

EPIFIX[®] EPICORD[®]



CY 2023 Hospital Outpatient Medicare Reimbursement

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.

EPIFIX® and EPICORD® Available Sizes

It is important for your coding and billing team to assign the correct billing units based on the size applied.

SKU	EPIFIX SIZE	BILLING UNITS	RED BOOK IDENTIFIER	UNIVERSAL PRODUCT CODE	HCPCS CODE
GS-5180	18 mm disc sheet	3 [†]	55310-000341	855310003414	Q4186
GS-5220	2 cm x 2 cm sheet	4	55310-000342	855310003421	Q4186
GS-5230	2 cm x 3 cm sheet	6	55310-000301	855310003018	Q4186
GS-5240	2 cm x 4 cm sheet	8	55310-000343	855310003438	Q4186
GS-5340	3 cm x 4 cm sheet	12	55310-000345	855310003452	Q4186
GS-5440	4 cm x 4 cm sheet	16	55310-000302	855310003025	Q4186
GS-5560	5 cm x 6 cm sheet	30	55310-000365	855310003650	Q4186
GS-5770	7 cm x 7 cm sheet	49	55310-000303	855310003032	Q4186
ES-2300	2 cm x 3 cm mesh sheet	4	55310-000376	855310003766	Q4186
ES-3300	3.5 cm x 3.5 cm mesh sheet	8	55310-000348	855310003483	Q4186
ES-4400	4 cm x 4.5 cm mesh sheet	11	55310-000387	855310003872	Q4186

SKU	EPICORD SIZE	BILLING UNITS	RED BOOK IDENTIFIER	UNIVERSAL PRODUCT CODE	HCPCS CODE
EC-5120	1 cm x 2 cm	2	50029-004355	850029043553	Q4187
EC-5230	2 cm x 3 cm	6	55310-000379	855310003797	Q4187
EC-5350	3 cm x 5 cm	15	55310-000380	855310003803	Q4187
SKU	EPICORD EXPANDABLE SIZE	BILLING UNITS	RED BOOK IDENTIFIER	UNIVERSAL PRODUCT CODE	HCPCS CODE
EX-5230	2 cm x 3 cm	6	55310-000304	855310003049	Q4187

[†]Disc size is rounded up per Medicare billing guidelines

MIMEDX Patient Insurance Verification Team

 Call: 1.855.882.8480  Fax: 1.855.537.5825  Email: mimedxreimbursement@mimedx.com

BILLING EXAMPLES

The following examples show reimbursement for a Diabetic Foot Ulcer (15275) or Venous Leg Ulcer (15721) based on the Medicare national payment rate. The payment will be on the application code as the product is bundled. It is important to bill the correct product code and units even though it is packaged.

Coding

Application Code	Description	National Facility Rate*	National Physician*
Q4186	EPIFIX, per sq cm	Included in Application	N/A
Q4187	EPICORD, per sq cm	Included in Application	N/A
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	\$1,725.86	\$81.66
+15272	each additional 25 sq cm wound surface area, or part thereof	Included in 15271	\$16.20
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 sq cm; first 25 sq cm or less wound surface area	\$1,725.86	\$90.92
+15276	each additional 25 sq cm wound surface area, or part thereof	Included in 15275	\$24.46

The table above represents the most common application codes for wounds up to 100 sq cm. Codes for greater than 100 sq cm can be found in the CMS 2023 Alpha-Numeric HCPCS File.

EPIFIX 18 mm disc

Billing Code	Code Description	Billing Units	Co-Payment	Medicare Allowable*	Medicare Payment (80%)	Secondary Payment (20%)
15275	Application (e.g., foot)	1	20%	\$1,726	\$1,381	\$345
Q4186	EPIFIX, per sq cm	3				

EPIFIX 4 cm x 4.5 cm mesh

Billing Code	Code Description	Billing Units	Co-Payment	Medicare Allowable*	Medicare Payment (80%)	Secondary Payment (20%)
15271	Application (e.g., leg)	1	20%	\$1,726	\$1,381	\$345
Q4186	EPIFIX, per sq cm	11				

EPICORD or EPICORD EXPANDABLE 2 cm x 3 cm

Billing Code	Code Description	Billing Units	Co-Payment	Medicare Allowable*	Medicare Payment (80%)	Secondary Payment (20%)
15275	Application (e.g., foot)	1	20%	\$1,726	\$1,381	\$345
Q4187	EPICORD, per sq cm	6				

EPICORD 3 cm x 5 cm

Billing Code	Code Description	Billing Units	Co-Payment	Medicare Allowable*	Medicare Payment (80%)	Secondary Payment (20%)
15271	Application (e.g., leg)	1	20%	\$1,726	\$1,381	\$345
Q4187	EPICORD, per sq cm	15				

*National Medicare 2023 Payment Rate based on Addendum B – OPPS Payment by HCPCS Code for CY 2023. Each facility rate will vary based on its Geographic Practice Cost Index (GPCI).

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.

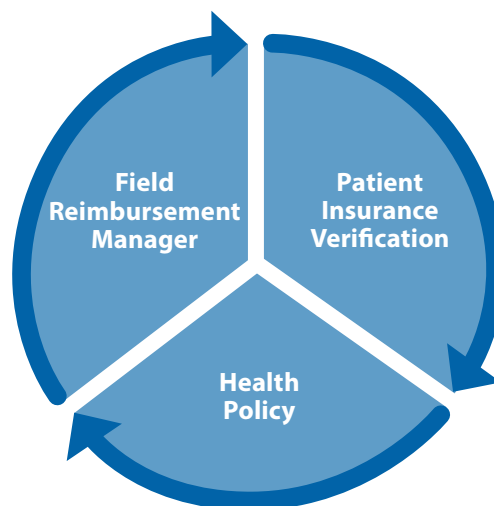
Documentation is key in demonstrating medical necessity for wound care services. Below is a list of a few examples of what to include in the patient's medical record:

- 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
- 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

MIMEDX Reimbursement Support

Field Reimbursement Manager

- Coding & Billing Education
- Payer Coverage & Payer Mix Analysis
- Claims Review
- Appeals Support



Patient Insurance Verification

- Extensive Reimbursement Knowledge
- Experts in Coverage of MIMEDX Products
- Easy, User-Friendly IVR Portal
- Fast Turnaround Time

Health Policy

- Over 300+ Million Coverage Lives
- 100% National Commercial Coverage for DFUs

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.