

A.L.P.S.[®] Clavicle Plating System Coding Reference Guide

The A.L.P.S. Clavicle Plating System is indicated for fixation of fractures, osteotomies and non-unions of the clavicle including osteopenic bone. The system is comprised of low profile anatomic plates that are designed for optimal fit, with features that assist the surgeon to minimize the risk of peripheral damage to surrounding landmarks.

| Physician | |
|-----------------------|---|
| CPT [®] Code | Description |
| 23480 | Osteotomy, clavicle, with or without internal fixation |
| 23485 | Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) |
| 23490 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle |
| 23515 | Open treatment of clavicular fracture, includes internal fixation, when performed |
| 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 | | | |
|--|---------------|-----------------------------------|-----------------------|
| Reposition | | | |
| Ø Medical and Surgical P Upper Bones S Reposition | | | |
| Body Part | Approach | Device | Qualifier |
| 9 Clavicle, Right B Clavicle, Left | Ø Open | 4 Internal Fixation Device | Z No Qualifier |
| Insertion | | | |
| Ø Medical and Surgical P Upper Bones H Insertion | | | |
| 9 Clavicle, Right B Clavicle, Left | Ø Open | 4 Internal Fixation Device | Z No Qualifier |
| Revision <i>(Correcting a malfunctioning or displaced device by taking out or putting in components of the device, but not the entire device/all components of the device, such as a screw or pin)</i> | | | |
| Ø Medical and Surgical P Upper Bones W Revision | | | |
| 9 Clavicle, Right B Clavicle, Left | Ø Open | 4 Internal Fixation Device | Z No Qualifier |
| Removal <i>(For revisions involving the removal and insertion of all components of a device, code the root operation REMOVAL in addition to the root operation REPLACEMENT from the list above)</i> | | | |
| Ø Medical and Surgical P Upper Bones P Removal | | | |
| 9 Clavicle, Right B Clavicle, Left | Ø Open | 4 Internal Fixation Device | Z 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 |

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 Surgical Center (ASC)

| CPT® Code | Description | OPPS Status Indicator | Ambulatory Payment Classification | ASC Payment Indicator |
|--------------|---|-----------------------|-----------------------------------|-----------------------|
| 23480 | Osteotomy, clavicle, with or without internal fixation | J1 | 5114 | A2 |
| 23485 | Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) | J1 | 5115 | J8 |
| 23490 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle | J1 | 5114 | A2 |
| 23515 | Open treatment of clavicular fracture, includes internal fixation, when performed | J1 | 5114 | J8 |
| 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: J1 – Hospital Part B services paid through a comprehensive APC; Q2 – T-Packaged Codes. Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T"

APC 5114 – Level 4 Musculoskeletal Procedures; APC 5115 – Level 5 Musculoskeletal Procedures; APC 5073 - Level 3 Excision/ Biopsy/ Incision and Drainage

Payment Indicator: A2 – Payment based on OPPS relative payment weight; J8 – Device-intensive procedure; paid at adjusted rate.

HCPCS (Healthcare Common Procedure Coding System)

| Code | Description |
|--------------|---|
| C1713 | Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) |

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 www.zimmerbiomet.com/reimbursement.

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