

## 400.94 Use of Cellular and/or Tissue Based Products

**Department:** Utilization Management  
**Effective Date:** April 2026  
**Revision Date:** April 2026

**Purpose:** To provide the process for review of organization determination (OD) requests for cellular and/or tissue-based products (CTPs) used in wound care in order to verify medical necessity and appropriateness and the plan's contractual requirements, for in and out of network providers.

**Policy:** It is the policy of MediGold to comply with the regulations set forth in the Medicare Managed Care Manual Chapter 13 Beneficiary Grievances, Organization Determinations and Appeals, Sections 30 and 40 related to standard and expedited organization determinations.

**Procedure:**

1. See policy 400.03 Preservice Organization Determinations for definition of OD and Centers for Medicare and Medicaid (CMS) requirements for decision making and member notification.
2. When MediGold receives a request for CTP, the Utilization Management (UM) Nurse review the servicing provider's network status
  - a. If the provider is not in the network, review for network providers in the member's service area for inclusion in the medical director summary/
3. UM Nurse will review clinical documentation based on Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination Wound Application of Cellular and/or Tissue Based Product, Lower Extremities, L36690.
  - a. The coverage guidance presented in this Local Coverage Determination (LCD) will be utilized across all service areas unless there is a LCD established for the service area where the CTP is provided.