## SpF<sup>®</sup> Implantable Spinal Fusion Stimulators Coding Reference Guide



The SpF Plus-Mini ( $60 \,\mu\text{A/W}$ ) and SpF Plus-Mini ( $60 \,\mu\text{A/M}$ ) Implantable Fusion Stimulators are indicated as a spinal fusion adjunct to increase the probability of fusion success in 1 or 2 levels. The SpF-XL IIb Implantable Spinal Fusion Stimulators are indicated as a spinal fusion adjunct to increase the probability of fusion success in 3 or more levels.

Physician		
CPT <sup>®</sup> Code	Description	
20975	Electrical stimulation to aid bone healing; invasive (operative)	
Removal		
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	

Hospital Inpatient: ICD-10-PCS Code and Description					
Implantation					
<ul><li>Medical and Surgical</li><li>Lower Bones</li><li>H Insertion</li></ul>					
Body Part	Approach	Device	Qualifier		
Y Lower Bone	Ø Open	M Bone Growth Stimulator Z No Qua			
Removal					
<ul><li>Ø Medical and Surgical</li><li>Q Lower Bones</li><li>P Removal</li></ul>					
Y Lower Bone	Ø Open	M Bone Growth Stimulator	<b>Z</b> No Qualifier		
Revision					
Ø Medical and Surgical Q Lower Bones W Revision					
Y Lower Bone	Ø Open	M Bone Growth Stimulator	<b>Z</b> No Qualifier		

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*			
MS-DRG	Description		
515	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC		
516	Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC		
517	Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC		
495	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC		
496	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC		
497	Local Excision and Removal Internal Fixation Devices Except Hip and Femur without CC/MCC		

 $<sup>{\</sup>tt CC-Complication\,and/or\,Comorbidity.\,MCC-Major\,Complication\,and/or\,Comorbidity.}$ 

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
20975	Electrical stimulation to aid bone healing; invasive (operative)	N		N1
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Q2	5073	A2

OPPS - Medicare's Outpatient Prospective Payment System.

Status Indicator: N-Payment is packaged into payment for other services; no separate APC payment; Q2-Payment is packaged when provided with a significant procedure but is separately paid when the service appears on the claim without a significant procedure.

APC 5073 – Level 3 Excision/Biopsy/Incision and Drainage

 $Payment\ Indicator:\ N1-Packaged\ service/item;\ no\ separate\ payment;\ A2-Payment\ based\ on\ OPPS\ relative\ payment\ weight.$ 

<sup>\*</sup>Other MS-DRGs may be applicable.

HCPCS (Healthcare Common Procedure Coding System)		
Code	Description	
E0749	Osteogenesis stimulator, electrical, surgically implanted	

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.

Current Procedural Terminology (CPT®) copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

## Zimmer Biomet Coding Reference Guide Disclaimer

The information in this document was obtained from third party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers' rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients' medical condition, procedures performed and the products used. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the provider's respective Medicare Administrative Contractor, or to appropriate payers. Zimmer Biomet specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide