

Cranioplasty Procedures Coding Reference Guide

Physician	
CPT® Code	Description
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
62120	Repair of encephalocele, skull vault, including cranioplasty
62140	Cranioplasty for skull defect; up to 5 cm diameter
62141	Cranioplasty for skull defect; larger than 5 cm diameter
62142	Removal of bone flap or prosthetic plate of skull
62143	Replacement of bone flap or prosthetic plate of skull
62145	Cranioplasty for skull defect with reparative brain surgery
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)

Hospital Inpatient: ICD-10-PCS Code and Description			
Repair (Restoring, to the extent possible, a body part to its normal anatomic structure and function)			
O Medical and Surgical N Head and Facial Bones Q Repair			
Body Part	Approach	Device	Qualifier
O Skull	O 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)			
O Medical and Surgical N Head and Facial Bones R Replacement			
Body Part	Approach	Device	Qualifier
O Skull	O Open	J Synthetic Substitute	Z No Qualifier
Supplement (Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)			
O Medical and Surgical N Head and Facial Bones U Supplement			
Body Part	Approach	Device	Qualifier
O Skull	O 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)			
O Medical and Surgical N Head and Facial Bones W Revision			
Body Part	Approach	Device	Qualifier
O Skull	O Open	J Synthetic Substitute	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
025	Craniotomy and endovascular intracranial procedures with MCC
026	Craniotomy and endovascular intracranial procedures with CC
027	Craniotomy and endovascular intracranial 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
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	C	--	NA
62120	Repair of encephalocele, skull vault, including cranioplasty	C	--	NA
62140	Cranioplasty for skull defect; up to 5 cm diameter	C	--	NA
62141	Cranioplasty for skull defect; larger than 5 cm diameter	C	--	NA
62142	Removal of bone flap or prosthetic plate of skull	C	--	NA
62143	Replacement of bone flap or prosthetic plate of skull	C	--	NA
62145	Cranioplasty for skull defect with reparative brain surgery	C	--	NA
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	C	--	NA
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	C	--	NA
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	C	--	NA

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

Status Indicator: C – Inpatient Only

Payment Indicator: NA - This procedure is not on Medicare’s ASC Covered Procedures List (CPL)

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1781	Mesh (implantable)
C1889	Implantable/insertable device, not otherwise classified

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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