

# NOTICE: Preferred Skin Substitute Products

September 2, 2021

Dear Provider,

In our efforts to ensure the provision of quality care and as required by AHCCCS, Health Choice Arizona requires the use of preferred skin substitute products.

A request for a non-preferred product will require documentation supporting why a preferred product is not an option. All products listed below require prior authorization.

**Effective 10/1/2021**, the following skin substitute products **will be preferred**:

Applies to Health Choice Arizona (HCA)	
Q4100	Skin substitute Not Otherwise Specified (for SomaGen only)
Q4101	Apligraf, per sq cm
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm
Q4106	Dermagraft, per sq cm
Q4110	PriMatrix, per sq cm PrMatrix AG and PriMatrix AG Fenestrated Primatrix AG Meshed Primatrix Meshed and Primatrix Fenestrated
Q4121	TheraSkin, per sq cm
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq
Q4151	AmnioBand or Guardian, per sq cm
Q4158	Kerecis Omega3, per sq cm
Q4166	Cytal, per sq cm
Q4168	AmnioBand, 1 mg
Q4197	PuraPly XT, per sq cm

Effective 10/1/2021, all other skin substitute products not listed above **will be considered non-preferred**.

Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:

- HCA: <https://www.healthchoiceaz.com/> -> Provider Tab -> PA Guidelines
- HCP: <https://www.healthchoicepathway.com/> -> Provider Tab -> Provider Information

If you have any questions, please reach out to your Network Service Provider Performance Representative.

To view this notice for embedded links and for content specific to education related material, please visit us online at [www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com) under our "Providers" tab.

