

## INTEGUMENTARY SYSTEM

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### I. CPT<sup>1</sup> PROCEDURE CODES

10021, 10022, 10040 - 11977, 11981 - 11983, 12001 - 15366, 15400 - 15431, 15570 - 15776, 15840 - 15845, 15851 - 19499, 97601, and 97602

### II. DESCRIPTION

Integumentary system pertains to the skin, subcutaneous tissue and areolar tissue.

### III. POLICY

A. Services and supplies required in the diagnosis and treatment of illness or injury involving the integumentary system are covered.

B. Topical Treatment of Skin Ulcers Caused by Venous Insufficiency. Topical application of Alpigraf by a physician for the treatment of skin ulcers caused by venous insufficiency is a covered benefit. Effective May 26, 1998.

C. Tropical Treatment of Diabetic Foot Ulcers. Application of tissue cultured skin grafts for diabetic foot ulcers is a covered benefit. Effective May 8, 2000.

D. Topical Treatment of Diabetic Foot Ulcers. Application of Becaplermine Gel (Regranex) is a covered treatment of lower extremity diabetic neuropathic foot ulcers that extend into the subcutaneous tissue or beyond. Effective December 16, 1997.

E. AlloDerm (an acellular allograft) is a covered benefit, effective July 8, 2008, when used in a covered breast reconstruction surgery (see Section 5.2) for women who have any of the following indications:

1. Have insufficient tissue expander or implant coverage by the pectoralis major muscle and additional coverage is required; or

2. There is viable, but compromised or thin post-mastectomy skin flaps that are at risk of dehiscence or necrosis; or

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3. The infra-mammary fold and lateral mammary folds have been undermined during mastectomy and re-establishment of these landmarks are needed.

F. Negative Pressure Wound Therapy (NPWT) may be covered effective November 9, 2007 when certain criteria are met. See Section 5.8.

#### IV. EXCLUSIONS

A. Removal of corns or calluses or trimming of toenails and other routine podiatry services, except those required as a result of diagnosed systemic medical disease affecting the lower limbs, such as severe diabetes.

B. Services performed for cosmetic purposes.

C. Subcutaneous hormone (estradiol and/or testosterone) pellet implantation (CPT<sup>2</sup> procedure code 11980) is unproven. Estradiol pellets are not U.S. Food and Drug Administration (FDA) approved for general use in humans.

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