

## Chapter 4

## Section 5.1

# Integumentary System

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

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### 1.0 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

### 2.0 DESCRIPTION

Integumentary system pertains to the skin, subcutaneous tissue and areolar tissue and other accessory structures of the skin such as the lips, nails, etc.

### 3.0 POLICY

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

**3.2** 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.

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

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

### 4.0 EXCLUSIONS

**4.1** 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.

**4.2** Services performed for cosmetic purposes.

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**4.3** 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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