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Medical Policy Amniotic Membrane and Amniotic Fluid

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Policy Number: 643

BCBSA Reference Number: 7.01.149 (For Plan internal use only) NCD/LCD: N/A

Related Policies

- Bioengineered Skin and Soft Tissue Substitutes, #663
- Orthopedic Applications of Stem Cell Therapy, #254

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Members

Treatment of nonhealing* diabetic lower-extremity ulcers using the following human amniotic membrane products (ie, Affinity ®, AmnioBand ® Membrane, AmnioExcel ®,Biovance ®, EpiCord ®, Epifix ®, Grafix™) may be considered <u>MEDICALLY NECESSARY</u>.

*Nonhealing of diabetic wounds is defined as less than a 20% decrease in wound area with standard wound care for at least 2 weeks, based on the entry criteria for clinical trials.

Human amniotic membrane grafts with or without suture may be considered <u>MEDICALLY NECESSARY</u> for the treatment of the following ophthalmic indications:

- Neurotrophic keratitis with ocular surface damage and inflammation that does not respond to conservative therapy. Conservative therapy for neurotrophic keratitis may include 5 days of pressure patching, therapeutic contact lens, topical lubricants, and topical antibiotics.
- Corneal ulcers and melts that do not respond to initial conservative therapy. Conservative therapy for corneal ulcers and melts may include 2 days of patching, therapeutic contact lens, and topical antimicrobial agents.
- Corneal perforation when there is active inflammation after corneal transplant requiring adjunctive treatment;
- Bullous keratopathy as a palliative measure in individuals who are not candidates for curative treatment (eg, endothelial or penetrating keratoplasty);
- Partial limbal stem cell deficiency with extensive diseased tissue where selective removal alone is not sufficient;
- Moderate or severe Stevens-Johnson syndrome;

- Persistent epithelial defects that do not respond to conservative therapy. A persistent epithelial defect is one that failed to close completely after 5 days of conservative treatment or has failed to demonstrate a decrease in size after 2 days of conservative treatment. Conservative treatment of a persistent epithelial defect may include 5 days of the following: topical lubricants, topical antibiotics, therapeutic contact lens, or patching.
- Severe dry eye (DEWS 3 or 4)** with ocular surface damage and inflammation that remains symptomatic after Steps 1, 2, and 3 of the dry eye disease management algorithm*** or
- Moderate or severe acute ocular chemical burn.

Human amniotic membrane grafts with suture or glue may be considered **MEDICALLY NECESSARY** for the treatment of the following ophthalmic indications:

- Corneal perforation when corneal tissue is not immediately available; or
- Pterygium repair when there is insufficient healthy tissue to create a conjunctival autograft.

Human amniotic membrane grafts with or without suture are considered **INVESTIGATIONAL** for all ophthalmic indications not outlined above.

Injection of micronized or particulated human amniotic membrane is considered **INVESTIGATIONAL** for all indications, including but not limited to treatment of osteoarthritis and plantar fasciitis.

Injection of human amniotic fluid is considered **INVESTIGATIONAL** for all indications.

All other users reviewed herein of the other human amniotic products (eg, derived from amnion, chorion, amniotic fluid, umbilical cord, or Wharton's jelly) not listed above are considered **INVESTIGATIONAL**.

All other human amniotic products (e.g., derived from amnion, chorion, amniotic fluid, umbilical cord, or Wharton's jelly) including but not limited for indications not listed above are considered **INVESTIGATIONAL** for indications reviewed herein, including but not limited to treatment of lower-extremity ulcers due to venous insufficiency and repair following Mohs micrographic surgery.

** Dry eye severity level DEWS 3 to 4

 Discomfort, severity, and frequency - Severe frequent or constant

 Visual symptoms - chronic and/or constant, limiting to disabling

 Conjunctival Injection - +/- or +/+

 Conjunctive Staining - moderate to marked

 Corneal Staining - marked central or severe punctate erosions

 Corneal/tear signs - Filamentary keratitis, mucus clumping, increase in tear debris

 Lid/meibomian glands - Frequent

 Tear film breakup time - < 5</td>

 Schirmer score (mm/5 min) - < 5</td>

*** Tear Film and Ocular Surface Society staged management for dry eye disease

Step 1:

- Education regarding the condition, its management, treatment and prognosis
- Modification of local environment
- Education regarding potential dietary modifications (including oral essential fatty acid supplementation)
- Identification and potential modification/elimination of offending systemic and topical medications
- Ocular lubricants of various types (if meibomian gland dysfunction is present, then consider lipid containing supplements)
- Lid hygiene and warm compresses of various types

Step 2:

If above options are inadequate consider:

- · Non-preserved ocular lubricants to minimize preservative-induced toxicity
- Tea tree oil treatment for Demodex (if present)
- Tear conservation
- Punctal occlusion
- Moisture chamber spectacles/goggles
- Overnight treatments (such as ointment or moisture chamber devices)
- In-office, physical heating and expression of the meibomian glands
- In-office intense pulsed light therapy for meibomian gland dysfunction
- Prescription drugs to manage dry eye disease
- Topical antibiotic or antibiotic/steroid combination applied to the lid margins for anterior blepharitis (if present)
- Topical corticosteroid (limited duration)
- Topical secretagogues
- Topical non-glucocorticoid immunomodulatory drugs (such as cyclosporine)
- Topical LFA-1 antagonist drugs (such as lifitegrast)
- Oral macrolide or tetracycline antibiotics

Step 3:

If above options are inadequate consider:

- Oral secretagogues
- Autologous/allogeneic serum eye drops
- Therapeutic contact lens options
- Soft bandage lenses
- Rigid scleral lenses

Step 4:

If above options are inadequate consider:

- Topical corticosteroid for longer duration
- Amniotic membrane grafts
- Surgical punctal occlusion
- Other surgical approaches (eg tarsorrhaphy, salivary gland transplantation)

Prior Authorization Information

Inpatient

 For services described in this policy, precertification/preauthorization <u>IS REQUIRED</u> for all products if the procedure is performed <u>inpatient</u>.

Outpatient

• For services described in this policy, see below for products where prior authorization <u>might be</u> <u>required</u> if the procedure is performed <u>outpatient</u>.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO Blue sM	Prior authorization is not required .
Medicare PPO Blue sm	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code 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 as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above <u>medical necessity criteria MUST</u> be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

HCPCS	
codes:	Code Description
Q4132	Grafix core and grafixpl core, per square centimeter
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter
Q4151	Amnioband or guardian, per square centimeter
Q4154	Biovance, per square centimeter
Q4159	Affinity, per square centimeter
Q4168	Amnioband, 1 mg
Q4186	Epifix, per square centimeter
Q4187	Epicord, per sq cm

HCPCS Codes

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if <u>medical necessity criteria</u> are met:

ICD-10 Diagnosis Coding

ICD-10-CM-	Code Description
diagnosis	
codes:	
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer

The above <u>medical necessity criteria MUST</u> be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if <u>medical necessity criteria</u> are met:

ICD-10 Diagnosis Coding

ICD-10-CM-	Code Description
diagnosis	
codes:	
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.129	Dry eye syndrome of unspecified lacrimal gland
H11.001	Unspecified pterygium of right eye
H11.002	Unspecified pterygium of left eye
H11.003	Unspecified pterygium of eye, bilateral
H11.009	Unspecified pterygium of unspecified eye
H11.011	Amyloid pterygium of right eye
H11.012	Amyloid pterygium of left eye
H11.013	Amyloid pterygium of eye, bilateral
H11.019	Amyloid pterygium of unspecified eye
H11.021	Central pterygium of right eye
H11.022	Central pterygium of left eye
H11.023	Central pterygium of eye, bilateral
H11.029	Central pterygium of unspecified eye
H11.031	Double pterygium of right eye
H11.032	Double pterygium of left eye
H11.033	Double pterygium of eye, bilateral
H11.039	Double pterygium of unspecified eye
H11.041	Peripheral pterygium, stationary, right eye
H11.042	Peripheral pterygium, stationary, left eye
H11.043	Peripheral pterygium, stationary, bilateral
H11.049	Peripheral pterygium, stationary, unspecified eye
H11.051	Peripheral pterygium, progressive, right eye
H11.052	Peripheral pterygium, progressive, left eye
H11.053	Peripheral pterygium, progressive, bilateral
H11.059	Peripheral pterygium, progressive, unspecified eye
H11.061	Recurrent pterygium of right eye
H11.062	Recurrent pterygium of left eye
H11.063	Recurrent pterygium of eye, bilateral
H11.069	Recurrent pterygium of unspecified eye
H16.001	Unspecified corneal ulcer, right eye
H16.002	Unspecified corneal ulcer, left eye
H16.003	Unspecified corneal ulcer, bilateral
H16.009	Unspecified corneal ulcer, unspecified eye
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	
H16.019	Central corneal ulcer, unspecified eye
H16.021	Ring corneal licer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	King corneal ulcer, bilateral
H16.029	King comeal ulcer, unspecified eye
H16.031	Corneal ulcer with hypopyon, right eye
H16.032	Corneal ulcer with hypopyon, left eye
H16.033	Corneal ulcer with hypopyon, bilateral
	Correat uicer with hypopyon, unspecified eye
	Marginal corneal ulcer, leit eye
110.043	i waryinar comear ucer, bilaterar

H16.049	Marginal corneal ulcer, unspecified eye
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral
H16.059	Mooren's corneal ulcer, unspecified eye
H16.061	Mycotic corneal ulcer, right eye
H16.062	Mycotic corneal ulcer, left eye
H16.063	Mycotic corneal ulcer, bilateral
H16.069	Mycotic corneal ulcer, unspecified eye
H16.071	Perforated corneal ulcer, right eye
H16.072	Perforated corneal ulcer, left eye
H16.073	Perforated corneal ulcer, bilateral
H16.079	Perforated corneal ulcer, unspecified eye
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H16.239	Neurotrophic keratoconjunctivitis, unspecified eye
H18.10	Bullous keratopathy, unspecified eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.831	Recurrent erosion of cornea, right eye
H18.832	Recurrent erosion of cornea, left eye
H18.833	Recurrent erosion of cornea, bilateral
H18.839	Recurrent erosion of cornea, unspecified eye
L51.1	Stevens-Johnson syndrome
T26.50XA	Corrosion of unspecified eyelid and periocular area, initial encounter
T26.50XD	Corrosion of unspecified eyelid and periocular area, subsequent encounter
T26.50XS	Corrosion of unspecified eyelid and periocular area, sequela
T26.51XA	Corrosion of right eyelid and periocular area, initial encounter
T26.51XD	Corrosion of right eyelid and periocular area, subsequent encounter
126.51XS	Corrosion of right eyelid and periocular area, sequela
126.52XA	Corrosion of left eyelid and periocular area, initial encounter
126.52XD	Corrosion of left evelid and periocular area, subsequent encounter
120.5285	Corresion of ferree and environmentative and unapositive and one initial encounter
120.00XA	Corresion of comea and conjunctival sac, unspecified eye, initial encounter
	Corresion of comea and conjunctival sac, unspecified eye, subsequent encounter
120.00XA	Corresion of comea and conjunctival sac, unspecified eye, sequeia
120.01AA	Corresion of corres and conjunctival sac, right eye, initial encounter
T20.01AD	Corresion of comea and conjunctival sac, right eye, subsequent encounter
T20.01A3	Corresion of cornea and conjunctival sac, light eye, sequela
T26.62XD	Corresion of comea and conjunctival sac, left eye, subsequent encounter
T26.62XS	Corresion of comea and conjunctival sac, left eye, subsequent encounter
T26.02X8	Corresion with resulting runture and destruction of unspecified evenall, initial encounter
T26.70XA	Corrosion with resulting rupture and destruction of unspecified eyeball, initial encounter
120.7070	encounter
T26.70XS	Corrosion with resulting rupture and destruction of unspecified eveball, seguela
T26.71XA	Corrosion with resulting rupture and destruction of right eveball, initial encounter
T26.71XD	Corrosion with resulting rupture and destruction of right eyeball, subsequent encounter
T26.71XS	Corrosion with resulting rupture and destruction of right eyeball, sequela
T26.72XA	Corrosion with resulting rupture and destruction of left eveball, initial encounter
T26.72XD	Corrosion with resulting rupture and destruction of left eveball, subsequent encounter
T26.72XS	Corrosion with resulting rupture and destruction of left eveball. sequela
T26.80XA	Corrosions of other specified parts of unspecified eye and adnexa, initial encounter

T26.80XD	Corrosions of other specified parts of unspecified eve and adnexa, subsequent
	encounter
T26.80XS	Corrosions of other specified parts of unspecified eye and adnexa, sequela
T26.81XA	Corrosions of other specified parts of right eye and adnexa, initial encounter
T26.81XD	Corrosions of other specified parts of right eye and adnexa, subsequent encounter
T26.81XS	Corrosions of other specified parts of right eye and adnexa, sequela
T26.82XA	Corrosions of other specified parts of left eye and adnexa, initial encounter
T26.82XD	Corrosions of other specified parts of left eye and adnexa, subsequent encounter
T26.82XS	Corrosions of other specified parts of left eye and adnexa, sequela
T26.90XA	Corrosion of unspecified eye and adnexa, part unspecified, initial encounter
T26.90XD	Corrosion of unspecified eye and adnexa, part unspecified, subsequent encounter
T26.90XS	Corrosion of unspecified eye and adnexa, part unspecified, sequela
T26.91XA	Corrosion of right eye and adnexa, part unspecified, initial encounter
T26.91XD	Corrosion of right eye and adnexa, part unspecified, subsequent encounter
T26.91XS	Corrosion of right eye and adnexa, part unspecified, sequela
T26.92XA	Corrosion of left eye and adnexa, part unspecified, initial encounter
T26.92XD	Corrosion of left eye and adnexa, part unspecified, subsequent encounter
T26.92XS	Corrosion of left eye and adnexa, part unspecified, sequela

The above <u>medical necessity criteria MUST</u> be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

01100000	
CPT codes:	Code Description
65778	Placement of amniotic membrane on the ocular surface; without sutures

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if <u>medical necessity criteria</u> are met:

ICD-10 Diagnosis Coding

ICD-10-CM-	Code Description
diagnosis	
codes:	
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.129	Dry eye syndrome of unspecified lacrimal gland
H16.001	Unspecified corneal ulcer, right eye
H16.002	Unspecified corneal ulcer, left eye
H16.003	Unspecified corneal ulcer, bilateral
H16.009	Unspecified corneal ulcer, unspecified eye
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	Central corneal ulcer, bilateral
H16.019	Central corneal ulcer, unspecified eye
H16.021	Ring corneal ulcer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	Ring corneal ulcer, bilateral
H16.029	Ring corneal ulcer, unspecified eye
H16.031	Corneal ulcer with hypopyon, right eye
H16.032	Corneal ulcer with hypopyon, left eye

H16.033	Corneal ulcer with hypopyon, bilateral
H16.039	Corneal ulcer with hypopyon, unspecified eye
H16.041	Marginal corneal ulcer, right eye
H16.042	Marginal corneal ulcer, left eye
H16.043	Marginal corneal ulcer, bilateral
H16.049	Marginal corneal ulcer, unspecified eye
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral
H16.059	Mooren's corneal ulcer, unspecified eye
H16.061	Mycotic corneal ulcer, right eye
H16.062	Mycotic corneal ulcer, left eye
H16.063	Mycotic corneal ulcer, bilateral
H16.069	Mycotic corneal ulcer, unspecified eye
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H16.239	Neurotrophic keratoconjunctivitis, unspecified eye
H18.10	Bullous keratopathy, unspecified eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.831	Recurrent erosion of cornea, right eye
H18.832	Recurrent erosion of cornea, left eye
H18.833	Recurrent erosion of cornea, bilateral
H18.839	Recurrent erosion of cornea, unspecified eye
L51.1	Stevens-Johnson syndrome
T26.50XA	Corrosion of unspecified eyelid and periocular area, initial encounter
T26.50XD	Corrosion of unspecified eyelid and periocular area, subsequent encounter
T26.50XS	Corrosion of unspecified eyelid and periocular area, sequela
T26.51XA	Corrosion of right eyelid and periocular area, initial encounter
T26.51XD	Corrosion of right eyelid and periocular area, subsequent encounter
T26.51XS	Corrosion of right eyelid and periocular area, sequela
126.52XA	Corrosion of left eyelid and periocular area, initial encounter
126.52XD	Corrosion of left eyelid and periocular area, subsequent encounter
126.52XS	Corrosion of left eyelid and periocular area, sequela
126.60XA	Corrosion of cornea and conjunctival sac, unspecified eye, initial encounter
126.60XD	Corrosion of cornea and conjunctival sac, unspecified eye, subsequent encounter
126.60XA	Corrosion of cornea and conjunctival sac, unspecified eye, sequela
126.61XA	Corrosion of cornea and conjunctival sac, right eye, initial encounter
126.61XD	Corrosion of cornea and conjunctival sac, right eye, subsequent encounter
126.6185	Corrosion of cornea and conjunctival sac, right eye, sequeia
126.62XA	Corrosion of cornea and conjunctival sac, left eye, initial encounter
120.02XD	Corresion of comea and conjunctival sac, left eye, subsequent encounter
120.0285	Corresion of comea and conjunctival sac, left eye, sequela
126.70XA	Corresion with resulting rupture and destruction of unspecified eyeball, initial encounter
126.70XD	encounter
T26.70XS	Corrosion with resulting rupture and destruction of unspecified eyeball, sequela
T26.71XA	Corrosion with resulting rupture and destruction of right eyeball, initial encounter
T26.71XD	Corrosion with resulting rupture and destruction of right eyeball, subsequent encounter
T26.71XS	Corrosion with resulting rupture and destruction of right eyeball, sequela
T26.72XA	Corrosion with resulting rupture and destruction of left eyeball, initial encounter
T26.72XD	Corrosion with resulting rupture and destruction of left eyeball, subsequent encounter
T26.72XS	Corrosion with resulting rupture and destruction of left eyeball, sequela

T26.80XA	Corrosions of other specified parts of unspecified eye and adnexa, initial encounter
T26.80XD	Corrosions of other specified parts of unspecified eye and adnexa, subsequent
	encounter
T26.80XS	Corrosions of other specified parts of unspecified eye and adnexa, sequela
T26.81XA	Corrosions of other specified parts of right eye and adnexa, initial encounter
T26.81XD	Corrosions of other specified parts of right eye and adnexa, subsequent encounter
T26.81XS	Corrosions of other specified parts of right eye and adnexa, sequela
T26.82XA	Corrosions of other specified parts of left eye and adnexa, initial encounter
T26.82XD	Corrosions of other specified parts of left eye and adnexa, subsequent encounter
T26.82XS	Corrosions of other specified parts of left eye and adnexa, sequela
T26.90XA	Corrosion of unspecified eye and adnexa, part unspecified, initial encounter
T26.90XD	Corrosion of unspecified eye and adnexa, part unspecified, subsequent encounter
T26.90XS	Corrosion of unspecified eye and adnexa, part unspecified, sequela
T26.91XA	Corrosion of right eye and adnexa, part unspecified, initial encounter
T26.91XD	Corrosion of right eye and adnexa, part unspecified, subsequent encounter
T26.91XS	Corrosion of right eye and adnexa, part unspecified, sequela
T26.92XA	Corrosion of left eye and adnexa, part unspecified, initial encounter
T26.92XD	Corrosion of left eye and adnexa, part unspecified, subsequent encounter
T26.92XS	Corrosion of left eye and adnexa, part unspecified, sequela

The following HCPCS codes are considered investigational for <u>Commercial Members: Managed</u> <u>Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:</u>

HCPCS Codes

HCPCS	
codes:	Code Description
A2001	Innovamatrix ac, per square centimeter
A2013	Innovamatrix fs, per square centimeter
A2035	Corplex p or theracor p or allacor p, per milligram
Q4138	Biodfence dryflex, per square centimeter
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc
Q4140	Biodfence, per square centimeter
Q4145	EpiFix, injectable, 1 mg
Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter
Q4150	Allowrap ds or dry, per square centimeter
Q4153	Dermavest and plurivest, per square centimeter
Q4155	NeoxFlo or ClarixFlo, 1 mg
Q4156	Neox 100 or clarix 100, per square centimeter
Q4157	Revitalon, per sq cm
Q4158	Kerecis omega3, per square centimeter
Q4160	Nushield, per square centimeter
Q4162	Woundex flow, bioskin flow, 0.5 cc
Q4163	Woundex, bioskin, per square centimeter
Q4169	Artacent wound, per square centimeter
Q4170	Cygnus, per square centimeter
Q4171	Interfyl, 1 mg
Q4173	Palingen or palingen xplus, per square centimeter
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc
Q4176	Neopatch, per square centimeter
Q4177	Floweramnioflo, 0.1 cc

Q4178	Floweramniopatch, per square centimeter
Q4179	Flowerderm, per square centimeter
Q4180	Revita, per square centimeter
Q4181	Amnio Wound, per sq cm
Q4183	Surgigraft, per square centimeter
Q4184	Cellesta or cellesta duo, per square centimeter
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc
Q4188	Amnioarmor, per square centimeter
Q4189	Artacent ac 1 mg
Q4190	Artacent ac, per square centimeter
Q4191	Restorigin, per square centimeter
Q4192	Restorigin, 1 cc
Q4194	Novachor, per square centimeter
Q4198	Genesis ampietic membrane, per square centimeter
04199	
04201	Matrian, per square centimeter
04204	
Q4204	Awrap, per square centimeter
Q4205	Fluid flow or fluid GE 1 co
04208	Novafix, per square centimeter
04200	Surgraft, per square centimeter
04211	Ampion bio or Axobiomembrane, per square centimeter
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta cord, per square centimeter
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg
Q4216	Artacent cord, per square centimeter
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound
	Xplus, per square centimeter
Q4218	Surgicord, per square centimeter
Q4219	Surgigraft-dual, per square centimeter
Q4221	Amniowrap2, per square centimeter
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter
Q4225	Amniobind or dermabind tl, per square centimeter
Q4227	Amniocore, per square centimeter
Q4229	Cogenex amniotic membrane, per square centimeter.
Q4230	Cogenex flowable amnion, per 0.5 cc
Q4232	Corplex, per square centimeter
Q4233	Suffactor of Nudyri, per 0.5 cc.
04234	Ampioranair or altiply, per square centimeter
04235	Carenatch, per square centimeter
04237	Cryo-cord per square centimeter
04238	Derm-maxx, per square centimeter
Q4239	Amnio-maxx or Amnio-maxx lite, per square centimeter
Q4240	Corecyte, for topical use only, per 0.5 cc
Q4241	Polycyte, for topical use only, per 0.5 cc
Q4242	Amniocvte plus, per 0.5 cc
Q4245	Amniotext, per cc

Q4246	Coretext or Protext, per cc
Q4247	Amniotext patch, per square centimeter
Q4248	Dermacyte Amniotic Membrane Allograft, per square centimeter
Q4249	Amniply, for topical use only, per square centimeter
Q4250	Amnioamp-mp, per square centimeter
Q4251	Vim, per square centimeter
Q4252	Vendaje, per square centimeter
Q4253	Zenith amniotic membrane, per square centimeter
Q4254	Novafix dl, per square centimeter
Q4255	Reguard, for topical use only, per square centimeter
Q4256	Mlg-complete, per square centimeter
Q4257	Relese, per square centimeter
Q4258	Enverse, per square centimeter
Q4259	Celera dual layer or celera dual membrane, per square centimeter
Q4260	Signature apatch, per square centimeter
Q4261	Tag, per square centimeter
Q4262	Dual layer impax membrane, per square centimeter
Q4263	Surgraft tl, per square centimeter
Q4264	Cocoon membrane, per square centimeter
Q4265	Neostim tl, per square centimeter
Q4266	Neostim membrane, per square centimeter
Q4267	Neostim dl, per square centimeter
Q4268	Surgraft ft, per square centimeter
Q4269	Surgraft xt, per square centimeter
Q4270	Complete sl, per square centimeter
Q4271	Complete ft, per square centimeter
Q4272	Esano a, per square centimeter
Q4273	Esano aaa, per square centimeter
Q4274	Esano ac, per square centimeter
Q4275	Esano aca, per square centimeter
Q4276	Orion, per square centimeter
Q4278	Epieffect, per square centimeter
Q4279	Vendaje ac, per square centimeter
Q4280	Xcell amnio matrix, per square centimeter
Q4281	Barrera sl or barrera dl, per square centimeter
Q4282	Cygnus dual, per square centimeter
Q4283	Biovance tri-layer or biovance 3I, per square centimeter
Q4284	Dermabind sl, per square centimeter
Q4285	Nudyn dl or nudyn dl mesh, per square centimeter
Q4286	Nudyn sl or nudyn slw, per square centimeter
Q4287	Dermabind dl, per square centimeter
Q4288	Dermabind ch, per square centimeter
Q4289	Revoshield + amniotic barrier, per square centimeter
Q4290	Membrane wrap-hydro, per square centimeter
Q4291	Lamellas xt, per square centimeter
Q4292	Lamellas, per square centimeter
Q4293	Acesso dl, per square centimeter
Q4294	Amnio quad-core, per square centimeter
Q4295	Amnio tri-core amniotic, per square centimeter
Q4296	Rebound matrix, per square centimeter
Q4297	Emerge matrix, per square centimeter

Q4298	Amniocore pro, per square centimeter
Q4299	Amnicore pro+, per square centimeter
Q4300	Acesso tl, per square centimeter
Q4301	Activate matrix, per square centimeter
Q4302	Complete aca, per square centimeter
Q4303	Complete aa, per square centimeter
Q4304	Grafix plus, per square centimeter
Q4305	American amnion ac tri-layer, per square centimeter
Q4306	American amnion ac, per square centimeter
Q4307	American amnion, per square centimeter
Q4308	Sanopellis, per square centimeter
Q4309	Via matrix, per square centimeter
Q4310	Procenta, per 100 mg
Q4311	Acesso, per square centimeter
Q4312	Acesso ac. per square centimeter
Q4313	Dermabind fm. per square centimeter
Q4314	Reeva ft, per square cenitmeter
Q4315	Regenelink amniotic membrane allograft, per square centimeter
Q4316	Amchoplast, per square centimeter
Q4317	Vitograft, per square centimeter
Q4318	F-graft per square centimeter
Q4319	Sanograft, per square centimeter
Q4320	Pellograft, per square centimeter
Q4321	Renograft per square centimeter
Q4322	Caregraft, per square centimeter
Q4323	Alloply, per square centimeter
Q4324	Amniotx, per square centimeter
Q4325	Acapatch, per square centimeter
Q4326	Woundplus, per square centimeter
Q4327	Duoamnion, per square centimeter
Q4328	Most, per square centimeter
Q4329	Singlay, per square centimeter
Q4330	Total, per square centimeter
Q4331	Axolotl graft, per square centimeter
Q4332	Axolotl dualgraft, per square centimeter
Q4333	Ardeograft, per square centimeter
Q4334	Amnioplast 1, per square centimeter
Q4335	Amnioplast 2, per square centimeter
Q4336	Artacent c, per square centimeter
Q4337	Artacent trident, per square centimeter
Q4338	Artacent velos, per square centimeter
Q4339	Artacent vericlen, per square centimeter
Q4340	Simpligraft, per square centimeter
Q4341	Simplimax, per square centimeter
Q4342	Theramend, per square centimeter
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter
Q4344	Tri-membrane wrap, per square centimeter
Q4345	Matrix hd allograft dermis, per square centimeter
Q4346	Shelter dm matrix, per square centimeter
Q4347	Rampart dl matrix, per square centimeter
Q4348	Sentry sl matrix, per square centimeter

Q4349	Mantle dl matrix, per square centimeter
Q4350	Palisade dm matrix, per square centimeter
Q4351	Enclose tl matrix, per square centimeter
Q4352	Overlay sl matrix, per square centimeter
Q4353	Xceed tl matrix, per square centimeter
Q4354	Palingen dual-layer membrane, per square centimeter
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter
Q4357	Xwrap plus, per square centimeter
Q4358	Xwrap dual, per square centimeter
Q4359	Choriply, per square centimeter
Q4360	Amchoplast fd, per square centimeter
Q4361	Epixpress, per square centimeter
Q4362	Cygnus disk, per square centimeter
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter
Q4365	Amnio burgeon dual-layer membrane, per square centimeter
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter
Q4367	Amniocore sl, per square centimeter
Q4368	Amchothick, per square centimeter
Q4369	Amnioplast 3, per square centimeter
Q4370	Aeroguard, per square centimeter
Q4371	Neoguard, per square centimeter
Q4372	Amchoplast excel, per square centimeter
Q4373	Membrane wrap-lite, per square centimeter
Q4375	Duograft ac, per square centimeter
Q4376	Duograft aa, per square centimeter
Q4377	Trigraft ft, per square centimeter
Q4378	Renew ft matrix, per square centimeter
Q4379	Amniodefend ft matrix, per square centimeter
Q4380	Advograft one, per square centimeter
Q4382	Advograft dual, per square centimeter

Description

Human Amniotic Membrane

Human amniotic membrane (HAM) consists of 2 conjoined layers, the amnion, and chorion, and forms the innermost lining of the amniotic sac or placenta. When prepared for use as an allograft, the membrane is harvested immediately after birth, cleaned, sterilized, and either cryopreserved or dehydrated. Many products available using amnion, chorion, amniotic fluid, and umbilical cord are being studied for the treatment of a variety of conditions, including chronic full-thickness diabetic lower-extremity ulcers, venous ulcers, knee osteoarthritis, plantar fasciitis, and ophthalmic conditions. The products are formulated either as patches, which can be applied as wound covers, or as suspensions or particulates, or connective tissue extractions, which can be injected or applied topically.

Fresh amniotic membrane contains collagen, fibronectin, and hyaluronic acid, along with a combination of growth factors, cytokines, and anti-inflammatory proteins such as interleukin-1 receptor antagonist.¹ There is evidence that the tissue has anti-inflammatory, antifibroblastic, and antimicrobial properties. HAM is considered nonimmunogenic and has not been observed to cause a substantial immune response. It is believed that these properties are retained in cryopreserved HAM and HAM products, resulting in a readily available tissue with regenerative potential. In support, 1 HAM product has been shown to elute growth factors into saline and stimulate the migration of mesenchymal stem cells, both in vitro and in vivo.²

Use of a HAM graft, which is fixated by sutures, is an established treatment for disorders of the corneal surface, including neurotrophic keratitis, corneal ulcers and melts, following pterygium repair, Stevens-Johnson syndrome, and persistent epithelial defects. Amniotic membrane products that are inserted like a contact lens have more recently been investigated for the treatment of corneal and ocular surface disorders. Amniotic membrane patches are also being evaluated for the treatment of various other conditions, including skin wounds, burns, leg ulcers, and prevention of tissue adhesion in surgical procedures.¹ Additional indications studied in preclinical models include tendonitis, tendon repair, and nerve repair. The availability of HAM opens the possibility of regenerative medicine for an array of conditions.

Amniotic Fluid

Amniotic fluid surrounds the fetus during pregnancy and provides protection and nourishment. In the second half of gestation, most of the fluid is a result of micturition and secretion from the respiratory tract and gastrointestinal tract of the fetus, along with urea.¹ The fluid contains proteins, carbohydrates, peptides, fats, amino acids, enzymes, hormones, pigments, and fetal cells. Use of human and bovine amniotic fluid for orthopedic conditions was first reported in 1927.³ Amniotic fluid has been compared with synovial fluid, containing hyaluronan, lubricant, cholesterol, and cytokines. Injection of amniotic fluid or amniotic fluid derived cells is currently being evaluated for the treatment of osteoarthritis and plantar fasciitis.

Amniotic membrane and amniotic fluid are also being investigated as sources of pluripotent stem cells.¹ Pluripotent stem cells can be cultured and are capable of differentiation toward any cell type. The use of stem cells in orthopedic applications is addressed in policy #254.

Summary

Description

Several commercially available forms of human amniotic membrane (HAM) and amniotic fluid can be administered by patches, topical application, or injection. Amniotic membrane and amniotic fluid are being evaluated for the treatment of a variety of conditions, including chronic full-thickness diabetic lower-extremity ulcers, venous ulcers, knee osteoarthritis, plantar fasciitis, and ophthalmic conditions.

Summary of Evidence

Diabetic Lower-Extremity Ulcers

For individuals who have non-healing diabetic lower-extremity ulcers who receive a patch formulation of HAM or placental membrane (ie, Affinity, AmnioBand Membrane, AmnioExcel, Biovance, EpiCord, EpiFix, Grafix), the evidence includes randomized controlled trials (RCTs). Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. The RCTs evaluating amniotic and placental membrane products for the treatment of non-healing (<20% healing with ≥2 weeks of standard care) diabetic lower-extremity ulcers have compared HAM with standard care or with an established advanced wound care product. These trials used wound closure as the primary outcome measure, and some used power analysis, blinded assessment of wound healing, and intention-to-treat analysis. For the HAM products that have been sufficiently evaluated (ie, Affinity, AmnioBand Membrane, Biovance, EpiCord, EpiFix, Grafix), results have shown improved outcomes compared with standard care, and outcomes that are at least as good as an established advanced wound care product. Improved health outcomes in the RCTs are supported by multicenter registries. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Lower-Extremity Ulcers due to Venous Insufficiency

For individuals who have lower-extremity ulcers due to venous insufficiency who receive a patch formulation of HAM, the evidence includes 3 RCTs. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. The published evidence on HAM for the treatment of venous leg ulcers includes 2 multicenter RCTs with EpiFix and 1 multicenter RCT with Amnioband. One RCT reported a larger percent wound closure at 4 weeks, but the percentage of patients with complete wound closure at 4 weeks did not differ between EpiFix and the standard of care. A second RCT evaluated complete wound closure at 12 weeks after weekly application of EpiFix or standard dressings with compression, but interpretation is limited by methodologic concerns. A third RCT demonstrated significantly

greater blinded assessor-confirmed rates of complete wound closure at 12 weeks after weekly or twiceweekly application of AmnioBand Membrane with compression bandaging compared with compression bandaging alone. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Osteoarthritis

For individuals who have knee osteoarthritis who receive an injection of suspension or particulate formulation of HAM or amniotic fluid, the evidence includes a feasibility study. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The pilot study assessed the feasibility of a larger RCT evaluating HAM injection. Additional trials, which will have a larger sample size and longer follow-up, are needed to permit conclusions on the effect of this treatment. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Plantar Fasciitis

For individuals who have plantar fasciitis who receive an injection of amniotic membrane, the evidence includes preliminary studies and a larger (N=145) patient-blinded comparison of micronized injectable-HAM and placebo control. Injection of micronized amniotic membrane resulted in greater improvements in the visual analog score for pain and the Foot Functional Index compared to placebo controls. The primary limitation of the study is that this is an interim report with 12-month results pending. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ophthalmic Conditions

Sutured HAM transplant has been used for many years for the treatment of ophthalmic conditions. Many of these conditions are rare, leading to difficulty in conducting RCTs. The rarity, severity, and variability of the ophthalmic condition was taken into consideration in evaluating the evidence.

Neurotrophic Keratitis with Ocular Surface Damage and Inflammation That Does Not Respond to Conservative Therapy

For individuals who have neurotrophic keratitis with ocular surface damage and inflammation that does not respond to conservative therapy who receive HAM, the evidence includes an RCT. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. An RCT of 30 patients showed no benefit of sutured HAM graft compared to tarsorrhaphy or bandage contact lens. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Corneal Ulcers and Melts That Do Not Respond to Initial Medical Therapy

For individuals who have corneal ulcers and melts, that do not respond to initial medical therapy who receive HAM, the evidence includes a systematic review of primarily case series and a non-randomized comparative study. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. Corneal ulcers and melts are uncommon and variable and additional RCTs are not expected. The systematic review showed healing in 97% of patients with an improvement of vision in 53% of eyes. One retrospective comparative study with 22 patients found more rapid and complete epithelialization and more patients with a clinically significant improvement in visual acuity following early treatment with self-retained amniotic membrane when compared to historical controls. Corneal ulcers and melts are uncommon and variable and RCTs are not expected. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Corneal Perforation When There is Active Inflammation After Corneal Transplant Requiring Adjunctive Treatment

For individuals who have corneal perforation when there is active inflammation after corneal transplant requiring adjunctive treatment who receive HAM, the evidence is limited. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. No comparative evidence was identified for this indication. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Bullous Keratopathy as a Palliative Measure in Patients Who are Not Candidates for a Curative Treatment (eg, Endothelial or Penetrating Keratoplasty)

For individuals who have bullous keratopathy and who are not candidates for curative treatment (eg, endothelial or penetrating keratoplasty) who receive HAM, the evidence includes an RCT. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. An RCT found no advantage of sutured HAM over the simpler stromal puncture procedure for the treatment of pain from bullous keratopathy. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Partial Limbal Stem Cell Deficiency with Extensive Diseased Tissue Where Selective Removal Alone is Not Sufficient

For individuals who have partial limbal stem cell deficiency with extensive diseased tissue where selective removal alone is not sufficient who receive HAM, the evidence is limited. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. No comparative trials were identified on HAM for limbal stem cell deficiency. Improvement in visual acuity has been reported for some patients who have received HAM in conjunction with removal of the diseased limbus. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Moderate or Severe Stevens-Johnson Syndrome

For individuals who have moderate or severe Stevens-Johnson syndrome who receive HAM, the evidence includes an RCT. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. The evidence on HAM for the treatment of Stevens-Johnson syndrome (includes 1 RCT with 25 patients [50 eyes]) found improved symptoms and function with HAM compared to medical therapy alone. Large RCTs are unlikely due to the severity and rarity of the disease. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Persistent Epithelial Defects and Ulceration That Do Not Respond to Conservative Therapy

For individuals who have persistent epithelial defects that do not respond to conservative therapy who receive HAM, the evidence is limited. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. No comparative trials were identified on persistent epithelial defects and ulceration. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Severe Dry Eye with Ocular Surface Damage and Inflammation That Does Not Respond to Conservative Therapy

For individuals who have severe dry eye with ocular surface damage and inflammation that does not respond to conservative therapy, who receive HAM, the evidence includes an RCT and a large case series. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. The evidence on HAM for severe dry eye with ocular surface damage and inflammation includes an RCT with 20 patients and a retrospective series of 84 patients (97 eyes). Placement of self-retained HAM for 2 to 11 days reduced symptoms and restored a smooth corneal surface and corneal nerve density for as long as 3 months. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Moderate or Severe Acute Ocular Chemical Burns

For individuals who have moderate or severe acute ocular chemical burn who receive HAM, the evidence includes 3 RCTs. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. Evidence includes a total of 197 patients with acute ocular chemical burns who were treated with HAM transplantation plus medical therapy or medical therapy alone. Two of the 3 RCTs did not show a faster rate of epithelial healing, and there was no significant benefit for other outcomes. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Corneal Perforation When Corneal Tissue is Not Immediately Available

For individuals who have corneal perforation when corneal tissue is not immediately available who receive sutured HAM, the evidence is limited. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. The standard treatment for corneal perforation is corneal transplantation, however, HAM may provide temporary coverage of the severe defect when corneal tissue is not immediately available. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Pterygium Repair When There is Insufficient Healthy Tissue to Create a Conjunctival Autograft

For individuals who have pterygium repair when there is insufficient healthy tissue to create a conjunctival autograft who receive HAM, the evidence includes RCTs and systematic reviews of RCTs. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. Systematic reviews of RCTs have been published that found that conjunctival or limbal autograft is more effective than HAM graft in reducing the rate of pterygium recurrence. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Repair Following Mohs Micrographic Surgery

For individuals who have undergone Mohs micrographic surgery for skin cancer on the face, head, neck, or dorsal hand who receive human amniotic/chorionic membrane, the evidence includes a nonrandomized, comparative study and no RCTs. Relevant outcomes are symptoms, morbid events, functional outcomes, and quality of life. A retrospective analysis using data from medical records compared a dehydrated human amnionic/chorionic membrane product (dHACM, Epifix) to repair using autologous surgery in 143 propensity-score matched pairs of patients requiring same-day reconstruction after Mohs microsurgery for skin cancer on the head, face, or neck. A greater proportion of patients who received dHACM repair experienced zero complications (97.9% vs. 71.3%; p<.0001; relative risk 13.67; 95% CI 4.33 to 43.12). Placental allograft reconstructions developed less infection (p=.004) and were less likely to experience poor scar cosmesis (p<.0001). This study is limited by its retrospective observational design. Well-designed and conducted prospective studies are lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Date	Action
7/2025	Clarified coding information.
4/2025	Clarified coding information.
1/2025	Annual policy review. Policy updated with literature review through January 3, 2024; reference added. AmnioExcel added to the list of medically necessary products for the treatment of nonhealing diabetic lower-extremity ulcers. Effective 1/1/2025. Clarified coding information.
10/2024	Clarified coding information.
7/2024	Clarified coding information.
4/2024	Clarified coding information.
1/2024	Clarified coding information.
10/2023	Clarified coding information.
7/2023	Clarified coding information.
4/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged
4/2023	Clarified coding information.
1/2023	Clarified coding information.
7/2022	Annual policy review. New indication and investigational statement added for treatment following Mohs microsurgery. Clarified coding information. Effective 7/1/2022.
4/2022	Clarified coding information.
1/2022	Clarified coding information.
10/2021	Clarified coding information.
7/2021	Annual policy review. Affinity added to medically necessary statement for the treatment of diabetic foot ulcers; edits made to investigational statement on human amniotic products. Clarified coding information. Effective 7/1/2021.
10/2020	Clarified coding information.
7/2020	Clarified coding information.

Policy History

4/2020	Annual policy review. Description, summary and references updated. Policy
	statements unchanged.
1/2020	Clarified coding information.
10/2019	Clarified coding information.
7/2019	Annual policy review. New medically necessary and investigational indications described. EpiCord added to medically necessary statement for diabetic lower extremity ulcers. Clarified coding information. Effective 7/1/2019.
1/2019	Clarified coding information.
7/2018	Annual policy review. Investigational indications added. Clarified coding information. Effective 7/1/2018.
1/2018	Clarified coding information.
10/2017	Annual policy review. New medically necessary and investigational indications described. Ophthalmic products added and discontinued product names removed from Table 1. Clarified coding information. Effective 10/1/2017.
6/2017	Annual policy review. New medically necessary and investigational indications described. Clarified coding information. Effective 6/1/2017.
9/2015	New medical policy describing investigational indications. Effective 9/1/2015.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information: Medical Policy Terms of Use

Managed Care Guidelines Indemnity/PPO Guidelines Clinical Exception Process Medical Technology Assessment Guidelines

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