

RibFix Blu™ Thoracic Fixation System

Coding Reference Guide



RibFix Blu is indicated for use in the stabilization and rigid fixation of fractures in the chest wall including sternal reconstructive surgical procedures, trauma or planned osteotomies. The system may be used in normal and poor bone to promote union. The system's innovative plate-to-bone approximation tools allow for the precise placement of plates along the rib, and unique plate-contouring instrumentation eliminates the need to remove the implant from the surgical field.

Physician	
CPT® Code	Description
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs

For bilateral procedure(s) report with modifier 50.

Hospital Inpatient: ICD-10-PCS Code and Description			
Ø Medical and Surgical P Upper Bones S Reposition			
Body Part	Approach	Device	Qualifier
1 Ribs, 1 to 2 2 Ribs, 3 or more	Ø Open	4 Internal Fixation Device	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
<i>MS-DRG assignment when the procedure is performed as a stand-alone procedure. The MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed.</i>	
515	Revision of hip or knee replacement with MCC
516	Revision of hip or knee replacement with CC
517	Revision of hip or knee replacement 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 Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	J1	5113	NA
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	J1	5112	NA
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	J1	5112	NA

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator: J1 – Hospital Part B services paid through a comprehensive APC

APC: 5112 – Level 2 Musculoskeletal Procedures; APC 5113 - Level 3 Musculoskeletal Procedures

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

HCPCS (Healthcare Common Procedure Coding System)

Code	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).

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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