

Network Health Plan: Skin Substitutes

Commercial and Medicare (Breast Reconstruction Procedures)

Important Notice

Network Health Plan provides coverage for skin substitutes for the following indications—breast reconstruction procedures, non-healing surgical, traumatic and/or radiation therapy wounds, full thickness/partial thickness ulcers and diabetic foot ulcers and venous insufficiency/venous stasis ulcers. The use of skin substitute materials other than for the outlined conditions is considered experimental, investigational and/or an unproven process. Skin substitutes for the treatment of pressure ulcers is considered not medically necessary.

- Skin grafts used in the presence of uncontrolled underlying conditions (e.g. uncontrolled diabetes or infection) are considered not medically necessary. All ulcers must be clean, free of infection and exudate, have undergone debridement and removal of necrotic debris **AND** any underlying infections must be resolved prior to initiation of any skin substitute regimen.
- Network Health Plan limits the application of skin substitutes to one (1) initial application. Additional applications may be requested and allowed only if there is evidence of improvement (i.e. granulation and/or reduction in size of ulcer).
- The maximum allowed applications of a skin substitute are ten (10) applications over a twelve (12) weeks, per wound, regardless of the condition of the wound. Repeat or alternative applications of another skin substitute graft is considered not medically necessary when a prior full course of applications is unsuccessful.

Here is the Skin Substitutes policy.

Specific skin substitute requested _____ CPT Code _____

Specific Indications

Breast Reconstruction Procedures (Select all that apply. Documentation **MUST** be present in evaluation.)

- Insufficient tissue expander or implant coverage by the pectoralis major muscle and additional coverage is required.
- There is viable but compromised or thin postmastectomy skin flaps that are at risk of dehiscence or necrosis.
- Infra-mammary fold and lateral mammary folds have been undermined during mastectomy and reestablishment of these landmarks are needed.

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR MEDICAL NECESSITY REVIEW.

Evaluation with the ordering provider detailing the need for skin substitute for one of the above indications.