

# Implants, Devices and Skin Substitutes

Reimbursement Policy ID: RPC.0073.05xx

Recent review date: 01/2026

Next review date: 01/2027

*AmeriHealth Caritas Pennsylvania 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 Pennsylvania 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 the associated procedures.

## Exceptions

N/A

## Reimbursement Guidelines

### Implants and Devices

AmeriHealth Caritas Pennsylvania 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 Pennsylvania does not provide coverage for skin substitutes.

## 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. Pennsylvania Medicaid Fee Schedule

## Attachments

N/A

## Associated Policies

N/A

## Policy History

01/2026	Reimbursement Policy Committee Approval
01/2026	Annual review <ul style="list-style-type: none"><li>• No major changes</li></ul>

04/2025	Revised preamble
07/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented AmeriHealth Caritas Pennsylvania from Policy History section
01/2023	<p>Template Revised</p> <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>