

# Geistlich Derma-Gide®

## ► Physician Office Coding Guidance

Geistlich Derma-Gide® should be reported in Box 19 using HCPCS Code **Q4203** (Derma-Gide®, per 1 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.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB?		\$ CHARGES															
Geistlich Derma-Gide 2cm x 4cm (500475), per 1 sq cm (8 sq cm)										<input type="checkbox"/> YES <input type="checkbox"/> NO																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										22. RESUBMISSION CODE		ORIGINAL REF. NO.															
L97.512																											
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (or Plain Unusual Circumstances)		E. MODIFIER		F. DIAGNOSIS POINTER		G. \$ CHARGES		H. DAYS OR UNITS		I. EPSONOT Family Plan ID. QUAL		J. RENDERING PROVIDER ID. #	
From	To	MM	DD	YY	MM	DD	YY	CPT/HCPCS																			
01	15	19						15271			1	\$XXX	1														
01	15	19						Q4203	JC		1	\$XXX	7														
01	15	19						Q4203	JW		1	\$XXX	1														

25. FEDERAL TAX I.D. NUMBER: SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (if or 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.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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

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.

Current Procedural Terminology 2019, American Medical Association. Chicago, IL 2018. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

**CONTACT REIMBURSEMENT HOTLINE**  
 Toll-free: 844-339-8148 Fax: 844-339-8149  
 Email: [geistlichreimbursement@argentaadvisors.com](mailto:geistlichreimbursement@argentaadvisors.com)

**CONTACT GEISTLICH CUSTOMER CARE**  
 Toll-free: 877-485-2968 Fax (orders only): 609-779-6565  
 Email: [info@geistlich-na.com](mailto:info@geistlich-na.com)