Sentara Health Plans

Commercial

Wound Treatment and Care Supplies, Medical 343

Table of Content

Description & Definitions
Criteria
Document History
Coding
Special Notes
References
Keywords

Effective Date	9/1/2026
Next Review Date	5/2027
Coverage Policy	Medical 343
Version	7

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial 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:
    - 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.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025, Jun 13). Retrieved Mar 24, 2026, from MCG 29th Edition: https://careweb.careguidelines.com/ed29/index.html

(2026). Retrieved Mar 24, 2026, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Wound+treatment&et_pb_searchform_submit=et_search_proccess&et_pb_search_cat=11%2C1%2C96%2C87&et_pb_include_posts=yes

(2026). Retrieved Mar 26, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=hyperbaric&gsc.sort=

Armstrong, D., & Meyr, A. (2025, May 29). Principles of acute wound management (2). Retrieved Mar 25, 2026, from UpToDate: https://www.uptodate.com/contents/principles-of-acute-wound-management?search=Wound%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H1496835502

Clinical Practice Guidelines. (2026). Retrieved Mar 25, 2026, from American Burn Association: https://www.ameriburn.org/quality-care/clinical-practice-guidelines#cpg-library

Concurrent optical and magnetic stimulation therapy in patients with lower extremity hard-to-heal wounds. (2022, Jun 01). Retrieved Mar 25, 2026, from Journal of Wound Care: https://www.jwc-wuwhs.com/content/practice/concurrent-optical-and-magnetic-stimulation-therapy-in-patients-with-lower-extremity-hard-to-heal-wounds

Guidelines on interventions to enhance healing of foot ulcers in people with diabetes. (2023). Retrieved Mar 25, 2026, from The International Working Group on the Diabetic Foot: https://iwgdfguidelines.org/wp-content/uploads/2023/07/IWGDF-2023-07-Wound-Healing-Guideline.pdf

LCD: Surgical Dressings (L33831). (2024, Jan 01). Retrieved Mar 24, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33831&ver=48&

LCD: Topical Oxygen Therapy (L37873). (2023, May 04). Retrieved Mar 24, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37873&ver=14

Management of Cancer Therapy–Associated Oral Mucositis. (2020). Retrieved Mar 25, 2026, from American Society of Clinical Oncology: https://ascopubs.org/doi/10.1200/JOP.19.00652

MolecuLight (MolecuLight Corp.) for Assessment of Pathogenic Bacteria in Chronic Lower Extremity Wounds. (2025, Nov 12). Retrieved Mar 25, 2026, from Hayes - a symplr company: https://evidence.hayesinc.com/report/hta.moleculight6143

NCD: Noncontact Normothermic Wound Therapy (NNWT) (270.2). (2002, Jul 01). Retrieved Mar 26, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=232&ncdver=1

Noncontact Low-Frequency Ultrasound Using the MIST Therapy System (Celleration Inc.) for Treatment of Venous Leg Ulcers. (2018, Jun 08). Retrieved Mar 25, 2025, from Hayes - a symplr company: https://evidence.hayesinc.com/report/htb.noncontactmist3774

Oropallo, A., & Evans, K. (2026, Feb 17). Overview of treatment of chronic wounds. Retrieved Mar 25, 2026, from UpToDate: https://www.uptodate.com/contents/overview-of-treatment-of-chronic-wounds?search=Wound%20treatment&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2#H685254263

SpectralMD DeepView Wound Imaging System 2.0. (2017, Aug 17). Retrieved Mar 26, 2026, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/cdrh_docs/pdf16/K163339.pdf

Subchapter H - Medical Devices. (2026). Retrieved Mar 26, 2026, from Code of Federal Regulations: https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H

Topical Oxygen Therapy for Chronic Wound Healing. (2022, Jan 6). Retrieved Mar 25, 2026, from Hayes - a symplr company: https://evidence.hayesinc.com/report/dir.topicaloxwound311

Topical Oxygen Therapy System. (2008, Aug 06). Retrieved Mar 25, 2026, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/cdrh_docs/pdf8/K080966.pdf

Keywords:

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