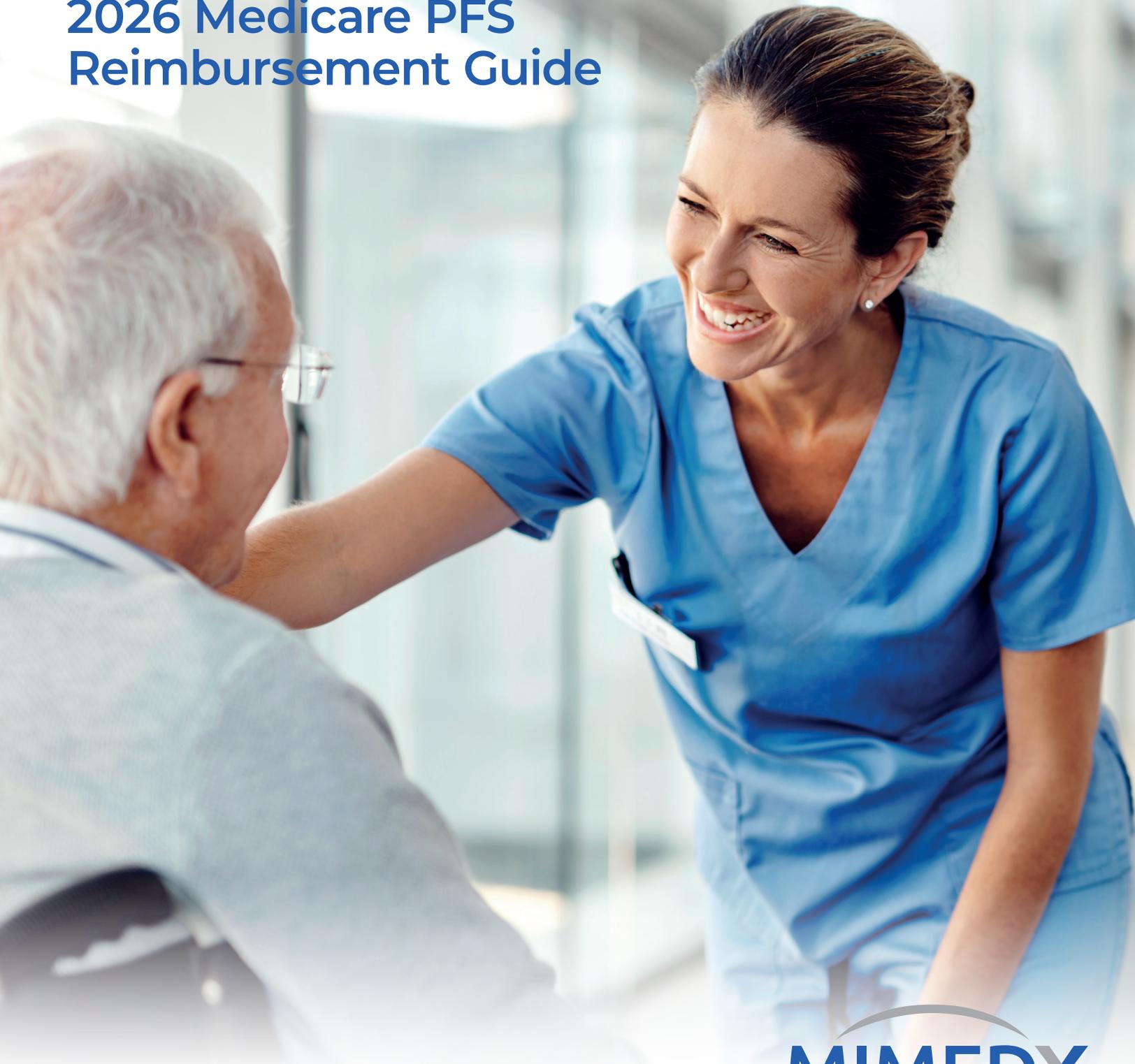


EPIFIX[®]
EPICORD[®]
EPIXPRESS[®]
**2026 Medicare PFS
Reimbursement Guide**



Healthcare professionals are solely responsible for determining appropriate coding and billing practices. Coverage, coding, and reimbursement for MIMEDX products are subject to review, determination, and approval by applicable third-party payers, including Medicare Administrative Contractors (MACs), and are not guaranteed. The information contained in this billing guide reflects national payment rates and is provided for informational purposes only; actual reimbursement amounts may vary based on geographic locality, payer policies, and contractor-specific determinations.

PLACES OF SERVICE

PHYSICIAN OFFICE	HOME	ASSISTED LIVING FACILITY	NURSING HOME
11	12	13	32

PRODUCT AND APPLICATION CODE INFORMATION

PRODUCT CODE	DESCRIPTION	NATIONAL RATE
Q4186	EPIFIX, per cm ²	\$127.26
Q4187	EPICORD, per cm ²	\$127.26
Q4361	EPIXPRESS, per cm ²	\$127.26

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	\$157.99
+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)	\$25.72
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	\$321.98
+15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	\$86.84
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	\$160.32
+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)	\$33.73
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	\$361.06
+15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	\$101.20

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.
- Medicare no longer accepts JW/JZ modifiers for product wastage on claims. Payment is based only on the amount of product used. Any wastage should be documented in the medical record, but not billed.

BILLING EXAMPLES[†]

The following examples represent Medicare reimbursement.

EPIFIX 24 mm disc 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%	\$160.32	\$128.26	\$32.06
Q4186	EPIFIX, per cm ²	5*	20%	\$636.30	\$509.04	\$127.26
TOTAL				\$796.62	\$637.30	\$159.32

EPICORD 2.7 cm x 4.5 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%	\$157.99	\$126.39	\$31.60
Q4187	EPICORD, per cm ²	13	20%	\$1,654.38	\$1,323.50	\$330.88
TOTAL				\$1,812.37	\$1,449.90	\$362.47

[†] Includes Average Rounding

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 (Q4186) should be billed with the total units of the product.

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



MIMEDX CONNECT

Access multiple practice management tools in this online portal to simplify your workflow and maximize efficiency:

- Dedicated service team workflows integrated directly into the portal for increased efficiency
- Product specific coding and billing education, payer-specific guidance, documentation considerations, and appeals support
- One-on-one reimbursement support to help navigate complex payer scenarios
- Business reviews, accounting tools, IVR automation, and more



Scan to learn more and sign up

MIMEDX Patient Insurance Verification Team

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

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.

*Units for sizes are rounded up per Medicare guidelines. **National Medicare 2026 Payment Rate based on 2026 National Physician Fee Schedule Relative Value File. The EPICORD and EPIFIX rates are based on the 2026 Medicare Physician Fee Schedule. All rates will vary based on Geographic Practice Cost Index (GPCI). The calculations do not include the 2% sequestration.

EPICORD, EPIFIX, EPIXPRESS, and MIMEDX are trademarks of MIMEDX Group, Inc. ©2026 MIMEDX Group, Inc. All Rights Reserved. mimedx.com
US-RH-2500060 v2.0