

InCore™ Lapidus System Coding Reference Guide



The InCore Lapidus System is a three-part construct intended for internal fixation for first metatarsocuneiform arthrodesis (also known as Lapidus or first tarsometatarsal fusion).

Physician	
CPT® Code	Description
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
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			
Ø Medical and Surgical S Lower Joints G Fusion			
Body Part	Approach	Device	Qualifier
K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier
Removal			
Ø Medical and Surgical S Lower Joints P Removal			
K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
503	Foot procedures with MCC
504	Foot procedures with CC
505	Foot procedures 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
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	J1	5114	J8
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	J1	5114	J8
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. Paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions; 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: 5114 – Level 4 Musculoskeletal Procedures; 5073 – Level 3 Excision/ Biopsy/ Incision and Drainage

Payment Indicator: A2 – Payment based on OPSS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate

HCPCS (Healthcare Common Procedure Coding System)

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

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 www.zimmerbiomet.com/reimbursement.

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