AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.
AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION (cont.)

**Description:**

Human amniotic membrane (HAM) consists of 2 conjoined layers, the amnion and chorion, forms 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. Amniotic fluid contains proteins, carbohydrates, peptides, fats, amino acids, enzymes, hormones, pigments and fetal cells.

HAM and amniotic fluid are formulated either as patches which can be applied as dressings or grafts or as suspensions or particulates which can be injected. There are many commercially available, products of HAM, amniotic fluid or a combination of both. These products include, but are not limited to: Affinity™, AmnioBand®, AmnioExcel®, AmnioFix®, AmnioMatrix®, AmnioVisc™, Artacent® Wound, BioDfence™, BioDRestore™, BioSkin®, BioVance®, Clarix®, Cygnus, EpiFix®, Grafix®, Neox®, NuShield™, OrthoFlow™, PalinGen®, Prokera®, ReNu™, Revitalon™ and WoundEx® Flow.

HAM graft that is fixated by sutures or glue or secured under a bandage contact lens is an established treatment for disorders for the corneal surface Non-fixated amniotic patch within a flexible ring that is inserted like a contact lens has more recently been investigated for the treatment of corneal and ocular surface disorders.

HAM has been investigated for the treatment of a variety of conditions, including other ocular conditions, tendonitis, plantar fasciitis, cartilage damage, skin wounds, burns, and prevention of tissue adhesion in surgical procedures. Injection of an amniotic product is being investigated for the treatment of a variety of conditions, including tendonitis, plantar fasciitis and osteoarthritis.

**Criteria:**

For amniotic membrane or amniotic fluid injections used for breast reconstruction, see BCBSAZ Medical Coverage Guideline #O6, “Breast Reconstruction/Removal and Replacement of Implants”.

- The following human amniotic membrane products are considered *medically necessary* for treatment of nonhealing diabetic lower-extremity ulcers with less than 20% decrease in wound area after standard wound care for at least 2 weeks:

  1. AmnioBand Membrane
  2. BioVance
  3. Epifix
  4. Grafix
AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION (cont.)

Criteria: (cont.)

➢ Amniotic membrane grafts that are fixated using sutures or glue fixation or secured under a bandage contact lens may be considered medically necessary for the treatment of ANY of the following ophthalmic indications:

1. Bullous keratopathy
2. Corneal ulcers or melts
3. Chemical or thermal ocular injury
4. Hereditary aniridia, ectodermal dysplasia or dominantly inherited keratitis
5. Pterygium repair, pseudopterygium
6. Neurotrophic keratitis
7. Stevens-Johnson syndrome
8. Persistent epithelial defects

➢ Amniotic membrane grafts using suture or glue fixation for all other ophthalmic conditions not previously listed or if above criteria not met is considered experimental or investigational based upon:

1. concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
4. Insufficient evidence to support improvement outside the investigational setting.

These conditions include, but are not limited to:

- After photorefractive keratectomy
- Combined with HLA matched limbal stem cells allograft to prevent corneal graft rejection following penetrating keratoplasty
- Corneal perforation
- Gelatinous drop-like corneal dystrophy (also known as subepithelial amyloidosis of the cornea)
- Limbus stem cell deficiency
- Mooren’s ulcer
- Restrictive strabismus
- Use in trabeculectomy for primary open-angle glaucoma

➢ Self-contained or unfixated amniotic membrane products (e.g., Prokera) for ophthalmic indications are considered not medically necessary.
AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION (cont.)

Criteria: (cont.)

- Injection of micronized or particulated human amniotic membrane for all indications is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

- Injection of human amniotic fluid for all indications is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

- All other human amniotic membrane products and indications not listed above are considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.
AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION (cont.)

Resources:

Literature reviewed 06/06/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION (cont.)

Resources: (cont.)


AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah niliniigííí Blue Cross Blue Shield of Arizona haada yit’léego bíná’idilkidgo éí doocdago Háída bijá aniyeedígíí t’áadoo le’é yína’idilkidgo beehaz’áanii hóló díí t’áá hazaadk’ehjí háká a’doowolgo beeh haz’a doo bóqah illiniigoó. Atá’háne’ígíí kójí bíchí’i’ hodiliinhí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ ngôn ngữ, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسلحة به تصميم متفاوت، فعليك الحصول على المساعدة والموارد من Blue Cross Blue Shield of Arizona للبحث مع مترجم. للتحدث مع مترجم اتصل ب 877-475-4799.
AMNIOTIC MEMBRANE AND AMNIOTIC FLUID INJECTIONS AND TRANSPLANTATION (cont.)

**Multi-Language Interpreter Services:** (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Doimetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi: اگر شما، یا کسی که شما به او کمک می‌کنید، سوال‌هایی در مورد Blue Cross Blue Shield of Arizona داشته و می‌خواهد اطلاعات به زبان خود را به طور رایگان دریافت نماید، 877-475-4799 را تماس حاصل نمایید.

Assyrian: Blue Cross Blue Shield of Arizona, ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش، ئیشان دوکو می‌دهیش.

Serbo-Croatian: Ukoliko Vi i neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijate pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodicem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือถามคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสมควรจะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียเงิน ทุกครั้งตาม โทร 877-475-4799.