

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 AND APPLICATION CODE INFORMATION

PRODUCT CODE	DESCRIPTION	RATE
Q4259	CELERA, per cm ²	\$975.26

CELERA SIZES

SKU	UPC	RED BOOK IDENTIFIER	CELERA SIZE	TOTAL BILLABLE UNITS
CEL-26222	850046045240	10005-066944	2 cm x 2 cm sheet	4
CEL-26223	850046045257	10005-066957	2 cm x 3 cm sheet	6
CEL-26224	850046045264	10005-066958	2 cm x 4 cm sheet	8
CEL-26244	850046045295	10005-066961	4 cm x 4 cm sheet	16
CEL-26246	850046045301	10005-066962	4 cm x 6 cm sheet	24
CEL-26248	850046045318	10005-066963	4 cm x 8 cm sheet	32

APPLICATION CODE	DESCRIPTION	NATIONAL PHYSICIAN RATE IN OFFICE
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	\$148.47
+15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 cm ² ; each additional 25 cm ² wound surface area, or part thereof (List separately in addition to code for primary procedure)	\$23.61
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	\$153.97
+15276	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 ; each additional 25 cm ² wound surface area, or part thereof (List separately in addition to code for primary procedure)	\$31.70

MIMEDX® Patient Insurance Verification Team

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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.

Billing Examples



BILLING CONSIDERATIONS

- Debridement is considered a component of the application code.
- Minimal wound preparation is considered part of the application.
- Only 1 primary application code can be billed even if you have multiple wounds for similar anatomic locations (e.g., trunk, arms, leg). Select the code that represents the total of all wounds for that anatomical grouping. Bill the total units for the product.
- The application code is based on wound size and the product code is based on product size. Healthcare Professionals should use the appropriate size product for the wound size to minimize wastage.

The following examples represent Medicare reimbursement:

CELERA 2 cm x 2 cm applied to wound on foot						
Billing Code	Code Description	Billing Units*	Co-Payment	Medicare Allowable**	Medicare Payment (80%)	Secondary Payment (20%)
15275	Application	1	20%	\$153.97	\$123.18	\$30.79
Q4259	CELERA, per cm ²	4	20%	4 x \$975.26 = \$3,901.04	\$3,120.83	\$780.21
TOTAL				\$4055.01	\$3,244.01	\$811.00

CELERA 4 cm x 6 cm applied to wound on leg						
Billing Code	Code Description	Billing Units*	Co-Payment	Medicare Allowable**	Medicare Payment (80%)	Secondary Payment (20%)
15271	Application	1	20%	\$148.47	\$118.78	\$29.69
Q4259	CELERA, per cm ²	24	20%	24 x \$975.26 = \$23,406.24	\$18,724.99	\$4,681.25
TOTAL				\$23,554.71	\$18,843.77	\$4,710.94

The following grid provides guidance on billing skin substitute application procedure codes by wound size and anatomical location. For example, a 53 cm² wound on the leg should be billed with 1 unit of 15271 and 2 units of 15272. Add-on codes (+) cannot be billed alone. In addition to the procedure code, the product code (Q4259) should be billed with the total units of the product. Reference the CELERA Sizes grid on page 1 to determine billing units by product size.

Total wound surface area less than 100 cm ²		
Wound Size	Trunk, arms, legs	Face, scalp, neck, ears, genitalia, hands, feet, digits
1-25 cm ²	15271	15275
26-50 cm ²	+15272 x 1	+15276 x 1
51-75 cm ²	+15272 x 2	+15276 x 2
76-99 cm ²	+15272 x 3	+15276 x 3
Total wound surface area greater than or equal to 100 cm ²		
100 cm ²	15273	15277
101-200 cm ²	+15274 x 1	+15278 x 1
201-300 cm ²	+15274 x 2	+15278 x 2
301-400 cm ²	+15274 x 3	+15278 x 3

*Units for sizes are rounded up per Medicare guidelines. **National Medicare 2025 Payment Rate based on 2025 National Physician Fee Schedule Relative Value File. The CELERA rate is based on the Q2 2025 Medicare Part B Drug File. Each facility rate will vary based on its Geographic Practice Cost Index (GPCI). The calculations do not include the 2% sequestration.