



MEDICAL POLICY STATEMENT

Nevada Marketplace

Policy Name & Number	Date Effective
Skin Substitutes-NV MP-MM-1737	09/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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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.

- **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 (for example, Apligraf or Dermagraft) medically necessary under **ANY** of the following circumstances:
 - A. Treatment of diabetic foot ulcer as indicated by **ALL** of the following:
 1. when adequate circulation to the affected extremity is present as indicated by **ONE** of the following:
 - a. palpable pedal
 - b. ankle-brachial index (ABI) between 0.7 and 1.2
 - c. dorsum transcutaneous oxygen test (TcPO₂) ≥ 30 mm Hg within the last 60 days
 - d. triphasic or biphasic Doppler arterial waveforms at the ankle of affected leg
 2. appropriate glycemic control
 3. no wound infection.
 4. no response to conventional therapy, including all of the following:
 - a. offloading (pressure relief)
 - b. appropriate dressings to facilitate healing
 - c. debridement as needed
 - A. 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
 - B. 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
 - C. Repair of scar contractures when more conservative therapeutic options have failed when used in conjunction with a breast reconstruction procedure.

II. Exclusions

- A. Skin substitute products that are not on the applicable fee schedule may not be reimbursable and may be considered experimental and investigational.
- B. Life expectancy would not allow long-term healing, clinical benefit or decrease of substantive morbidity.
- E. Conditions of Coverage
NA
- F. Related Policies/Rules
Breast Reconstruction Surgery

G. Review/Revision History

DATE		ACTION
Date Issued	05/21/2025	New policy. Approved at Committee
Date Revised	06/17/2026	Added skin graft examples to Sec. D.I. Updated references. Approved at Committee
Date Effective	09/01/2026	
Date Archived		

H. References

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