

Meeting: Utilization Management Committee	Date: 12/14/2023
Title/Topic: Skin Substitutes and Other Advanced Wound Healing Products	Policy Number: n05189
Purpose: Annual Review	Outcome: Accept with changes as outlined
Line of Business: Commercial and Medicare	Effective Date: 12/14/2023

**INTRODUCTION:**

*Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.*

Skin substitutes and other advanced wound healing products are tissue engineered skin which refers to material made up of cells, extracellular matrix, or a combination of both. There are several types of skin substitutes including:

- Acellular skin substitutes
- Cellular allogenic skin substitutes
- Cellular autologous skin substitutes

Skin substitutes and advanced wound healing products are used to assist in healing of complex wounds (diabetic foot ulcers, venous stasis ulcers, non-healing surgical, traumatic wounds, and/or radiation therapy wounds), burns, and in collaboration with surgical procedures (breast reconstruction or non-healing surgical,).

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of Skin Substitutes and Advanced Wound Healing Products. This policy is due for annual review.

**ACTION RECOMMENDED:**

*States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.*

Annual review has been conducted and the Skin Substitutes and other advanced wound healing medical policy is presented for review and approve with changes as written.

Changes made to this policy include code updates, the inclusion of burns as an indication for coverage, grammatical updates, and review/updates to references.

The code updates include removal of codes that are considered experimental/investigational in nature.

**ANALYSIS/JUSTIFICATION:**

*Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services*

*(CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.*

The Centers for Medicare/Medicaid (CMS) has guidance. National Coverage Determination (NCD) 270.5 Porcine Skin Dressing outlines the conditions for coverage for Medicare Members but is limited to only Porcine derived skin dressing. There is no mention of any additional skin substitutes or advance wound healing products. There are also no recommendations for use of a skin substitutes or advance wound healing products pertaining to the size of the wound, tissue perfusion, optimal diabetic management, previous wound care regimens that have been trialed and failed, or the number of treatment applications.

MCG, Ambulatory Care 27<sup>th</sup> edition-Skin Substitutes, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer outlines the conditions for coverage for Commercial Members but is limited to only diabetic foot ulcers and venous ulcers. There is no mention of burns, other complex wounds, or surgical procedures.

**REFERENCES:**

*Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.*

- Halim AS, Khoo TL, Mohd Yussof SJ. Biologic and synthetic skin substitutes: An overview. Indian J Plast Surg. 2010 Sep;43(Suppl): S23-8. doi: 10.4103/0970-0358.70712. PMID: 21321652; PMCID: PMC3038402.
- MCG. Skin Substitute, Tissue-Engineered, A-0326(AC). 27th edition.
- UpToDate, Inc. Skin Substitutes. Updated July 25, 2019.
- U.S. Department of Health and Human Services CMS/Center for Medicare and Medicaid Services National Coverage Determination (NCD) for Porcine Skin and Gradient Pressure Dressing (270.5), publication number 100-3, Version 1.

**REVISION REASON:**

*Includes the date changes or updates were made and summary of changes applied.*

12/14/2023- include code updates (removal of codes considered to be experimental/investigational, the inclusion of burns as an indication for coverage, grammatical updates, and review/updates to references.

**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.