## 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	<b>DFU</b> — 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.
	<b>VLU</b> — 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
<b>Reapplication</b> (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



