

Skin substitutes wound treatments: Medicare Advantage and Dual Special Needs Plans

Frequently asked questions

Overview

We're enhancing the clinical review process for non-porcine-based skin substitute utilization. Utilization of these products will be subject to post-service, pre-pay clinical review based on medical necessity criteria in our existing **UnitedHealthcare Medicare Advantage Skin Substitutes Grafts/Cellular and Tissue-Based Products (Injections and/or Applications) Medical Policy**.

The Center & Medicare and Medicaid Services (CMS) doesn't have a national coverage determination (NCD) for non-porcine-based skin substitutes; however, it does provide local coverage determinations (LCDs)/local coverage articles (LCAs) in limited states/territories to guide indications for use of skin substitute products. Our medical policy provides coverage criteria consistent with LCDs/LCAs indications where they exist, as well as coverage criteria for markets where there is no LCA/LCD policy.

The Medicare Advantage Medical Policy first aligns to LCD/LCAs where applicable by region and indication for use. When the indication isn't addressed by LCD/LCAs, or no LCD/LCD exists for a particular state/territory, the medical policy applies criteria found within the **UnitedHealthcare Commercial and Individual Exchange Medical Policy for Skin and Soft Tissue Substitutes**. Claims that don't meet the clinical criteria outlined in the medical policy will be denied.

Frequently asked questions

Which UnitedHealthcare plans does the medical policy apply to?

The medical policy applies to the following plans:

- UnitedHealthcare® Medicare Advantage Individual (including UnitedHealthcare West)
- UnitedHealthcare Medicare Advantage Group (including Employer Group Waiver Plans and United Retiree Solutions)
- UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan Dual Special Needs Plans (D-SNPs) (including Optum at Home)
- Institutional Special Needs Plans (I-SNPs)

Which UnitedHealthcare plans does the medical policy not apply to?

The medical policy doesn't apply to the following plans:

- UnitedHealthcare Institutional-Equivalent Special Needs plan (IE-SNP)
- Preferred Care Network plans and Preferred Care Partners plans
- Peoples Health plans
- Rocky Mountain Health Plans

What's changing?

We'll clinically review claims for skin substitute services post-service and pre-payment. Providers may receive requests for clinical documentation to support their claims. We'll deny claims that don't meet the clinical criteria in the medical policy. We'll send determinations to providers in the UnitedHealthcare Provider Portal and to members by mail.

Why does UnitedHealthcare apply the medical policy?

When reviewing Medicare Advantage claims information for the use of skin substitutes in wound care, we discovered skin substitute utilization that doesn't appear to meet coverage criteria established by CMS and based on current clinical evidence.

Where can I find coverage criteria information in the LCDs/LCAs?

The medical policy refers directly to applicable LCDs/LCAs, which can also be found by searching the [CMS Medicare Coverage Database](#).

As of Aug. 15, 2024, the following states/territories have LCD/LCA guidance:

- For Kentucky and Ohio: [CGS LCD for Wound Application of Cellular and/or Tissue Based Products \(CTPs\), Lower Extremities \(L36690\)](#)
- For Arkansas, Colorado, Washington, D.C., Delaware, Louisiana, Maryland, Mississippi, New Jersey, New Mexico, Oklahoma, Pennsylvania and Texas: [Novitas LCD for Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds \(L35041\)](#)
- For Florida, Puerto Rico and U.S. Virgin Islands: [First Coast LCD for Application of Skin Substitute Grafts for Treatment of DFU and VLU of Lower Extremities \(L36377\)](#)

What if a provider is using a skin substitute that doesn't meet the clinical criteria?

If a provider submits a claim for a skin substitute that doesn't meet the coverage criteria in the medical policy, we'll deny the claim.

How will you process claims for skin substitutes?

We'll process claim submissions according to the medical policy.

When providers submit claims for skin substitutes, they may receive information reminding them of the coverage criteria. We may request clinical documentation to evaluate if the coverage criteria are met. If the criteria aren't met, or medical records aren't provided, we may deny the claim.

How will you process appeals for skin substitutes?

If there is a clinical denial, we'll include appeal process information in the denial correspondence we send to you.



Questions?

- Providers contracted with UnitedHealthcare: **888-676-7768**
- Providers contracted with Optum®: **800-873-4575**