

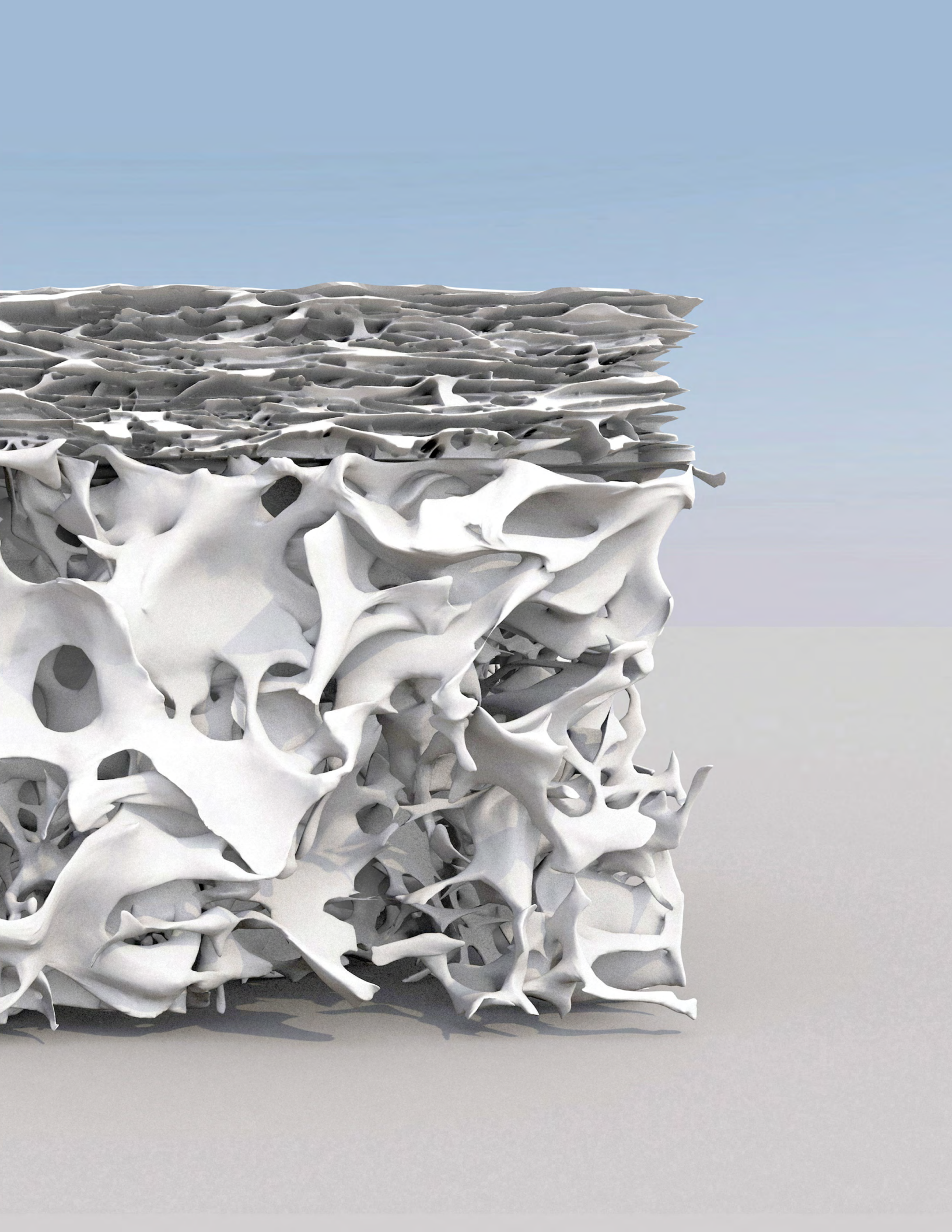
Geistlich Derma-Gide® Advanced Wound Matrix

► 2022 Reimbursement Guide

HCPCS
CODE
Q4203



www.derma-gide.com



INTRODUCTION

Geistlich Derma-Gide® is a dual-sourced, bilayered, highly refined and structurally optimized Advance Wound Matrix designed specifically to support the wound healing process. The product is available in a wide variety of sizes, making application convenient and reducing product wastage. Geistlich Derma-Gide® features a porous structure which can absorb wound fluids up to 9X its weight, saving valuable clinic time.



Geistlich Derma-Gide® is intended to be used for the management of wounds including*:

- partial and full thickness wounds
- pressure ulcers
- venous ulcers
- diabetic ulcers
- chronic vascular ulcers
- surgical wounds (donor sites/grafts, post Mohs surgery, post laser surgery, podiatric, wound dehiscence)
- trauma skin wounds (abrasions, lacerations, second-degree burns and skin tears).

* Geistlich Derma-Gide [instructions for use]. Wolhusen, Switzerland: Geistlich Pharma AG; 2022.

CAUTION: This product is only available in the U.S.A. Federal (U.S.A.) law restricts these devices to sale by or on the order of a physician.

Geistlich Derma-Gide® Advanced Wound Matrix

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► Geistlich Derma-Gide® Coding

HCPCS	DESCRIPTION
Q4203	Derma-Gide, per sq cm
MODIFIER	
-JC	Skin substitute used as a graft
-JW	Skin substitute not applied to wound, wastage

► Coding and Payment for Outpatient Wound Care Departments and Ambulatory Surgery Centers (ASCs)

Geistlich Derma-Gide® has been assigned to the High Cost category and should be reported with CPT codes 15271-15278.

2022 Medicare National Average Fee Schedule¹

CPT CODE	DESCRIPTION	SI*	APC	OPPS	ASC
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area of up to 100 sq. cm; first 25 sq. cm or less of wound surface area	T	5054	\$1,749.26	\$887.09
+15272	Each additional 25 sq. cm up to 100 sq. cm wound surface area, or part thereof. (List separately in addition to code 15271 for primary procedure)	N	N/A	Packaged	
15273	Application of skin substitute graft to trunk, arms, legs, 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	T	5055	\$3,596.22	\$1,823.73
+15274	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 15273 for primary procedure)	N	N/A	Packaged	
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 sq. cm; first 25cm or less wound surface area	T	5054	\$1,749.26	\$887.09
+15276	Each additional 25 sq. cm up to 100 sq. cm wound surface area, or part thereof. (List separately in addition to code 15275 for primary procedure)	N	N/A	Packaged	
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	T	5054	\$1,749.26	\$887.09
+15278	Each additional 100 sq. cm wound surface area, or part thereof. (List separately in addition to code 15277 for primary procedures)	N	N/A	Packaged	

▶ Coding and Payment for Physicians and Qualified Healthcare Professionals

2022 Medicare National Average Fee Schedule²

CPT CODE	DESCRIPTION	Physician Non-Facility (Office)	Physician Facility
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area of up to 100 sq. cm; first 25 sq. cm or less of wound surface area	\$155.22	\$82.65
+15272	Each additional 25 sq. cm up to 100 sq. cm wound surface area, or part thereof. (List separately in addition to code 15271 for primary procedure)	\$25.20	\$17.47
15273	Application of skin substitute graft to trunk, arms, legs, 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	\$318.18	\$195.54
+15274	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 15273 for primary procedure)	\$84.33	\$45.02
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 sq. cm; first 25cm or less wound surface area	\$159.59	\$92.06
+15276	Each additional 25 sq. cm up to 100 sq. cm wound surface area, or part thereof. (List separately in addition to code 15275 for primary procedure)	\$32.59	\$25.20
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	\$349.09	\$222.76
+15278	Each additional 100 sq. cm wound surface area, or part thereof. (List separately in addition to code 15277 for primary procedure)	\$97.44	\$56.11

Note: For physician claims, when one or more of procedures 15271, 15273, 15275 or 15277 are performed on the same date of service, multiple procedure reductions apply. The most comprehensive service is paid at 100% of the fee schedule and each additional service is paid at 50%.

*SI = Status Indicator for OPSS Payment

T = Paid separately under OPSS. Multiple procedure reduction applied.

N = Paid under OPSS; no separate payment

All fee schedules represent Medicare unadjusted averages that do not allow for geographical differences, and are provided for informational purposes only. Contracted payment amounts of private insurance carriers are proprietary. Information contained herein shall not be construed as a statement, promise or guarantee that these codes are accurate or that reimbursement will be received. Coding practices will vary by place or service. Providers are encouraged to consult with individual payers to understand their specific policies and claims requirements. The information contained herein is subject to change without notice, and neither Geistlich nor its contracted representatives are obligated to provide updates to this guide as such changes occur. Providers are solely responsible for all coding and billing decisions or actions, and providers should report on claims and in correspondence the codes that most accurately describe the patient's condition, procedures performed, and products used.

Geistlich Derma-Gide®

► Physician Office Coding Guidance

Geistlich Derma-Gide® should be reported in Box 19 using HCPCS Code **Q4203** (Derma-Gide, per sq cm).

Units in Column G should identify the approximate amount of product used on the wound (-JC modifier) as well as the approximate amount of product wasted (-JW modifier). Amount of product wasted should always be minimized and clearly documented in the medical record. Geistlich Derma-Gide® comes in a wide variety of sizes, which should result in minimal to no wastage per procedure.

ICD-10-CM diagnosis code

Enter product name, NDC, WAC, WAC per sq cm, source of WAC

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
 Geistlich Derma-Gide 2cm x 4cm (500475), NDC 10221-001317, WAC \$X,XXX, WAC per sq cm \$XXX (REDBOOK)

20. OUTSIDE LAB? YES NO **\$ CHARGES**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

22. RESUBMISSION CODE ORIGINAL REF. NO.

L97.512 **CPT code based on location and size of wound**

Skin substitute used as a graft

Charges for each service and product

Total units equal to total square cm of graft provided

	A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (E. Explain Unusual Circumstances)		F. DIAGNOSIS POINTER	G. \$ CHARGES	H. G DAYS OR UNITS	I. PSPT Family Plan	J. ID. #	K. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY			CPT/PCS	MODIFIER						
1	01	15	19	11	15271		1	\$XXX	1			
2	01	15	19	11	Q4203	JC	1	\$XXX	7			
3	01	15	19	11	Q4203	JW	1	\$XXX	1			
4												
5												
6												

Indicates wastage

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
 26. PATIENT'S ACCOUNT NO.
 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
 28. TOTAL CHARGE \$
 29. AMOUNT PAID \$
 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
 SIGNED: [Signature] DATE: [Date]

32. SERVICE FACILITY LOCATION INFORMATION
 33. BILLING PROVIDER INFO & PH # ()

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CONTACT REIMBURSEMENT HOTLINE
 Toll-free: 844-339-8148 Fax: 844-339-8149
 Email: geistlichreimbursement@argentaadvisors.com

Billable Units

ORDER NUMBER	SIZE	NDC CODE	HCPCS CODE	TOTAL SQUARE CM	BILLING UNITS
500477	12mm Disk	10221-001319	Q4203	1.13	1
500478	14mm Disk	10221-001320		1.54	2
500479	16mm Disk	10221-001321		2.01	2
500480	18mm Disk	10221-001322		2.54	3
500425	1.5cm X 2cm	10221-001260		3	3
500474	2cm X 2cm	10221-001316		4	4
500426	2cm X 3cm	10221-001261		6	6
500475	2cm X 4cm	10221-001317		8	8
500427	3cm X 4cm	10221-001262		12	12

Wholesale Acquisition Cost is published in Micromedex RED BOOK.
Truven Health Analytics, IBM Watson Health. Micromedex RED BOOK. Database.
Available at: <http://truvenhealth.com/Products/Micromedex/Product-Suites/Clinical-Knowledge/RED-BOOK>.

Reporting Units

The total number of units reported on the claim should always equal the amount supplied in the package. For physician office claims only, report the number of units used on the wound using the -JC modifier, and the number of units wasted using the -JW modifier. For example, when a 12 unit package (3cm x 4cm) is opened, report the following as an example:

Q4203 – JC 10 units (used)
Q4203 – JW 2 units (wasted)

Any wastage must be clearly documented in the medical record.

Note: the JC modifier does not apply when there is no wastage.

REFERENCES:

- OPPS and ASC Final Rule, CMS-1753-FC
- Medicare Physician Fee Schedule Final Rule, CMS-1751-F. All Medicare Physician Fee Schedules calculated using conversion factor (CF) of \$33.5983 effective January 1, 2022.

DISCLAIMER

Information provided by Geistlich Medical regarding reimbursement is intended solely for use as a resource tool to assist physician office and hospital outpatient billing staff regarding reimbursement issues. Any determination regarding if and how to seek reimbursement should be made only by the appropriate members of the physician office or hospital outpatient staff, in consultation with the physician, and in consideration of the procedure performed for a specific patient.

Contracted payment amounts of private insurance carriers are proprietary. Information contained herein shall not be construed as a statement, promise or guarantee that these codes are accurate or that reimbursement will be received. Coding practices will vary by place of service. Providers are encouraged to consult with individual payers to understand their specific policies and claims requirements. The information contained herein is subject to change without notice, and neither Geistlich nor its contracted representatives are obligated to provide updates to this guide as such changes occur. Providers are solely responsible for all coding and billing decisions or actions, and providers should report on claims and in correspondence the codes that most accurately describe the patient's condition, procedures performed, and products used.

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Geistlich Medical cannot be responsible for failure of a physician to obtain reimbursement. Information contained in the Geistlich Derma-Gide® Reimbursement Guide is for your guidance only.

Geistlich Medical has partnered with Argenta Advisors to provide the following services:

- Answers to coding, coverage, and payment questions
- Benefits verification
- Prior authorization (or pre-determination) support, when needed
- Appeals support
 - Pre-service denials
 - Post-service claims denials

The Geistlich Medical hotline is available between 8:00 am – 5:00 pm central time and can be reached at the following:

CONTACT REIMBURSEMENT HOTLINE

Toll-free: 844-339-8148

Fax: 844-339-8149

Email: geistlichreimbursement@argentaadvisors.com



CONTACT GEISTLICH CUSTOMER CARE

Toll-free: 877.485.2968

Fax: 609.779.6565

E-Mail: orders@geistlich-na.com

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