



# MEDICAL POLICY STATEMENT D-SNP

Policy Name & Number	Date Effective
Skin Substitutes-DSNP-MM-1427	05/01/2024
Policy Type	
MEDICAL	

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Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### This policy applies to the following Marketplace(s):

Georgia

Ohio

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A. Subject  
**Skin Substitutes**

B. Background

Wounds are disruptions of the skin's structural and functional integrity and normally transition through distinct phases until the skin's structure and function are restored, including hemostasis, inflammation, cellular migration and proliferation, and remodeling. Chronic wounds can result in loss of function, wound recurrence, and significant morbidity. Pressure ulcers, diabetic foot ulcers, and venous leg ulcers are the three categories that comprise the majority of chronic wounds.

Skin substitutes are a heterogeneous group of biologics, synthetics, or biosynthetic materials. When determining if the use of a skin substitute is appropriate, the clinician evaluates the material being used and its properties. Individual wounds have a specific microenvironment. Various manufacturers may utilize differing processes in the development of skin substitutes but generally seed selected cells onto a matrix. The matrices subsequently receive proteins and growth factors necessary to divide and develop into the desired tissue.

Skin substitutes provide coverage for open wounds, both deep thermal and full-thickness wounds. Skin substitutes have the function and composition of skin or have the potential for autologous regenerative healing when applied to a wound. Uses span acute or chronic wounds, burns, or reconstruction, such as release of contractures secondary to severe burns. The most common classification system utilized to determine the type of skin substitute that would be appropriate for a particular wound is the Kumar Classification system, in which Class I includes temporary impervious dressing material, Class II includes single-layer durable skin substitutes, and Class III includes composite skin substitutes that replace both dermal and epidermal layers.

C. Definitions

- **Ankle-Brachial Index** – A comparison of the blood pressure measured at the ankle with blood pressure measured at the arm with lower numbers indicating narrowing or blockage of the arteries in the legs.
- **Autologous** – Derived from the same individual, such as an individual serving as both donor and recipient.
- **Chronic Wounds** – Wounds that have not progressed along the normal healing process, generally after a 4-week duration.
- **Chronic Venous Ulcers** – A wound that takes longer than usual to heal and often occurs on the legs or ankles when oxygen-poor blood flow is impaired and pools, creating pressure in the veins.
- **Diabetic Foot Ulcers** – An open sore or wound located on the foot occurring in approximately 15% of patients with diabetes.
- **Pressure Ulcers** – Injuries to skin and underlying tissue resulting from prolonged pressure on the skin, including bedsores that most often develop on skin covering bony areas of the body, such as heels, ankles, hips, and tailbone.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

- **Tissue Engineering** – The practice of combining scaffolds, cells, and biologically active molecules into functional tissues to assemble functional constructs that restore, maintain, or improve damaged tissues or whole organs.

#### D. Policy

- I. CareSource considers the use of skin substitute products medically necessary under **ANY** of the following circumstances:

- A. Treatment of diabetic foot ulcer when adequate circulation to the affected extremity is present as indicated by at least **ONE** of the following:
  1. palpable pedal
  2. ankle-brachial index (ABI) between 0.7 and 1.2
  3. dorsum transcutaneous oxygen test (TcPO<sub>2</sub>) ≥ 30 mm Hg within the last 60 days
  4. triphasic or biphasic Doppler arterial waveforms at the ankle of affected leg
- B. Treatment of venous insufficiency ulcers when **ALL** of the following criteria are met:
  1. adequate perfusion of involved limb
  2. concurrent conventional wound care
  3. concurrent glycemic management, if patient is also diabetic
  4. duration greater than 1 month
  5. partial-thickness or full-thickness ulcer due to venous insufficiency
  6. no allergy to bovine products
  7. no response to conventional therapy, including all of the following:
    - a. compression therapy
    - b. dressings to maintain moist wound environment (eg, saline-moistened dressings)
    - c. sharp debridement
  8. no wound infection
- C. Treatment of burn wounds when **ONE** of the following criteria are met:
  1. A temporary wound covering for excised full-thickness and deep partial-thickness burn wounds in individuals who require such a covering prior to autograft placement.
  2. Treatment of mid-dermal to indeterminate depth burn wounds that typically require debridement and that may be expected to heal without autografting.
- D. Repair of scar contractures when more conservative therapeutic options have failed when used in conjunction with a breast reconstruction procedure.

#### II. Exclusions

Skin substitute products that are not on the applicable fee schedule may not be reimbursable and may be considered experimental and investigational.

#### E. State-Specific Information

NA

#### F. Conditions of Coverage

##### Breast Reconstruction Surgery

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

G. Related Policies/Rules

N/A

H. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	02/15/2023	New Policy.
<b>Date Revised</b>	02/14/2024	Updated references. Approved at Committee.
<b>Date Effective</b>	05/01/2024	
<b>Date Archived</b>		

I. References

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*Independent medical review – 01/19/2023*

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