

Etex® Bone Substitute Materials Coding Reference Guide



EquivaBone® BGS, ^βBeta-BSM® Injectable, ^γGamma-BSM® Moldable Putty

EquivaBone Bone Graft Substitute combines the osteoinductivity of demineralized bone matrix with the osteoconductivity, moldability, structure and hard-setting characteristics of Etex's proprietary nanocrystalline calcium phosphate technology.

Etex addresses the need for high strength materials delivered in minimally invasive procedures with ^βBeta-BSM® Injectable. Etex addresses the need for high strength materials delivered in minimally invasive procedures with ^βBeta-BSM® Injectable.

Etex's ^γGamma-BSM® Moldable Putty meets the need for hard setting, high compressive strength materials that are implantable in a wet environment. ^γGamma-BSM® Moldable Putty is engineered using proprietary nanocrystalline calcium phosphate technology and undergoes cell-mediated remodeling.

Physician	
CPT® Code	Description
N/A	Under CPT coding guidelines, bone void fillers such as the ones listed above are considered an inherent part of the primary procedure and are not separately reported. Therefore, no specific or unlisted CPT code should be reported for its use.

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
<i>In spine surgery, bone void fillers are represented as a Synthetic Substitute (J) in the character 6 "Device" position</i>			
<i>If a bone void filler is used in a procedure that does not have Synthetic Substitute as an option for the device character, report the following ICD-10-PCS code:</i>			
3 Administration E Physiological Systems and Anatomical Regions Ø Introduction			
Body Part	Approach	Device	Qualifier
V Bones	3 Percutaneous	G Other Therapeutic Substance	C Other Substance

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
The ICD-10-PCS code(s) listed does/do not determine MS-DRG assignment. Instead, the MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed.	

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
N/A	Under CPT coding guidelines, bone void fillers such as the ones listed above are considered an inherent part of the primary procedure and are not separately reported. Therefore, no specific or unlisted CPT code should be reported for its use.	--	--	--

HCPCS (Healthcare Common Procedure Coding System)	
Code	HCPCS 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).

Coding Guidance

Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) - Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery). <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Complelist-DeviceCats-OPPS.pdf>

For further assistance with coding and reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement website 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.