

OmniMax™ MMF System Coding Reference Guide



The OmniMax™ MMF System is a bone-borne arch bar MMF System to achieve temporary stabilization of mandibular and maxillary fractures to maintain proper occlusion during surgery and for post-operative fracture healing in adults and adolescents in whom permanent teeth have erupted.

Physician	
CPT® Code	CPT Description
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21345	Closed treatment of nasomaxillary complex fracture (lefort ii type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (lefort ii type); with wiring and/or local fixation
21347	Open treatment of nasomaxillary complex fracture (lefort ii type); requiring multiple open approaches
21421	Closed treatment of palatal or maxillary fracture (lefort i type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (lefort i type)
21423	Open treatment of palatal or maxillary fracture (lefort i type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (lefort iii type) using interdental wire fixation of denture or splint
21435	Open treatment of craniofacial separation (lefort iii type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21453	Closed treatment of mandibular fracture with interdental fixation
21462	Open treatment of mandibular fracture; with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21497	Interdental wiring, for condition other than fracture

Physician – Removal Procedure	
CPT Code	CPT Description
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC	ASC Payment Indicator
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Q2	5163	P2
21345	Closed treatment of nasomaxillary complex fracture (lefort ii type), with interdental wire fixation or fixation of denture or splint	T	5163	A2
21346	Open treatment of nasomaxillary complex fracture (lefort ii type); with wiring and/or local fixation	J1	5165	NA

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC) (cont.)				
21347	Open treatment of nasomaxillary complex fracture (left ii type); requiring multiple open approaches	C	NA	NA
21421	Closed treatment of palatal or maxillary fracture (left i type), with interdental wire fixation or fixation of denture or splint	J1	5164	A2
21422	Open treatment of palatal or maxillary fracture (left i type)	C	NA	NA
21423	Open treatment of palatal or maxillary fracture (left i type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	C	NA	NA
21431	Closed treatment of craniofacial separation (left iii type) using interdental wire fixation of denture or splint	C	NA	NA
21435	Open treatment of craniofacial separation (left iii type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	C	NA	NA
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	J1	5164	P3
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	J1	5165	A2
21453	Closed treatment of mandibular fracture with interdental fixation	J1	5165	A2
21462	Open treatment of mandibular fracture; with interdental fixation	J1	5165	A2
21465	Open treatment of mandibular condylar fracture	J1	5165	A2
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	J1	5165	NA
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	T	5163	A2
21497	Interdental wiring, for condition other than fracture	T	5163	A2
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Q2	5072	A2
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Q2	5073	A2

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification

Status Indicator C – Not paid under OPPS; J1 - Hospital Part B services paid through a comprehensive APC; Q2 – Procedure is packaged only if it is billed on the same date of service with any other codes with a T status indicator. If not, they are separately payable under a separate APC; T – Multiple procedure reduction applies. APC 5072 – Level 2 Excision/ Biopsy/ Incision and Drainage; APC 5073 - Level 3 Excision/ Biopsy/ Incision and Drainage.; ACP 5163 - Level 3 ENT Procedures; APC 5164 - Level 4 ENT Procedures, APC 5165 - Level 5 ENT Procedures.

Payment Indicator A2 – Payment based on OPPS relative payment weight; NA – This procedure is not on Medicare’s List of ASC Covered Surgical Procedures;

P2 - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight;

P3 - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.

Hospital Inpatient	
ICD-10-PCS Code and Description	MS-DRG and Description*
2W31X9Z Immobilization of Face using Wire	The MS-DRG will be determined by the patient’s diagnosis(es) and the procedure(s): 131 CRANIAL/FACIAL PROCEDURES with CC/MCC 132 CRANIAL/FACIAL PROCEDURES without CC/MCC 133 OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES with CC/MCC 134 OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES without CC/MCC 137 MOUTH PROCEDURES with CC/MCC 138 MOUTH PROCEDURES without CC/MCC
2W31XYZ Immobilization of Face using Other Device	
0NHR35Z Insertion of External Fixation Device into Right Maxilla, Percutaneous Approach	
0NHS35Z Insertion of External Fixation Device into Left Maxilla, Percutaneous Approach	
0NHT35Z Insertion of External Fixation Device into Right Mandible, Percutaneous Approach	
0NHV35Z Insertion of External Fixation Device into Left Mandible, Percutaneous Approach	

CC – Complication and/or Comorbidity, MCC – Major Complication and/or Comorbidity

*MS-DRG – Medicare Severity Diagnosis Related Group. Other MS-DRGs may apply

HCPCS (Healthcare Common Procedure Coding System)

HCPCS Code	HCPCS Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPSS

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at reimbursement.zimmerbiomet.com

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