

Policy Number: CP-AMCR24-010A

Original Effective Date: June 24, 2024

Last Review Date: January 9, 2026

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

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| <ul style="list-style-type: none"> • AlloDerm™ • Allopatch®HD • AmnioBand® • Apligraf® • DermACELL® • DermACELL AWM® • DermACell® AWM Porous • Dermagraft® • Epicord® • Epifix® • FlexHD® • Grafix® Core | <ul style="list-style-type: none"> • Grafix®PRIME • GRAFTJACKET® • Grafix®PL PRIME • Guardian™ • Integra® Dermal Regeneration Template (DRT) • Integra® Omnigraft™ Dermal Regeneration Matrix • Oasis® Wound Matrix • PriMatrix® • Stravix • Stravix PL • TheraSkin® • TransCyte® |
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Services not covered include but not limited to:

List of non-covered skin substitutes
 Note that list may not be all-inclusive.

Non-Covered Brand Name Products

- AC5® Advanced Wound System (AC5)
- Abiomend Membrane and Abiomend Hydromembrane
- Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane
- ACA™
- Acelagraft
- Acelagraft™
- Acceso TL
- Acceso DL
- Acceso TrifACA
- Activate™ Matrix™
- Advograft™ dual
- Advograft™ one
- Aeroguard per sq cm
- Allacor P
- AlloGen
- AlloSkin™
- AlloSkin™ AC
- AlloSkin™ RT
- AlloWrap® Dry
- AlloWrap® DS
- AltiPly
- Amchoplast™ excl
- AmchoPlast™ FD
- AmchoThick™
- American Amnio®
- American Amnio® AC
- American Amnio® AC Tri-Layer
- Amnio Bio™
- Amnio Burgeon Dual-Layer Membrane
- Amnio Burgeon Membrane and Hydromembrane
- Amnio Burgeon Xplus Membrane and Xplus Hydromembrane
- Amnio Quad-Core™
- Amnio Text™
- Amnio Text™ Patch
- Amnio Tri-Core™ Amniotic
- Amnio Wrap2™
- AmnioAmp-MP™
- AmnioArmor™
- AmnioBand®
- AmnioCore® Pro+
- AmnioCore SL
- AmnioCore®
- AmnioCore® Pro
- AmnioCyte™ Plus
- Amniodefend™
- AmnioExcel® Plus
- AmnioExcel®
- AmnioMatrix®
- Amnio-Max®x
- Amnio-Maxx® Lite
- AmnioPlast Double
- Amnioplast™
- AMNIOREPAIR®
- AMNIPLY™
- Apis
- Apollo FT
- Architect
- Architect FX
- Architect PX
- Artacent® AC
- Artacent® wound
- Artacent® Cord
- ArthroFlex®
- Ascendion™
- Ascent
- AxoBioMembrane™
- Axolotl DualGraft™ Ultra
- Axolotl Graft™ Ultra
- Axolotl™ Ambient
- Axolotl™ Cryo
- Axolotl™ DualGraft Ultra
- Axolotl™ Graft Ultra
- Barrera™ DL
- Barrera™ SL
- BellaCell HD™
- Bio-conneKt® wound matrix
- BioDExcel
- BioDFence
- BioDMatrix
- BioSkin
- BioSkin Flow
- Biovance® Tri-Layer
- Biovance®
- Biovance® 3L
- BioWound
- BioWound Plus
- BioWound Xplus
- carePATCH™
- Celera™ Dual Layer
- Celera™ Dual Membrane
- Cellesta® Flowable Amnion
- Cellesta®
- Cellesta® Cord
- Cellesta® Duo
- ChoriPly
- Clarix® 100
- Clarix® Cord 1K
- Clarix® Flo®
- Cocoon™ Membrane
- Cogenex® Amniotic Membrane
- Cogenex® Flowable Amnion
- Cohealyx™ Collagen Dermal Matrix
- Coll-e-Derm™
- Complete™
- Complete™ AA
- Complete™ FT
- Complete™ SL
- Core™ Text
- CoreCyte™
- Corplex™ P or Theracor P or Allacor P
- Corplex™
- Cryo-Cord™
- Cygnus® Dual
- Cygnus® matrix
- CYGNUS® Disk
- Cymetra™
- DermaBind™ CH
- DermaBind™ DL
- DermaBind™ SL
- Dermacyte® Amniotic Membrane Allograft
- DermaPure®
- DermaSpan™
- Dermavest®
- Derm-Maxx™
- Dual Layer Amnio Burgeon X-Membrane
- Dual Layer Impax™ Membrane
- Duograft™ aa
- Duograft™ ac
- Emerge™ Matrix
- ENverse®
- EPIEFFECT®
- EpiFix®
- EPIXPRESS®
- Esano™ AAA
- Esano™ AC
- Esano™ A
- Esano™ ACA
- Excellagen®
- extracellular matrix
- EZ-Derm
- Fluid Flow
- Fluid GF™
- Foundation DRS Solo
- G4Derm™ Plus
- GammaGraft®
- Genesis Amniotic Membrane
- GRAFIX Duo
- GRAFIX PLUS
- Graftjacket® Xpress
- Helicoll®
- HMatrix®
- HYALOMATRIX®
- InnovaBurn®
- InnovaMatrix® FS
- InnovaMatrix® AC
- InnovaMatrix® PD
- InnovaMatrix® XL
- InnovaMatrix® FD
- InnovaMatrix™ FD
- Integra® matrix
- Integra® flowable wound matrix
- InteguPly®
- Interfyl®
- Keroxxr®
- Lamellas
- Lamellas XT
- MariGen™ Pacto
- Matrimon®
- MatriStem® MicroMatrix®
- Mediskin®

Services not covered include but not limited to: (continued)

Non-Covered Brand Name Products

- Membrane Wrap™-Hydro
- Membrane Graft
- Membrane Wrap™
- Membrane wrp™
- MemoDerm™
- Micro3D®
- Microlyte® Matrix
- Miro3D® fibers
- Miroderm®
- MiroDry™ Wound Matrix
- Mirragen® Advanced Wound Matrix
- MLG-Complete
- MyOwn Skin™
- Myriad Matrix™
- Myriad Morcells™
- Natalin
- Neo Flo
- Neoguard
- NeoMatriX™
- NeoPatch
- NeoStim™DL
- NeoStim™TL
- NeoStim™ Membrane
- NeoThelium™ 4L
- NeoThelium™ 4L Plus
- NeoThelium™ FT
- Neox®100
- Neox® Cord 1K
- Neox®Cord RT
- Novachor®
- Novafix®DL
- Novafix®
- NovoSorb® SynPathDermal matrix
- NuDYN™ DL
- NuDYN™ DL MESH
- NuDYN™ SL
- NuDyn™
- NuDYN™ SLW
- Oasis® ultra tri-layer wound matrix
- Oasis® wound matrix
- Omeza™ Collagen Matrix
- Orion™
- PalinGen® Dual-Layer Membrane
- PalinGen®
- PalinGen® XPlus
- PermeaDerm®C
- PermeaDerm® B
- Phoenix Wound Matrix™
- Plurivest
- PolyCyte
- Pro Text
- Procenta®
- ProgenaMatrix®
- ProMatrX®
- PuraPly®
- PuraPly® AM
- PuraPly® XT
- Rebound Matrix
- REGUaRD
- Release™
- Renew ft matrix
- Repriza®
- Resolve Matrix™
- Restorigin™
- Restrata®
- Revitalon™
- RevoShield®™ + Amniotic Barrier
- Sanopellis™
- Signature APatch®
- SkinTE
- Strattice™
- Summit AAA
- Supra SDRM®
- Suprathel®
- SureDerm®
- SurFactor
- SurgiCORD
- SurgiGraft-DUAL™
- surgiGRAFT™
- SurGraft™XT
- SurGraft™
- SurGraft™ AC
- SurGraft™ ACA
- SurGraft™ FT
- SurGraft™ TL
- SurGraft™AC
- Symphony™
- TAG
- Talymed®
- TENSIX®
- Theracor P
- TheraGenesis®
- Therion
- TranZgraft®
- Trigrift ft™
- Vendaje®
- Vendaje® AC®
- VIA Matrix™
- Vim
- WoundEx
- WoundEx Flow
- WoundFix™Plus
- WoundFix™
- WoundFix™ Xplus
- Xcell Amnio Matrix™
- XCellerate™
- XCelliStem®
- XCM Biologic™ tissue matrix
- XenoPatch
- XWRAP®
- XWRAP® Dual
- XWRAP® Plus
- Zenith™ Amniotic Membranes

**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
V2	9/23/25	Early Annual Review
V3	1/9/2026	Added new 1/1/2026 codes