

Pectus Support Bar Coding Reference Guide

The Zimmer Biomet Pectus Support Bar and stabilizers are surgical implants intended to aid treatment of a Pectus Excavatum deformity. The Pectus Support Bar provides the surgeon with a means to reposition bony structures (sternum, breastbone) by applying internal force outwardly eliminating the funnel shape deformity. The device should be removed when remodeling is evident.

Physician	
CPT® Code	Description
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
Removal	
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Inpatient: ICD-10-PCS Code and Description			
Reposition (Moving to its normal location, or other suitable location, all or a portion of a body part)			
Ø Medical and Surgical P Upper Bones S Reposition			
Body Part	Approach	Device	Qualifier
Ø Sternum	4 Percutaneous Endoscopic	4 Internal Fixation Device	Z No Qualifier
Removal (Taking out or off a device from a body part)			
Ø Medical and Surgical W Anatomical Regions, General P Removal			
8 Chest Wall	3 Percutaneous 4 Percutaneous Endoscopic	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
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
564	Other Musculoskeletal System And Connective Tissue Diagnoses with MCC
565	Other Musculoskeletal System And Connective Tissue Diagnoses with CC
566	Other Musculoskeletal System and Connective Tissue Diagnoses without CC/MCC

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

*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	J1	5113	NA
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	J1	5113	NA
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; ASC - Ambulatory Surgical Center

Status Indicator: J1 – Hospital Part B services paid through a comprehensive APC; Q2 – Payment is packaged when provided with a significant procedure but is separately paid when the service appears on the claim without a significant procedure

APC: 5073 – Level 3 Excision/ Biopsy/ Incision and Drainage; 5113 – Level 3 Musculoskeletal Procedures

Payment Indicator: A2 – Payment based on OPPS relative payment weight; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
L8699	Prosthetic implant, not otherwise specified
C1889	Implantable/insertable device, not otherwise classified

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

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 zimmerbiomet.com/reimbursement.

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