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Medicare Advantage Policy Manual

Policy ID: M-SUR223

Pressure Ulcer Treatment by Musculocutaneous or Free Flap

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Medicare Link(s) Revised: N/A

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Flap procedures can be performed as a treatment of a variety of surgical and traumatic injury wounds. They can also be used as a treatment of pressure ulcers (pressure injuries). When used as a treatment of pressure ulcer/injury, the patient's clinical status must be evaluated to determine if the individual is an appropriate candidate for the procedure. Individuals with documented poor nutritional status, a personal history of smoking, and other factors may not be ideal candidates for musculocutaneous or free flap procedures and the use of such procedures for these individuals may lead to further complications, such as infection, hematoma, suture line dehiscence, partial necrosis, total flap necrosis or flap failure. Therefore, each individual should be individually evaluated to determine whether or not the use of musculocutaneous or free flap procedures is the best treatment option.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy addresses the use of musculocutaneous or free flap procedures performed for the treatment of pressure ulcers in select body regions. The use of musculocutaneous or free flap procedures performed for other indications (e.g., surgical wound closure) or for pressure sores in other body regions which are not addressed by this Medicare Advantage medical policy and may be considered medically reasonable and necessary.

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None The NCD for <i>Treatment of Decubitus Ulcers (270.4)</i> ^[1] addresses methods of treating decubitus ulcers, but it does not include the use of flap treatments.
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	None
Medical Policy Manual	None
MCG™ Criteria	<i>Specific Medicare coverage guidance is not available for musculocutaneous or free flap procedures. When used as a treatment for pressure sores (pressure ulcers), the health plan uses MCG™ guidelines.</i> Pressure Injury Closure by Musculocutaneous or Free Flap: Sacral, Ischial, or Trochanteric Region; ORG: S-956 (ISC) Note: Visit the MCG™ Website for information on purchasing their criteria, or you may contact us and we will be happy to provide you with a copy of the specific guideline.

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Medical records providing details of the pressure ulcer/injury, including location, depth, size and stage;
- Documentation of nonsurgical treatments that have been tried and the results;
- Documentation of debridement being tried and the results, or documentation of why debridement is not indicated;
- Documentation of any prior flap procedures or other closure attempts;
- Documentation of patient's clinical status, including presence or absence of osteomyelitis, patient's nutrition status, bacterial colonization status, and documentation of how additional risk factors are being addressed.

CROSS REFERENCES

[Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

[Cosmetic and Reconstructive Procedures](#), Surgery, Policy No. 12

REFERENCES

1. NCD for *Treatment of Decubitus Ulcers (270.4)* (This NCD can be accessed directly from the [Medicare Coverage Database](#) website)

CODING

Codes	Number	Description
CPT	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
	15756	Free muscle or myocutaneous flap with microvascular anastomosis
	15757	Free skin flap with microvascular anastomosis
	15758	Free fascial flap with microvascular anastomosis
HCPCS	None	

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.