

Osteoconductive Materials Coding Reference Guide



Calcigen® S Bone Void Filler, EquivaBone® BGS, ^βBeta-BSM® Injectable, ^γGamma-BSM® Moldable Putty, N-Force Blue™ BSM

Calcigen S Bone Void Filler is indicated to fill bony voids or gaps of the skeletal system (i.e. the extremities, spine and pelvis). These defects may be surgically created osseous defects or osseous defects created from a traumatic injury to the bone. Calcigen S Bone Void Filler is indicated only for bony voids or gaps that are not intrinsic to the stability of the bony structure.

EquivaBone Bone Graft Substitute combines the osteoinductivity of demineralized bone matrix with the osteoconductivity, moldability, structure and hard-setting characteristics of Etex's proprietary nanocrystalline* calcium phosphate technology.

Etex addresses the need for high strength materials** delivered in minimally invasive procedures with ^βBeta-BSM Injectable. ^βBeta-BSM Injectable is engineered using Etex's proprietary nanocrystalline* calcium phosphate technology.

Etex's ^γGamma-BSM Moldable Putty meets the need for hard setting, high compressive strength materials** that are implantable in a wet environment. ^γGamma-BSM Moldable Putty is engineered using proprietary nanocrystalline* calcium phosphate technology and undergoes cell-mediated remodeling.

N-Force Blue BSM is an injectable, self setting, macro-porous, osteo-conductive, calcium phosphate bone graft substitute material that is intended for use to fill bony voids or gaps of the skeletal system of the extremities, and the pelvis that are not intrinsic to the stability of the bony structure. These defects may be surgically created osseous defects or osseous defects created from traumatic injury to the bone. N-Force Blue is a bone graft substitute that resorbs and is replaced with new bone during the healing process. N-Force Blue BSM is not cleared for use in spine cases.

Physician	
CPT® Code	Description
N/A	Under CPT coding guidelines, bone void fillers such as the ones listed above are considered an inherent part of the primary procedure and are not separately reported. Therefore, no specific or unlisted CPT code should be reported for its use.

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
<i>In spine surgery, bone void fillers are represented as a Synthetic Substitute (J) in the character 6 "Device" position (N-Force Blue BSM is not indicated for spine applications)</i>			
<i>If a bone void filler is used in a procedure that does not have Synthetic Substitute as an option for the device character, report the following ICD-10-PCS code:</i>			
3 Administration E Physiological Systems and Anatomical Regions Ø Introduction			
Body Part	Approach	Device	Qualifier
V Bones	3 Percutaneous	G Other Therapeutic Substance	C Other Substance

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
The ICD-10-PCS code(s) listed does/do not determine MS-DRG assignment. Instead, the MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed.	

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
N/A	Under CPT coding guidelines, bone void fillers such as the ones listed above are considered an inherent part of the primary procedure and are not separately reported. Therefore, no specific or unlisted CPT code should be reported for its use.	--	--	--

HCPCS (Healthcare Common Procedure Coding System)	
Code	HCPCS Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

Note: C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System (OPPS).

Coding Guidance

Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) - Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Compleat-list-DeviceCats-OPPS.pdf>

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.

*The grain size of the hydroxyapatite (HA) crystals that form as part of the amorphous and crystalline mixture of calcium phosphate sets are on the nanometer scale. The size of the crystalline structures were measured by x-ray diffraction to be less than 100 nanometers.

**ETEX bone substitute materials indicated for bone voids or defects that are not intrinsic to the stability of the bony structure.

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