

EFFECTIVE DATE: 01 | 01 | 2020
POLICY LAST UPDATED: 11 | 19 | 2019

OVERVIEW

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.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Treatment of nonhealing diabetic lower-extremity ulcers using human amniotic membrane products may be considered medically necessary when filed with a covered diagnosis identified below.

Human amniotic membrane grafts with or without suture may be considered medically necessary for the treatment of the following ophthalmic indications when filed with a covered diagnosis identified below:

- Neurotrophic keratitis;
- Corneal ulcers and melts;
- Corneal perforation;
- Bullous keratopathy;
- Partial limbal stem cell deficiency with extensive diseased tissue;
- Moderate or severe Stevens-Johnson syndrome;
- Persistent epithelial defects;
- Severe dry eye; 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 when filed with a covered diagnosis identified below:

- Corneal perforation; or
- Pterygium repair

BlueCHiP for Medicare

Human amniotic membrane grafts with or without suture are not covered for all ophthalmic indications not outlined above as the evidence is insufficient to determine the effects of the technology on health outcomes.

Injection of micronized or particulated human amniotic membrane and injection of human amniotic fluid is not covered for all indications as the evidence is insufficient to determine the effects of the technology on health outcomes.

All other human amniotic membrane products and indications not listed above are not covered, including but not limited to treatment of lower-extremity ulcers due to venous insufficiency, as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Human amniotic membrane grafts with or without suture are not medically necessary for all ophthalmic indications not outlined above as the evidence is insufficient to determine the effects of the technology on health outcomes.

Injection of micronized or particulated human amniotic membrane and injection of human amniotic fluid is considered not medically necessary for all indications as the evidence is insufficient to determine the effects of the technology on health outcomes.

All other human amniotic membrane products and indications not listed above are not medically necessary, including but not limited to treatment of lower-extremity ulcers due to venous insufficiency, as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable surgery and not medically necessary/not covered benefits/coverage.

BACKGROUND

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.

The 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. 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 dehydrated HAM products, resulting in a readily available tissue with regenerative potential. In support, 1 dehydrated 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.

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. 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. 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. 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.

Lower-Extremity Ulcers due to Venous Insufficiency

For individuals who have lower-extremity ulcers due to venous insufficiency who receive a patch or flowable formulation of HAM, the evidence is insufficient to determine the effects of the technology on health outcomes. Well-designed and well-conducted random controlled trials that compare HAM with the standard of care for venous insufficiency ulcers are needed.

Osteoarthritis

For individuals who have knee osteoarthritis who receive an injection of suspension or particulate formulation of HAM or amniotic fluid, the evidence is insufficient to determine the effects of the technology on health outcomes.

Plantar Fasciitis

For individuals who have plantar fasciitis who receive an injection of suspension or particulate formulation of HAM or amniotic fluid, the evidence is insufficient to determine the effects of the technology on health outcomes.

CODING

BlueCHIP for Medicare and Commercial Products

The following HCPCS codes are considered medically necessary when filed with the ICD-10 diagnosis codes listed below.

- Q4132 Grafix core and GrafixPL core, per square centimeter
- Q4133 Grafix prime and GrafixPL prime, per square centimeter
- Q4137 Amnioexcel or BioDExCel, per square centimeter
- 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
- Q4151 AmnioBand or Guardian, per square centimeter
- Q4153 Dermavest and Plurivest, per square centimeter
- Q4154 Biovance, per square centimeter
- Q4155 Neoxflo or Clarixflo, 1 mg
- Q4156 Neox 100 or Clarix 100, per square centimeter
- Q4157 Revitalon, per square centimeter
- Q4159 Affinity, per square centimeter
- Q4160 NuShield, per square centimeter
- Q4162 WoundEx Flow, BioSkin Flow, 0.5 cc
- Q4163 WoundEx, BioSkin, per square centimeter
- Q4168 Amnioband, 1 mg
- 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
- 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
- Q4186 Epifix, per square centimeter

Q4187 Epicord, per square centimeter
 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 amniotic membrane, per square centimeter
 Q4201 Matrion, per square centimeter
 Q4204 Xwrap, per square centimeter
 Q4205 Membrane graft or membrane wrap, per square centimeter (New Code Effective 10/1/2019)
 Q4206 Fluid flow or fluid GF, 1 cc (New Code Effective 10/1/2019)
 Q4208 Novafix, per square centimeter (New Code Effective 10/1/2019)
 Q4209 Surgraft, per square centimeter (New Code Effective 10/1/2019)
 Q4210 Axolotl graft or axolotl dualgraft, per square centimeter (New Code Effective 10/1/2019)
 Q4211 Amnion bio or Axobiomembrane, per square centimeter (New Code Effective 10/1/2019)
 Q4212 Allogen, per cc (New Code Effective 10/1/2019)
 Q4213 Ascent, 0.5 mg (New Code Effective 10/1/2019)
 Q4214 Cellesta cord, per square centimeter (New Code Effective 10/1/2019)
 Q4215 Axolotl ambient or axolotl cryo, 0.1 mg (New Code Effective 10/1/2019)
 Q4216 Artacent cord, per square centimeter (New Code Effective 10/1/2019)
 Q4217 Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter (New Code Effective 10/1/2019)
 Q4218 Surgicord, per square centimeter (New Code Effective 10/1/2019)
 Q4219 Surgigraft-dual, per square centimeter (New Code Effective 10/1/2019)
 Q4221 Amniowrap2, per square centimeter (New Code Effective 10/1/2019)

If no specific HCPCS code exists for a product (e.g AmnioFix or OrthoFlo), an appropriate unlisted code, such as Q4100, would be used.

ICD-10 Diagnosis Codes that may support medical necessity:

E08.621 - E08.622	H11.001 - H11.069	H18.59
E09.621 - E09.622	H16.001 - H16.079	H18.831 - H18.839
E10.621 - E10.622	H16.231 - H16.239	H18.891 - H18.899
E11.621 - E11.622	H18.10 - H18.13	L51.1
E13.621 - E13.622	H18.30	T26.10 - T26.12
H04.121 - H04.129	H18.52	T26.50 - T26.52

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, January 2020

Provider Update, July 2018

REFERENCES

1. Parolini O, Soncini M, Evangelista M, et al. Amniotic membrane and amniotic fluid-derived cells: potential tools for regenerative medicine? Regen Med. Mar 2009;4(2):275-291. PMID 19317646.
2. Koob TJ, Rennert R, Zabek N, et al. Biological properties of dehydrated human amnion/chorion composite graft: implications for chronic wound healing. Int Wound J. Oct 2013;10(5):493-500. PMID 23902526.

3. Shimberg M, Wadsworth K. The use of amniotic-fluid concentrate in orthopaedic conditions. *J Bone Joint Surg.* 1938;20(I):167-177. PMID.
4. Ananian, CC, Dhillon, YY, Van Gils, CC, Lindsey, DD, Otto, RR, Dove, CC, Pierce, JJ, Saunders, MM. A multicenter, randomized, single-blind trial comparing the efficacy of viable cryopreserved placental membrane to human fibroblast-derived dermal substitute for the treatment of chronic diabetic foot ulcers. *Wound Repair Regen.* 2018 Aug 12;26(3). PMID 30098272.
5. Tettelbach, WW, Cazzell, SS, Sigal, FF, Caporusso, JJ, Agnew, PP, Hanft, JJ, Dove, CC. A multicentre prospective randomized controlled comparative parallel study of dehydrated human umbilical cord (EpiCord) allograft for the treatment of diabetic foot ulcers. *NA.* PMID 30246926.
6. DiDomenico LA, Orgill DP, Galiano RD, et al. Aseptically processed placental membrane improves healing of diabetic foot ulcerations: prospective, randomized clinical trial. *Plast Reconstr Surg Glob Open.* Oct 2016;4(10):e1095. PMID 27826487.
7. Snyder RJ, Shimozaki K, Tallis A, et al. A prospective, randomized, multicenter, controlled evaluation of the use of dehydrated amniotic membrane allograft compared to standard of care for the closure of chronic diabetic foot ulcer. *Wounds.* Mar 2016;28(3):70-77. PMID 26978860.
8. Zelen CM, Gould L, Serena TE, et al. A prospective, randomised, controlled, multi-centre comparative effectiveness study of healing using dehydrated human amnion/chorion membrane allograft, bioengineered skin substitute or standard of care for treatment of chronic lower extremity diabetic ulcers. *Int Wound J.* Dec 2015;12(6):724-732. PMID 25424146.
9. Zelen CM, Serena TE, Gould L, et al. Treatment of chronic diabetic lower extremity ulcers with advanced therapies: a prospective, randomised, controlled, multi-centre comparative study examining clinical efficacy and cost. *Int Wound J.* Apr 2016;13(2):272-282. PMID 26695998.
10. Lavery LA, Fulmer J, Shebetka KA, et al. The efficacy and safety of Grafix((R)) for the treatment of chronic diabetic foot ulcers: results of a multi-centre, controlled, randomised, blinded, clinical trial. *Int Wound J.* Oct 2014;11(5):554-560. PMID 25048468.
11. Smiell JM, Treadwell T, Hahn HD, et al. Real-world experience with a decellularized dehydrated human amniotic membrane allograft. *Wounds.* Jun 2015;27(6):158-169. PMID 26061491.
12. Frykberg, RR, Gibbons, GG, Walters, JJ, Wukich, DD, Milstein, FF. A prospective, multicentre, open-label, single-arm clinical trial for treatment of chronic complex diabetic foot wounds with exposed tendon and/or bone: positive clinical outcomes of viable cryopreserved human placental membrane. *Int Wound J.* 2016 Aug 5;14(3). PMID 27489115.
13. Serena TE, Carter MJ, Le LT, et al. A multicenter, randomized, controlled clinical trial evaluating the use of dehydrated human amnion/chorion membrane allografts and multilayer compression therapy vs. multilayer compression therapy alone in the treatment of venous leg ulcers. *Wound Repair and Regeneration.* Nov-Dec 2014;22(6):688-693. PMID 25224019.
14. Bianchi C, Cazzell S, Vayser D, et al. A multicentre randomised controlled trial evaluating the efficacy of dehydrated human amnion/chorion membrane (EpiFix(R)) allograft for the treatment of venous leg ulcers. *Int Wound J.* Oct 11 2017. PMID 29024419.
15. Vines JB, Aliprantis AO, Gomoll AH, et al. Cryopreserved amniotic suspension for the treatment of knee osteoarthritis. *J Knee Surg.* Aug 2016;29(6):443-450. PMID 26683979.
16. Tsikopoulos K, Vasiliadis HS, Mavridis D. Injection therapies for plantar fasciopathy ('plantar fasciitis'): a systematic review and network meta-analysis of 22 randomised controlled trials. *Br J Sports Med.* Nov 2016;50(22):1367-1375. PMID 27143138.
17. Zelen CM, Poka A, Andrews J. Prospective, randomized, blinded, comparative study of injectable micronized dehydrated amniotic/chorionic membrane allograft for plantar fasciitis--a feasibility study. *Foot Ankle Int.* Oct 2013;34(10):1332-1339. PMID 23945520.
18. Cazzell, SS, Stewart, JJ, Agnew, PP, Senatore, JJ, Walters, JJ, Murdoch, DD, Reyzelman, AA, Miller, SS. Randomized Controlled Trial of Micronized Dehydrated Human Amnion/Chorion Membrane (dHACM) Injection Compared to Placebo for the Treatment of Plantar Fasciitis. *NA.* PMID 30058377.
19. Khokhar, SS, Natung, TT, Sony, PP, Sharma, NN, Agarwal, NN, Vajpayee, RR. Amniotic membrane transplantation in refractory neurotrophic corneal ulcers: a randomized, controlled clinical trial. *Cornea.* 2005 Jul 15;24(6). PMID 16015082.

20. Suri, KK, Kosker, MM, Raber, II, Hammersmith, KK, Nagra, PP, Ayres, BB, Halfpenny, CC, Rapuano, CC. Sutureless amniotic membrane ProKera for ocular surface disorders: short-term results. *Eye Contact Lens*, 2013 Aug 16;39(5). PMID 23945524.
21. Paris Fdos S, Goncalves ED, Campos MS, et al. Amniotic membrane transplantation versus anterior stromal puncture in bullous keratopathy: a comparative study. *Br J Ophthalmol*. Aug 2013;97(8):980-984. PMID 23723410.
22. Kheirkhah, AA, Casas, VV, Raju, VV, Tseng, SS. Sutureless amniotic membrane transplantation for partial limbal stem cell deficiency. *Am. J. Ophthalmol.*, 2008 Mar 11;145(5). PMID 18329626.
23. Pachigolla, GG, Prasher, PP, Di Pascuale, MM, McCulley, JJ, McHenry, JJ, Mootha, VV. Evaluation of the role of ProKera in the management of ocular surface and orbital disorders. *Eye Contact Lens*, 2009 May 29;35(4). PMID 19474753.
24. Sharma N, Thenarasun SA, Kaur M, et al. Adjuvant role of amniotic membrane transplantation in acute ocular stevens-johnson syndrome: a randomized control trial. *Ophthalmology*. Mar 2016;123(3):484-491. PMID 26686968.
25. Bouchard, CC, John, TT. Amniotic membrane transplantation in the management of severe ocular surface disease: indications and outcomes. *Ocul Surf*, 2007 Jan 12;2(3). PMID 17216092.
26. John, TT, Tighe, SS, Sheha, HH, Hamrah, PP, Salem, ZZ, Cheng, AA, Wang, MM, Rock, NN. Corneal Nerve Regeneration after Self-Retained Cryopreserved Amniotic Membrane in Dry Eye Disease. *J Ophthalmol*, 2017 Sep 13;2017:6404918. PMID 28894606.
27. McDonald, MM, Sheha, HH, Tighe, SS, Janik, SS, Bowden, FF, Chokshi, AA, Singer, MM, Nanda, SS, Qazi, MM, Dierker, DD, Shupe, AA, McMurren, BB. Treatment outcomes in the DRY Eye Amniotic Membrane (DREAM) study. *Clin Ophthalmol*, 2018 Apr 20;12:677-681. PMID 29670328.
28. Tandon, RR, Gupta, NN, Kalaivani, MM, Sharma, NN, Titiyal, JJ, Vajpayee, RR. Amniotic membrane transplantation as an adjunct to medical therapy in acute ocular burns. *Br J Ophthalmol*, 2010 Aug 3;95(2). PMID 20675729.
29. Kheirkhah, AA, Johnson, DD, Paranjpe, DD, Raju, VV, Casas, VV, Tseng, SS. Temporary sutureless amniotic membrane patch for acute alkaline burns. *Arch. Ophthalmol.*, 2008 Aug 13;126(8). PMID 18695099.
30. Kaufman SC, Jacobs DS, Lee WB, et al. Options and adjuvants in surgery for pterygium: a report by the American Academy of Ophthalmology. *Ophthalmology*. Jan 2013;120(1):201-208. PMID 23062647.
31. Clearfield, EE, Muthappan, VV, Wang, XX, Kuo, II. Conjunctival autograft for pterygium. *Cochrane Database Syst Rev*, 2016 Feb 13;2:CD011349. PMID 26867004.
32. Hingorani, AA, LaMuraglia, GG, Henke, PP, Meissner, MM, Loretz, LL, Zinszer, KK, Driver, VV, Frykberg, RR, Carman, TT, Marston, WW, Mills, JJ, Murad, MM. The management of diabetic foot: A clinical practice guideline by the Society for Vascular Surgery in collaboration with the American Podiatric Medical Association and the Society for Vascular Medicine. *NA*. PMID 26804367.

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

