

Provider Bulletin

Molina Healthcare of Mississippi, Inc.

Prior Authorization Update

Effective 10/1/25, prior authorization will be required for all skin substitute products.

A list of skin substitute codes/products that will have prior authorization requirements added is listed below.

Note: For Marketplace, only covered skin substitute codes will be added to PA list

Code	Description
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2ml
Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWWD), per sq cm
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix sq cm
Q4107	GRAFTJACKET, per sq cm
Q4108	Integra matrix, per square centimeter
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cmr
Q4124	OASIS ultra tri-layer wound matrix, per sq cm
Q4168	AmnioBand, 1 mg
A2012	Suprathel, per sq cm
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified
Q4110	Primatrix, per square centimeter
Q4111	Gammagraft, per sq cm
Q4112	Cymetra, injectable, 1cc
Q4113	Graftjacket xpress, injectable, 1cc
Q4114	Integra flowable wound matrix, injectable, 1cc
Q4115	Alloskin, per sq cm
Q4117	Hyalomatrix, per sq cm
Q4118	Matristem micromatrix, 1mg
Q4123	AlloSkin RT, per sq cm
Q4127	Talymed, per sq cm
Q4134	Hmatrix, per sq cm
Q4135	Mediskin, per sq cm

Q4136	E-Z Derm, per sq cm
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter
Q4138	Biodfense dryflex, per square centimeter
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Q4140	BioDFence, per square centimeter
Q4141	Alloskin AC, per square centimeter
Q4142	Xcm biologic tissue matrix, per square centimeter
Q4143	Repriza, per square centimeter
Q4145	Epifix, injectable, 1 mg
Q4146	Tensix, per square centimeter
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per square centimeter
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per square centimeter
Q4149	Excellagen, 0.1 cc
Q4152	DermaPure, per sq cm
Q4153	Dermavest and Plurivest, per sq cm
Q4154	Biovance, per sq cm
Q4155	Neox Flo or Clarix Flo 1 mg
Q4161	bio-ConneKt wound matrix, per sq cm
Q4165	Keramatrix or Kerasorb, per sq cm
Q4166	Cytal, per square centimeter
Q4167	Truskin, per square centimeter
Q4169	Artacent wound, per sq cm
Q4170	Cygnus, per sq cm
Q4171	Interfyl, 1 mg
Q4173	Palingen or Palingen Xplus, per sq cm
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc
Q4175	Miroderm, per sq cm
Q4176	Neopatch or Therion, per square centimeter
Q4177	Floweramnioflo, 0.1 cc
Q4183	Surgigraft, per sq cm
Q4184	Cellesta or Cellesta Duo, per sq cm
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc
Q4188	AmnioArmor, per sq cm
Q4189	Artacent ac, 1 mg
Q4190	Artacent AC, per sq cm
Q4192	Restorigin, 1 cc
Q4193	Coll-e-derm, per square centimeter
Q4198	Genesis amniotic membrane, per square centimeter
Q4200	SkinTE, per sq cm
Q4201	Matrion, per square centimeter

Q4202	Keroxx (2.5g/cc), 1cc
Q4206	Fluid flow or fluid gf, 1 cc
Q4208	Novafix, per sq cm
Q4209	SurGraft, per sq cm
Q4211	Amnion Bio or AxoBioMembrane, per sq cm
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta Cord, per sq cm
Q4216	Artacent Cord, per sq cm
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm
Q4220	BellaCell HD or Surederm, per sq cm
Q4222	ProgenaMatrix, per sq cm
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm
Q4225	Amniobind or derma tl, per sq cm
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
Q4230	Cogenex Flowable Amnion, per 0.5 cc
Q4232	Corplex, per sq cm
Q4233	SurFactor or NuDyn, per 0.5 cc
Q4234	XCellerate, per sq cm
Q4235	AMNIOREPAIR or AltiPly, per sq cm
Q4237	Cryo-Cord, per sq cm
Q4241	PolyCyte, for topical use only, per 0.5 cc
Q4242	AmnioCyte Plus, per 0.5 cc
Q4245	AmnioText, per cc
Q4246	CoreText or ProText, per cc
Q4247	Amniotext patch, per sq cm
Q4249	AMNIPLY, for topical use only, per sq cm
Q4254	Novafix DL, per sq cm
Q4255	REGUaRD, for topical use only, per sq cm
Q4256	MLG-Complete, per sq cm
Q4257	Relese, per sq cm
Q4258	Enverse, per sq cm
Q4263	SurGraft TL, per sq cm
Q4264	Cocoon Membrane, per sq cm
Q4279	Vendaje ac, per square centimeter
Q4287	Dermabind dl, per square centimeter
Q4288	Dermabind ch, per square centimeter
Q4289	Revoshield + amniotic barrier, per square centimeter
Q4290	Membrane wrap-hydro, per square centimeter

Q4291	Lamellas xt, per square centimeter
Q4292	Lamellas, per square centimeter
Q4293	Acesso dl, per square centimeter
Q4296	Rebound matrix, per square centimeter
Q4297	Emerge matrix, per square centimeter
Q4298	Amnicore pro, per square centimeter
Q4300	Acesso tl, per square centimeter
Q4301	Activate matrix, per square centimeter
Q4303	Complete aa, per square centimeter
Q4304	Grafix plus, per square centimeter
Q4311	Acesso, per square centimeter
Q4312	Acesso ac, per square centimeter
Q4313	Dermabind fm, per square centimeter
Q4314	Reeva ft, per square centimeter
Q4315	Regenlink amniotic membrane allograft, per square centimeter
Q4317	Vitograft, per square centimeter
Q4318	E-graft, per square centimeter
Q4319	Sanograft, per square centimeter
Q4320	Pellograft, per square centimeter
Q4321	Renograft, per square centimeter
Q4327	Duoamnion, per square centimeter
Q4328	Most, per square centimeter
Q4329	Singlay, per square centimeter
Q4330	Total, per square centimeter
Q4331	Axolotl graft, per square centimeter
Q4332	Axolotl dualgraft, per square centimeter
Q4333	Ardeograft, per square centimeter
Q4334	Amnioplast 1, per square centimeter
Q4335	Amnioplast 2, per square centimeter
Q4336	Artacent c, per square centimeter
Q4337	Artacent trident, per square centimeter
Q4338	Artacent velos, per square centimeter
Q4339	Artacent vericlen, per square centimeter
Q4340	Simpligraft, per square centimeter
Q4341	Simplimax, per square centimeter
Q4342	Theramend, per square centimeter
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter
Q4344	Tri-membrane wrap, per square centimeter
Q4345	Matrix hd allograft dermis, per square centimeter
Q4346	Shelter dm matrix, per square centimeter

Q4347	Rampart dl matrix, per square centimeter
Q4348	Sentry sl matrix, per square centimeter
Q4349	Mantle dl matrix, per square centimeter
Q4350	Palisade dm matrix, per square centimeter
Q4351	Enclose tl matrix, per square centimeter
Q4352	Overlay sl matrix, per square centimeter
Q4353	Xceed tl matrix, per square centimeter
Q4322	Caregraft, per square centimeter
Q4323	Alloply, per square centimeter
Q4324	Amniotx, per square centimeter
Q4325	Acapatch, per square centimeter
A2004	Xcellistern Per Sq Cm
A2006	Novosorb Synpath Dermal Matrix Per Sq Cm
A2007	Restrata Per Sq Cm
A2008	Theragenesis Per Sq Cm
A2009	Symphony Per Sq Cm
A2010	Apis Per Sq Cm
A2011	Supra SDRM, per sq cm
A2013	Innovamatrix FS, per sq cm
A2030	Miro3d fibers, per milligram
A2031	Mirodry wound matrix, per square centimeter
A2032	Myriad matrix, per square centimeter
A2033	Myriad morcells, 4 milligrams
A2034	Foundation drs solo, per square centimeter
A2035	Corplex P or Theracor P or Allacor P, per milligram
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter
Q4357	Xwrap plus, per square centimeter
Q4358	Xwrap dual, per square centimeter
Q4359	Choripty, per square centimeter
Q4361	Epixpress, per square centimeter
Q4362	Cygnus disk, per square centimeter
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter
Q4365	Amnio burgeon dual-layer membrane, per square centimeter
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter
Q4367	Amniocore sl, per square centimeter

Provider Bulletin

You may determine if a code requires a prior authorization by using our prior authorization code lookup tool at MolinaHealthcare.com. Molina prior authorization requirements are updated quarterly. To ensure accuracy in processing prior authorizations, please check codes using the prior authorization lookup tool each time before submitting a prior authorization to Molina.

Please forward this email to other members of your medical team/office for their reference.

If you have questions, please call Molina Provider Services Contact Center at (844) 826-4335 or contact your provider services representative.

Thank You,
Molina Healthcare of Mississippi