



CY 2026 Hospital Outpatient & ASC Medicare Reimbursement

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 wage index, payer policies, and contractor-specific determinations.

EPIFIX®, EPICORD® and EPIXPRESS® Coding and Reimbursement

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

HCPCS CODE	DESCRIPTION	RATE
Q4186	EPIFIX, per cm ²	\$127.14
Q4187	EPICORD, per cm ²	\$127.14
Q4361	EPIXPRESS, per cm ²	\$127.14

HOPD Coding and Reimbursement

APPLICATION CODE	DESCRIPTION	NATIONAL FACILITY RATE	NATIONAL PHYSICIAN RATE IN FACILITY
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	\$755.08	\$75.15
+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)	N/A	\$14.70
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater than or equal to 100 cm ² ; first 100 cm ² wound surface area, or 1% of body area of infants and children	\$2,107.97	\$171.68
+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)	N/A	\$39.08
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	\$755.08	\$84.17
+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)	N/A	\$22.04
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	\$2,107.97	\$197.40
+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)	N/A	\$48.77

ASC Coding and Reimbursement

APPLICATION CODE	DESCRIPTION	NATIONAL FACILITY RATE	NATIONAL PHYSICIAN RATE IN FACILITY
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, or 1% of body area of infants and children	\$404.93	\$75.15
+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)	N/A	\$14.70
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface greater than or equal to 100 cm ² ; first 100 cm ² wound surface area	\$1,128.57	\$171.68
+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)	N/A	\$39.08
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	\$94.66	\$84.17
+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)	N/A	\$22.04
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	\$1,128.57	\$197.40
+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)	N/A	\$48.77

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 anatomical groupings. Bill the total units for the product.
- The application code is based on wound size and the product code is based on product applied. Healthcare Professionals should use an appropriately sized product to minimize wastage.

HOPD Billing Examples

The following examples show reimbursement for a Diabetic Foot Ulcer (15275) or Venous Leg Ulcer (15721) based on the Medicare national payment rate.

EPIFIX 2 cm x 3 cm applied on leg						
Billing Code	Code Description	Billing Units	Co-Payment	Medicare Allowable	Medicare Payment (80%)	Secondary Payment (20%)
15271	Application	1	20%	\$755.08	\$604.06	\$151.02
Q4186	EPIFIX, per cm ²	6	20%	\$762.84	\$610.27	\$152.57
TOTAL				\$1,517.92	\$1,214.33	\$303.59

EPIFIX 7 cm x 7 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%	\$755.08	\$604.06	\$151.02
15276	Application add-on	1	N/A	N/A	N/A	N/A
Q4186	EPIFIX, per cm ²	49	20%	\$6,229.86	\$4,983.89	\$1,245.97
TOTAL				\$6,984.94	\$5,587.95	\$1,396.99

ASC Billing Examples

EPIFIX 2 cm x 3 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%	\$404.93	\$323.94	\$80.99
Q4186	EPIFIX, per cm ²	6	20%	\$762.84	\$610.27	\$152.57
TOTAL				\$1,167.77	\$934.21	\$233.56

EPIFIX 7 cm x 7 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%	\$94.66	\$75.73	\$18.93
15276	Application add-on	1	N/A	N/A	N/A	N/A
Q4186	EPIFIX, per cm ²	49	20%	\$6,229.86	\$4,983.89	\$1,245.97
TOTAL				\$6,324.52	\$5,059.62	\$1,264.90

National Medicare 2026 Payment Rate based on Addendum B – OPSS Payment by HCPCS Code for CY 2026. Application payment rates differ by facility due to geographic wage index adjustments.

MIMEDX Patient Insurance Verification Team

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