

SternaLock® Blu Primary Closure System and SternaLock® 360 Sternal Closure System Coding Reference Guide



SternaLock® Blu

SternaLock Blu is indicated for stabilization and fixation of fractures of the anterior chest wall including sternal fixation following sternotomy or sternal reconstructive surgical procedures to aid in the alignment and stabilization of bone.

SternaLock® 360 Sternal Closure System

SternaLock 360 Sternal Closure System is intended for use in the stabilization and fixation of fractures of the sternum including sternal fixation following sternotomy and sternal reconstructive surgical procedures, to promote fusion. The system is intended for use in patients with normal and/or poor bone quality.

Physician	
CPT® Code	Description
<i>This separate procedure by definition is usually a component of a more complex service and is not identified separately. When performed alone or with other unrelated procedures/services, it may be reported.</i>	
21750	Closure of median sternotomy separation with or without debridement (separate procedure)

Hospital Inpatient: ICD-10-PCS Code and Description			
Reposition			
Ø Medical and Surgical P Upper Bones S Reposition			
Body Part	Approach	Device	Qualifier
Ø Sternum	Ø Open	Ø Internal Fixation Device, Rigid Plate	Z No Qualifier
Insertion			
Ø Medical and Surgical P Upper Bones H Insertion			
Ø Sternum	Ø Open	Ø Internal Fixation Device, Rigid Plate	Z No Qualifier

Hospital Inpatient: Medicare Severity- Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
<i>Based on ICD-10-PCS code and MS-DRG Assignment when this service is performed as a stand-alone procedure, potential MS-DRGs may include:</i>	
166	Other Respiratory System O.R. Procedures with MCC
167	Other Respiratory System O.R. Procedures with CC
168	Other Respiratory System O.R. Procedures without CC/MCC
264	Other Circulatory System O.R. Procedures
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

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	APC Assignment	ASC Payment Indicator
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	J1	5114	NA

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

Status Indicator: J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions

APC: 5114 – Level 4 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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