

## Wound Treatment, Surgical 233

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details [\\*](#).**

### Purpose:

This policy addresses the medical necessity of Wound Treatment.

### 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.

- MuGard™

## Coding:

Medically necessary with criteria:

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

Considered Not Medically Necessary:

Coding	Description
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml

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

## Document History:

Revised Dates:

Reviewed Dates:

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

Effective Date: 10/2023

## References:

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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### **Special Notes: \***

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### **Keywords:**

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