

OmniPore® Surgical Implants

Coding Reference Guide



OmniPore Surgical Implants in block, sheet, and anatomical shapes are intended for nonweight bearing applications of craniofacial reconstruction/cosmetic surgery and repair of craniofacial trauma. OmniPore Surgical Implants are also intended for the augmentation or restoration of contour in the craniomaxillofacial skeleton.

Physician	
CPT® Code	Description
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21125	Augmentation, mandibular body or angle; prosthetic material
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
62140	Cranioplasty for skull defect; up to 5 cm diameter
62141	Cranioplasty for skull defect; larger than 5 cm diameter
21299	Unlisted craniofacial and maxillofacial procedure
Burr Hole Covers/Osteotomy Gap Implant/Craniotomy Gap Wedge	
<i>Burr Hole Covers are considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>	
<i>Osteotomy Gap Implant is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>	
<i>Craniotomy Gap Wedge is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>	

Hospital Inpatient: ICD-10-PCS Code and Description			
Supplement (Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)			
Ø Medical and Surgical N Head and Facial Bones U Supplement			
Body Part	Approach	Device	Qualifier
Ø Skull 1 Frontal Bone 3 Parietal Bone, Right 4 Parietal Bone, Left 5 Temporal Bone, Right 6 Temporal Bone, Left 7 Occipital Bone B Nasal Bone C Sphenoid Bone F Ethmoid Bone, Right G Ethmoid Bone, Left H Lacrimal Bone, Right J Lacrimal Bone, Left K Palatine Bone, Right L Palatine Bone, Left M Zygomatic Bone, Right N Zygomatic Bone, Left P Orbit, Right Q Orbit, Left R Maxilla T Mandible, Right V Mandible, Left X Hyoid Bone	Ø Open	J Synthetic Substitute	Z No Qualifier
Replacement (Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part)			
Ø Medical and Surgical N Head and Facial Bones R Replacement			
Body Part	Approach	Device	Qualifier
Ø Skull 1 Frontal Bone 3 Parietal Bone, Right 4 Parietal Bone, Left 5 Temporal Bone, Right 6 Temporal Bone, Left 7 Occipital Bone B Nasal Bone C Sphenoid Bone F Ethmoid Bone, Right G Ethmoid Bone, Left H Lacrimal Bone, Right J Lacrimal Bone, Left K Palatine Bone, Right L Palatine Bone, Left M Zygomatic Bone, Right N Zygomatic Bone, Left P Orbit, Right Q Orbit, Left R Maxilla T Mandible, Right V Mandible, Left X Hyoid Bone	Ø Open	J Synthetic Substitute	Z No Qualifier
Revision (Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device)			
Ø Medical and Surgical N Head and Facial Bones W Revision			
Body Part	Approach	Device	Qualifier
Ø Skull B Nasal Bone W Facial Bone	Ø Open	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
113	Orbital Procedures with CC/MCC
114	Orbital Procedures without CC/MCC
140	Major Head And Neck Procedures With MCC
141	Major Head And Neck Procedures With CC
142	Major Head And Neck 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
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	J1	5165	G2
21121	Genioplasty; sliding osteotomy, single piece	J1	5164	J8
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	J1	5165	J8
21125	Augmentation, mandibular body or angle; prosthetic material	J1	5165	J8
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	J1	5165	G2
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	J1	5165	NA
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	J1	5165	NA
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	J1	5165	NA
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	J1	5165	J8
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	J1	5165	NA
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	J1	5165	NA
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	J1	5165	NA
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	J1	5165	J8
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	J1	5165	NA
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	J1	5165	J8
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	J1	5165	J8
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	J1	5165	J8
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	J1	5165	A2
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	J1	5165	A2

Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont)				
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	J1	5165	A2
21270	Malar augmentation, prosthetic material	J1	5165	J8
21275	Secondary revision of orbitocraniofacial reconstruction	J1	5165	J8
62140	Cranioplasty for skull defect; up to 5 cm diameter	C	--	NA
62141	Cranioplasty for skull defect; larger than 5 cm diameter	C	--	NA
21299	Unlisted craniofacial and maxillofacial procedure	T	5161	NA

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

APC: 5161 – Level 1 ENT Procedures; 5164 – Level 4 ENT Procedures; 5165 – Level 5 ENT Procedures

Status Indicator: C - Inpatient Procedure. Not paid under OPPS; 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; T – Multiple procedure reduction applies.

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
C1889	Implantable/insertable device, not otherwise classified
L8699	Prosthetic implant, not otherwise specified

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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