

Policy Number: CP-AMCR25-010A

Original Effective Date: September 1, 2025

## Skin-Substitute Grafts

The purpose of this policy is to provide clarity and specificity for coverage of types of skin-substitute grafts.

### DISCLAIMER

*Coverage Policies are developed to assist in identifying coverage for Aspirus benefits under Aspirus's health plans. They are intended to serve only as a general reference regarding Aspirus's administration of health benefits and are not intended to address all issues related to coverage for health services provided to Aspirus members.*

*These services may or may not be covered by all Aspirus products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their Aspirus patient refer to their Aspirus plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the Aspirus plan documents, the Aspirus plan documents prevail.*

*Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.*

*Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.*

### Product Summary

This coverage policy applies to the following Aspirus products:

Aspirus product	Applies to
Aspirus Medicare Advantage Elite (PPO)	√
Aspirus Medicare Advantage Essential Rx (PPO)	√

### Benefit category:

**Durable Medical Equipment (DME), Office Visits**

## Definitions or summary

Skin substitutes are materials that can provide temporary or permanent coverage of open skin wounds. They aim to replicate the properties of the normal skin and are used in the management of acute or chronic wounds. They include biologic, synthetic, or biosynthetic materials.

## Coverage policy

### Covered for the following conditions:

- Diabetic lower extremity ulcer
- Venous lower extremity ulcer
- Second or third-degree burns
- Pressure (decubitus) ulcer (stage 3 and 4)
- Breast reconstruction post mastectomy
- Adjunct reconstruction of soft tissue defect during primary surgery
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis
- Dystrophic epidermolysis bullosa

### Covered Products:

Brand Name Products	
AlloDerm™	Grafix®PRIME
Allopatch®HD	GRAFTJACKET®
AmnioBand®	Grafix®PL PRIME
Apligraf®	Guardian™
DermACELL®	Integra® Dermal Regeneration Template (DRT)
DermACELL AWM®	Integra® Omnigraft™ Dermal Regeneration Matrix
DermACell® AWM Porous	Oasis® Wound Matrix
Dermagraft®	PriMatrix®
Epicord®	Stravix
Epifix®	Stravix PL
FlexHD®	TheraSkin®
Grafix® Core	TransCyte®

## Non-covered Products

List of non-covered skin substitutes.

List may not be all-inclusive.

Non-Covered Brand Name Products		
AC5® Advanced Wound System (AC5)	CoreCyte™	Orion™
Acesso TL	Corplex™	PalinGen®
Acesso DL	Corplex™P	PalinGen®
Activate™Matrix™	Cryo-Cord™	PalinGen® XPlus
Allacor P	Cygnus®Dual	PermeaDerm® B
AlloGen	Cygnus®matrix	PermeaDerm®C
AlloSkin™	Cymetra™	Phoenix Wound Matrix™
AlloSkin™ AC	DermaBind™ CH	Plurivest
AlloSkin™ RT	DermaBind™ DL	PolyCyte
AlloWrap®Dry	DermaBind™ SL	Pro Text
AlloWrap®DS	Dermacyte® Amniotic Membrane Allograft	Procenta®
AltiPly	DermaPure®	ProgenaMatrix®
American Amnio®	DermaSpan™	ProMatrX®
American Amnio® AC	Dermavest®	PuraPly®
American Amnio® AC Tri-Layer	Derm-Maxx™	PuraPly® AM
Amnio Bio™	Dual Layer Impax™ Membrane	PuraPly® XT
Amnio Quad-Core™	Emerge™Matrix	Rebound Matrix
Amnio Text™	ENverse®	REGUaRD
Amnio Text™ Patch	EPIEFFECT®	Relese™
Amnio Tri-Core™ Amniotic	EpiFix® Inj.	Resolve Matrix™
Amnio Wrap2™	Esano™ A	Restorign™
AmnioAmp-MP™	Esano™AAA	Restrata®
AmnioArmor™	Esano™AC	Revitalon™
AmnioBand® Inj.	Esano™ ACA	RevoShield®™ + Amniotic Barrier
AmnioCore®	Excellagen®	Repriza®
AmnioCore® Pro	extracellular matrix	Sanopellis™
Amnio Core®Pro+	EZ-Derm	Signature APatch®
AmnioCyte™Plus	Fluid Flow	SkinTE

**Non-covered products (continued)**

Non-Covered Brand Name Products		
AmnioExcel®	Fluid GF™	Strattice™
AmnioExcel® Plus	GammaGraft®	Supra SDRM®
AmnioMatrix®	Genesis Amniotic Membrane	Suprathel®
Amnio-Max®x	GRAFIX PLUS	SureDerm®
Amnio-Maxx® Lite	Graftjacket® Xpress	SurFactor
AMNIOREPAIR®	Helicoll®	SurgiCORD
AMNIPLY™	HMatrix®	surgiGRAFT™
Apis	HYALOMATRIX®	SurgiGraft-DUAL™
Architect	InnovaBurn®	SurGraft™
Architect FX	InnovaMatrix® FS	SurGraft™ FT
Architect PX	InnovaMatrix® AC	SurGraft™ TL
Artacent® AC	InnovaMatrix® PD	SurGraft™ XT
Artacent® Cord	InnovaMatrix® XL	Symphony™
Artacent® wound	Integra® flowable wound matrix	TAG
ArthroFlex®	Integra® matrix	Talymed®
Ascent	InteguPly®	TENSIX®
AxoBioMembrane™	Interfyl®	Theracor P
Axolotl™ Ambient	Keroxxr®	TheraGenesis®
Axolotl™ Cryo	Lamellas	Therion
Barrera™ DL	Lamellas XT	TranZgraft®
Barrera™ SL	Matrion®	Vendaje®
BellaCell HD™	MatriStem® MicroMatrix®	Vendaje® AC®
Bio-conneKt® wound matrix	Mediskin®	VIA Matrix™
BioDExcel	Membrane Wrap™-Hydro	Vim
BioDFence	Membrane Graft	WoundEx
BioDMatrix	Membrane Wrap™	WoundEx Flow
BioSkin	MemoDerm™	WoundFix™
BioSkin Flow	Micro3D®	WoundFix™ Plus
Biovance®	Microlyte® Matrix	WoundFix™ Xplus
Biovance® 3L	Miroderm®	Xcell Amnio Matrix™

**Non-covered products (continued)**

Non-Covered Brand Name Products		
Biovance ®Tri-Layer	Mirragen® Advanced Wound Matrix	Omeza™ Collagen Matrix
BioWound	MLG-Complete	XCellerate™
BioWound Plus	MyOwn Skin™	XCelliStem®
BioWound Xplus	Neo Flo	XCM Biologic™ tissue matrix
carePATCH™	NeoMatriX™	XenoPatch
Celera™Dual Layer	NeoPatch	XWRAP®
Celera™ Dual Membrane	NeoStim™DL	Zenith™ Amniotic Membrane
Cellesta®		
Cellesta® Cord	NeoStim™TL	
Cellesta® Duo	Neox®100	
Cellesta®Flowable Amnion	Neox® Cord 1K	
Clarix®100	Neox®Cord RT	
Clarix®Cord 1K	Novachor®	
Clarix®Flo®	Novafix®	
Cocoon™Membrane	Novafix®DL	
Cogenex®Amniotic Membrane	NovoSorb® SynPathDermal matrix	
Cogenex®Flowable Amnion	NuDyn™	
Coll-e-Derm™	NuDYN™DL	
Complete™AA	NuDYN™DL MESH	
Complete™ACA	NuDYN™SL	
Complete™FT	NuDYN™ SLW	
Complete™ SL	Oasis® ultra tri-layer wound matrix	
Core Text	Oasis® Burn Matrix	

**CPT/ HCPCS/ICD-10 Codes**

*\*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description

\*CPT is a registered trademark of the American Medical Association.

**Prior authorization**

**Not Required**

**Related policies and documentation**

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description

**References and source documents**

*Links to the Aspirus contracts, Center for Medicare and Medicaid Services (CMS), and other relevant documents used to create this policy*

CMS IOM Publication 100-03, National Coverage Determination Manual, 270.3, 270.4, 270.5 <https://www.cms.gov/medicare-coverage-database/search.aspx>

Hayes, Inc. Technology Assessment Reports <http://www.sympir.com>

[Aspirus Elite Medicare Evidence of Coverage \(EOC\)](#)

[Aspirus Essential Rx Medicare Evidence of Coverage \(EOC\)](#)

**Coverage policy development and revision history**

Version	Date	Note(s)
V1	June 24.2025	New policy