Implants, Devices, Skin Substitutes

Reimbursement Policy ID: RPC.0073.DEDS

Recent review date: 01/2026

Next review date: 01/2027

AmeriHealth Caritas VIP Care reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas VIP Care may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy is an overview of claims submitted on outpatient claims for implants, devices, skin substitutes and their associated procedures.

Exceptions

N/A

Reimbursement Guidelines

Implants and Devices
AmeriHealth Caritas VIP Care aligns with the CMS and Integrated Outpatient Claims Editor (OCE) guidelines regarding reimbursement for drugs, implants, and devices. Procedures that are device or implant dependent should be billed on the same date of service for reimbursement along with the corresponding device or implant. Claims submitted for procedures without the associated device or implant will not be reimbursed.

Claims with status indicator H (pass-through device) or status indicator U (brachytherapy) will be denied if billed without a procedure code with OCE status indicators J1, S, or T on the same claim and same date of service.

Status indicator	Definition
H	Pass-through device category, separate cost-based pass-through payment, not subject to copayment
J1	Hospital Part B services paid through a comprehensive APC
S	Procedure or service not subject to multiple-procedure discounting
T	Procedure or service subject to multiple-procedure discounting
U	Brachytherapy sources

Skin Substitutes
AmeriHealth Caritas VIP Care aligns with CMS guidelines for application of low-cost skin substitute graft (C5271-C5278). Low-cost skin substitute graft application claims must be billed with a supply code for the low-cost skin substitute (Q4100-Q4310).

Claims for application of high-cost skin substitute graft (15271-15278) must include the skin substitute supply code (HCPCS A2001 - A2010) for reimbursement.

If a low-cost or high-cost skin substitute supply code is not paid or denied for the same date of service, the application codes will be denied also.

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. CMS Integrated Outpatient Code Editor
VI. LCD-L35041 Application of Bioengineered Skin Substitutes

Attachments

N/A

Associated Policies

N/A

Policy History

01/2026	Reimbursement Policy Committee Approval
01/2026	Annual review • No revisions
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
02/2025	Reimbursement Policy Committee Approval
01/2025	Annual Review • Added Skin Substitute section
05/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented AmeriHealth Caritas VIP Care from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section