



CRITICAL ACCESS HOSPITAL CODING GUIDE

As a Critical Access Hospital, your ability to provide advanced wound care locally matters. This guide offers coding, billing unit, HCPCS, and reference information to support your billing, compliance, and documentation teams in the CAH setting. Use this resource to help ensure accurate claims submission and informed reimbursement decision-making.



Placental Allografts & Advanced Wound Technologies
HCPCS and CPT Coding • Billing Units • CAH-Specific Considerations

CRITICAL ACCESS HOSPITAL (CAH) CODING & BILLING INFORMATION

EPIFIX®, EPICORD®, EPIEFFECT®, EPIXPRESS®, CHORIOFIX™, CELERA™, EMERGE™, & REGEN-KIT® WOUND GEL

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

EPIFIX Dehydrated Human Amnion/Chorion Membrane

SKU	SIZE	Billing Units	UPC/GTIN	HCPCS CODE
GS-5160	16 mm disc	2	855310003001	Q4186
GS-5180	18 mm disc	3*	855310003414	Q4186
GS-5024	24 mm disc	5*	855310003391	Q4186
GS-5220	2 cm x 2 cm sheet	4	855310003421	Q4186
GS-5230	2 cm x 3 cm sheet	6	855310003018	Q4186
GS-5250	2.5 cm x 2.5 cm sheet	7	850046045516	Q4186
GS-5240	2 cm x 4 cm sheet	8	855310003438	Q4186
GS-5330	3 cm x 3 cm sheet	9	855310003445	Q4186
GS-5340	3 cm x 4 cm sheet	12	855310003452	Q4186
GS-5353	3.5 cm x 3.5 cm sheet	13*	850046045523	Q4186
GS-5440	4 cm x 4 cm sheet	16	855310003025	Q4186
GS-5350	3 cm x 5 cm sheet	15	855310003469	Q4186
GS-5460	4 cm x 6 cm sheet	24	855310003476	Q4186
GS-5553	5 cm x 5.3 cm sheet	27*	850046045530	Q4186
GS-5560	5 cm x 6 cm sheet	30	855310003650	Q4186
GS-5770	7 cm x 7 cm sheet	49	855310003032	Q4186

EPICORD Dehydrated Human Umbilical Cord

SKU	SIZE	Billing Units	UPC/GTIN	HCPCS CODE
EC-5120	1 cm x 2 cm sheet	2	850029043553	Q4187
EC-5230	2 cm x 3 cm sheet	6	855310003797	Q4187
EC-5250	2.5 cm x 2.5 cm sheet	7	850046045554	Q4187
EC-5274	2.7 cm x 4.5 cm sheet	13*	850046045561	Q4187
EC-5350	3 cm x 5 cm sheet	15	855310003803	Q4187

EPIEFFECT Lyophilized Human Placental-Based Allograft Membrane

SKU	SIZE	Billing Units	UPC/GTIN	HCPCS CODE
LE-5120	1 cm x 2 cm sheet	2	850046045110	Q4278
LE-5220	2 cm x 2 cm sheet	4	850046045127	Q4278
LE-5230	2 cm x 3 cm sheet	6	850046045004	Q4278
LE-5350	3 cm x 5 cm sheet	15	850046045028	Q4278
LE-5770	7 cm x 7 cm sheet	49	850046045080	Q4278
LE-5714	7 cm x 14 cm sheet	98	850046045158	Q4278

*Billing Unit is rounded up per Medicare billing guidelines.
US-RH-2600020 v1.0

EPIXPRESS Lyophilized Human Amniotic Membrane Allograft

SKU	SIZE	Billing Units	UPC/GTIN	HCPCS CODE
EF-5230	2 cm x 3 cm fenestrated sheet	6	850046045189	Q4361
EF-5350	3 cm x 5 cm fenestrated sheet	15	850046045196	Q4361
EF-5770	7 cm x 7 cm fenestrated sheet	49	850046045202	Q4361
EF-5920	9 cm x 20 cm fenestrated sheet	180	850046045721	Q4361

CHORIOFIX Lyophilized Human Placental Allograft

SKU	SIZE	Billing Units	UPC/GTIN	HCPCS CODE
CH-5220	2 cm x 2 cm sheet	4	850046045349	Q4412
CH-5230	2 cm x 3 cm sheet	6	850046045356	Q4412
CH-5350	3 cm x 5 cm sheet	15	850046045363	Q4412
CH-5770	7 cm x 7 cm sheet	49	850046045370	Q4412

CELERA Dehydrated Human Amniotic Membrane Allograft

SKU	SIZE	Billing Units	UPC/GTIN	HCPCS CODE
CEL-26222	2 cm x 2 cm sheet	4	850046045240	Q4259
CEL-26223	2 cm x 3 cm sheet	6	850046045257	Q4259
CEL-26224	2 cm x 4 cm sheet	8	850046045264	Q4259
CEL-26244	4 cm x 4 cm sheet	16	850046045295	Q4259
CEL-26246	4 cm x 6 cm sheet	24	850046045301	Q4259
CEL-26248	4 cm x 8 cm sheet	32	850046045318	Q4259
CEL-26277	7 cm x 7 cm sheet	49	850046045325	Q4259

EMERGE Dual Membrane Placental Derived Matrix

SKU	SIZE	Billing Units	UPC/GTIN	HCPCS CODE
EME-26212	1 cm x 2 cm sheet	2	850046045745	Q4297
EME-26222	2 cm x 2 cm sheet	4	850046045615	Q4297
EME-26223	2 cm x 3 cm sheet	6	850046045622	Q4297
EME-26224	2 cm x 4 cm sheet	8	850046045646	Q4297
EME-26244	4 cm x 4 cm sheet	16	850046045653	Q4297
EME-26246	4 cm x 6 cm sheet	24	850046045639	Q4297
EME-26248	4 cm x 8 cm sheet	32	850046045660	Q4297
EME-26920	9 cm x 20 cm sheet	180	850046045677	Q4297

RegenKit-Wound Gel Platelet-Rich Plasma (KX modifier required >20 weeks)

CPT Code	DESCRIPTION	Billing Units	SKU	Size
GO465	PRP for diabetic chronic wounds/ulcers (includes wound prep)	1	RK-WG-2	Kit for up to 28 sq cm
G0460*	PRP for non-diabetic chronic wounds/ulcers (includes wound prep)	1	RK-WG-2	Kit for up to 28 sq cm

*Coverage varies by Medicare Administrative Contractor (verify prior to applying)

Skin Substitute Application Codes

CPT CODE	DESCRIPTION
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
+15272	Each additional 25 cm ² wound surface area, or part thereof
15273	Application of a skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100cm ² ; first 100cm ² wound surface area
+15274	Each additional 100cm ² wound surface area, or part thereof
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
+15276	Each additional 25 cm ² wound surface area, or part thereof
15277	Application of a 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 100cm ² ; first 100cm ² wound surface area
15278	Each additional 100cm ² wound surface area, or part thereof

If you have any questions or require additional information about coverage, please contact the MIMEDX Field Reimbursement Management team.



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