

# A.L.P.S.<sup>®</sup> Clavicle Plating System Coding Reference Guide



The A.L.P.S. Clavicle Plating System is indicated for fixation of fractures, osteotomies and non-unions of the clavicle including osteopenic bone. The system is comprised of low profile anatomic plates that are designed for optimal fit, with features that assist the surgeon to minimize the risk of peripheral damage to surrounding landmarks.

Physician	
CPT <sup>®</sup> Code	Description
<b>23480</b>	Osteotomy, clavicle, with or without internal fixation
<b>23485</b>	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
<b>23490</b>	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
<b>23515</b>	Open treatment of clavicular fracture, includes internal fixation, when performed
Removal	
<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			
Reposition			
<b>Ø</b> Medical and Surgical <b>P</b> Upper Bones <b>S</b> Reposition			
Body Part	Approach	Device	Qualifier
<b>9</b> Clavicle, Right <b>B</b> Clavicle, Left	<b>Ø</b> Open	<b>4</b> Internal Fixation Device	<b>Z</b> No Qualifier
Insertion			
<b>Ø</b> Medical and Surgical <b>P</b> Upper Bones <b>H</b> Insertion			
<b>9</b> Clavicle, Right <b>B</b> Clavicle, Left	<b>Ø</b> Open	<b>4</b> Internal Fixation Device	<b>Z</b> No Qualifier
Revision <i>(Correcting a malfunctioning or displaced device by taking out or putting in components of the device, but not the entire device/all components of the device, such as a screw or pin)</i>			
<b>Ø</b> Medical and Surgical <b>P</b> Upper Bones <b>W</b> Revision			
<b>9</b> Clavicle, Right <b>B</b> Clavicle, Left	<b>Ø</b> Open	<b>4</b> Internal Fixation Device	<b>Z</b> No Qualifier
Removal <i>(For revisions involving the removal and insertion of all components of a device, code the root operation REMOVAL in addition to the root operation REPLACEMENT from the list above)</i>			
<b>Ø</b> Medical and Surgical <b>P</b> Upper Bones <b>P</b> Removal			
<b>9</b> Clavicle, Right <b>B</b> Clavicle, Left	<b>Ø</b> Open	<b>4</b> Internal Fixation Device	<b>Z</b> 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
495	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC
496	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC
497	Local Excision and Removal Internal Fixation Devices Except Hip and Femur 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>23480</b>	Osteotomy, clavicle, with or without internal fixation	J1	5114	A2
<b>23485</b>	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	J1	5115	J8
<b>23490</b>	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	J1	5114	A2
<b>23515</b>	Open treatment of clavicular fracture, includes internal fixation, when performed	J1	5114	J8
<b>20680</b>	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"

**APC:** 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; J8 – Device-intensive procedure; paid at adjusted rate.

**HCPCS (Healthcare Common Procedure Coding System)**

Code	Description
<b>C1713</b>	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](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).**

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