Altura Management Services

Policy and Procedure

Policy Title:	Step Therapy for Skin and Soft Tissue Substitutes
Policy No.:	UM-RPP-061
Issuing Dept.:	Utilization Management
Applicable To:	☒ M-Cal ☒ Comm ☒ Medicare
Effective Date:	11/11/2025
Last Review Date:	03/09/2026

Purpose

1. To promote clinically appropriate and cost-effective use of skin and soft tissue substitutes for chronic wounds, ensuring first-line products are trialed before second-line options unless medically justified.

Policy

1. Tiering of Products

    1.1. Products are categorized into First-Line and Second-Line (Restricted) tiers based on clinical efficacy, cost, and regulatory guidance.

    1.2. Use of second-line products requires prior trial of first-line options unless contraindicated or ineffective.

2. Step Therapy Enforcement

    2.1. First-Line Trial Requirement: Minimum 4-week trial with documented wound measurements and response.

    2.2. Second-Line Authorization: Requires detailed clinical documentation and oversight.

3. Clinical Expectations for First-Line Use

    3.1. Must be attempted unless:

        3.1.1. Contraindicated (e.g., allergy, wound type mismatch)

        3.1.2. No measurable healing after 4 weeks

        3.1.3. Documented failure of product

4. Clinical Expectations for Second-Line Use

    4.1. Requires:

        4.1.1. Operative note with rationale

        4.1.2. Photo documentation of wound progression

        4.1.3. Evidence of first-line product failure

5. Documentation Requirements

5.1. Weekly wound measurements

5.2. Vascular assessment

5.3. Comorbidity management (e.g., diabetes, PAD)

5.4. Product label and NDC

5.5. Justification for second-line use

6. Product List

HCPCS Code	Product Name	Tier Classification
A2008	TheraGenesis, per sq cm	First-Line
A2019	Kerecis Omega3 MariGen Shield, per sq cm	First-Line
Q4101	Apligraf, per sq cm	First-Line
Q4102	Oasis wound matrix, per sq cm	First-Line
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	First-Line
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal	First-Line
Q4106	Dermagraft, per sq cm	First-Line
Q4107	Graftjacket, per sq cm	First-Line
Q4110	PriMatrix, per sq cm	First-Line
Q4111	Gammagraft, per sq cm	First-Line
Q4115	Alloskin, per sq cm	First-Line
Q4117	Hyalomatrix, per sq cm	First-Line
Q4118	Matristem micromatrix, 1mg	First-Line
Q4121	TheraSkin, per sq cm	First-Line
Q4124	Oasis ultra tri-layer wound matrix, per sq cm	First-Line
Q4128	FlexHD, or AllopatchHD, per sq cm	First-Line
Q4132	Grafix Core and GrafixPL Core, per sq cm	First-Line
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	First-Line
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per sq cm	First-Line
Q4141	AlloSkin AC, per sq cm	First-Line
Q4146	TENSIX, per sq cm	First-Line
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	First-Line
Q4151	AmnioBand or Guardian, per sq cm	First-Line
Q4152	DermaPure, per sq cm	First-Line

Q4154	Biovance, per sq cm	First-Line
Q4156	Neox 100 or Clarix 100, per sq cm	First-Line
Q4158	Kerecis Omega3, per sq cm	First-Line
Q4159	Affinity, per sq cm	First-Line
Q4160	Nushield, per sq cm	First-Line
Q4166	Cytal, per square centimeter	First-Line
Q4170	Cygnus, per sq cm	First-Line
Q4175	Miroderm, per sq cm	First-Line
Q4178	FlowerAmnioPatch, per sq cm	First-Line
Q4186	Epifix, per sq cm	First-Line
Q4187	Epicord, per sq cm	First-Line
Q4188	AmnioArmor, per sq cm	First-Line
Q4195	PuraPly, per square cm	First-Line
Q4196	PuraPly AM , per square cm	First-Line
Q4197	Puraply XT, per square cm	First-Line
Q4201	Matrion, per sq cm	First-Line
Q4203	Derma-Gide, per sq cm	First-Line
Q4253	Zenith amniotic membrane, per sq cm	First-Line
Q4262	Dual Layer Impax Membrane, per sq cm	First-Line
A2001	InnovaMatrix AC, per sq cm	Second-Line
A2002	Mirragen Advanced Wound Matrix, per sq cm	Second-Line
A2005	Microlyte Matrix, per sq cm	Second-Line
A2006	NovoSorb SynPath dermal matrix, per sq cm	Second-Line
A2007	Restrata, per sq cm	Second-Line
A2009	Symphony, per sq cm	Second-Line
A2010	Apis, per sq cm	Second-Line
A2011	Supra SDRM, per sq cm	Second-Line
A2012	Suprathel, per sq cm	Second-Line
A2013	Innovamatrix FS, per sq cm	Second-Line
A2014	Omeza Collagen Matrix, per 100 mg	Second-Line
A2015	Phoenix Wound Matrix, per sq cm	Second-Line
A2016	PermeaDerm B, per sq cm	Second-Line
A2017	PermeaDerm Glove, each	Second-Line
A2018	PermeaDerm C, per sq cm	Second-Line
A2020	AC5 Advanced Wound System (AC5)	Second-Line
A2021	NeoMatriX, per sq cm	Second-Line
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	Second-Line
A2023	InnovaMatrix PD, 1 mg	Second-Line
A2024	Resolve Matrix or XenoPatch, per sq cm	Second-Line
A2025	Miro3D, per cu cm	Second-Line

A2026	Restrata MiniMatrix, 5 mg	Second-Line
A2027	MatriDerm, per sq cm	Second-Line
A2028	MicroMatrix Flex, per mg	Second-Line
A2029	MiroTract Wound Matrix Sheet, per cc	Second-Line
A2030	Miro3D fibers, per mg	Second-Line
A2031	MiroDry Wound Matrix, per sq cm	Second-Line
A2032	Myriad Matrix, per sq cm	Second-Line
A2033	Myriad Morcells, 4 mg	Second-Line
A2034	Foundation DRS Solo, per sq cm	Second-Line
A2035	Corplex P or Theracor P or Allacor P, per mg	Second-Line
Q4100	Skin substitute, not otherwise specified	Second-Line
Q4103	Oasis burn matrix, per sq cm	Second-Line
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	First-Line
Q4106	Dermagraft, per sq cm	First-Line
Q4108	Integra matrix, per sq cm	Second-Line
Q4112	Cymetra, injectable, 1 cc	Second-Line
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	Second-Line
Q4114	Integra flowable wound matrix, injectable, 1 cc	Second-Line
Q4116	AlloDerm, per sq cm	Second-Line
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	Second-Line
Q4123	AlloSkin RT, per sq cm	Second-Line
Q4125	ArthroFlex, per sq cm	Second-Line
Q4126	MemoDerm, DermaSpan, TranZgraft or Integuply, per sq cm	Second-Line
Q4127	Talymed, per sq cm	Second-Line
Q4130	Strattice TM, per sq cm	Second-Line
Q4134	Hmatrix, per sq cm	Second-Line
Q4135	Mediskin, per sq cm	Second-Line
Q4136	E Z Derm, per sq cm	Second-Line
Q4138	BioDFence DryFlex, per sq cm	Second-Line
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Second-Line
Q4140	BioDFence, per sq cm	Second-Line
Q4142	XCM biologic tissue matrix, per sq cm	Second-Line
Q4143	Repriza, per sq cm	Second-Line
Q4145	EpiFix, injectable, 1 mg	Second-Line
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Second-Line
Q4149	Excellagen, 0.1 cc	Second-Line
Q4150	AlloWrap DS or dry, per sq cm	Second-Line
Q4153	Dermavest and Plurivest, per sq cm	Second-Line
Q4155	Neox Flo or Clarix Flo 1 mg	Second-Line
Q4157	Revitalon, per sq cm	Second-Line

Q4161	Bio-connekt wound matrix, per sq cm	Second-Line
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Second-Line
Q4163	Woundex, bioskin, per sq cm	Second-Line
Q4164	Helicoll, per sq cm	Second-Line
Q4165	Keramatrix or Kerasorb, per sq cm	Second-Line
Q4167	Truskin, per sq cm	Second-Line
Q4168	AmnioBand, 1 mg	Second-Line
Q4169	Artacent wound, per sq cm	Second-Line
Q4171	Interfyl, 1 mg	Second-Line
Q4173	Palingen or Palingen Xplus, per sq cm	Second-Line
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Second-Line
Q4176	Neopatch or therion, per sq cm	Second-Line
Q4177	FlowerAmnioFlo, 0.1 cc	Second-Line
Q4179	FlowerDerm, per sq cm	Second-Line
Q4180	Revita, per sq cm	Second-Line
Q4181	Amnio Wound, per sq cm	Second-Line
Q4182	Transcyte, per sq cm	Second-Line
Q4183	Surgigraft, per sq cm	Second-Line
Q4184	Cellesta or Cellesta Duo, per sq cm	Second-Line
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Second-Line
Q4189	Artacent AC, 1 mg	Second-Line
Q4190	Artacent AC, per sq cm	Second-Line
Q4191	Restorigin, per sq cm	Second-Line
Q4192	Restorigin, 1 cc	Second-Line
Q4193	Coll-e-Derm, per sq cm	Second-Line
Q4194	Novachor, per sq cm	Second-Line
Q4198	Genesis Amniotic Membrane, per sq cm	Second-Line
Q4199	Cygnus matrix, per sq cm	Second-Line
Q4200	SkinTE, per sq cm	Second-Line
Q4202	Keroxx (2.5 g/cc), 1 cc	Second-Line
Q4204	XWRAP, per sq cm	Second-Line
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Second-Line
Q4206	Fluid Flow or Fluid GF, 1 cc	Second-Line
Q4208	Novafix, per sq cm	Second-Line
Q4209	SurGraft, per sq cm	Second-Line
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	Second-Line
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Second-Line
Q4212	AlloGen, per cc	Second-Line
Q4214	Cellesta Cord, per sq cm	Second-Line
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Second-Line

Q4216	Artacent Cord, per sq cm	Second-Line
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or	Second-Line
Q4218	SurgiCORD, per sq cm	Second-Line
Q4219	SurgiGRAFT-DUAL, per sq cm	Second-Line
Q4220	BellaCell HD or Surederm, per sq cm	Second-Line
Q4221	Amnio Wrap2, per sq cm	Second-Line
Q4222	ProgenaMatrix, per sq cm	Second-Line
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	Second-Line
Q4225	AmnioBind or DermaBind TL, per sq cm	Second-Line
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Second-Line
Q4227	AmnioCore TM, per sq cm	Second-Line
Q4229	Cogenex Amniotic Membrane, per sq cm	Second-Line
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Second-Line
Q4231	Corplex P, per cc	Second-Line
Q4232	Corplex, per sq cm	Second-Line
Q4236	carePATCH, per sq cm	Second-Line
Q4233	SurFactor or NuDyn, per 0.5 cc	Second-Line
Q4234	Xcellerate, per sq cm	Second-Line
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Second-Line
Q4237	Cryo-Cord, per sq cm	Second-Line
Q4238	Derm-Maxx, per sq cm	Second-Line
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Second-Line
Q4240	CoreCyte, for topical use only, per 0.5 cc	Second-Line
Q4241	PolyCyte, for topical use only, per 0.5 cc	Second-Line
Q4242	AmnioCyte Plus, per 0.5 cc	Second-Line
Q4244	Procenta, per 200 mg	Second-Line
Q4245	AmnioText, per cc	Second-Line
Q4246	CoreText or ProText, per cc	Second-Line
Q4247	Amniotext patch, per sq cm	Second-Line
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Second-Line
Q4249	AMNIPLY, for topical use only, per sq cm	Second-Line
Q4250	AmnioAmp-MP, per sq cm	Second-Line
Q4251	Vim, per sq cm	Second-Line
Q4252	Vendaje, per sq cm	Second-Line
Q4254	Novafix, per sq cm	Second-Line
Q4255	REGUaRD, for topical use only, per sq cm	Second-Line
Q4256	MLG-Complete, per sq cm	Second-Line
Q4257	Relese, per sq cm	Second-Line
Q4258	Enverse, per sq cm	Second-Line
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	Second-Line

Q4260	Signature Apatch, per sq cm	Second-Line
Q4261	TAG, per sq cm	Second-Line
Q4263	SurGraft TL, per sq cm	Second-Line
Q4264	Cocoon Membrane, per sq cm	Second-Line
Q4265	NeoStim TL, per sq cm	Second-Line
Q4266	NeoStim Membrane, per sq cm	Second-Line
Q4267	NeoStim DL, per sq cm	Second-Line
Q4268	SurGraft FT, per sq cm	Second-Line
Q4269	SurGraft XT, per sq cm	Second-Line
Q4270	Complete SL, per sq cm	Second-Line
Q4271	Complete FT, per sq cm	Second-Line
Q4272	Esano A, per sq cm	Second-Line
Q4273	Esano AAA, per sq cm	Second-Line
Q4274	Esano AC, per sq cm	Second-Line
Q4275	Esano ACA, per sq cm	Second-Line
Q4276	ORION, per sq cm	Second-Line
Q4278	EPIEFFECT, per sq cm	Second-Line
Q4279	Vendaje AC, per sq cm	Second-Line
Q4280	Xcell Amnio Matrix, per sq cm	Second-Line
Q4281	Barrera SL or Barrera DL, per sq cm	Second-Line
Q4282	Cygnus Dual, per sq cm	Second-Line
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	Second-Line
Q4284	DermaBind SL, per sq cm	Second-Line
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	Second-Line
Q4286	NuDYN SL or NuDYN SLW, per sq cm	Second-Line
Q4287	DermaBind DL, per sq cm	Second-Line
Q4288	DermaBind CH, per sq cm	Second-Line
Q4289	RevoShield+ Amniotic Barrier, per sq cm	Second-Line
Q4290	Membrane Wrap-Hydro(TM), per sq cm	Second-Line
Q4291	Lamellas XT, per sq cm	Second-Line
Q4292	Lamellas, per sq cm	Second-Line
Q4293	Acesso DL, per sq cm	Second-Line
Q4294	Amnio Quad-Core, per sq cm	Second-Line
Q4295	Amnio Tri-Core Amniotic, per sq cm	Second-Line
Q4296	Rebound Matrix, per sq cm	Second-Line
Q4297	Emerge Matrix, per sq cm	Second-Line
Q4298	AmniCore Pro, per sq cm	Second-Line
Q4299	AmniCore Pro+, per sq cm	Second-Line
Q4300	Acesso TL, per sq cm	Second-Line
Q4301	Activate Matrix, per sq cm	Second-Line

Q4302	Complete ACA, per sq cm	Second-Line
Q4303	Complete AA, per sq cm	Second-Line
Q4304	GRAFIX PLUS, per sq cm	Second-Line
Q4305	American Amnion AC Tri-Layer, per sq cm	Second-Line
Q4306	American Amnion AC, per sq cm	Second-Line
Q4307	American Amnion, per sq cm	Second-Line
Q4308	Sanopellis, per sq cm	Second-Line
Q4309	VIA Matrix, per sq cm	Second-Line
Q4310	Procenta, per 100 mg	Second-Line
Q4311	Acesso, per sq cm	Second-Line
Q4312	Acesso AC, per sq cm	Second-Line
Q4313	Dermabind Fm, per sq cm	Second-Line
Q4314	Reeva Ft, per sq cm	Second-Line
Q4315	Regenelink Amniotic Membrane Allograft, per sq cm	Second-Line
Q4316	Amchoplast, per sq cm	Second-Line
Q4317	Vitograft, per sq cm	Second-Line
Q4318	E-Graft, per sq cm	Second-Line
Q4319	Sanograft, per sq cm	Second-Line
Q4320	Pellograft, per sq cm	Second-Line
Q4321	Renograft, per sq cm	Second-Line
Q4322	Caregraft, per sq cm	Second-Line
Q4323	Alloply, per sq cm	Second-Line
Q4324	Amniotx, per sq cm	Second-Line
Q4325	Acapatch, per sq cm	Second-Line
Q4326	Woundplus, per sq cm	Second-Line
Q4327	Duoamnion, per sq cm	Second-Line
Q4328	MOST, per sq cm	Second-Line
Q4329	Singlay, per sq cm	Second-Line
Q4330	TOTAL, per sq cm	Second-Line
Q4331	Axolotl Graft, per sq cm	Second-Line
Q4332	Axolotl Dualgraft, per sq cm	Second-Line
Q4333	Ardeograft, per sq cm	Second-Line
Q4334	AmnioPlast 1, per sq cm	Second-Line
Q4335	AmnioPlast 2, per sq cm	Second-Line
Q4336	Artacent C, per sq cm	Second-Line
Q4337	Artacent Trident, per sq cm	Second-Line
Q4338	Artacent Velos, per sq cm	Second-Line
Q4339	Artacent Vericlen, per sq cm	Second-Line
Q4340	Simpligraft, per sq cm	Second-Line
Q4341	Simplimax, per sq cm	Second-Line

Q4342	Theramend, per sq cm	Second-Line
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm	Second-Line
Q4344	Tri-Membrane Wrap, per sq cm	Second-Line
Q4345	Matrix Hd Allograft Dermis, per sq cm	Second-Line
Q4346	Shelter DM Matrix, per sq cm	Second-Line
Q4347	Rampart DL Matrix, per sq cm	Second-Line
Q4348	Sentry SL Matrix, per sq cm	Second-Line
Q4349	Mantle DL Matrix, per sq cm	Second-Line
Q4350	Palisade DM Matrix, per sq cm	Second-Line
Q4351	Enclose TL Matrix, per sq cm	Second-Line
Q4352	Overlay SL Matrix, per sq cm	Second-Line
Q4353	Xceed TL Matrix, per sq cm	Second-Line
Q4354	PalinGen Dual-Layer Membrane, per sq cm	Second-Line
Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm	Second-Line
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm	Second-Line
Q4357	XWRAP Plus, per sq cm	Second-Line
Q4358	XWRAP Dual, per sq cm	Second-Line
Q4359	ChoriPly, per sq cm	Second-Line
Q4360	AmchoPlast FD, per sq cm	Second-Line
Q4361	EPIXPRESS, per sq cm	Second-Line
Q4362	CYGNUS Disk, per sq cm	Second-Line
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm	Second-Line
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm	Second-Line
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm	Second-Line
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm	Second-Line
Q4367	AmnioCore SL, per sq cm	Second-Line
Q4368	AmchoThick, per sq cm	Second-Line
Q4369	AmnioPlast 3, per sq cm	Second-Line
Q4370	AeroGuard, per sq cm	Second-Line
Q4371	NeoGuard, per sq cm	Second-Line
Q4372	AmchoPlast EXCEL, per sq cm	Second-Line
Q4373	Membrane Wrap-Lite, per sq cm	Second-Line
Q4375	DuoGRAFT AC, per sq cm	Second-Line
Q4376	DuoGRAFT AA, per sq cm	Second-Line
Q4377	TriGraft FT, per sq cm	Second-Line
Q4378	Renew FT Matrix, per sq cm	Second-Line
Q4379	AmnioDefend FT Matrix, per sq cm	Second-Line
Q4380	AdvoGraft One, per sq cm	Second-Line
Q4382	Advograft Dual, per sq cm	Second-Line
Q4220	removed. New codes added (from	Second-Line

Q4232	and Q4254. Removed Q4119, Q4174. Added reference CMS	Second-Line
Q4264	Added new codes Q4253, Q4262,	Second-Line
Q4263	and Q4264 to HCPCS table 1. Added additional codes to not	Second-Line
Q4278	to	Second-Line
Q4279	and Q4287 through Q4304. Coding	Second-Line

Procedure

1. Tiering of Products

    1.1. Products are classified into First-Line and Second-Line (Restricted) tiers based on clinical efficacy, cost considerations, and medical necessity.

    1.2. Second-Line product use is permitted only after a documented trial of First-Line options, unless there is a clear contraindication or demonstrated ineffectiveness.

2. Step Therapy Enforcement

    2.1. First-Line Trial Requirement: A minimum 4-week trial of First-Line products is required, with documented wound measurements and clinical response.

    2.2. Second-Line Authorization: Requests for Second-Line products must include comprehensive clinical documentation and are subject to physician oversight.

3. Clinical Expectations for First-Line Use

    3.1. First-Line products must be attempted unless one of the following applies.

        3.1.1. Contraindication (e.g., allergy, wound type mismatch)

        3.1.2. No measurable healing after 4 weeks of appropriate use

        3.1.3. Documented failure of the product

4. Clinical Expectations for Second-Line Use

    4.1. Requests for Second-Line products must include:

        4.1.1. Operative note detailing clinical rationale

4.1.2. Photo documentation showing wound progression

4.1.3. Evidence of First-Line product failure

5. Documentation Requirements

5.1. Weekly wound measurements for at least 4 weeks

5.2. Vascular assessment (as clinically indicated)

5.3. Evidence of comorbidity management (e.g., diabetes, peripheral arterial disease)

5.4. Product label and NDC code

5.5. Written justification for Second-Line use

6. Review Process

6.1. Nurse Review:

6.1.1. Verify product tier classification (First-Line vs Second-Line) against the HCPCS list.

6.1.2. Confirm documentation of First-Line trial or contraindication.

6.1.3. Ensure all required clinical data (wound measurements, photos, comorbidity management) are present.

6.1.4. Forward incomplete or non-compliant requests for physician review.

6.2. Physician Review:

6.2.1. Evaluate medical necessity for Second-Line product use.

6.2.2. Confirm failure of First-Line therapy or valid contraindication.

6.2.3. Review operative notes, wound progression photos, and supporting clinical evidence.

6.2.4. Make final determination and document rationale for approval or denial.

Forms & Resources

N/A

References and Citations

N/A

Definitions

Term	Definition

Company/Client Approval(s)

Date	Company/Client	Approve By (Full Name – Title)
11/11/2025	AltaMed Health Services	Dr. Thomas Kim, Vice President, Associate Chief Value Officer
11/11/2025	Omnicare Medical Group	Dr. Thomas Kim, Vice President, Associate Chief Value Officer
02/10/2026	AltaMed Health Services	Dr. Thomas Kim, Vice President, Associate Chief Value Officer
02/11/2026	Family Choice Medical Group	Dr. Alan Adler, Medical Director
02/12/2026	LaSalle Medical Associates	Dr. Jasmine Sharma, Medical Director
02/25/2026	Golden Physicians Medical Group	Dr. Dat Nguyen, Medical Director
03/09/2026	Omnicare Medical Group	Dr. Thomas Kim, Vice President, Associate Chief Value Officer

Version History

Date	Company/Client	Action Description
11/11/2025	AltaMed Health Services	Initial Adoption
11/11/2025	Omnicare Medical Group	Initial Adoption