healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Skin Substitute Grafts and Cellular or Tissue based Products (CTP's)		
Policy Number:	PO-RE-147v1		
Effective Date:	11/01/2025	**Last Approval Date:**	07/21/2025

I. Policy Description

This policy outlines reimbursement guidelines for the application of skin substitute graft and cellular and or tissue-based products (CTPs) used in the treatment of acute and chronic wounds, including but not limited to diabetic foot ulcers, venous leg ulcers, burns, breast reconstruction and surgical wounds. Only products with high-certainty clinical evidence demonstrating safety and efficacy for indicated conditions are eligible for reimbursement. Use of investigational or experimental products is excluded.

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Qualified Health Plan (QHP)
- Essential Plan (EP)
- Managed Long Term Care Plan (MLTCP – Senior Health Partners)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO

Policy Scope

Skin substitute grafts and CTPs are reimbursable when used as part of an approved treatment plan for non-healing wounds and other covered indications, provided that all medical necessity and documentation requirements are met, as outlined on Healthfirst medical policy ***MP-095 Skin substitute grafts and cellular and tissue-based products (CTPs)***

Reimbursement Guidelines

1. Covered Products:
   Reimbursable skin substitutes and CTPs are limited to those meeting the following criteria:
   - Non-autologous human tissue products (e.g., allograft's, homograft's).
   - Xenografts (animal-derived products).

- Synthetic or biologically derived sheet grafts that serve as scaffolds for tissue regeneration and are supported by high-quality clinical evidence.

Associated Covered Products and CPT/HCPCS Codes (where applicable):

Product Name	CPT/HCPCS Code	Indications
Affinty	Q4249	DFU, VLU, Burn
AmnioBand	Q4143	DFU, VLU
Apligraf	Q4101	DFU, VLU
DermACELL	Q4122	DFU, VLU
Derma-Gide	Q4260	DFU
Dermagraft	Q4106	DFU
EpiCord	Q4141	DFU
EpiFix	Q4131	DFU, VLU
FlexHD / AllopatchHD	Q4116	Breast reconstruction
Grafix Prime	Q4132	DFU, VLU
GraftJacket	Q4107	DFU
Integra	Q4100	Burn, reconstructive
Kerecis Omega3	Q4158	DFU, VLU
NuShield	Q4171	DFU, VLU
Oasis Wound Matrix	Q4102	DFU, VLU
PriMatrix	Q4110	DFU, VLU
TheraSkin	Q4121	DFU, VLU

2. Prior Authorization Requirements:
   - Prior Authorization (PA) is required for all covered skin substitute products.
   - Please refer to our medical policy (***MP-095 Skin substitute grafts and cellular and tissue-based products (CTPs)***) for medical necessity requirements for reimbursement.

3. Application and Usage Limits:
   - Maximum of 8 applications per wound within a 16-week treatment episode.
   - Applications 5–8 require use of the KX modifier and detailed documentation of continued medical necessity.
   - Products must be applied as per manufacturer instructions, with no over layering or excessive sizing that results in waste.
   - Skin substitutes are not reimbursable for infected, necrotic, or ischemic wounds with inadequate perfusion.

4. Billing and Coding:
   - Use appropriate HCPCS codes (e.g., Q4101–Q4143, Q4106, Q4260, etc.).
   - Modifiers:
     - KX: When applications exceed 4, to attest to continued medical necessity.
   - Documentation must support each application, including wound size, product used, and clinical rationale.

- Applications on inappropriate wounds (infected, necrotic, ischemic) are non-reimbursable.

5. Indications and Covered Products

Indications	Products	CPT/HCPCS Codes	Billing Notes
Diabetic Foot Ulcers (DFUs)	Apligraf, EpiFix, Grafix, Derma-Gide DermACELL, Dermagraft, EpiCord, Affinity	15271–15274, C5271–C5278	
Venous Leg Ulcers (VLUs)	Apligraf, EpiFix, TheraSkin, PriMatrix Oasis Wound Matrix, NuShield	15271–15274, C5271–C5278	Must meet SOC and vascular criteria
Breast Reconstruction	Cortiva, AlloDerm, AlloMax, FlexHD	15777	Must be used in post-mastectomy setting
Burn Wounds	Biobrane, Epicel, OrCel, Integra TransCyte	15271–15278, Q4100+	For inpatient/outpatient settings
Epidermolysis Bullosa	OrCel	15271–15274	Limited to surgical repair

6. Contraindications & Investigational Products
Contraindications:
   - Use on infected, necrotic, or ischemic wounds without adequate perfusion.
   - Use of products lacking high-quality clinical evidence of efficacy.
   - Use outside approved indications.

   Investigational/Experimental Products (**not reimbursable**):

   - Includes products such as Amnioexcel, Amniobind, Cytal, Dermapure, Innovamatrix, Matristem, Microlyte Matrix, Mirragen, PuraPly AM, Talymed, and others listed in the investigational product list above. These are excluded from coverage due to insufficient evidence of safety and efficacy.

Adjudication and Appeal Process

1. Reimbursement for Skin Substitute Grafts and Cellular or Tissue based Products (CTP's) will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. Products deemed as investigational/experimental are not reimbursable.

4. Claims submitted for non-covered products will be denied upon initial review.

5. Claims for covered products lacking proper prior authorization or proper documentation will be denied.

6. For denied claims due to insufficient medical necessity, providers may submit a reconsideration, please refer to the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

7. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.

8. Reimbursement is subject to member eligibility, program coverage, and medical necessity at the time the service is provided.

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization.

II. Applicable Codes

Code	Description	Comment
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	

15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
C5271	Application of low-cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
C5272	Application of low-cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	
C5273	Application of low-cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
C5274	Application of low-cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm;	

	each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	
C5275	Application of low-cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
C5276	Application of low-cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	
C5277	Application of low-cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	
Q4100	Skin substitute, not otherwise specified	
Q4101	Apligraf, per sq cm	
Q4102	Oasis wound matrix, per sq cm	
Q4106	Dermagraft, per sq cm	
Q4107	GRAFTJACKET, per sq cm	
Q4110	PriMatrix, per sq cm	
Q4116	AlloDerm, per sq cm	
Q4121	TheraSkin, per sq cm	
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	
Q4131	EpiFix or Epicord, per sq cm	
Q4132	Grafix Core and GrafixPL Core, per sq cm	
Q4141	AlloSkin AC, per sq cm	
Q4143	Repriza, per sq cm	

Q4158	Kerecis Omega3, per sq cm	
Q4171	Interfyl, 1 mg	
Q4249	AMNIPLY, for topical use only, per sq cm	
Q4260	Signature APatch, per sq cm	
Modifier KX	Requirements specified in the medical policy have been met	

III. Definitions

Term	Meaning
Cellular and Tissue-Based Products (CTP)	Human or animal tissue-derived products are designed to support or promote wound healing.
Chronic Wound	A wound that fails to progress through the normal phases of healing and persists for more than four (4) weeks.
CTPs	Cellular and Tissue-Based Products
DFUs	Diabetic Foot Ulcers
LCD	Local coverage determination
Standard of Care (SOC)	Evidence-based wound care including debridement, offloading (for DFUs), compression therapy (for VLUs), moisture balance, and infection control
VLUs	Venous Leg Ulcers

IV. Related Policies

Policy Number	Policy Description
MP-095	Skin substitute grafts and cellular and tissue-based products (CTPs)

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

LCD - Application of Skin Substitute Grafts for Treatment of DFU and VLU of Lower Extremities (L36377)
Article - Billing and Coding: Application of Skin Substitute Grafts for Treatment of DFU and VLU of Lower Extremities (A57680)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amount that Healthfirst or the member owes the provider.