

OmniMax[®] MMF System Coding Reference Guide



The OmniMax MMF System is a bone-borne arch bar MMF System to achieve temporary stabilization of mandibular and maxillary fractures to maintain proper occlusion during surgery and for post-operative fracture healing in adults and adolescents in whom permanent teeth have erupted.

Physician	
CPT [®] Code	Description
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type)
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21453	Closed treatment of mandibular fracture with interdental fixation
21462	Open treatment of mandibular fracture; with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21497	Interdental wiring, for condition other than fracture
Removal	
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Inpatient: ICD-10-PCS Code and Description			
Immobilization			
2 Placement W Anatomical Regions 3 Immobilization			
Body Part	Approach	Device	Qualifier
1 Face	X External	9 Wire Y Other Device	Z No Qualifier
Insertion			
Ø Medical and Surgical N Head and Facial Bones H Insertion			
R Maxilla T Mandible, Right V Mandible, Left	3 Percutaneous	5 External Fixation Device	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
143	Other Ear, Nose, Mouth, and Throat O.R. Procedure with MCC
144	Other Ear, Nose, Mouth, and Throat O.R. Procedure with CC
145	Other Ear, Nose, Mouth, and Throat 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
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Q2	5163	P3
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	J1	5163	A2
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	J1	5165	NA
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	J1	5165	NA
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	J1	5164	A2
21422	Open treatment of palatal or maxillary fracture (LeFort I type)	J1	5165	NA
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	C	--	NA
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	C	--	NA
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	C	--	NA
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	J1	5165	A2
21453	Closed treatment of mandibular fracture with interdental fixation	J1	5165	A2
21462	Open treatment of mandibular fracture; with interdental fixation	J1	5165	J8
21465	Open treatment of mandibular condylar fracture	J1	5165	J8
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	J1	5165	NA
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	J1	5163	A2
21497	Interdental wiring, for condition other than fracture	J1	5163	A2
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Q2	5072	A2
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: C - Inpatient Procedure; 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 - Procedure is packaged only if it is billed on the same date of service with any other codes with a T status indicator. If not, they are separately payable under a separate APC.

APC: 5072 - Level 2 Excision/ Biopsy/ Incision and Drainage; 5073 - Level 3 Excision/ Biopsy/ Incision and Drainage; 5163 - Level 3 ENT Procedures; 5164 - Level 4 ENT Procedures, 5165 - Level 5 ENT Procedures.

Payment Indicator: A2 - Payment based on OPSS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL); P3 - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPps

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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