

RECELL Autologous Cell Harvesting Device



Medicaid Medical Coverage Policy

Original Effective Date: 05/20/2026

Effective Date: 05/20/2026

Review Date: 02/03/2026

Policy Number: HUM-IN-2648-000

Line of Business: Medicaid

State(s): IN

Table of Contents

[Description](#)

[Coverage Limitations](#)

[References](#)

[Coverage Determination](#)

[Coding Information](#)

[Change Summary](#)

Disclaimer

The Clinical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

RECELL is a single use autologous (one individual as both donor and recipient) cell harvesting device that is intended for use by an appropriately licensed and trained healthcare professional for the preparation of spray-on skin cells. The device enables the processing of a small, thin split-thickness skin sample to prepare a cell population in suspension of spray-on skin cells for immediate delivery onto a prepared wound surface. The system consists of sterile surgical instruments for harvesting skin; an enzyme-based kit to separate, filter and suspend the cells in solution; and applicators to spray or drip the solution over the target area. The RECELL system is approved by the FDA for the treatment of thermal burn wounds and full-thickness skin defects and for repigmentation of stable depigmented vitiligo lesions.

Prior authorization is required for the services addressed in this medical coverage policy.

Coverage Determination

Humana members may be eligible under the Plan for **RECELL autologous cell harvesting device** for the following indications:

- Application in combination with meshed autografting (one individual as both donor and recipient) for acute full-thickness thermal burn wounds¹¹; **OR**
- Treatment of full-thickness skin defects resulting from traumatic avulsion (degloving), surgical excision (necrotizing soft tissue infection) or resection (skin cancer) in an individual 15 years of age and older¹¹; **OR**
- Treatment of acute partial-thickness thermal burn wounds in an individual 18 years of age and older¹¹; **OR**
- Repigmentation of stable depigmented vitiligo lesions in an individual 18 years of age and older¹²;

AND the absence of **ALL** the following contraindications:

- Infected or with necrotic tissue present in wound bed¹¹; **AND**
- Individual with a known hypersensitivity to trypsin or compound sodium lactate solution (Lactated Ringer's, Hartmann's Solution)^{11,12}; **AND**
- Individual with a known hypersensitivity to anesthetics, adrenaline/epinephrine, povidone-iodine or chlorhexidine solutions^{11,12}

Coverage Limitations

For members under age 21, requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Humana members may **NOT** be eligible under the Plan for **RECELL autologous cell harvesting device** for any indications other than those listed above. All other indications are considered not medically necessary.

A review of the current medical literature shows that there is **no evidence** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
No code(s) identified		
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
C1832	Autograft suspension, including cell processing and application, and all system components	
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	

References

1. ECRI Institute. Clinical Evidence Assessment. ReCell spray-on skin system (Avita Medical, Ltd.) for treating acute wounds. <https://home.ecri.org>. Published October 26, 2023.
2. ECRI Institute. Clinical Evidence Assessment. ReCell spray-on skin system (Avita Medical, Ltd.) for treating burns. <https://home.ecri.org>. Published February 28, 2019. Updated July 30, 2025.
3. ECRI Institute. Clinical Evidence Assessment. ReCell spray-on skin system (Avita Medical, Ltd.) for treating chronic wounds. <https://home.ecri.org>. Published November 9, 2023.
4. ECRI Institute. Clinical Evidence Assessment. ReCell spray-on skin system (Avita Medical, Ltd.) for treating necrotizing fasciitis wounds. <https://home.ecri.org>. Published October 26, 2023.
5. ECRI Institute. Clinical Evidence Assessment. ReCell spray-on skin system (Avita Medical, Ltd.) for treating surgical wounds. <https://home.ecri.org>. Published October 26, 2023.
6. ECRI Institute. Clinical Evidence Assessment. ReCell spray-on skin system (Avita Medical, Ltd.) for treating vitiligo. <https://home.ecri.org>. Published November 3, 2023.
7. Hayes, Inc. Evolving Evidence Review. ReCell autologous cell harvesting device (Avita Medical) for treatment of acute thermal burns. <https://evidence.hayesinc.com>. Published December 9, 2022. Updated December 17, 2024.
8. Hayes, Inc. Evolving Evidence Review. ReCell autologous skin cell suspension (Avita Medical) combined with meshed autograft for treatment of acute thermal full-thickness or mixed-thickness burns. <https://evidence.hayesinc.com>. Published December 20, 2022. Updated December 26, 2024.

9. UpToDate, Inc. Primary operative management of hand burns. <https://uptodate.com>. Updated October 2025.
10. UpToDate, Inc. Skin autografting. <https://uptodate.com>. Updated October 2025.
11. US Food & Drug Administration (FDA). Summary of safety and effectiveness data: RECELL autologous cell harvesting device. <https://fda.gov>. Published September 21, 2018.
12. US Food & Drug Administration (FDA). Summary of safety and effectiveness data: RECELL autologous cell harvesting device (model number: AVRL0102). <https://fda.gov>. Published June 16, 2023.

Change Summary

02/03/2026 New Policy.