

# A.L.P.S.<sup>®</sup> Total Foot System Coding Reference Guide

The A.L.P.S. Total Foot System offers a comprehensive set of plating options that are anatomically contoured to address osteotomies, fusions, and fractures in the forefoot, midfoot, and hindfoot. Strategically designed regions of flexibility allow the surgeon to accommodate individual anatomic variations without compromising strength. The system also offers a wide array of locking and non-locking screw options and incorporates F.A.S.T. Guide<sup>®</sup> Technology.

Physician	
CPT <sup>®</sup> Code	Description
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method
28300	Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation
28304	Osteotomy, tarsal bones, other than calcaneus or talus
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28320	Repair, nonunion or malunion; tarsal bones
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28445	Open treatment of talus fracture, includes internal fixation, when performed
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28531	Open treatment of sesamoid fracture, with or without internal fixation

**Physician (cont.)**

CPT® Code	Description
<b>28555</b>	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
<b>28615</b>	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
<b>28645</b>	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
<b>28675</b>	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
<b>28715</b>	Arthrodesis; triple
<b>28725</b>	Arthrodesis; subtalar
<b>28730</b>	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse
<b>28735</b>	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
<b>28737</b>	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, miller type procedure)
<b>28740</b>	Arthrodesis, midtarsal or tarsometatarsal, single joint
<b>28750</b>	Arthrodesis, great toe; metatarsophalangeal joint
<b>28755</b>	Arthrodesis, great toe; interphalangeal joint
<b>28760</b>	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, jones type procedure)
<b>28899</b>	Unlisted procedure, foot or toes
<b>Removal</b>	
<b>20680</b>	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

**Hospital Inpatient: ICD-10-PCS Code and Description**

**Fusion** (Joining together portions of an articular body part rendering the articular body part immobile. The body part is joined together by fixation device, bone graft or other means.)

Ø Medical and Surgical  
**S** Lower Joints  
**G** Fusion

Body Part	Approach	Device	Qualifier
<b>H</b> Tarsal Joint, Right <b>J</b> Tarsal Joint, Left <b>K</b> Tarsometatarsal Joint, Right <b>L</b> Tarsometatarsal Joint, Left <b>M</b> Metatarsal-Phalangeal Joint, Right <b>N</b> Metatarsal-Phalangeal Joint, Left <b>P</b> Toe Phalangeal Joint, Right <b>Q</b> Toe Phalangeal Joint, Left	Ø Open	<b>4</b> Internal Fixation Device	<b>Z</b> No Qualifier

**Insertion** (Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part.)

Ø Medical and Surgical  
**Q** Lower Bones  
**H** Insertion

Body Part	Approach	Device	Qualifier
<b>L</b> Tarsal, Right <b>M</b> Tarsal, Left <b>N</b> Metatarsal, Right <b>P</b> Metatarsal, Left <b>Q</b> Toe Phalanx, Right <b>R</b> Toe Phalanx, Left	Ø Open	<b>4</b> Internal Fixation Device	<b>Z</b> No Qualifier

## Hospital Inpatient: ICD-10-PCS Code and Description (cont.)

**Insertion** (Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part.)

Ø Medical and Surgical  
S Lower Joints  
H Insertion

H Tarsal Joint, Right J Tarsal Joint, Left K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left M Metatarsal-Phalangeal Joint, Right N Metatarsal-Phalangeal Joint, Left P Toe Phalangeal Joint, Right Q Toe Phalangeal Joint, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier
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**Reposition** (Moving to its normal location, or other suitable location, all or a portion of a body part. The body part is moved to a new location from an abnormal location, or from a normal location where it is not functioning correctly. The body part may or may not be cut out or off to be moved to the new location.)

Ø Medical and Surgical  
Q Lower Bones  
S Reposition

Body Part	Approach	Device	Qualifier
L Tarsal, Right M Tarsal, Left N Metatarsal, Right P Metatarsal, Left Q Toe Phalanx, Right R Toe Phalanx, Left	Ø Open	4 Internal Fixation Device	2 Sesamoid Bone(s) 1st Toe Z No Qualifier

Ø Medical and Surgical  
S Lower Joints  
S Reposition

H Tarsal Joint, Right J Tarsal Joint, Left K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left M Metatarsal-Phalangeal Joint, Right N Metatarsal-Phalangeal Joint, Left P Toe Phalangeal Joint, Right Q Toe Phalangeal Joint, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier
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**Revision** (Correcting to the extent possible, a portion of a malfunctioning device or position of a displaced device. Revision can include correcting a malfunctioning or displaced device by taking out or putting in components of the device such as a screw or pin)

Ø Medical and Surgical  
Q Lower Bones  
W Revision

Body Part	Approach	Device	Qualifier
L Tarsal, Right M Tarsal, Left N Metatarsal, Right P Metatarsal, Left Q Toe Phalanx, Right R Toe Phalanx, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier

Ø Medical and Surgical  
S Lower Joints  
W Revision

H Tarsal Joint, Right J Tarsal Joint, Left K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left M Metatarsal-Phalangeal Joint, Right N Metatarsal-Phalangeal Joint, Left P Toe Phalangeal Joint, Right Q Toe Phalangeal Joint, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier
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### Hospital Inpatient: ICD-10-PCS Code and Description (cont.)

**Removal** (Taking out or off a device from a body part. If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL.)

Ø Medical and Surgical Q Lower Bones P Removal			
Body Part	Approach	Device	Qualifier
L Tarsal, Right M Tarsal, Left N Metatarsal, Right P Metatarsal, Left Q Toe Phalanx, Right R Toe Phalanx, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier
Ø Medical and Surgical S Lower Joints P Removal			
H Tarsal Joint, Right J Tarsal Joint, Left K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left M Metatarsal-Phalangeal Joint, Right N Metatarsal-Phalangeal Joint, Left P Toe Phalangeal Joint, Right Q Toe Phalangeal 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
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.

\*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
<b>28285</b>	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	J1	5113	A2
<b>28292</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	J1	5113	A2
<b>28295</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	J1	5113	G2
<b>28296</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	J1	5113	A2
<b>28297</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	J1	5114	J8
<b>28298</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	J1	5114	J8

**Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)**

<b>CPT® Code</b>	<b>Description</b>	<b>OPPS Status Indicator</b>	<b>APC Assignment</b>	<b>ASC Payment Indicator</b>
<b>28299</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	J1	5114	J8
<b>28300</b>	Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation	J1	5114	J8
<b>28304</b>	Osteotomy, tarsal bones, other than calcaneus or talus	J1	5114	A2
<b>28305</b>	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, fowler type)	J1	5114	J8
<b>28306</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	J1	5114	A2
<b>28307</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	J1	5114	A2
<b>28308</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	J1	5113	A2
<b>28309</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, swanson type cavus foot procedure)	J1	5114	J8
<b>28310</b>	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	J1	5114	J8
<b>28312</b>	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	J1	5113	A2
<b>28320</b>	Repair, nonunion or malunion; tarsal bones	J1	5115	J8
<b>28415</b>	Open treatment of calcaneal fracture, includes internal fixation, when performed	J1	5114	J8
<b>28420</b>	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	J1	5115	J8
<b>28445</b>	Open treatment of talus fracture, includes internal fixation, when performed	J1	5114	J8
<b>28465</b>	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	J1	5114	A2
<b>28485</b>	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	J1	5114	J8
<b>28505</b>	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	J1	5113	A2
<b>28525</b>	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	J1	5113	A2
<b>28531</b>	Open treatment of sesamoid fracture, with or without internal fixation	J1	5114	A2
<b>28555</b>	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	J1	5114	J8
<b>28615</b>	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	J1	5114	J8
<b>28645</b>	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	J1	5113	A2
<b>28675</b>	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	J1	5113	A2
<b>28715</b>	Arthrodesis; triple	J1	5115	J8

## Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)

CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
28725	Arthrodesis; subtalar	J1	5115	J8
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse	J1	5115	J8
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	J1	5115	J8
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, miller type procedure)	J1	5115	J8
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	J1	5114	J8
28750	Arthrodesis, great toe; metatarsophalangeal joint	J1	5114	J8
28755	Arthrodesis, great toe; interphalangeal joint	J1	5114	A2
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, jones type procedure)	J1	5114	A2
28899	Unlisted procedure, foot or toes	T	5111	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. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions; Q2 - T-Packaged Codes. Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T"; T - Multiple procedure reductions apply

**APC:** 5111 - Level 1 Musculoskeletal Procedures; 5113 - Level 3 Musculoskeletal Procedures; 5114 - Level 4 Musculoskeletal Procedures; 5115 - Level 5 Musculoskeletal Procedures; 5073 - Level 3 Excision/ Biopsy/ Incision and Drainage

**Payment Indicator:** A2 - Payment based on OPPS relative payment weight; G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight; J8 - Device - intensive procedure; paid at adjusted rate; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

## 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 [zimmerbiomet.com/reimbursement](https://zimmerbiomet.com/reimbursement).**

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