

Skin and Soft Tissue Substitutes (for North Carolina Only)

Policy Number: CSNCT0592.03
Effective Date: March 1, 2022

[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Breast Reconstruction Post Mastectomy and Poland Syndrome (for North Carolina) Prolotherapy and Platelet Rich Plasma Therapies (for North Carolina)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

Skin and soft tissue substitutes are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Burn Treatment and Skin Substitutes, 1G-2. Skin Substitutes](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Q4101	Apligraf, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWWD), per sq cm
Q4106	Dermagraft, per sq cm
Q4116	AlloDerm, per sq cm
Q4121	TheraSkin, per sq cm
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm
Q4132	Grafix Core and GrafixPL Core, per sq cm
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm
Q4151	AmnioBand or Guardian, per sq cm

CPT Code	Description
Q4186	Epifix, per sq cm

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References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Skin Substitutes, No: 1G-2. [NC Medicaid: Skin Substitutes, 1G-2](#). Accessed November 4, 2021.

Policy History/Revision Information

Date	Summary of Changes
03/01/2022	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added HCPCS codes Q4128, Q4132, Q4133, and Q4151 <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CSNCT0592.02

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.