EPICORD®

PHYSICIAN OFFICE

Q2 2024 CODING GUIDE

Healthcare professionals are responsible for all coding and billing decisions. Reimbursement of MIMEDX products is subject to further review and approval of third party payers. There is no guarantee of reimbursement of these products.

Product Description

- EPICORD is a minimally dehydrated, non-viable cellular allograft derived from human umbilical cord. EPICORD provides a protective structure to support the healing process and it contains 250+ regulatory proteins.[1-2]
- The umbilical cord is the structure that surrounds and protects the arteries and vein that carry blood between mother and fetus. Human umbilical cord consists of Wharton's jelly containing extracellular matrix composed of collagen, proteoglycans, and hyaluronic acid.
- EPICORD EXPANDABLE configuration is a protective and EXPANDABLE structure to support the wound healing cascade.

EPICORD CODE - Q4187

EPICORD Available Sizes

SKU	SPECIFICATIONS	AREA WITHOUT EXAPANSION	PREDICTED EXPANSION DIMENSIONS	BILLING UNITS	HCPCS CODE
EC-5230	EPICORD 2 cm x 3 cm	6 cm^2	N/A	6	Q4187
EC-5350	EPICORD 3 cm x 5 cm	15 cm^2	N/A	15	Q4187
EX-5230	EPICORD EXPANDABLE 2 cm x 3 cm	6 cm^2	12 cm^2 (4 cm x 3 cm)	6	Q4187

Coding

Application Code	Description	National Physician*
Q4187	EPICORD and EPICORD EXPANDABLE, per cm^2	$248.37
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 cm^2; first 25 cm^2 or less wound surface area	$151.61
+15272	Each additional 25 cm^2 wound surface area, or part thereof	$24.23
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 cm^2; first 25 cm^2 or less wound surface area	$156.19
+15276	Each additional 25 cm^2 wound surface area, or part thereof	$31.76

*2024 National Physician Fee Schedule Relative Value File April Release

Medical Necessity

Providers must document the medical necessity for all services provided. If there is no documented evidence (i.e., objective measurements) of ongoing significant benefit, then the medical record documentation must provide other clear evidence of medical necessity for treatments. The medical record must also clearly indicate the complexity of skills required by the treating practitioner/clinician.

Documentation is key in demonstrating medical necessity for wound care services. Below is a list of a few examples of what to include in the patient's medical record.

- Include documentation that reflects objective data and goals
- Include documentation that reflects services that are medically necessary and meet utilization guidelines
- Document ICD-10 codes to highest level of specificity
- Documentation should Include the type of wound and location
- Description of the stage if wound is pressure ulcer
- Measurements after debridement and immediately prior to skin sub application
  - Wound size (Length x Width x Depth)
    - Length= head to toe direction
    - Width= hip to hip direction
    - Depth= measure deepest part of visible wound bed
- Document progress (or lack of progress) that patient has experienced since prior application such as improvement in measurements, type of tissue in ulcer, and appearance of ulcer (drainage, redness, etc.)
- Include characteristics of tissue in wound bed (necrosis, granulation, infection)
- Description of any drainage (exudate)- none, low, moderate, high
- Description of condition of surrounding skin (red, dry, warming, scaling, thin, normal)
- Include documentation of indications of infection
- Description of pain (location, duration, intensity, quality)
- Document amount of product wasted
  - Date and time
  - Amount of product used (units)
  - Amount of product wasted (units) along with reason for wastage
  - Document as well if there is no wastage

DISCLAIMER: The coding and reimbursement information provided is gathered from third party sources for informational purposes only and has not been verified with any entity responsible for coding policy, such as the AMA or the ICD-10 Committee, or any payer. It does not represent a statement, promise or guarantee by MIMEDX Group, Inc. concerning coverage levels of reimbursement payment or charges. It is not intended to increase or maximize reimbursement. As such, MIMEDX makes no guarantee that any payer will agree with the choice of codes described above. The decision as to how to complete a reimbursement claim form, including amounts to bill, is exclusively the responsibility of the provider. Reimbursement policies change frequently and can vary considerably from one insurer to another. MIMEDX strongly recommends that you consult your payers for interpretation of local coding, coverage and reimbursement policies. The ultimate responsibility for coding and claims submission lies with the physician, clinician, hospital, or other facility.

REFERENCES: 1. MIMEDX Internal Report. MM-RD-00086, Proteome Characterization of PURION Processed Dehydrated Human Amnion Chorion Membrane (DHACM) and PURION Plus Processed Dehydrated Human Umbilical Cord (DHUC) Allografts. **2.** Bullard JD, Lei J, Lim JJ, Massee, M, Fallon AM, Koob TJ. Evaluation of dehydrated human umbilical cord biological properties for wound care and soft tissue healing. J Biomed Mater Res B Appl Biomater. 2019 May;107(4):1035-1046.

PATIENT INSURANCE VERIFICATION TEAM

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Purion

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