Medical Coverage Policy | Amniotic Membrane and Amniotic Fluid

EFFECTIVE DATE: 01|01|2020
POLICY LAST UPDATED: 04|04|2022

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
Medicare Advantage Plans 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

Medicare Advantage Plans
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, including but not limited to osteoarthritis and plantar fasciitis, 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, including but not limited to osteoarthritis and plantar fasciitis, 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

Medicare Advantage Plans and Commercial Products
The HCPCS codes identified in the attached list are considered medically necessary when filed with the ICD-10 diagnosis codes also included in the attached list.

Amniotic Membrane and Amniotic Fluid HCPCS and ICD-10 Codes

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, December 2021
Provider Update, November 2020
Provider Update, January 2020
Provider Update, July 2018

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