

Audit-Ready™, Safe, and Clinically Proven for Chronic and Acute Wounds

In light of recent industry news, as well as announcements from the Centers for Medicare and Medicaid Services (CMS), providers are experiencing intensified audit activities, with greater emphasis on clinical documentation and justifying the medical necessity of skin substitute products.

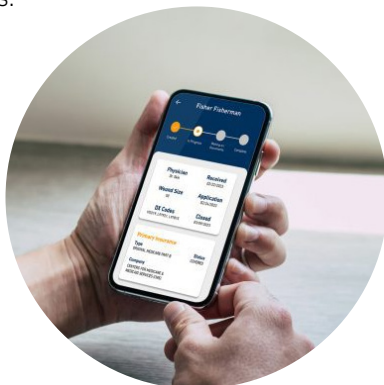
Kerecis supports CMS' focus on evidence-based care and continues to distinguish itself as the Audit-Ready™, Safe, and Clinically Proven skin substitute of choice. See how Kerecis can help you remain compliant and confident in this evolving reimbursement landscape:

Audit-Ready™

Kerecis Current, our digital platform that integrates with your Electronic Medical Records (EMR), provides user-friendly coding and reimbursement guidance to help you align with U.S. payor requirements, reduce administrative burden, and streamline claims and documentation for diabetic foot ulcers and chronic lower extremity ulcers. For example, you can leverage our state-of-the-art AI technology to efficiently and accurately review, approve, and track your benefits investigations requests.

With these streamlined processes, you can focus on what matters most: your patients' care.

As you submit and track your benefit investigations in real-time online, rest assured that Kerecis' MariGen and Shield wound products are covered via public insurers and several major private insurers, and are indicated for a variety of chronic and acute wounds.



The Evidence Bar™ - Favorable



Safe

Kerecis products are safe for clinical use and compliant with public insurers and several major private insurers. A recent independent technology assessment by the Emergency Care Research Institute (ECRI) gave Kerecis a "favorable" evidence rating¹, concluding that Kerecis is safe and improves diabetic foot ulcer healing compared to the best available standard of care and collagen/alginate dressings.

Diabetic foot ulcers Healed 1.6 times faster

with Kerecis compared to the standard of care, with 44% of wounds treated with Kerecis healed at 16 weeks, compared to only 26.4% with standard of care⁵

Be Prepared for Policy Changes with Kerecis

Want to remain compliant and confident in an evolving reimbursement landscape?

KERECIS IS HERE TO HELP

- Learn more about **Kerecis wound care reimbursement**
- Visit our **wound publications page** for more evidence
- Speak to your **local regenerative therapy specialist**

Clinically Proven

Kerecis has a massive armada of 90+ peer-reviewed publications and five randomized controlled trials (RCTs), including world-class diabetic foot ulcer studies, that prove our products' superior clinical efficacy.

Recent evidence shows that:

- **Kerecis' unique 3D pore structure enables greater in-growth of cells and faster healing compared to standard of care^{2,3,4}.** This has exciting implications for wound providers: a **2024 RCT** found that 66% more relative diabetic foot ulcers healed at week 16 with Kerecis compared to the standard of care⁵.
- **Wounds treated with Kerecis demonstrate better pain relief and improved functional and cosmetic outcomes⁶.** In a **2022 study** for deep dermal burn wounds, the pain and itch expressed as Patient and Observer Scar Assessment Scale scores for burn wounds treated by Kerecis decreased compared to those managed with a split-thickness skin graft or Suprathel. Improved functional and cosmetic outcomes, such as elasticity, skin thickness, and pigmentation, were also demonstrated.
- **Kerecis realizes significant cost savings⁷.** A **2023 RCT** showed that Kerecis products had annual cost savings of \$2,818 per patient compared to collagen alginate treatment due to faster wound closure and "should be considered as a more efficient and cost-effective solution for treating diabetic foot ulcers."

66% more

relative diabetic foot ulcers healed at week 16 with Kerecis compared to standard of care⁵

Patient and Observer Scar Assessment Scale scores for burn wounds treated by Kerecis decreased compared to other treatments⁶

Annual cost savings of

\$2,818

per patient⁷

1.Clinical evidence assessment: Kerecis Omega3 (Kerecis LLC) for treating chronic wounds. ECRI, January 2025.

2.Magnusson, et al. Regenerative and Antibacterial Properties of Acellular Fish Skin Grafts and Human Amnion/Chorion Membrane: Implications for Tissue Preservation in Combat Casualty Care. Military Medicine. [2017]

3.Yoon, et al. Wound healing ability of acellular fish skin and bovine collagen grafts for split-thickness donor sites in burn patients: Characterization of acellular grafts and clinical application. Int J Biol Macromol. [2022]

4.Wang, et al. Burn injury: challenges and advances in burn wound healing, infection, pain and scarring. Advanced Drug Delivery Reviews. [2018]

5. Dardari, et al. Intact Fish Skin Graft to Treat Deep Diabetic Foot Ulcers. NEJM Evidence. [2024]

6. Wallner, et al. The Use of Intact Fish Skin as a Novel Treatment Method for Deep Dermal Burns Following Enzymatic Debridement A Retrospective Case Control Study. European Burn Journal. [2022]

7.Lantis, et al. Final Efficacy and Cost Analysis of a Fish Skin Graft Versus Standard of Care in the Management of Chronic Diabetic Foot Ulcers: A Prospective, Multicenter, Randomized Controlled Clinical Trial. Wounds Journal. [2023]

kerecis®

OUR VISION

To extend life by supporting the body's own ability to regenerate

U.S. and international patents and trademarks granted and pending

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