

CERAMENT™|BONE VOID FILLER

Coding Reference Guide



CERAMENT™|BONE VOID FILLER is a ceramic bone void filler intended only for orthopedic applications as a filler for gaps and voids that are not intrinsic to the stability of the bony structure. CERAMENT™|BONE VOID FILLER is indicated to be injected into bony voids or gaps in the skeletal system, i.e. extremities, pelvis and spine (only during open surgery in spine). These defects may be surgically created osseous defects or osseous defects from traumatic injury to the bone. CERAMENT™|BONE VOID FILLER provides a bone void filler that resorbs and is replaced by bone during the healing process. CERAMENT™|BONE VOID FILLER is not intended for use in load bearing applications such as vertebroplasty or kyphoplasty.

Physician	
CPT® Code	CPT Description
N/A	Under CPT coding guidelines, bone void fillers such as CERAMENT™ BONE VOID FILLER are considered an inherent part of the primary procedure and are not separately reported. Therefore, no specific or unlisted CPT code should be reported for its use.

Hospital Inpatient	
ICD-10-PCS Code and Description	MS-DRG (Medicare Severity-Diagnosis Related Group) and Description
In spine surgery, bone void fillers are represented as a Synthetic Substitute in the character 6 "Device" position	The code listed does not determine MS-DRG assignment. Instead, the MS-DRG will be assigned based upon the patient's diagnosis(es) and procedures performed.
<i>If a bone void filler is used in a procedure that does not have Synthetic Substitute as an option for the device character, use the following ICD-10-PCS code:</i>	
3E0V3GC	Administration to anatomical regions, percutaneous introduction of other therapeutic substance to bone, other substance

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)			
HCPCS Code	Description	OPPS Status Indicator	ASC Payment Indicator
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	N	N1

Status Indicator N – Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

Payment Indicator N1 – Packaged service/item; no separate payment made.

C – codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System (OPPS).

Coding Guidance

Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) - Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery).

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Compleat-list-DeviceCats-OPPS.pdf>

For further assistance with coding and reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com

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