

REVISION HISTORY LOG

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
09/20/21		Table of Contents	8	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance and to incorporate Skin Substitute service criteria.
09/20/21	5.1	Covered Services – Skin Substitutes	3	Revisions made to incorporate Skin Substitute service criteria for chronic diabetic lower extremity ulcers, including coverage limitations and prior authorization criteria.