

Coverage Summary

Wound Treatments

Policy Number: W-001	Products: UnitedHealthcare Medicare Advantage Plans	Original Approval Date: 02/18/2009
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee		Last Review Date: 03/17/2020
Related Medicare Advantage Policy Guidelines:		
<ul style="list-style-type: none"> • Blood-Derived Products for Chronic Non-Healing Wounds (NCD 270.3) • Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1) • Hyperbaric Oxygen Therapy (NCD 20.29) • Infrared Therapy Devices (NCD 270.6) • Negative Pressure Wound Therapy Pumps • Noncontact Normothermic Wound Therapy (NNWT) (NCD 270.2) • Porcine Skin and Gradient Pressure Dressings (NCD 270.5) 		

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The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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I. COVERAGE

Coverage Statement: Wound and ulcer treatments are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. **Skin Substitutes** – See [Attachment A](#) for coverage guidelines.

2. **Electrical Stimulation (ES) Or Electromagnetic Therapy**

Electrical Stimulation is the application of electrical current through the electrodes placed directly on the skin in close proximity to the wound. Electrical stimulation uses electrical current applied through electrodes, which are placed directly on the skin close to the wound. While Electromagnetic Therapy is the application of pulsed magnetic field to induce current.

The use of ES and electromagnetic therapy for the treatment of wounds are considered adjunctive therapies, and will only be covered for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers. *For coverage guidelines; see the [NCD for Electrical Stimulation \(ES\) and Electromagnetic Therapy for the Treatment of Wounds \(270.1\)](#). (Accessed March 3, 2020)*

3. **Hyperbaric Oxygen**

For purposes of coverage under Medicare, hyperbaric oxygen (HBO) therapy is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure.

Hyperbaric oxygen is only covered as an adjunct to conventional therapy for patients who meet the coverage criteria. (*Note: Topical application of oxygen does not meet the definition of HBO therapy. Its clinical efficacy has not been established, therefore, not covered.*)

Refer to the [Coverage Summary for Hyperbaric Oxygen Therapy](#). Also see the [NCD for Hyperbaric Oxygen Therapy \(20.29\)](#). (Accessed March 3, 2020)

4. **Negative Pressure Wound Therapy (NPWT) (HCPCS codes E2402, A6550 and A7000)**

- Medicare does not have a National Coverage Determination (NCD) for Negative Pressure Wound Therapy (NPWT).
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the DME MAC [LCD for Negative Pressure Wound Therapy Pumps \(L33821\)](#).
- **Committee approval date: March 17, 2020**
- Accessed September 18, 2020

5. **Wound Care Suction Device, Non-electric Powered, Disposable (e.g., Spiracur SNaP) (HCPCS code A9272)**

- Medicare does not have a National Coverage Determination (NCD) for wound care suction devices.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the DME MAC [LCD for Suction Pumps \(L33612\)](#).
- **Committee approval date: March 17, 2020**
- Accessed September 18, 2020

Food and Drug Administration (FDA) Information:

As described by the Food and Drug Administration (FDA), the SNaP Wound Care System is a non-powered, portable, single-use suction device intended for wound management via application of negative pressure to the wound for removal of fluids, including wound exudate, irrigation fluids, and infectious materials. The SNaP Wound Care System is designed to provide active wound treatment through the removal of excess exudates, infectious material and tissue debris. The SNaP Wound Care System is indicated for removal of small amounts of exudate from chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic or pressure), surgically closed incisions, flaps and grafts. The SNaP Wound Care System utilizes dedicated constant-force springs to mechanically generate the negative pressure gradient.

The FDA info and approval can be accessed at

http://www.accessdata.fda.gov/cdrh_docs/pdf11/K113032.pdf. (Accessed March 4, 2020)

For guidelines for Wound Care Suction Pump Therapy (CPT codes 97607 & 97608), refer to [Guideline 6](#) below.

6. Wound Care Suction Pump Therapy (CPT codes 97605, 97606, 97607 and 97608)

Notes:

- *CPT codes 97607 & 97608 refer to all disposable Negative Pressure Wound Therapy (dNPWT) devices and are not specific to the Spiracur SNaP Wound Care System. These codes apply to any equivalent product. If a dNPWT device/product is used that meets the same specifications as the Spiracur SNaP Wound Care System, but is a different product, the product name should be identified.*
- *CPT codes 97605 and 97606 refer to traditional Negative Pressure Wound Therapy (tNPWT) devices.*

For guidelines for Non-electric Powered, Disposable Wound Care Suction Device (HCPCS code A9272), refer to [Guideline 5](#) above.

- *Medicare does not have a National Coverage Determination (NCD) for wound care suction pump therapy.*
- *Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid \(Attachment B\)](#).*
- **Committee approval date: March 17, 2020**
- *Accessed September 18, 2020*

7. Blood-derived Products for Chronic Non-Healing Wound

Blood-derived products for wound healing are not covered. Examples include, but are not limited to:

- a. Platelet-derived wound-healing formulas
- b. Autologous platelet-derived growth factor (PDGF)
- c. Autologous platelet-rich plasma (PRP)
- d. Becaplermin, a non-autologous growth factor

Note: The routine cost in Federally sponsored or approved clinical trials assessing the efficacy of autologous PRP in treating chronic, non-healing cutaneous wounds are covered by Medicare.

See the [NCD for Blood Derived Products for Chronic Non-Healing Wounds \(270.3\)](#). (Accessed March 4, 2020)

The list of Medicare approved clinical trials is available at

<https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Autologous->

[Platelet-rich-Plasma](#). (Accessed March 4, 2020)

For payment rules for NCDs requiring CED, see the [Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials](#).

8. **Non-contact Normothermic Wound Therapy**

Non-contact Normothermic Wound Therapy uses a device reported to promote wound healing by warming a wound to a predetermined temperature. The device consists of a non-contact wound cover into which a flexible, battery powered, infrared heating card is inserted.

Non-contact normothermic wound therapy is not covered. There is insufficient scientific or clinical evidence to consider this device as reasonable and necessary for the treatment of wounds.

See the [NCD for Non-contact Normothermic Wound Therapy \(NNWT\) \(270.2\)](#). (Accessed March 4, 2020)

9. **Infrared Therapy Devices**

The use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy (MIRE), is not covered for the treatment, including symptoms such as pain arising from these conditions, of diabetic and/or non-diabetic peripheral sensory neuropathy, wounds and/or ulcers of skin and/or subcutaneous tissues.

See the [NCD for Infrared Therapy Devices \(270.6\)](#). (Accessed March 4, 2020)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. See the DME MAC [LCD for Infrared Heating Pad Systems \(L33825\)](#). (Accessed September 18, 2020)

Also see the [Coverage Summary for Skin Treatment, Services and Procedures](#).

II. DEFINITIONS

None

III. REFERENCES

See above

IV. REVISION HISTORY

03/17/2020 **Guideline 5 [Wound Care Suction Device, Non-electric Powered, Disposable (e.g., Spiracur SNaP) (HCPCS code A9272)]**

- Removed reference link to the Local Coverage Determination (LCD) for *Negative Pressure Wound Therapy Pumps (L33821)*
- Replaced detailed coverage guidelines with a reference link to the LCD for *Suction Cups (L33612)*

Attachments

- Updated *Attachment A: Guideline 1 – Skin Substitutes*; replaced reference to “MCG™ Care Guidelines, 23rd edition, 2019” with “MCG™ Care Guidelines, 24th edition, 2020”

V. ATTACHMENTS

Attachment A

Guideline 1 – Skin Substitutes

UMBIC Approval Date: March 17, 2020

Accessed Date: September 18, 2020

(IMPORTANT NOTE: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy for coverage guidelines.)

HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
C5271	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
C5272	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
C5273	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
C5274	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
C5275	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
C5276	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
C5277	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
C5278	Low cost skin substitute app	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
Q4100	Skin substitute, nos	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4101	Apligraf	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
Q4102	Oasis wound matrix	Novitas L35041	Novitas L35041

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		(A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	(A54117)
Q4103	Oasis burn matrix	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	Novitas L35041 (A54117)
Q4104	Integra bmwd	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	Novitas L35041 (A54117)
Q4105	Integra drt or omnigraft	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	Novitas L35041 (A54117)
Q4106	Dermagraft	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	MCG™ Care Guidelines, 24 th edition, 2020, Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) (click here to view the MCG™ Care Guidelines)
Q4107	Graftjacket	Novitas L35041 (A54117) CGS	Novitas L35041 (A54117)

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		L36690 (A56696) First Coast L36377 (A57680)	
Q4108	Integra matrix	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	Novitas L35041 (A54117)
Q4110	PriMatrix, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4111	GammaGraft, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4112	Cymetra, injectable, 1 cc	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4114	Integra flowable wound matrix, injectable, 1 cc	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4115	AlloSkin, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		First Coast L36377 (A57680)	
Q4117	HYALOMATRIX, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4118	MatriStem micromatrix, 1 mg	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4121	TheraSkin, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4122	DermACELL, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4123	AlloSkin RT, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		(A57680)	
Q4124	Oasis tri-layer wound matrix	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	Novitas L35041 (A54117)
Q4125	Arthroflex, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4127	Talymed, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4128	Flexhd/allopatchhd/matrixhd	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	Novitas L35041 (A54117)
Q4130	Strattice™, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4132	Grafix Core and GrafixPL Core, per sq cm	Novitas L35041 (A54117) CGS	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4134	HMATRIX, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4135	Mediskin, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4136	Ez-derm, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4138	BioDFence DryFlex, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4140	BioDFence, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4141	AlloSkin AC, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4142	Xcm biologic tissue matrix, per sq cm	First Coast L36377	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		(A57680)	
Q4143	Repriza, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4145	EpiFix, injectable, 1 mg	CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4146	Tensix, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4149	Excellagen, 0.1 cc	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
Q4150	AlloWrap DS or dry, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4151	AmnioBand or Guardian, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4152	DermaPure, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4153	Dermavest and Plurivest, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4154	Biovance, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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		First Coast L36377 (A57680)	
Q4155	Neox Flo or Clarix Flo 1 mg	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4156	Neox 100 or Clarix 100, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4157	Revitalon, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4158	Kerecis Omega3, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4159	Affinity, per sq cm	Novitas L35041 (A54117) CGS L36690	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		(A56696) First Coast L36377 (A57680)	
Q4160	Nushield, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4161	Bio-connekt wound matrix, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4163	WoundEx, BioSkin, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4164	Helicoll, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		L36377 (A57680)	
Q4165	Keramatrix, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4166	Cyral, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4167	Truskin, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4168	Amnioband, 1 mg	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4169	Artacent wound, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4170	Cygnus, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
Q4171	Interfyl, 1 mg	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4173	Palingen or palingen xplus, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4175	Miroderm, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4176	Neopatch, per sq cm	Novitas L35041 (A54117) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
Q4177	Floweramnioflo, 0.1 cc	CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4178	Floweramniopatch, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4179	Flowerderm, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4180	Revita, per sq cm	Novitas L35041 (A54117) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4181	Amnio wound, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4182	Transcyte, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4183	Surgigraft, per sq cm	Novitas L35041 (A54117) Noridian A56155 A56156 First Coast L36377	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		(A57680)	
Q4184	Cellesta, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4186	Epifix, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4187	Epicord, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4188	AmnioArmor, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) Noridian A56155 A56156 First Coast	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		L36377 (A57680)	
Q4189	Artacent AC, 1 mg	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4190	Artacent AC, per sq cm	Novitas L35041 (A54117) Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4191	Restorigin, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4192	Restorigin, 1 cc	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4193	Coll-e-Derm, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4194	Novachor, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4195	PuraPly, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
Q4196	PuraPly AM, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4197	PuraPly XT, per sq cm	CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4198	Genesis Amniotic Membrane, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4200	SkinTE, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4201	Matrion, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4202	Keroxx (2.5 g/cc), 1 cc	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4203	Derma-Gide, per sq cm	Novitas L35041 (A54117) CGS L36690 (A56696) First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4204	XWRAP, per sq cm	Noridian A56155 A56156 First Coast L36377	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		(A57680)	
Q4205	Membrane graft or membrane wrap, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4206	Fluid Flow or Fluid GF, 1 cc	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4208	Novafix, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4209	SurGraft, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4212	AlloGen, per cc	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4213	Ascent, 0.5 mg	Noridian A56155 A56156 First Coast	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
		L36377 (A57680)	
Q4214	Cellesta Cord, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4216	Artacent Cord, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4218	SurgiCORD, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4219	SurgiGRAFT-DUAL, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4220	BellaCell HD or Surederm, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4221	Amnio Wrap2, per sq cm	Noridian A56155 A56156 First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

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HCPCS Code	Code Description	Available LCDs/LCAs (MAC and States/Territories)	Default Policy for states/territories with no LCDs/LCAs
Q4222	ProgenaMatrix, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	First Coast L36377 (A57680)	UnitedHealthcare Commercial Medical Policy for Skin and Soft Tissue Substitutes

End of Attachment A

Attachment B – LCD/LCA Availability Grid

Wound Care Suction Pump Therapy

CMS website accessed September 18, 2020

ID#	Title	Contractor Type	Contractor	States/Territories
L34049 (A57067)	Outpatient Physical and Occupational Therapy Services	A and B MAC	CGS Administrators, LLC	KY, OH
L37166 (A55818)	Wound Care	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33631 (A56566)	Outpatient Physical and Occupational Therapy Services	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35125 (A53001)	Wound Care	A and B MAC	Novitas Solutions, Inc	AR, CO, LA, MS, NM, OK, TX DE, DC, MD, NJ, PA
L37228 (A55909)	Wound Care	MAC Part A	Wisconsin Physicians Service Insurance Corporation	AK, AL, AR*, AZ, CA, CO*, CT*, DE*, FL*, GA, HI, IA, ID, IL*, IN, KS, KY*, LA*, MA*, MD, ME*, MI, MO, MS*, MT, NC, ND, NE*, NH*, NJ*, NM*, NV, OH*, OK*, OR, PA*, RI*, SC, SD, TN, TX, UT, VA, VT*, WA, WI*, WV, WY <i>(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)</i>
L37228 (A55909)	Wound Care	MAC Part B	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

End of Attachment B

Addendum – Attachment A

Part A and B MACs and States/Territories

Palmetto	AL, GA, NC, SC, TN, VA, WV	<Back to
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**Addendum – Attachment A
Part A and B MACs and States/Territories**

Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	Attachment A>
Noridian	AS, CA, HI, MP, NV	
CGS	KY, OH	
Wisconsin	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	
Novitas	AR, CO, DE, LA, MD, MS, NJ, NM, OK, PA, TX	
First Coast	FL, PR, VI	
NGS	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI	