

Skin (Bioengineered) Substitutes Prior Authorization Effective June 1, 2026

Effective June 1, 2026, CountyCare Health Plan will require prior authorization (PA) for all skin substitute procedures billed under codes listed in the current HFS Practitioner Fee Schedule. This change supports a consistent and efficient utilization management (UM) process and ensures appropriate use of skin substitutes for chronic wound management. The codes included are as follows:

Procedure Code	Code Description
Q4101	Apligraf, per sq cm (add-on, list separately in addition to primary procedure)
Q4102	Oasis wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4103	Oasis burn matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4104	Integra bilayer matrix wound dressing (BMWWD), per sq cm (add-on, list separately in addition to primary procedure)
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4107	GRAFTJACKET, per sq cm (add-on, list separately in addition to primary procedure)
Q4108	Integra matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4110	PriMatrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4111	GammaGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4151	AmnioBand or Guardian, per sq cm (add-on, list separately in addition to primary procedure)
Q4154	Biovance, per sq cm (add-on, list separately in addition to primary procedure)
Q4159	Affinity, per sq cm (add-on, list separately in addition to primary procedure)
Q4160	NuShield, per sq cm (add-on, list separately in addition to primary procedure)
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm (add-on, list separately in addition to primary procedure)
Q4124	OASIS ultra tri-layer wound matrix, per sq cm (add-on, list separately in addition to primary procedure)

Procedure Code	Code Description
Q4186	Epifix, per sq cm (add-on, list separately in addition to primary procedure)
Q4187	Epicord, per sq cm (add-on, list separately in addition to primary procedure)
Q4191	Restorigin, per sq cm (add-on, list separately in addition to primary procedure)
Q4195	PuraPly, per sq cm (add-on, list separately in addition to primary procedure)
Q4196	PuraPly AM, per sq cm (add-on, list separately in addition to primary procedure)
Q4197	PuraPly XT, per sq cm (add-on, list separately in addition to primary procedure)
Q4271	Complete FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4326	WoundPlus, per sq cm (add-on, list separately in addition to primary procedure)
Q4112	Cymetra, injectable, 1 cc
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc
Q4114	Integra flowable wound matrix, injectable, 1 cc
Q4115	AlloSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4116	AlloDerm, per sq cm (add-on, list separately in addition to primary procedure)
Q4121	TheraSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4132	Grafix Core and GrafixPL Core, per sq cm (add-on, list separately in addition to primary procedure)
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm (add-on, list separately in addition to primary procedure)



Provider Notice

March 31, 2026

Before using a skin substitute, conventional treatment must be attempted first.

Wounds that may qualify include:

- Full thickness skin-loss ulcers (abscess, injury, trauma),
- Neuropathic or diabetic foot ulcers (DFU), and
- Venous leg ulcers (VLU).

Skin substitutes may be considered when BOTH apply:

- At least four (4) weeks of standard medical management have been completed, and
- The wound has not improved by $\geq 50\%$ in this period.

For additional information, please visit the CountyCare [website](#) for the updated Prior Authorization Look-Up Tool and skin substitutes policy.

This notice is intended to provide guidance for in-network providers. All out-of-network requests are subject to PA, along with medical director review, and may be redirected to an in-network provider.

How to Request Prior Authorization

- **Preferred method** (in-network providers): Submit requests via the CountyCare provider portal for a quicker response. **You can find the portal link [here](#).**
- Phone: 312-864-8200, option 3 or 855-444-1661, option 3
- Fax: Please review the Provider Manual, available at countycare.com, for fax numbers and details.

Contact Us

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at countycareproviderservices@cookcountyhhs.org or your assigned provider relations representative. You can also reach CountyCare Provider Services by phone at 312-864-8200, option 3.