

2026 Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers

WHAT IS NEW?

NEW LCD

Assessments

DFU – Assessment of Type I or II diabetes and management history. Review of blood glucose level/HbA1C, diet, nutrition, activity, physical exam that includes assessment of skin, ulcer, and vascular perfusion, and assessment of off-loading devices or use of appropriate footwear.

VLU – Assessment of clinical history (that includes prior ulcers, body mass index, history of pulmonary embolism or superficial/deep venous thrombosis, number of pregnancies, and physical inactivity), physical exam (edema, skin changes and vascular competence), evaluation of venous reflux, perforator incompetence, and venous thrombosis. The use of a firm strength compression garment (>20 mmHg) or multi-layered compressive dressing is an essential component of SOC for venous stasis ulcers.

Smoking Cessation

Smoking history; counseled on effects of smoking on wound healing; treatment and outcomes of counseling, if applicable.

Duration of Ulcer

4 weeks

Standard of Care

4 weeks with less than 50% ulcer area reduction with documented SOC.

Episode of Care

12 - 16 weeks. More than 12 weeks will require documentation demonstrating progression of wound closure under current treatment plan.

Maximum Number of Applications

8 applications. More than 4 applications must be appended with a -KX modifier.

Switching Products

Allowed

Reapplication (current episode)

The reason(s) for any repeat application should be specifically addressed in the medical record, whether the current treatment plan has resulted in wound healing, and expectation that the wound will continue to heal with this plan. Documentation should include estimated time for extended treatment, number of additional applications anticipated, and plan of care if healing is not achieved as planned.

Retreatments (new episode of same ulcer)

The LCD does not prohibit retreatment of an ulcer that recurs in the same location after previous successful treatment.

Wastage

Use product in an efficient manner utilizing the most appropriate sized product available at the time of treatment (i.e., if multiple sizes, use size that best fits ulcer to minimize waste). The LCD and Billing & Coding Article has specific guidance around the utilization of the -JW and -JZ modifiers for wastage.

Indications

Addresses DFU/VLU

Diagnosis Lists

Included in Billing and Coding Articles

EPIFIX® AND EPICORD® REMAIN COVERED!

EPIFIX®

Q-Code: Q4186
Covered for: DFUs, VLUs

EPICORD®

Q-Code: Q4187
Covered for: DFUs



Access your MAC's LCD, Billing & Coding Article, and other important resources: mimedx.info/2026-LCDs

Disclaimer: The coverage information provided is gathered from third party sources for informational purposes only and has not been verified with any entity responsible for policy, such as the CMS, or any payer. It does not represent a statement, promise or guarantee from MIMEDX Group, Inc. concerning coverage. MIMEDX makes no guarantee that any private or government payer will guarantee coverage. Health policies change frequently and can vary considerably from one payer to another. MIMEDX strongly recommends that you consult your payer for interpretation of local coverage and/or policy. The ultimate responsibility for policy interpretation and related claims submission lies with the physician, clinician, hospital or other facility.

EPICORD, EPIFIX, and MIMEDX are trademarks of MIMEDX Group, Inc. ©2025 MIMEDX Group, Inc. All Rights Reserved. www.mimedx.com MMX146.004

