

Network Health: Skin Substitutes

Commercial and Medicare (Non-Healing Surgical, Traumatic and/or Radiation Therapy Wounds)

Important Notice

Network Health 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 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 _____

Number of applications _____

Is this an initial application of skin substitute? Yes No

If initial, is it ok to amend to Network Health Policy (NHP) policy standard of one (1) initial application?

Yes No

*Skin substitutes are required to be used in conjuncture with standard wound care regimens to promote healing **AND** must have deficit or ulcer **AT LEAST** one (1.0) square centimeter in size.

Non-healing surgical, traumatic and/or radiation therapy wounds (serial documentation **MUST** be provided in clinical notes).

Standard wound care regimens to promote wound healing Yes No

Wound care regimen details _____

Date provider directed conventional wound therapy began _____

Conventional wound therapy has been in place at least six (6) weeks? Yes No

Ulcer or skin deficit is at least one (1.0) square cm in size? Yes No

Location of wound and current wound measurements (prior to skin substitute application).

Location _____

Measurements _____

Date measurements obtained _____

Location of wound and current wound measurements (after initial skin substitute application).

NA—Location _____

Measurements _____

Date measurements obtained _____

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR MEDICAL NECESSITY REVIEW

- Initial evaluation with provider—(must detail type of wound, status of wound, wound measurements, underlying medical conditions impacting wound healing, necessary labs, circulatory system evaluations and wound treatment applied/wound care regimen)
- Serial wound evaluation(s)—(must detail status of wound, wound measurements, wound treatment applied/wound care regimen, compliance with standard wound therapies (i.e. application of compression, appropriate off loading, home wound care) and changes in underlying medical conditions that may impact wound healing)
- After initial application of a skin substitute, reevaluation with provider—(must detail status of wound, wound measurements, wound treatment applied/wound care regimen, compliance with standard wound therapies (i.e. application of compression, appropriate off loading, home wound care) and changes in underlying medical conditions that may impact wound healing).
** It is expected all response to treatment will be documented in the patient’s medical record at least once every 30 days for each episode of wound treatment.