CountyCare
A MEDICAID HEALTH PLAN

Provider Notice

July 2026

Updated Skin (Bioengineered) Substitutes Prior Authorization
Effective 6/1/2026
Revised July 2026

Effective June 1, 2026, CountyCare Health Plan requires prior authorization (PA) for designated skin substitute products and the associated application procedures used for chronic wound management. This notice aligns and updates previous communications regarding skin substitute prior authorization requirements and application codes. The codes included are as follows:

Skin Substitute Product Codes Requiring Prior Authorization			
HCPCS Code	**Description**	**HCPCS Code**	**Description**
Q4101	Apligraf, per sq cm	Q4186	Epifix, per sq cm
Q4102	Oasis Wound Matrix, per sq cm	Q4187	Epicord, per sq cm
Q4103	Oasis Burn Matrix, per sq cm	Q4191	Restorigin, per sq cm
Q4104	Integra Bilayer Matrix Wound Dressing (BMWD), per sq cm	Q4195	PuraPly, per sq cm
Q4105	Integra DRT / Omnigraft, per sq cm	Q4196	PuraPly AM, per sq cm
Q4107	GRAFTJACKET, per sq cm	Q4197	PuraPly XT, per sq cm
Q4108	Integra Matrix, per sq cm	Q4271	Complete FT, per sq cm
Q4110	PriMatrix, per sq cm	Q4326	WoundPlus, per sq cm
Q4111	GammaGraft, per sq cm	Q4112	Cymetra, injectable, 1 cc
Q4151	AmnioBand or Guardian, per sq cm	Q4113	GRAFTJACKET XPRESS, injectable, 1 cc
Q4154	Biovance, per sq cm	Q4114	Integra Flowable Wound Matrix, injectable, 1 cc
Q4159	Affinity, per sq cm	Q4115	AlloSkin, per sq cm
Q4160	NuShield, per sq cm	Q4116	AlloDerm, per sq cm
Q4122	DermACELL / DermACELL AWM / DermACELL AWM Porous, per sq cm	Q4121	TheraSkin, per sq cm
Q4124	OASIS Ultra Tri-Layer Wound Matrix, per sq cm	Q4132	Grafix Core and GrafixPL Core, per sq cm
		Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm

Associated Application Codes Requiring Prior Authorization: *These application codes require prior authorization when submitted in conjunction with a skin substitute procedure subject to PA requirements.*			
HCPCS Code	Description	HCPCS Code	Description
15271	Application of skin substitute graft to trunk, arms or legs; first 25 sq cm or less	15275	Application of skin substitute graft to wound requiring total wound surface area of 100 sq cm or greater; first 100 sq cm
15272	Each additional 25 sq cm (add-on code)	15276	Each additional 100 sq cm (add-on code)
15273	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 25 sq cm or less	15277	Application of skin substitute graft to anatomically appropriate area; first 100 sq cm
15274	Each additional 25 sq cm (add-on code	15278	Each additional 100 sq cm (add-on code)

Prior Authorization Requirements

When requesting authorization for skin substitute treatment, providers must submit:

- The applicable skin substitute product code(s)
- The associated application code(s)
- Supporting clinical documentation in accordance with CountyCare's skin substitute medical policy

Including both the product and application codes on a single authorization request helps streamline the review process and reduce the need for separate requests for related services.

Clinical Criteria

Prior to using a skin substitute, conventional treatment should be attempted first. Skin substitutes may be considered when both of the following criteria are met:

- At least four (4) weeks of standard medical management have been completed.
- The wound has not improved by 50% or more during that period.

Potential qualifying wounds include:

- Full-thickness skin-loss ulcers (abscess, injury, trauma)
- Diabetic foot ulcers (DFU)
- Neuropathic ulcers
- Venous leg ulcers (VLU)

For additional information, please visit the CountyCare website for the updated prior authorization look-up tool and skin substitutes policy.

Out-of-Network Services

This notice is intended to provide guidance for in-network providers. All out-of-network requests remain subject to prior authorization and medical director review and may be redirected to an in-network provider.

Why This Update Is Being Made

Application codes are intended to support skin substitute services that already require prior authorization. Approval authorization for both the skin substitute product and the associated application procedure will help ensure the complete service is reviewed and approved under a single authorization request. This update is intended to streamline the authorization process and reduce the need for separate requests/claims of related services.

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** 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, 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.