

Geistlich Derma-Gide®
Advanced Wound Matrix

▶ **2020 Reimbursement Guide**



Geistlich Derma-Gide® Advanced Wound Matrix

▶ 2020 Reimbursement Guide

▶ Geistlich Derma-Gide® Coding

HCPCS	DESCRIPTION
Q4203	Geistlich 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.

2020 Medicare National Average Fee Schedule¹

CPT CODE ²	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	\$1,622.56	\$819.95
+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 procedures	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	\$2,976.96	\$1,504.38
+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 procedures	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	\$1,622.56	\$819.95
+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 procedures	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	\$1,622.56	\$819.95
+15278	Each additional 100 sq. cm wound surface area, or part thereof. List separately in addition to code 15277 for primary procedure	N	N/A	Packaged	

SI = Status Indicator for OPPS Payment
T = Paid separately under OPPS. Multiple procedure reduction applied.
N = Paid under OPPS; 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.

Coding and Payment for Physicians and Qualified Healthcare Professionals.

2020 Medicare National Average Fee Schedule³

CPT CODE ²	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	\$154.82	\$88.42
+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 procedures	\$27.07	\$18.41
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	\$322.28	\$210.04
+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 procedures	\$81.56	\$47.64
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	\$161.68	\$99.25
+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 procedures	\$35.37	\$27.07
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	\$353.32	\$238.19
+15278	Each additional 100 sq. cm wound surface area, or part thereof. List separately in addition to code 15277 for primary procedure	\$96.36	\$60.27

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%.

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Billable Units

ORDER NUMBER	SIZE	HCPCS CODE	TOTAL SQUARE CM	BILLING UNITS
500477	12mm Disk	Q4203	1.13	1
500478	14mm Disk		1.54	2
500479	16mm Disk		2.01	2
500480	18mm Disk		2.54	3
500425	1.5cm X 2cm		3	3
500474	2cm X 2cm		4	4
500426	2cm X 3cm		6	6
500475	2cm X 4cm		8	8
500427	3cm X 4cm		12	12

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.

REFERENCES:

1. OPSS and ASC Final Rule, Federal Register (83 Fed Reg, No. 217) November 21, 2018, 42 CFR Parts 416 and 419.
2. 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.
3. Medicare Physician Fee Schedule Final Rule, Federal Register (83 Fed Reg, No. 219) November 23, 2018, 42 CFR Parts 405, 410 and 411 et al.

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