compressive dressings is an essential component of SOC for venous stasis ulcers.
- II. The presence of a chronic, non-infected VLU having failed to respond to documented SOC treatment (outlined above) for a minimum of 4 weeks with documented compliance
- III. An implemented treatment plan to be continued throughout the course of treatment demonstrating all the following:
 - a. Debridement as appropriate to a clean granular base.
 - b. Documented evidence of offloading for DFU and some form of sustained compression dressings for VLU.
 - c. Infection control with removal of foreign body or nidus of infection.
 - d. Management of exudate with maintenance of a moist environment (moist saline gauze, other classic dressings, bioactive dressing, etc.).
 - e. Documentation of smoking history, and counselling on the effect of smoking on wound healing. Treatment for smoking cessation and outcome of counselling, if applicable.
- IV. The skin substitute graft/CTP is applied to an ulcer that has failed to heal or stalled in response to documented SOC treatment. Documentation of response requires measurements of the initial ulcer, pre-SOC ulcer measurements, weekly SOC ulcer measurements, post-completion SOC ulcer measurements following (at least) 4 weeks of SOC, ulcer measurements at initial placement of the skin substitute graft/CTP, and before each subsequent placement of the skin substitute graft/CTP. Failure to heal or

stalled response despite SOC measures must have preceded the application for a minimum of 4 weeks and must continue for the course of therapy. Continuous compression therapy for VLU must be documented for the episode of care.

- V. The patient is under the care of a qualified provider for the treatment of the systemic disease process(es) etiologic for the condition (e.g., venous insufficiency, diabetes, neuropathy) and documented in the medical record.

Continued Treatment

- I. The maximum number of applications of skin substitute graft/CTP within the episode of skin replacement therapy (defined as 12 to 16 weeks from the first application of a skin substitute graft/CTP) is 8 applications. The mean number of applications associated with complete wound healing is 4; however with documentation of progression of wound closure under the current treatment plan and medical necessity for additional applications, up to 8 applications may be allowed. Use of greater than 4 applications requires an attestation from the provider showing that the requirements specified in the policy have been met and the additional applications are medically necessary. In absence of this attestation, denial of the additional applications will occur.
- II. The usual episode of care for skin substitute graft/CTP is 12 weeks; however, some wounds may take longer to heal. An additional 4 weeks will be allowed, totaling 16 weeks from initial application, with documentation that includes progression of wound closure under current treatment plan.
- III. The skin substitute graft/CTP must be used in an efficient manner utilizing the most appropriate size product available at the time of treatment. Excessive wastage (discarded amount) should be avoided by utilization of size appropriate packaging of the product consistent with wound size. The graft must be applied in a single layer without overlay of product or adjacent skin in compliance with the correct label application techniques for the skin substitute graft/CTP.
- IV. Only skin substitute grafts/CTP with labeled indications for use over exposed muscle, tendon or bone can be used in these cases and only in the absence of contraindications (e.g., infected, ischemic, or necrotic wound bed).

Qualifying Products

- I. A non-autologous human cellular or tissue product (e.g., dermal or epidermal, cellular and acellular, homograft OR allograft), OR non-human cellular and tissue product (i.e., xenograft), OR biological product (synthetic or xenogeneic) applied as a sheet, allowing scaffold for skin growth, intended to remain on the recipient and grow in place or allow recipient’s cells to grow into the implanted graft material **AND**
- II. Supported by high-certainty supporting evidence to demonstrate the product’s safety, effectiveness, and positive clinical outcomes in the function as a graft for DFU and/or VLU. Substantial equivalence to predicate products does not allow sufficient evidence to support similar cleared products.

The following products are approved for use:

Skin Substitutes/CTP	Ulcer Type	HCPCS
Affinity	DFU	Q4159
Amnioband, guardian	DFU; VLU	Q4151
Apligraf	DFU; VLU	Q4101

DermACELL, awm, porous	DFU	Q4122
Dermagraft	DFU; Venous Foot Ulcer	Q4106
Derma-Gide	DFU	Q4203
Epicord	DFU	Q4187
Epifix	DFU; VLU	Q4186
FlexHD/AllopathHD/ Allopatch pliable/ Matrix HD	DFU	Q4128
Grafix stravix prime pl	DFU	Q4133
Graftjacket	DFU	Q4107
Integra or Omniograft dermal regeneration template	DFU	Q4105
Kerecis Omega3/ Kerecis omega3, Margin shield	DFU	A2109; Q4158
NuShield	DFU	Q4160
Oasis wound matrix	DFU; VLU	Q4102
PriMatrix	DFU	Q4110
Theraskin	DFU	Q4121

Exclusions

The following list is considered unnecessary and is therefore not covered. *Please note: Liquid or gel preparations are not considered grafts. Their fluidity does not allow graft placement and stabilization of the product on the wound*

- I. Greater than 8 applications of a skin substitute graft/CTP within an episode of care (up to 16 weeks).
- II. Repeat applications of skin substitute graft/CTP when a previous application was unsuccessful. Unsuccessful treatment is defined as increase in size or depth of an ulcer, no measurable change from baseline, and no sign of significant improvement or indication that significant improvement is likely (such as granulation, epithelialization, or progress towards closure).
- III. Application of skin substitute graft/CTP in patients with inadequate control of underlying conditions or exacerbating factors, or other contraindications (e.g., active infection, progressive necrosis, active Charcot arthropathy of the ulcer extremity, active vasculitis, ischemia).
- IV. Use of surgical preparation services (e.g., debridement), in conjunction with routine, simple or repeat skin replacement therapy with a skin substitute graft/CTP.
- V. All liquid or gel skin substitute products or CTPs for ulcer care.
- VI. Placement of skin substitute graft/CTP on infected, ischemic, or necrotic wound bed.

The list of products in the table below are considered to have insufficient evidence for application/use.

HCPCS Code	Description
A2001	Innovamatrix ac, per square centimeter
A2002	Mirragen advanced wound matrix, per square centimeter

A2004	Xcellistem, 1 mg
A2005	Microlyte matrix, per square centimeter
A2006	Novosorb synpath dermal matrix, per square centimeter
A2007	Restrata, per square centimeter
A2008	Theragenesis, per square centimeter
A2009	Symphony, per square centimeter
A2010	Apis, per square centimeter
A2011	Supra sdrm, per square centimeter
A2012	Suprathel, per square centimeter
A2013	Innovamatrix fs, per square centimeter
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter
A2016	Permeaderm b, per square centimeter
A2018	Permeaderm c, per square centimeter
A2020	Ac5 advanced wound system (ac5)
A2021	Neomatrix, per square centimeter
A2022	Innovaburn or innovamatrix xl, per square centimeter
A2023	Innovamatrix pd, 1 mg
A2024	Resolve matrix or xenopatch, per square centimeter
A2025	Miro3d, per cubic centimeter
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (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 centimeter
Q4103	Oasis burn matrix, per square centimeter
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
Q4108	Integra matrix, per square centimeter
Q4111	Gammagraft, per square centimeter
Q4112	Cymetra, injectable, 1 cc
Q4113	Graftjacket xpress, injectable, 1 cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4115	Alloskin, per square centimeter
Q4116	Alloderm, per square centimeter
Q4117	Hyalomatrix, per square centimeter
Q4118	Matristem micromatrix, 1 mg
Q4123	Alloskin rt, per square centimeter
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter
Q4125	Arthroflex, per square centimeter

Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter
Q4127	Talymed, per square centimeter
Q4130	Strattice tm, per square centimeter
Q4132	Grafix core and grafixpl core, 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
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 square centimeter
Q4149	Excellagen, 0.1 cc
Q4150	Allowrap ds or dry, per square centimeter
Q4152	Dermapure, per square centimeter
Q4153	Dermavest and plurivest, per square centimeter
Q4154	Biovance, per square centimeter
Q4155	Neoxflo or clarixflo, 1 mg
Q4156	Neox 100 or clarix 100, per square centimeter
Q4157	Revitalon, per square centimeter
Q4161	Bio-connekt wound matrix, per square centimeter
Q4162	Woundex flow, bioskin flow, 0.5 cc
Q4163	Woundex, bioskin, per square centimeter
Q4164	Helicoll, per square centimeter
Q4165	Keramatrix or kerasorb, 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 promatrix, 0.36 mg per 0.25 cc
Q4175	Miroderm, per square centimeter
Q4176	Neopatch or therion, per square centimeter

Q4177	Floweramnioflo, 0.1 cc
Q4178	Floweramniopatch, per square centimeter
Q4179	Flowerderm, per square centimeter
Q4180	Revita, per square centimeter
Q4181	Amnio wound, per square centimeter
Q4182	Transcyte, per square centimeter
Q4183	Surgigraft, per square centimeter
Q4184	Cellesta or cellesta duo, per square centimeter
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc
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-derm, 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 square centimeter
Q4200	Skin te, per square centimeter
Q4201	Matrion, per square centimeter
Q4202	Keroxx (2.5g/cc), 1cc
Q4204	Xwrap, per square centimeter
Q4205	Membrane graft or membrane wrap, per square centimeter
Q4206	Fluid flow or fluid gf, 1 cc
Q4208	Novafix, per square centimeter
Q4209	Surgraft, per square centimeter
Q4211	Amnion bio or axobiomembrane, per square centimeter
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta cord, per square centimeter
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg
Q4216	Artacent cord, per square centimeter
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter
Q4218	Surgicord, per square centimeter
Q4219	Surgigraft-dual, per square centimeter
Q4220	Bellacell hd or surederm, per square centimeter
Q4221	Amniowrap2, per square centimeter
Q4222	Progenamatrix, per square centimeter
Q4225	Amniobind or dermabind tl, per square centimeter

Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter
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
Q4232	Corplex, per square centimeter
Q4233	Surfactor or nudyn, per 0.5 cc
Q4234	Xcellerate, per square centimeter
Q4235	Amniorepair or altipty, per square centimeter
Q4236	Carepatch, 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	Amnipty, for topical use only, per square centimeter
Q4250	Amnioamp-mp, per square centimeter
Q4251	Vim, per square centimeter
Q4252	Vendaje, per square centimeter
Q4253	Zenith amniotic membrane, per square centimeter
Q4254	Novafix dl, per square centimeter
Q4255	Reguard, for topical use only, per square centimeter
Q4256	Mlg-complete, per square centimeter
Q4257	Relese, per square centimeter
Q4258	Enverse, per square centimeter
Q4259	Celera dual layer or celera dual membrane, per square centimeter
Q4260	Signature apatch, per square centimeter
Q4261	Tag, per square centimeter
Q4262	Dual layer impax membrane, per square centimeter
Q4263	Surgraft tl, per square centimeter
Q4264	Cocoon membrane, per square centimeter
Q4265	Neostim tl, per square centimeter
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

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

Medical Records Documentation

Benefit coverage is determined by review of member specific benefit plan information and all applicable laws. Medical records documentation may be required to assess if the member meets criteria; however, provision of records does not guarantee coverage.

The medical record documentation must include the interventions having failed during prior ulcer evaluation and management. The record must include an updated medication history, review of pertinent medical problems diagnosed since the previous ulcer evaluation, and explanation of the planned skin replacement with choice of skin substitute graft/CTP product. The procedure risks and complications must also be reviewed and documented.

DEFINITIONS

Chronic wound: A wound lasting for 4 weeks or longer due to physiological impairment

Cellular and Tissue-Based Products (CTP) grafts (also called skin substitute graft): Includes homologous human cellular and tissue products (e.g., dermal or epidermal, cellular and acellular, homograft or allograft), non-human cellular and tissue products (i.e., xenograft), and biological products (synthetic or xenogeneic) that form a sheet scaffolding for skin growth when applied in a sheet over an open wound or ulcer to augment closure or skin growth

Failed response: Increased size or depth, no change in baseline size or depth, or no sign of improvement or indication that improvement is likely (such as granulation, epithelialization, or progress towards closing.)

Healed ulcer (completed healing): 100 percent re-epithelialization without drainage or dressing noted on 2 occasions at least 2 weeks apart

APPLICABLE CODES

Note: The code list below is provided for guidance. Not all procedures will contain these codes. Code coverage will depend on coverage guidelines above. All intrauterine procedure coverage requests will require medical review.

**CPT codes, descriptions and other data only are copyright 2024 American Medical Association. All rights reserved.*

Group 1 Codes (Should be reported with Group 2)

Code	Code Type	Code
15271	CPT	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	CPT	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	CPT	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	CPT	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	CPT	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	CPT	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	CPT	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	CPT	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)
C5271	CPT	Application of low cost 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
C5272	CPT	Application of low cost 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)
C5273	CPT	Application of low cost 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
C5274	CPT	Application of low cost 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)
C5275	CPT	Application of low cost 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
C5276	CPT	Application of low cost 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)

C5277	CPT	Application of low cost 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
C5278	CPT	Application of low cost 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)

Group 2 Codes (Should be reported with Group 1- please refer above for coverage guidelines and criteria)

Code	Code Type	Description
A2019	HCPCS	Kerecis omega3 marigen shield, per square centimeter
Q4105	HCPCS	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter
Q4107	HCPCS	Graftjacket, per square centimeter
Q4110	HCPCS	Primatrix, per square centimeter
Q4121	HCPCS	Theraskin, per square centimeter
Q4122	HCPCS	Dermacell, dermacell awm or dermacell awm porous, per square centimeter
Q4128	HCPCS	Flex hd, or allopatch hd, per square centimeter
Q4133	HCPCS	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter
Q4158	HCPCS	Kerecis omega3, per square centimeter
Q4159	HCPCS	Affinity, per square centimeter
Q4160	HCPCS	Nushield, per square centimeter
Q4186	HCPCS	Epifix, per square centimeter
Q4187	HCPCS	Epicord, per square centimeter
Q4203	HCPCS	Derma-gide, per square centimeter
Q4101	HCPCS	Apligraf, per square centimeter
Q4102	HCPCS	Oasis wound matrix, per square centimeter
Q4106	HCPCS	Dermagraft, per square centimeter
Q4151	HCPCS	Amnioband or guardian, per square centimeter

POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
12/10/25	Initial Policy Development	Optum Medical and Pharmacy Subcommittee

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Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitmi shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kamscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມື້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).