Sentara® Health Plans

Medicaid

Wound Treatment and Care Supplies, Medical 343

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Coverage Policy	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 by 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:

Collagen dressings help create and maintain a moist wound environment, necessary for wound healing. Additionally, they can also absorb excess fluids, helping to protect the wound from infection, while supporting new tissue growth.

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.

MIST therapy utilizes a noncontact, low-frequency ultrasound debridement device directed at the wound bed via saline mist.

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.

Topical hyperbaric oxygen therapy, also known as HTOB or TOB, delivers 100% oxygen directly to a wound at a pressure slightly higher than atmospheric pressure. These are disposable topical hyperbaric oxygen chambers ,and can be used for home use. Designed to fit around a limb, TOBs deliver oxygen at a controlled pressure, thereby increasing local oxygen levels in the wound.

Criteria:

Wound Treatment request is for **1 or more** of the following:

- Collagen Dressing or Wound Fillers (IE: Biobrane, Biostep, Integra, etc) that stay in place for up to 7 days are medically necessary for **1 or more** of the following:
  - Full thickness wounds (e.g., stage 3 or 4 ulcers)
  - Wounds with light to moderate exudate
  - Wounds that have stalled or have not progressed toward a healing goal
- NexoBrid (anacaulase-bcdb) is medically necessary for **1 or more** of the following:
  - Deep partial thickness (DPT) thermal burns
  - full thickness (FT) thermal burns

There is insufficient scientific evidence to support the medical necessity of the services noted below as they have not been shown to improve health outcomes upon technology review, and are therefore considered **Not Medically Necessary**, to include, but not limited to:

- Collagen dressing or wound fillers for **ANY** of the following:
  - Wound with heavy exudate
  - Third-degree burns
  - Individual with active vasculitis
- Concurrent optical and magnetic stimulation (COMS) therapy to promote wound healing in chronic leg and foot ulcers
- DeepView Wound Imaging System for burn assessment and wound healing prediction of acute and chronic burn wounds
- MIST Therapy (i.e. noncontact, low-frequency ultrasound debridement)
- MolecuLight, a hand-held device, for point-of-care fluorescence imaging of wounds
- MuGard™
- NexoBrid utilized for **ANY** of the following:
  - Chemical or electrical burns,
  - Burns on the face, perineum or 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
- Topical hyperbaric oxygen therapy, also known as HTOB or TOB
- Topical oxygen delivery system

Document History:

Revised Dates:

- 2026: May – Implementation date of September 1, 2026. Items added to exceptions list. No coverage criteria changes.
- 2025: June – Implementation date of September 1, 2025. Criteria updated references updated.
- 2025: May – Updated definitions and criteria. Add CPT codes A6010, A6011, A6021-A6024 and criteria for coverage for Collagen Dressings or Wound Fillers. Add A4575 and E0446 to Not Medically Necessary section of the policy. No change to coverage criteria. Go live 7.1.2025.
- 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

Origination Date: October 2023

Coding:

Medically necessary with criteria:

Coding	Description

A6010	Collagen based wound filler, dry form, sterile, per g of collagen
A6011	Collagen based wound filler, gel/paste, per g of collagen
A6021	Collagen dressing, sterile, size 16 sq in or less, each
A6022	Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in,each
A6023	Collagen dressing, sterile, size more than 48 sq in, each
A6024	Collagen dressing wound filler, sterile, per 6 in
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
A4575	Topical hyperbaric oxygen chamber, disposable
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
0598T	Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; first anatomic site (eg, lower extremity, right leg)
0599T	Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; each additional anatomic site (eg, upper extremity, left leg) (List separately in addition to code for primary procedure)
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report

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.
    - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- 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 by 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).

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Keywords:

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