NextGen
MEDICAL SOLUTIONS
TOMORROW'S HEALTHCARE, TODAY.

AIDX
WOUNDCARE

AIDX WOUNDCARE

Aidx Group is a leading national distributor of advanced wound care products, specializing in the supply of biologic and synthetic grafts used in the treatment of chronic and acute wounds. With a commitment to improving patient outcomes and supporting healthcare providers, we offer a comprehensive portfolio of skin substitutes, collagen-based products, and cellular and tissue-based therapies (CTPs) designed to accelerate healing in complex wound cases.

Mission Statement:

Our mission is to provide innovative wound care solutions that restore health and dignity to patients while empowering clinicians with access to the highest quality graft products and responsive support services.

What We Do:

Aidx Group connects healthcare providers with FDA-approved, CMS-reimbursable wound graft products from trusted manufacturers. We serve hospitals, outpatient wound care centers, long-term care facilities, surgical centers, and private practices nationwide. Our product offerings include split-thickness skin grafts, amniotic membrane allografts, collagen dressings, and ECM (extracellular matrix) scaffolds that support tissue regeneration.

Each product in our portfolio is carefully selected for its clinical efficacy, safety, and compliance with reimbursement guidelines. We also provide education and training for proper application, documentation, and billing support to ensure seamless integration into clinical workflows.

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Key Products:

- Excell Amnio matrix
- Amnio Maxx
- Derm Maxx
- Membrane Wrap
- Membrane Wrap Hydro
- Helicoll
- Esano ACA
- Emerge Matrix
- Activate Matrix
- Amnio AMP
- Cocoon Amniotic X-Membrane
- Dermabind FM
- Complete AA
- Complete SL

Clinical Support & Training:

Beyond distribution, Aidx Group offers robust clinical support, including product application guidance, wound assessment tools, and ongoing education through inperson and virtual training. Our team of wound care specialists and certified coding experts assists clients in navigating reimbursement pathways, including accurate usage of HCPCS codes

Why Choose Us:

Quality Products: We partner exclusively with manufacturers who meet the highest standards for safety, clinical evidence, and regulatory compliance.

AIDX WOUNDCARE

Nationwide Distribution: Reliable, fast shipping and fulfillment ensure timely product delivery to meet urgent patient care needs.

Billing & Compliance Expertise: Our in-house team helps providers stay compliant with CMS guidelines and maximize reimbursement.

Customer-Centric Service: Dedicated account managers provide personalized support, from onboarding to ongoing inventory management.

Commitment to Innovation:

At Aidx Group, we believe that wound care is more than a treatment—it's a path to recovery. We actively explore emerging technologies and evidence-based products that can elevate standards of care and bring lasting healing to patients with complex wounds.

Contact Us:

For inquiries, product ordering, or clinical support, please contact our team at:

John Assante

Phone: 720.217.6220

Email: John@NextGenMedicalSolutions.com

SAMPLE CHARTING NOTES

[redacted]

Current Medications

Taking

- Aspir 81
- Cyanocobalamin 1000 MCG Tablet Sublingual 1 tablet under the tongue and allow to dissolve Sublingual Once a day
- Vitamin D (Ergocalciferol) 1.25 MG (50000 UT) Capsule TAKE 1 CAPSULE BY MOUTH ONE TIME PER WEEK FOR 90 DAYS
- Santyl 250 UNIT/GM Ointment 1 application Externally Once a day
- Cephalexin 500 MG Capsule 1 capsule Orally Four times a day
- Eliquis 5 MG Tablet TAKE ONE TABLET BY MOUTH TWICE DAILY
- levETIRAcetam 500 MG Tablet TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

Unknown

- Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally every 8 hrs prn pain
- Silver sulfADIAZINE 1 % Cream 1 application to wound on buttocks/sacram Externally Once a day
- Silver sulfADIAZINE 1 % Cream 1 application Externally Once a day
- Cephalexin 500 MG Tablet 1 tablet Orally Four times a day
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn pain
- Santyl 250 UNIT/GM Ointment 1 application Externally Once a day

Review of Systems

General/Constitutional:
Denies Change in appetite. Denies Chills. Denies Fatigue. Denies Fever. Denies Headache. Denies Lightheadedness. Denies Sleep disturbance. Denies Weight gain. Denies Weight loss.

ENT:
Denies Decreased hearing. Denies Difficulty swallowing.

Reason for Appointment

1. Length-12.5cm width-13.6cm
2. Area-170 sq cm volume-170 cu cm
3. SN 23-00128-054 4X8
4. SN 23-00134-043 4X8
5. SN 23-00134-046 4X8
6. SN 23-00155-029 4X8
7. SN 23-00155-030 4X8

History of Present Illness

Echocardiogram:
The patient is here for wound care using Membrane Wrap. The patient has a wound which has been present for greater than 4 weeks.

Examination

General Examination:
GENERAL APPEARANCE: in no acute distress, well developed, well nourished. SKIN: wound noted. HEART: no murmurs, regular rate and rhythm, S1, S2 normal. LUNGS: clear to auscultation bilaterally. EXTREMITIES: no clubbing, cyanosis, or edema. PERIPHERAL PULSES: normal. NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessments

1. Pressure injury of sacral region, stage 4 - L89.154 (Primary)
2. Pressure injury of other site, stage 2 - L89.892
3. Type 2 diabetes mellitus without complications - E11.9
4. Down's syndrome - Q90.9
5. Open wound of scalp, unspecified open wound type, initial encounter - S01.00XA

The patient presents for wound care.
This was a stage IV ulcer.
Pictures were taken
. Patient seems to be improved.
Permission was granted by patient and custodian her brother who was at the bedside.
Nursing staff was available at bedside
Today we had to use a different membrane wrap due to supply chain issues.
Patient was hospitalized between initial application on April 10 and

[redacted]

SAMPLE CHARTING NOTES

Treatment

1. Others Notes: This is not an acute wound. This is a chronic wound, an ulcer that has failed to progress as it should after four weeks of treatment. This ulcer is not demonstrating signs that lead one to believe it will heal if current treatment continues and advanced healing options are not instituted. There is not enough healing by contraction or advancement of epithelial margins over the last 4 weeks of treatement to suggest that eventual healing will occur if current treatment continues. Ulcers of this nature of a high rate of failure to heal, and high rates of infection, amputation, other morbidity, and even mortality associated with them. Therefore, advanced treatment in the form of an amniotic membrane derived skin substitute productive is indicated in an efort to heal this chronic ulcer and prevent amputation. This ulcer does not involve tendon, muscle, or joint capsule. There is no bone exposed and there are no sinus tracts or undermining. the base of this ulcer is mostly clean and granular and ready to receive a graft. After preparation, the ulcer bed is free of any necrotic issue, debris, or exudate. No local anesthesia is used as the area was treated prior to placement of the membrane. Membrane Wrap amniotic allograft membrane is used because, in addition to typical amniotic product benefits, this one is minimally manipulated, thereby preserving many of the natural growth factors and cytokines that are abundantly present in amniotic tissue. This product is a dual-layered dehydrated human amnion membrane (dHAM) allograft composed primarily of a connective tissue matrix. The presence of this connective tissue matrix and associated factors help to regenerate soft tissue while inhibitating inflammation and scar tissue formation. The amniotic membrane allograft is used in treeatment of chronic wounds to reduce scarring, modulate inflammation, provide a barrier, initiate stem cell recruitment, and initiate signaling of the progenitor cells to reverse the stalling of formation of healing tissue. This is a human amniotic membrane, stemmed collagen derived from the placenta during which the human fetus grows and develops in the mother's uterus. The human amniotic membrane consists of multiple layers, some of them were manipulated, dehydrated, nonviable cellular amniotic membrane allograft, there are multiple extracellular matrix proteins. Growth factor cytokines and other specialty proteins present in the amniotic tissue to provide a barrier of membrane and enhance the healing. The closure of the wound is necessary to avoid sepsis, hospitalization and amputation/death. The failure of the progression towards closure necessitates the use of amniotic membrane. All of the other reasons for the failure of active conservative care have been ruled out. The patient has adequate arterial and venosu perfusion. Diet and caloric intake is sufficent. There is no sign of dehydration. There is no sign of active, acute infection. The wound base is not responding to closure. Therefore, the amniotic membrane serial application is necessary to further wound closure. There is no history of biologic used for this wound in the past year.

SAMPLE CHARTING NOTES

The patient and/or decision maker have given informed consent, understand potention risks and complications, and have discussed treatment alternatives. The patient understands the necessity to particiate in follow up care. Anticipated patient outcomes include any or all the following: graft take 50%, return to appropriate rate of healing, eventual closure of wound, increase in activity, and reduced possibility of infection, sepsis, hospitalization, amputation of extremity, death. The patient tolerated the wound care procedure well without any complications.
The current medication list was reviewed with the patient today, and appropriate updates were made. The patient admits to taking medications as prescribed. Patient was screened for tobacco smoking, and will continue to be screened at every visit in our office. An advanced care plan was discussed today with patient. The patient agrees with the plan at this time. We will continue to closely monitor the patient and make appropriate adjustment to the care plan as needed per visit.

Procedure Codes

1111F DSCHRG MED/CURRENT MED MERGE
1123F ACP DISCUSS/DSCN MKR DOCD
G8427 DOC MEDS VERIFIED W/PT OR RE
4004F PT TOBACCO SCREEN RCVD TLK

Provider Treatment and Documentation Guide

1. Criteria for treatment with Skin Sub

Diabetic Foot Ulcer

- o Failed *Conservative Care* for 30 days prior to treatment
  - Medical records show that the wound has failed to respond to *Conservative Care* and documents what treatments have been tried and failed. ie. Wound is not improving after 30 days of conservative care
  - *Conservative Care* includes the following but is not limited to:
    - Control of swelling (edema)
    - Local high blood pressure in the veins (venous hypertension) , or type of swelling from blood fluids (lymphedema)
    - Control of infection including infection of the bone (osteomyelitis) and skin (cellulitis)
    - Removal of foreign body or cancer if present
      Surgery to clean foreign material and dead tissue out of the wound (debridement)
      Appropriate non-weight bearing or off-loading of pressure
- o Adequate blood flow
- o Controlled diabetes
- o Wound does not involve tendon, muscle, or joint capsule or exposed bone or sinus tracts
- o Wound is at least 1.0 cm2 in size
- o The skin substitute product has been cleared for this use by the FDA (check IFU)
- o No active infection present

Venous Leg Ulcer

- o Presence of a venous stasis ulcer for at least 90 days prior to skin sub treatment
- o Failed *Conservative Care* for 30 days prior to treatment
  - Medical records show that the wound has failed to respond to *Conservative Care* and documents what treatments have been tried and failed. ie. Wound is not improving after 30 days of conservative care
  - *Conservative Care* includes the following but is not limited to:
    - Control of swelling (edema)
    - Local high blood pressure in the veins (venous hypertension) , or type of swelling from blood fluids (lymphedema)
    - Control of infection including infection of the bone (osteomyelitis) and skin (cellulitis)
    - Removal of foreign body or cancer if present
      Surgery to clean foreign material and dead tissue out of the wound (debridement)
      Compression therapy and limb elevation

- Adequate blood flow
- Wound does not involve tendon, muscle, or joint capsule or exposed bone or sinus tracts
- Wound is at least 1.0 cm2 in size
- The skin substitute product has been cleared for this use by the FDA (check IFU)
- No active infection present

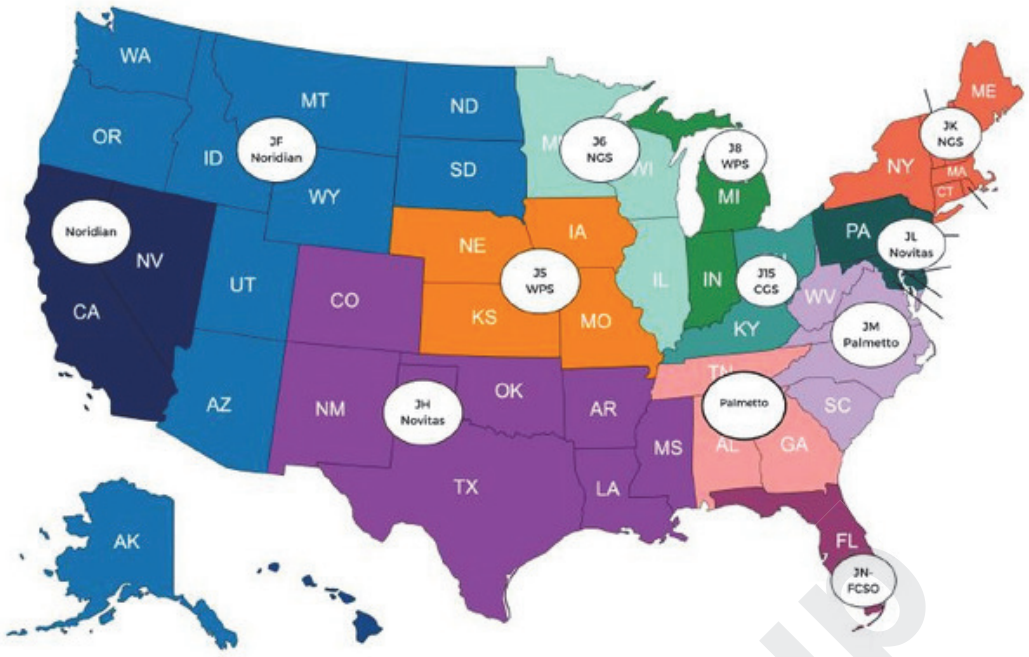
- All Other Wounds
  - Failed *Conservative Care* for 30 days prior to treatment
  - Wound does not involve tendon, muscle, or joint capsule or exposed bone or sinus tracts
  - Wound is at least 1.0 cm2 in size
  - The skin substitute product has been cleared for this use by the FDA (check IFU)
  - No active infection present
  - While there are no other specific criteria guidelines for other wounds, we would recommend applying all relevant qualifying criteria from DFU and VLU guidelines above

2. Documentation Requirements for Skin Substitute

- Date, time and location of ulcer treated
- Name of skin substitute
- Amount of product units used
- Amount of product units discarded
  - Reason for the wastage
- Manufacturer's serial/lot/batch or other unit identification number of graft material. When manufacturer does not supply unit identification, record must document such
- Pictures (NOT REQUIRED BUT HIGHLY RECOMMENDED)
  - Pre debridement (with measurements)
  - Post debridement (with measurements)
  - Post graft application (with measurements)

3. Skin Substitute Treatment Limitations

- Treatment will not exceed 10 applications and will not last longer than 12 weeks from the start of treatment (exceptions exist)
  - Additional treatments beyond 10 applications will require medical justification of necessity
  - For Medicare Advantage, prior-authorization is required.
- Re-treatment of any given course of skin substitute for venous stasis ulcer or diabetic (neuropathic) foot ulcer does not occur within one year, as it is considered treatment failure.
- Use of more than one skin substitute product at a time for the same wound is not permitted.
- Continued use on wounds that are smaller than .5 cm2 is not permitted.
- Continued use of the same or alternate skin substitute for wounds that have no improvement in size or depth, after four weeks from the start of therapy is not permitted.



Novitas or FCSO policies are referenced as a standard since the criteria in those LCDs are very comprehensive and apply to nearly all scenarios when using skins subs for DFU or for VLU conditions. It's important to read through the ENTIRE LCD including the article link as the criteria points are what need to be documented for all skin subs.

These are the 3 available MAC policies, and all have very similar if not identical criteria for use:

1. FCSO LCD: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=36377
2. NOVITAS LCD: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35041&ver=113&articleId=57023&name=331*1&UpdatePeriod=852&bc=AAAAEAAAAAAA&
3. CGS LCD - Wound Application of Cellularand/or Tissue Based Products (CTPs), Lower Extremities (L36690) (cms.gov)
4. Palmetto, Noridian, NGS, WPS do NOT have LCD Guidelines. Referrence Novitas or FCSO

DISCLAIMER: *The content provided in this guide is for information and education purposes only. All information is provided in good faith, however we make no representation or warranty, express or implied, regarding the accuracy, validity, reliability, or completeness of the content in this guide. Providers are solely responsible for all patient health care decisions, and for following guidelines provided by Medicare for the treatment, documentation and billing of skin substitutes. Please review your corresponding LCD below for complete guidelines and rules for treatment.*

PROVIDER TREATMENT & RECOMMENDATION GUIDE

1. CRITERIA FOR TREATMENT WITH SKIN SUB

	DIABETIC FOOT ULCER	VENOUS LEG ULCER	ALL OTHER WOUNDS
FAILED *CONSERVATIVE CARE* FOR 30 DAYS PRIOR TO TREATMENT	✓	✓	✓
PRESENCE OF A VENOUS STASIS ULCER FOR AT LEAST 90 DAYS PRIOR TO SKIN SUB TREATMENT		✓	
ADEQUATE BLOOD FLOW CONTROLLED DIABETES	✓	✓	
WOUND DOES NOT INVOLVE TENDON, MUSCLE JOINT CAPSULE OR EXPOSED BONE OR SINUS TRACTS	✓	✓	✓
WOUND IS AT LEAST 1.0 CM2 IN SIZE	✓	✓	✓
THE SKIN SUBSTITUTE PRODUCT HAS BEEN CLEARED FOR THIS USE BY THE FDA (CHECK IFU)	✓	✓	✓
NO ACTIVE INFECTION PRESENT	✓	✓	✓
WHILE THERE ARE NO OTHER SPECIFIC CRITERIA GUIDELINES FOR OTHER WOUNDS, WE WOULD RECOMMEND APPLYING ALL RELEVANT QUALIFYING CRITERIA FROM DFU AND VLU GUIDELINES ABOVE			✓

2. DOCUMENTATION REQUIREMENTS FOR SKIN SUBSTITUTE

- DATE, TIME AND LOCATION OF ULCER TREATED
- NAME OF SKIN SUBSTITUTE
- AMOUNT OF PRODUCT UNITS USED
- AMOUNT OF PRODUCT UNITS DISCARDED
- MANUFACTURER'S SERIAL/LOT/BATCH OR OTHER UNIT IDENTIFICATION NUMBER OF GRAFT MATERIAL. WHEN MANUFACTURER DOES NOT SUPPLY UNIT IDENTIFICATION, RECORD MUST DOCUMENT SUCH PICTURES (NOT REQUIRED BUT HIGHLY RECOMMENDED)
- PRE DEBRIDEMENT (WITH MEASUREMENTS)
- POST DEBRIDEMENT (WITH MEASUREMENTS)
- POST GRAFT APPLICATION (WITH MEASUREMENTS)

3. SKIN SUBSTITUTE TREATMENT LIMITATIONS

- TREATMENT WILL NOT EXCEED 10 APPLICATIONS AND WILL NOT LAST LONGER THAN 12 WEEKS FROM THE START OF TREATMENT (EXCEPTIONS EXIST)
- RE-TREATMENT OF ANY GIVEN COURSE OF SKIN SUBSTITUTE FOR VENOUS STASIS ULCER OR DIABETIC (NEUROPATHIC) FOOT ULCER DOES NOT OCCUR WITHIN ONE YEAR, AS IT IS CONSIDERED TREATMENT FAILURE.
- USE OF MORE THAN ONE SKIN SUBSTITUTE PRODUCT AT A TIME FOR THE SAME WOUND IS NOT PERMITTED.
- CONTINUED USE ON WOUNDS THAT ARE SMALLER THAN .5 CM2 IS NOT PERMITTED.
- CONTINUED USE OF THE SAME OR ALTERNATE SKIN SUBSTITUTE FOR WOUNDS THAT HAVE NO IMPROVEMENT IN SIZE OR DEPTH, AFTER FOUR WEEKS FROM THE START OF THERAPY IS NOT PERMITTED.