

MedCAD[®] AccuPlan[®] System Coding Reference Guide



The MedCAD AccuPlan System, is intended for use as a software system and image segmentation system for the transfer of imaging information from a medical scanner such as a CT based system. The input data file is processed by the MedCAD AccuPlan System and the result is an output data file that may then be provided as digital models or used as input to a rapid prototyping portion of the system that produces physical outputs including anatomical models, surgical guides and dental splints for use in maxillofacial surgery. The surgical guides and dental splints are intended to be used for the maxillofacial bone in maxillofacial surgery. The MedCAD AccuPlan System is also intended as a pre-operative software tool for simulating /evaluating surgical treatment options.

Physician	
CPT [®] Code	Description
ACCUPLAN/ACCUMODEL	
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)
21085	Impression and custom preparation; oral surgical splint
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21299	Unlisted craniofacial and maxillofacial procedure
ACCUSHAPE	
62141	Cranioplasty for skull defect; larger than 5 cm diameter
62143	Replacement of bone flap or prosthetic plate of skull

- Each component of a 3D anatomic model or guide is created separately. The individual components of anatomic structures include, but are not limited to bones, arteries, veins, nerves, ureters, muscles, tendons, ligaments, joints, visceral organs, and the brain. Each 3D-printed component of the composite anatomic structure is separately reportable. The codes are structured to identify each individual component, whereas code 0559T is used to report the first (and typically the most relevant) individually prepared anatomic model component, and code 0560T for each additional component.

Code 0561T and add-on code 0562T are used to report the 3D printing of cutting or drilling guides using individualized imaging data. Though these 3D-printed guides may be used with anatomic models in presurgical planning, the guides primary purpose is to precisely fit the patient's anatomy and provide exact placement for cuts and drill holes.

If more than one guide is needed for a procedure, the second and each additional guide would be reported with code 0562T. Complex cases may require one or more 3D-printed anatomic model(s) and anatomic guide(s). In such cases, code 0561T (and if necessary, code 0562T) is reported for the guides, and code 0559T (and if necessary, code 0560T) is reported for the models, respectively. *CPT[®] Assistant March 2022 / Volume 32 Issue 03*

- Code 21085 does not describe a surgical procedure; instead, it describes the preparation of a splint that is intended to be placed by a head and neck oncologist at the time of a later extirpative surgery for partial or complete removal of an organ or diseased tissue. Typically, such a splint is made prior to surgical procedures, such as a maxillectomy, when it is anticipated that a resection of a portion of the hard or soft palate will be performed. This allows the patient to maintain oral competence during the immediate postoperative period. The impression and splint are usually made by a dentist preoperatively in the ambulatory setting, which are made available to the operating surgeon prior to surgery. The use of the term "surgical" in code 21085 refers to the extirpative surgery, and not to the preparation of the splint. *CPT[®] Assistant September 2017 / Volume 27 Issue 9*

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
21085	Impression and custom preparation; oral surgical splint	T	5161	P2
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	J1	5165	NA
21299	Unlisted craniofacial and maxillofacial procedure	T	5161	NA
62141	Cranioplasty for skull defect; larger than 5 cm diameter	C	--	NA
62143	Replacement of bone flap or prosthetic plate of skull	C	--	NA

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

Status Indicator: C - Inpatient Only; J1 - Hospital Part B services paid through a comprehensive APC; T - Procedure or Service, Multiple Procedure Reduction Applies Paid under OPPS; separate APC payment.

APC: 5161 – Level 1 ENT Procedures; 5165 - Level 5 ENT Procedures.

Payment Indicator: P2 - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
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.

Pre-Operative Scans

The first scan may be acquired for a gross overview of the patient's anatomy; essentially a diagnostic scan that is ordinarily billable assuming formal interpretation is made with generation of an imaging report. If the patient has diagnostic findings on the first scan and is a surgical candidate, a scan with much greater detail may be needed.

If a second scan is taken for diagnostic purposes and a formal interpretation is made with generation of an imaging report, that substantiates separate coding and billing. However, if the second scan is taken only for the purpose of the MedCAD system, it would be considered integral and should not be separately coded or billed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
70486	Computed tomography, maxillofacial area; without contrast material	Q3	5522	Z2
70487	Computed tomography, maxillofacial area; with contrast material(s)	Q3	5571	Z2
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Q3	5571	Z2
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	E1	--	NA
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Q1	5733	NA
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	N	--	NA
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Q1	5733	NA
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	N	--	NA

OPPS - Medicare's Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgery Center.

Status Indicator: E1 - Not Paid by Medicare When Submitted on Outpatient Claims (any outpatient bill type); N - Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment; Q1 - STV-Packaged Codes; Q3: Codes That May Be Paid Through a Composite APC.

APC 5522 - Level 2 Imaging without contrast; 5571 - Level 1 Imaging with contrast; 5733 - Level 3 minor procedures

Payment Indicator: NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL); Z2: Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS relative payment weight.

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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