

# OmniPore<sup>®</sup> Surgical Implants

## Coding Reference Guide

OmniPore Surgical Implants in block, sheet, and anatomical shapes are intended for nonweight bearing applications of craniofacial reconstruction/cosmetic surgery and repair of craniofacial trauma. OmniPore Surgical Implants are also intended for the augmentation or restoration of contour in the craniomaxillofacial skeleton.

| Physician  |   |
|--|---|
| CPT <sup>®</sup> Code  | Description   |
| 21120  | Genioplasty; augmentation (autograft, allograft, prosthetic material)   |
| 21121  | Genioplasty; sliding osteotomy, single piece  |
| 21122  | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)   |
| 21125  | Augmentation, mandibular body or angle; prosthetic material   |
| 21138  | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)  |
| 21141  | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft  |
| 21142  | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft   |
| 21143  | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft   |
| 21150  | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)   |
| 21172  | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)   |
| 21175  | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) |
| 21193  | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft  |
| 21195  | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation  |
| 21196  | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation   |
| 21208  | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)   |
| 21244  | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)   |
| 21245  | Reconstruction of mandible or maxilla, subperiosteal implant; partial   |
| 21246  | Reconstruction of mandible or maxilla, subperiosteal implant; complete  |
| 21248  | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial   |
| 21249  | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete  |
| 21270  | Malar augmentation, prosthetic material   |
| 21275  | Secondary revision of orbitocraniofacial reconstruction   |
| 62140  | Cranioplasty for skull defect; up to 5 cm diameter  |
| 62141  | Cranioplasty for skull defect; larger than 5 cm diameter  |
| 21299  | Unlisted craniofacial and maxillofacial procedure   |
| <b>Burr Hole Covers/Osteotomy Gap Implant/Craniotomy Gap Wedge</b>   |   |
| <i>Burr Hole Covers are considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>     |   |
| <i>Osteotomy Gap Implant is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i> |   |
| <i>Craniotomy Gap Wedge is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>  |   |

## Hospital Inpatient: ICD-10-PCS Code and Description

**Supplement** (Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)

Ø Medical and Surgical  
 N Head and Facial Bones  
 U Supplement

| Body Part   | Approach | Device                 | Qualifier      |
|---|----------|------------------------|----------------|
| Ø Skull<br>1 Frontal Bone<br>3 Parietal Bone, Right<br>4 Parietal Bone, Left<br>5 Temporal Bone, Right<br>6 Temporal Bone, Left<br>7 Occipital Bone<br>B Nasal Bone<br>C Sphenoid Bone<br>F Ethmoid Bone, Right<br>G Ethmoid Bone, Left<br>H Lacrimal Bone, Right<br>J Lacrimal Bone, Left<br>K Palatine Bone, Right<br>L Palatine Bone, Left<br>M Zygomatic Bone, Right<br>N Zygomatic Bone, Left<br>P Orbit, Right<br>Q Orbit, Left<br>R Maxilla<br>T Mandible, Right<br>V Mandible, Left<br>X Hyoid Bone | Ø Open   | J Synthetic Substitute | Z No Qualifier |

**Replacement** (Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part)

Ø Medical and Surgical  
 N Head and Facial Bones  
 R Relacement

| Body Part   | Approach | Device                 | Qualifier      |
|---|----------|------------------------|----------------|
| Ø Skull<br>1 Frontal Bone<br>3 Parietal Bone, Right<br>4 Parietal Bone, Left<br>5 Temporal Bone, Right<br>6 Temporal Bone, Left<br>7 Occipital Bone<br>B Nasal Bone<br>C Sphenoid Bone<br>F Ethmoid Bone, Right<br>G Ethmoid Bone, Left<br>H Lacrimal Bone, Right<br>J Lacrimal Bone, Left<br>K Palatine Bone, Right<br>L Palatine Bone, Left<br>M Zygomatic Bone, Right<br>N Zygomatic Bone, Left<br>P Orbit, Right<br>Q Orbit, Left<br>R Maxilla<br>T Mandible, Right<br>V Mandible, Left<br>X Hyoid Bone | Ø Open   | J Synthetic Substitute | Z No Qualifier |

**Revision** (Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device)

Ø Medical and Surgical  
 N Head and Facial Bones  
 W Revision

| Body Part                                | Approach | Device                 | Qualifier      |
|--|----------|------------------------|----------------|
| Ø Skull<br>B Nasal Bone<br>W Facial Bone | Ø Open   | J Synthetic Substitute | Z No Qualifier |

| Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)* |  |
|---|--|
| MS-DRG  | Description  |
| 113   | Orbital Procedures with CC/MCC                             |
| 114   | Orbital Procedures without CC/MCC                          |
| 129   | Major Head and Neck Procedures with CC/MCC or Major Device |
| 130   | Major Head and Neck Procedures without CC/MCC              |
| 131   | Cranial and Facial Procedures with CC/MCC                  |
| 132   | Cranial and Facial Procedures 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 |
| 21120  | Genioplasty; augmentation (autograft, allograft, prosthetic material)   | J1                    | 5165                              | G2                    |
| 21121  | Genioplasty; sliding osteotomy, single piece  | J1                    | 5164                              | A2                    |
| 21122  | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)   | J1                    | 5165                              | A2                    |
| 21125  | Augmentation, mandibular body or angle; prosthetic material   | J1                    | 5165                              | A2                    |
| 21138  | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)  | J1                    | 5165                              | G2                    |
| 21141  | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft  | C                     | --                                | NA                    |
| 21142  | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft   | C                     | --                                | NA                    |
| 21143  | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft   | C                     | --                                | NA                    |
| 21150  | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)   | J1                    | 5165                              | G2                    |
| 21172  | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)   | J1                    | 5165                              | NA                    |
| 21175  | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) | J1                    | 5165                              | NA                    |
| 21193  | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft  | J1                    | 5165                              | NA                    |
| 21195  | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation  | J1                    | 5165                              | NA                    |
| 21196  | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation   | C                     | --                                | NA                    |
| 21208  | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)   | J1                    | 5165                              | J8                    |
| 21244  | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)   | J1                    | 5165                              | G2                    |
| 21245  | Reconstruction of mandible or maxilla, subperiosteal implant; partial   | J1                    | 5165                              | A2                    |
| 21246  | Reconstruction of mandible or maxilla, subperiosteal implant; complete  | J1                    | 5165                              | A2                    |
| 21248  | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial   | J1                    | 5165                              | A2                    |

| <b>Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont)</b> |  |    |      |    |
|--|--|----|------|----|
| <b>21249</b>   | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete | J1 | 5165 | A2 |
| <b>21270</b>   | Malar augmentation, prosthetic material  | J1 | 5165 | A2 |
| <b>21275</b>   | Secondary revision of orbitocraniofacial reconstruction                                  | J1 | 5165 | G2 |
| <b>62140</b>   | Cranioplasty for skull defect; up to 5 cm diameter                                       | C  | --   | NA |
| <b>62141</b>   | Cranioplasty for skull defect; larger than 5 cm diameter                                 | C  | --   | NA |
| <b>21299</b>   | Unlisted craniofacial and maxillofacial procedure  | T  | 5161 | NA |

OPPS - Medicare's Outpatient Prospective Payment System.

APC 5161 – Level 1 ENT Procedures; 5164 – Level 4 ENT Procedures; 5165 – Level 5 ENT Procedures

Status Indicator C - Inpatient Procedure. Not paid under OPPS; J1 - Hospital Part B services paid through a comprehensive APC; T – Multiple procedure reduction applies; Payment Indicator A2 – Payment based on OPPS relative payment weight; G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate; NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL).

| <b>HCPCS (Healthcare Common Procedure Coding System)</b> |  |
|--|--|
| <b>Code</b>  | <b>Description</b>   |
| <b>C1734</b>   | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable) |
| <b>C1889</b>   | Implantable/insertable device, not otherwise classified                                      |
| <b>L8699</b>   | Prosthetic implant, not otherwise specified  |

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](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).**

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