

# Implants, Devices, Skin Substitutes

Reimbursement Policy ID: RPC.0073.01CH

Recent review date: 05/2025

Next review date: 01/2026

*Keystone First – CHIP (Children's Health Insurance Program) 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. Keystone First – CHIP 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 submission requirements regarding outpatient claims for implants, devices, skin substitutes and their associated procedures.

## Exceptions

N/A

## Reimbursement Guidelines

### Implants and devices

Keystone First – CHIP aligns with the CMS and Integrated Outpatient Claims Editor (OCE) guidelines regarding reimbursement for implants and devices. Procedures that are device-dependent must be billed on the same claim with the same date of service as the corresponding device or implant. Claims submitted for procedures without the associated device or implant will not be reimbursed.

### Skin Substitutes

Keystone First – CHIP 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).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
  - i. <https://www.cms.gov/medicare/coding-billing/outpatient-code-editor-occe/quarterly-release>
  - ii. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4191CP.pdf>
- V. The National Correct Coding Initiative (NCCI)
- VI. Corresponding Keystone First - CHIP Clinical Policies.
- VII. Applicable Keystone First - CHIP manual reference.
- VIII. Commonwealth of Pennsylvania Children's Health Insurance Program guidance.
- IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

## Attachments

N/A

## Associated Policies

N/A

## Policy History

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval

04/2025	Revised preamble
08/2024	Updated policy to include skin substitutes
04/2024	Revised preamble
08/2023	Removal of policy implemented Keystone First – CHIP from Policy History section
01/2023	Template revised <ul style="list-style-type: none"> <li>• Revised preamble</li> <li>• Removal of Applicable Claim Types table</li> <li>• Coding section renamed to Reimbursement Guidelines</li> <li>• Added Associated Policies section</li> </ul>