

RibFix Blu™ Thoracic Fixation System

Coding Reference Guide



RibFix Blu is indicated for use in the stabilization and rigid fixation of fractures in the chest wall including sternal reconstructive surgical procedures, trauma or planned osteotomies. The system may be used in normal and poor bone to promote union. The system's innovative plate-to-bone approximation tools allow for the precise placement of plates along the rib, and unique plate-contouring instrumentation eliminates the need to remove the implant from the surgical field.

Physician	
CPT® Code	CPT Description
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC	ASC Payment Indicator
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	J1	5113	NA
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	J1	5112	NA
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	J1	5112	NA

OPPS – Outpatient Prospective Payment System
 Status Indicator J1 – Hospital Part B services paid through a comprehensive APC
 APC 5112 – Level 2 Musculoskeletal Procedures; APC 5113 - Level 3 Musculoskeletal Procedures
 This procedure is not on Medicare's List of ASC Covered Surgical Procedures.

NOTE: CPT codes 21811 – 21813 are by definition unilateral. Unless otherwise identified, bilateral procedures that are performed at the same session should be identified by adding modifier 50 (Bilateral Procedure) to the appropriate CPT code.

Hospital Inpatient

MS-DRG and Description*

This reflects the MS-DRG assignment when the procedure is performed as a stand-alone procedure. The patient's diagnoses and procedures performed will determine MS-DRG assignment.

Potential DRGs may include**:

- 515 Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC
- 516 Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC
- 517 Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC

CC – Complication and/or Comorbidity, MCC – Major Complication and/or Comorbidity
 *MS-DRG – Medicare Severity Diagnosis Related Group.
 **Other MS-DRGs may apply

ICD-10-PCS Codes	ICD-10-PCS Description
ØPS1Ø4Z	Reposition right rib with internal fixation device, open approach
ØPS2Ø4Z	Reposition left rib with internal fixation device, open approach

Note: ICD-10-PCS indicates this procedure does not affect MS-DRG assignment

HCPCS Code	HCPCS Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

HCPCS – Healthcare Common Procedure Coding System

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare’s Outpatient Prospective Payment System (OPPS)

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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