

Local Coverage Article: Use of Amniotic Membrane Derived Skin Substitutes (A56155)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

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Article Information

General Information

Article ID A56155	Original Article Effective Date 11/08/2018
Article Title Use of Amniotic Membrane Derived Skin Substitutes	Revision Effective Date N/A
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	Retirement Date N/A

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Article Guidance

Article Text:

Noridian has seen multiple claims where amniotic membrane derived skin substitutes are being used for indications other than the treatment of venous stasis ulcers and diabetic foot ulcers. The original coverage of these products for VSUs and DFUs only was predicated on the fact that the literature that was available only addressed the efficacy of these products in the care of refractory VSU and DFUs. To date we have not received any evidence based, peer reviewed clinical literature published in the core medical journals to support any other use. Therefore Noridian considers clinical use outside of the care of DSU and VSU as not reasonable and necessary and non-covered.

Noridian will gladly review any evidence based, peer reviewed clinical literature published in the core medical journals which may indicate that coverage may be reasonable for other wound types. Such articles should include the results of robust CMS and/or FDA approved clinical trials and/or meta-analysis that support any additional indications.

Any off-label use may be reviewed manually on redetermination. The redetermination request should include medical record documentation supporting the reason for the unique usage and include full text copies of evidence based, peer reviewed articles from core medical journals supporting such use.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all

Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes N/A

ICD-10 Codes that are Covered N/A

ICD-10 Codes that are Not Covered N/A

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Revision History Information

N/A [Back to Top](#) **Related Local Coverage Document(s)** N/A

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

Public Version(s) Updated on 11/01/2018 with effective dates 11/08/2018 - N/A [Back to Top](#)

Keywords

- Amniotic
- Membrane
- Derived
- Skin
- Substitutes

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