

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Nurses in Independent Practice, Nurse Midwives, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

Coverage Policy for Cellular/Tissue-Based Products

This *ForwardHealth Update* outlines the coverage policy for cellular/tissue-based products.

Effective for dates of service on and after November 1, 2014, ForwardHealth will cover cellular/tissue-based products (CTPs) in limited circumstances where evidence of efficacy is strong. ForwardHealth only covers CTPs for wound treatment for members with neuropathic diabetic foot ulcers, non-infected venous leg ulcers, or members who are undergoing breast reconstruction surgery following a breast cancer diagnosis.

Cellular/tissue-based products are biological or biosynthetic products used to assist in the healing of open wounds. Evidence of the efficacy of this treatment varies significantly by both the patient treated and the product being used.

Reimbursable Skin Substitute Products Procedure Codes

Healthcare Common Procedure Coding System (HCPCS) procedure code Q4101 (Apligraf, per square centimeter) and the corresponding *Current Procedural Terminology* (CPT) application procedure codes (15271-15278) are reimbursable for members receiving treatment of non-infected venous leg ulcers.

Codes Q4101 and Q4106 (Dermagraft, per square centimeter) and the corresponding application procedure

codes (15275-15278) are reimbursable for members receiving treatment for neuropathic diabetic foot ulcers.

Procedure code Q4116 (Alloderm, per square centimeter) and the corresponding application procedure codes (15271-15274, 15777) are reimbursable for members undergoing breast reconstruction surgery.

Refer to the Attachment of this *ForwardHealth Update* for allowable procedure codes, corresponding application codes, and related diagnosis codes for CTPs.

Providers are required to follow CPT and HCPCS coding guidelines for reporting application procedure codes and product codes when submitting claims to ForwardHealth. Application procedure codes will not be covered when associated with noncovered CTPs.

No prior authorization is required for CTP products. All non-indicated conditions are considered noncovered.

Product Coverage Review Policy

Currently, limited research is available on the effectiveness of CTPs. ForwardHealth uses Hayes ratings, which can be accessed at www.hayesinc.com/hayes/ to determine the appropriateness and effectiveness of medical products such as CTPs. ForwardHealth will review and update coverage

policy annually when additional information becomes available.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Procedure Codes and Diagnosis Codes for Skin Substitute Products

The following table lists allowable Healthcare Common Procedure Coding System procedure codes, corresponding *Current Procedural Terminology* application codes, and related diagnosis codes for skin substitute products.

HCPSC Code	Description	Covered Conditions	CPT Application Code	Diagnosis Code(s)	Description
Q4101	Apligraf, per square centimeter	Venous leg ulcers	15271-15278	454.0	Varicose veins of lower extremities with ulcer
				454.2	Varicose veins of lower extremities with ulcer and inflammation
				459.81	Venous (peripheral) insufficiency, unspecified
				707.12*	Ulcer of calf
				707.13*	Ulcer of ankle
				707.14*	Ulcer of heel and midfoot
				707.15*	Ulcer of other part of foot (toes)
		707.19*	Ulcer of other part of lower limb		
		Full-thickness neuropathic diabetic foot ulcers	15275-15278	249.60-249.71	Secondary diabetes mellitus with neurologic manifestations or peripheral disorders
				250.60-250.83	Diabetes with neurologic, peripheral, or other specified disorders
707.13	Ulcer of ankle				
707.14	Ulcer of heel and midfoot				
707.15	Ulcer other part of foot (toes)				
Q4106	Dermagraft, per square centimeter	Full-thickness neuropathic diabetic foot ulcers	15275-15278	249.60-249.83	Secondary diabetes mellitus with neurologic manifestations or peripheral disorders
				250.60-250.83	Diabetes with neurologic, peripheral, or other specified disorders
				707.13**	Ulcer of ankle
				707.14**	Ulcer of heel and midfoot
				707.15**	Ulcer other part of foot (toes)
Q4116	Alloderm, per square centimeter	Breast reconstructive surgery	15271-15274, 15777	174.0-174.9	Malignant neoplasm of female breast
				175.0-175.9	Malignant neoplasm of male breast
				233.0	Carcinoma in situ of breast
				V10.3	Personal history of malignant neoplasm; breast
				V45.71	Acquired absence of breast and nipple

* The *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code must be billed with ICD-9-CM code 459.81 as the primary diagnosis.

** The ICD-9-CM code must be billed with ICD-9-CM code 249.60-249.83 or 250.60-250.83 as the primary diagnosis.