

Fraud reminder: Watch out for skin substitute fraud

Appeals are very important if you are denied coverage for a health service or item that you need. However, some things are billed to a person's Medicare unknowingly and which they didn't receive, request, or need—like a skin substitute. Medicare costs for skin substitutes skyrocketed, surpassing \$10 billion annually by the end of 2024. Data show that they are vulnerable to fraud schemes. Skin substitutes are typically used with chronic, non-healing, wounds that have not responded well to other treatments.



Common wound care treatments include specialty dressings or skin substitutes. Skin substitutes act as a protective cover and support new tissue growth. They can be made from biological materials (like donated human or animal tissue) or synthetic materials.



For more complicated wounds, there are surgical treatments like skin grafts. Skin grafts are when healthy skin from one part of the body is used to cover or repair damaged skin on another part of the body.

It's important to look out for red flags related to skin substitutes, so that you can spot and report bad actors.

Red flags:

- You see claims on your Medicare statements for skin substitutes that you did not receive, request, or need.
- You are provided or billed for medically unnecessary treatments or excessive amounts of product.
- Your loved one in hospice care is offered complicated wound care from a sales representative. Patients nearing the end of their lives can be vulnerable to skin substitute fraud.

Skin substitutes may appear on your Medicare statements using the following billing codes:

- Skin substitute products: Q4100-Q4397
- Application of skin substitutes: 15271-15278



Who to contact for more help:

- Contact your State Health Insurance Assistance Program (SHIP) for help understanding what Medicare covers.
- Contact your Senior Medicare Patrol (SMP) if you have experienced potential Medicare fraud, errors, or abuse.

Local SHIP contact information	Local SMP contact information
SHIP toll-free: 800-247-4422	SMP toll-free: 800-247-4422
SHIP email: idahoshiba@doi.idaho.gov	SMP email: idahoshiba@doi.idaho.gov
SHIP website: shiba.idaho.gov	SMP website: Medicare Fraud Prevention - Idaho Commission on Aging
<p>To find a SHIP in another state: Call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org</p>	<p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org</p>
<p>SHIP Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2026 Medicare Rights Center www.medicareinteractive.org</p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center. This document is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,000,000 with 100% funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. government.</i></p>	

Original Medicare and Medicare Advantage Appeals

If you were denied coverage for a health service or item, you can appeal the decision. An appeal is a formal request for review of a decision made by Original Medicare or your Medicare Advantage plan.

Before starting your appeal



Call your health care provider to see if they made a billing mistake that caused the denial. If not, ask for their help with the appeal. Your doctor can write a letter of support to strengthen your appeal, or they may even appeal on your behalf.



Call Medicare or your Medicare Advantage plan to learn more about the reason for the denial. Your appeal letter should address this reason.



Read your denial notices or other documents from Medicare or your Medicare Advantage plan. These notices have instructions and deadlines that you should follow.

Original Medicare appeals

Start your appeal by following the instructions listed on your Medicare Summary Notice (MSN). This includes circling the denied service listed and filling out the shaded section at the end of the MSN. Then, send your appeal to the Medicare Administrative Contractor (MAC) within 120 days of the date on your MSN. The MAC's address is listed on your MSN. This will start your appeal.

Medicare Advantage appeals

Denials before you received the health service or item: First get an official written decision from your plan, called a Notice of Denial of Medical Coverage. Follow the instructions on this notice and file your appeal within 60 days of the date on the notice. You will need to send a letter to your plan explaining why you need the service or item. Your plan should make a decision within 30 days.

Denials for a health service or item you already received: Start your appeal by following the instructions on the notice you received from your plan. File the appeal within 60 days of the date on the notice. Your plan should make a decision within 60 days.

Missing an appeal deadline

A late appeal may still be considered after the deadline to appeal has passed, if you can show good cause for not filing on time. Extension requests are considered on a case-by-case basis, so there is no complete list of acceptable reasons for filing a late appeal. Some examples, however, include:



- The notice you are appealing was mailed to the wrong address.
- A Medicare representative gave you incorrect information about the claim you are appealing.
- Illness—either yours or a close family member’s—prevented you from handling business matters.
- The person you are helping appeal a claim is illiterate, does not speak English, or could not otherwise read or understand the coverage notice.

If you think you have a good reason for not appealing on time, send your appeal as you normally would and include a clear explanation of why your appeal is late. If the reason has to do with illness or other medical conditions, a letter or supporting documentation from your health care provider can be helpful.

Original Medicare and Medicare Advantage Appeals



Who to contact for more help:

- Contact your State Health Insurance Assistance Program (SHIP) for counseling around appeals.
- Contact your Senior Medicare Patrol (SMP) if you have experienced potential Medicare fraud, errors, or abuse.
- Contact your health care provider for help strengthening your appeal.

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SHIP email: idahoshiba@doi.idaho.gov	SMP email: idahoshiba@doi.idaho.gov
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SHIP Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org
 SMP Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org
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