

Avitus[®] Bone Harvester Coding Reference Guide

The Avitus Bone Harvester is a suction curettage technology that is indicated for use in harvesting cancellous bone and marrow; and to debride and capture infected, necrotic, or diseased cancellous bone (e.g., osteomyelitis, cancellous bone tumors). This guide contains coding and reimbursement information for procedures associated with the use of the Avitus Bone Harvester.

Physician	
CPT [®] Code	Description
Bone Graft (refer to guidance below regarding the reporting of bone grafting and bone marrow harvesting together)	
20902	Bone graft, any donor area; major or large
Bone Marrow Harvesting (refer to guidance below regarding the reporting of bone grafting and bone marrow harvesting together)	
38232	Bone marrow harvesting for transplantation; autologous
Bone Debridement	
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
Bone Excision	
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
24110	Excision or curettage of bone cyst or benign tumor, humerus
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
Procedure examples with debridement included and not separately reported	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy

Official Coding Guidance to Determine CPT Code Recommendation:

When making coding decisions, we encourage you to seek input from the American Medical Association (AMA), American Hospital Association (AHA), relevant medical societies, the Centers for Medicare & Medicaid Services (CMS), your local Medicare Administrative Contractor (MAC), and other health plans to which you submit claims.

Graft (or Implants): Autologous grafts that are already defined in the CPT code set, including skin, bone, nerve, tendon, fascia lata, or vessels should be reported with the more specific codes for each tissue type.¹

Coding guidance on reporting bone graft codes: A physician performs an open reduction and internal fixation of a fracture of an extremity. The procedure includes a bone graft with bone obtained from a bone bank. Is a separate code assigned to the grafting procedure? The bone graft codes 20900 and 20902 are separately reportable only when the graft material is an autograft and is obtained through a separate incision and not listed as part of the basic procedure. Bone bank bone is not reported using these codes.³

Coding guidance for reporting bone marrow harvesting and bone grafting together: Patient with bilateral hip osteonecrosis presents for treatment of the right hip with core decompression, bone grafting and application of bone marrow aspirate. Bone marrow was aspirated, and bone graft was obtained from each side of the pelvis. Under fluoroscopic guidance, a guide wire was guided into the problem area of the femur and a cannula was introduced into the cavity where injection of bone marrow aspirate concentrates, and bone graft was used to fill the void. Cement was used to close the hole. The following codes are being considered for the procedures performed: HCPCS code

S2325, Hip core decompression or CPT codes 38220, Bone marrow; aspiration only, 38232, Bone marrow harvesting for transplantation; autologous or 0232T, Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed. What are the correct code(s) to report the procedures performed? Assign CPT code(s) 38232, Bone marrow harvesting for transplantation; autologous and 27299, Unlisted procedure, pelvis or hip joint, for the hip core decompression and append modifier RT, Right side, to identify the hip laterality.²

Coding guidance on reporting debridement with other procedures: Debridement of tissue in the surgical field of another musculoskeletal procedure is not separately reportable. For example, debridement of muscle and/or bone (CPT codes 11043-11044, 11046-11047) associated with excision of a tumor of bone is not separately reportable.⁴

Hospital Inpatient: ICD-10-PCS Code and Description			
Extraction (Pulling or stripping out or off all or a portion of a body part by the use of force)			
0 Medical and Surgical 7 Lymphatic and Hemic Systems D Extraction			
Body Part	Approach	Device	Qualifier
T Bone Marrow	0 Open 3 Percutaneous	Z No Device	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)			
0 Medical and Surgical Select the appropriate character for the "Body System" U Supplement			
Body Part	Approach	Device	Qualifier
Select the appropriate character for the "Body Part"	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	7 Autologous Tissue	Z No Qualifier
Excision (Cutting out or off, without replacement, a portion of a body part)			
0 Medical and Surgical P Upper Bones B Excision			
Body Part	Approach	Device	Qualifier
F Humeral Shaft, Right G Humeral Shaft, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
Excision (Cutting out or off, without replacement, a portion of a body part)			
0 Medical and Surgical Q Lower Bones B Excision			
Body Part	Approach	Device	Qualifier
L Tarsal, Right M Tarsal, Left N Metatarsal, Right P Metatarsal, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
MS-DRG		Description	
The MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed.			

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	J1	5072	A2
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	N	---	N1
20902	Bone graft, any donor area; major or large	J1	5114	A2
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus	J1	5113	A2
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	J1	5114	A2
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	J1	5114	A2
24110	Excision or curettage of bone cyst or benign tumor, humerus	J1	5113	A2
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	J1	5114	A2
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	J1	5115	G2
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	J1	5115	J8
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus	J1	5113	A2
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	J1	5114	J8
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus	J1	5113	A2
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	J1	5114	A2
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	J1	5113	A2
38232	Bone marrow harvesting for transplantation; autologous	S	5243	R2

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; N - Items and Services Packaged into APC Rates Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment; S - Procedure or Service, Not Discounted When Multiple Paid under OPPS; separate APC payment.

APC: 5072 - Level 2 Excision/ Biopsy/ Incision and Drainage; 5113 - Level 3 Musculoskeletal Procedures; 5114 - Level 4 Musculoskeletal Procedures; 5115 - Level 5 Musculoskeletal Procedures; 5243 - Level 3 Blood Product Exchange and Related Services.

Payment Indicator: A2 - Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate; N1 - Packaged service/item; no separate payment made; R2 - Office-based surgical procedure added to ASC list in CY 2008 or later without MPFS nonfacility PE RVUs; 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.

References:

¹ CPT® 2024 Professional Edition. American Medical Association. p. 135

² AHA Coding Clinic for HCPCS – Volume 17, Number 3. p 1; emphasis added

³ CPT Assistant Musculoskeletal System December 2000 p 15; emphasis added

⁴ Chapter IV Surgery: Musculoskeletal System CPT Codes 20000-29999 For Medicare National Correct Coding Initiative Policy Manual Revision 1/1/2024 page IV-17

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