Skin and Tissue Substitutes

Medical Policy

Utilization Management

Date Approved:	01/01/2026
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Departments:	Utilization Management
Products:	MyAdvocate Medicare Advantage
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I. DEFINITION:

A **chemical peel** uses a chemical solution to improve the appearance of the skin. In this treatment, a chemical solution is applied to the skin, which causes trauma or injury to the skin's layers. The skin layers eventually peel off revealing more youthful skin. The new skin is usually smoother with fewer lines and wrinkles, has a more even color and is brighter in complexion.

Dermabrasion, or surgical skin planing, is a procedure where a dermatologist or plastic surgeon uses a specialized instrument to "sand" the skin. This abrasive or planing action improves skin contour as it scrapes away top layers of skin to unveil smooth new skin.

Bioengineered skin and soft tissue substitutes are acellular (no biological component) or cellular (contain living cells) matrices. Acellular dermal matrices or extracellular matrices have had all cellular material removed during the manufacturing process and contain a matrix or scaffold composed of materials, such as collagen, elastin, fibronectin and hyaluronic acid. These products vary in a number of ways, including source (e.g., biological tissue, synthetic materials or a combination), additives (e.g., antibiotics, surfactants), hydration (e.g., freeze dried, wet) and required preparation (e.g., multiple rinses, rehydration).

II. MEDICARE ADVANTAGE PLAN:

Prior authorization is required.
Submit request through the MyAdvocate Medicare Advantage provider portal: provider.myadvocatema.com.
Prior Authorization Request form

MyAdvocate Medicare Advantage follows Medicare guidelines.

Effective 01/01/2026, CMS has published a new LCD policy regarding skin substitute grafts/cellular and tissue-based products (CTP) for the treatment of diabetic foot ulcers (DFU) and venous leg ulcers (VLU). The LCD indicates a limit of 8 applications in 16 weeks.
LCD - Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L39828)

Payment is based on Medicare allowed reimbursement for payable CPT codes per Medicare.

National Coverage Determination (NCD) for Porcine Skin and Gradient Pressure Dressings (270.5)

III. COMMENTS:

Skin and Tissue Substitutes Coding and Packaging Guidelines (For MyAdvocate Medicare Advantage internal use only)

IV. REFERENCES:

A. **Apligraf:**
B - For use in conjunction with standard therapy in patients with noninfected venous leg ulcers of more than 1-month duration who have not responded to standard compression therapy and who have no specific contraindications to the use of skin substitutes.
B - For use in conjunction with standard therapy in patients with type 1 or type 2 diabetes mellitus who have full-thickness, neuropathic diabetic foot ulcers of > 3 weeks' duration that have not adequately responded to standard therapy, when there is no tendon, muscle, capsule, or bone exposure and when the patient has no specific contraindications to the use of skin substitutes.
D - For use in patients with other types of wounds or in patients with specific contraindications to skin substitutes such as infection or nonvascularity at the wound site or sensitivity to any components of the Apligraf material or storage medium. This Rating reflects the lack of evidence and/or safety of Apligraf for these patient populations.

B. **Dermagraft:**
B – For use in conjunction with standard therapy in patients with type 1 or type 2 diabetes mellitus who have full-thickness, neuropathic diabetic ulcers of the plantar surface foot of > 3 weeks' duration that have not adequately responded to standard therapy, when there is

no tendon, muscle, capsule, or bone exposure, and when the patient has no specific contraindications to the use of skin substitutes.
D – For use in patients with other types of wounds or in patients with specific contraindications to skin substitutes such as infection or nonvascularity at the wound site or sensitivity to any components of the Dermagraft material or storage medium. This Rating reflects the lack of evidence and/or safety of Dermagraft for these patient populations.