

Wound Treatment, Medical 343

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Description & Definitions:

NEXOBRID® contains anacaulase-bcdb, a mixture of proteolytic enzymes extracted from the stems of pineapple plants that has been sterile filtered and lyophilized. The mixture of enzymes in NEXOBRID® dissolves burn wound eschar.

MuGard™ is indicated for the management of oral mucositis/stomatitis (that may be caused by radiotherapy and/or chemotherapy) and all types of oral wounds (mouth sores and injuries), including aphthous ulcers/canker sores and traumatic ulcers, such as those caused by oral surgery or ill-fitting dentures or braces. The mucoadhesive polymers in the hydrogel formulation adhere to the oral mucosa and form a protective coating.

Criteria:

NexoBrid (anacaulase-bcdb) is medically necessary for **1 or more** of the following:

- Deep partial thickness (DPT) thermal burns
- full thickness (FT) thermal burns

NexoBrid is not covered for **ANY** of the following due to lack of proven clinical utility:

- Chemical or electrical burns,
- burns on the face, perineum
- genitalia
- burns on the feet of patients with diabetes mellitus or occlusive vascular disease
- circumferential burns
- burns in patients with significant cardiopulmonary disease, including inhalation injury
- wounds contaminated with radioactive and other hazardous substances to avoid unforeseeable reactions

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

- MIST Therapy (i.e. noncontact, low-frequency ultrasound debridement)
- MuGard™

Document History:

Revised Dates:

- 2025: January – Mist therapy reviewed and added to not medically necessary section. Coding and references updated.

Reviewed Dates:

- 2024: October – no changes references updated.
- 2023: October

Effective Date: 10/2023

Coding:

Medically necessary with criteria:

Coding	Description
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm

Considered Not Medically Necessary:

Coding	Description
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not

constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

28th Edition. (2024). Retrieved 11 2024, from MCG: <https://careweb.careguidelines.com/ed28/index.html>

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https://www.uptodate.com/contents/search?search=noncontact%20low-frequency%20ultrasound%20&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PU LLDOWN&autoComplete=false

(2024). Retrieved 11 2024, from DMAS: <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

(2024). Retrieved 11 2024, from Association for the Advancement of Wound Care (AAWC):

https://aawconline.memberclicks.net/index.php?searchword=non-contact+low-frequency+ultrasound&ordering=newest&searchphrase=all&limit=20&option=com_search

Billing and Coding: Low frequency, non-contact, non-thermal ultrasound A54555 - Revision Effective Date 01/01/2024. (2024, 1). Retrieved 11 2024, from CMS: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54555&ver=18&bc=0>

MIST Therapy. (2011). Retrieved 11 2024, from National Institute for Health and Care Excellence (NICE):

<https://www.nice.org.uk/search?q=The+MIST+Therapy+system+for+the+promotion+of+wound+healing>

Keywords:

SHP, Oral Mucoadhesive, Oral Wound Rinse, MuGard, NEXOBIRD, burns