

# Foot and Ankle Systems Coding Reference Guide

<b>Physician</b>	
<b>CPT® Code</b>	<b>Description</b>
<b>Arthrodesis</b>	
27870	Arthrodesis, ankle, open
27871	Arthrodesis, tibiofibular joint, proximal or distal
28705	Arthrodesis; pantalar
28715	Arthrodesis; triple
28725	Arthrodesis; subtalar
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, miller type procedure)
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	Arthrodesis, great toe; metatarsophalangeal joint
28755	Arthrodesis, great toe; interphalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, jones type procedure)
<b>Bunionectomy</b>	
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
<b>Hammertoe Correction</b>	
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
<b>Internal Fixation</b>	
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula
28320	Repair, nonunion or malunion; tarsal bones
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed

Physician (cont.)	
CPT® Code	Description
<b>Internal Fixation (cont.)</b>	
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28445	Open treatment of talus fracture, includes internal fixation, when performed
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28531	Open treatment of sesamoid fracture, with or without internal fixation
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
<b>Ostectomy/Osteotomy</b>	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28300	Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation
28302	Osteotomy; talus
28304	Osteotomy, tarsal bones, other than calcaneus or talus
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28899	Unlisted procedure, foot or toes
<b>Removal</b>	
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Inpatient: ICD-10-PCS Code and Description			
<b>Fusion</b> (Joining together portions of an articular body part rendering the articular body part immobile. The body part is joined together by fixation device, bone graft or other means.)			
Ø Medical and Surgical			
S Lower Joints			
G Fusion			
Body Part	Approach	Device	Qualifier
F Ankle Joint, Right G Ankle Joint, Left H Tarsal Joint, Right J Tarsal Joint, Left K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left M Metatarsal-Phalangeal Joint, Right N Metatarsal-Phalangeal Joint, Left P Toe Phalangeal Joint, Right Q Toe Phalangeal Joint, Left	Ø Open	4 Internal Fixation Device 7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

**Hospital Inpatient: ICD-10-PCS Code and Description (cont.)**
**Insertion** (Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part.)

Ø Medical and Surgical  
 Q Lower Bones  
 H Insertion

Body Part	Approach	Device	Qualifier
<b>G</b> Tibia, Right <b>H</b> Tibia, Left <b>J</b> Fibula, Right <b>K</b> Fibula, Left <b>L</b> Tarsal, Right <b>M</b> Tarsal, Left <b>N</b> Metatarsal, Right <b>P</b> Metatarsal, Left <b>Q</b> Toe Phalanx, Right <b>R</b> Toe Phalanx, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier

Ø Medical and Surgical  
 S Lower Joints  
 H Insertion

<b>F</b> Ankle Joint, Right <b>G</b> Ankle Joint, Left <b>H</b> Tarsal Joint, Right <b>J</b> Tarsal Joint, Left <b>K</b> Tarsometatarsal Joint, Right <b>L</b> Tarsometatarsal Joint, Left <b>M</b> Metatarsal-Phalangeal Joint, Right <b>N</b> Metatarsal-Phalangeal Joint, Left <b>P</b> Toe Phalangeal Joint, Right <b>Q</b> Toe Phalangeal Joint, Left	Ø Open	4 Internal Fixation Device 8 Spacer	Z No Qualifier
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**Reposition** (Moving to its normal location, or other suitable location, all or a portion of a body part. The body part is moved to a new location from an abnormal location, or from a normal location where it is not functioning correctly. The body part may or may not be cut out or off to be moved to the new location.)

Ø Medical and Surgical  
 Q Lower Bone  
 S Reposition

Body Part	Approach	Device	Qualifier
<b>G</b> Tibia, Right <b>H</b> Tibia, Left <b>J</b> Fibula, Right <b>K</b> Fibula, Left <b>L</b> Tarsal, Right <b>M</b> Tarsal, Left <b>N</b> Metatarsal, Right <b>P</b> Metatarsal, Left <b>Q</b> Toe Phalanx, Right <b>R</b> Toe Phalanx, Left	Ø Open	4 Internal Fixation Device	2 Sesamoid Bone(s) 1st Toe Z No Qualifier

Ø Medical and Surgical  
 S Lower Joints  
 S Reposition

<b>F</b> Ankle Joint, Right <b>G</b> Ankle Joint, Left <b>H</b> Tarsal Joint, Right <b>J</b> Tarsal Joint, Left <b>K</b> Tarsometatarsal Joint, Right <b>L</b> Tarsometatarsal Joint, Left <b>M</b> Metatarsal-Phalangeal Joint, Right <b>N</b> Metatarsal-Phalangeal Joint, Left <b>P</b> Toe Phalangeal Joint, Right <b>Q</b> Toe Phalangeal Joint, Left	Ø Open	4 Internal Fixation Device	Z No Qualifier
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**Hospital Inpatient: ICD-10-PCS Code and Description (cont.)**

**Revision** (Correcting to the extent possible, a portion of a malfunctioning device or position of a displaced device. Revision can include correcting a malfunctioning or displaced device by taking out or putting in components of the device such as a screw or pin)

Ø Medical and Surgical  
**Q** Lower Bones  
**W** Revision

Body Part	Approach	Device	Qualifier
<b>G</b> Tibia, Right <b>H</b> Tibia, Left <b>J</b> Fibula, Right <b>K</b> Fibula, Left <b>L</b> Tarsal, Right <b>M</b> Tarsal, Left <b>N</b> Metatarsal, Right <b>P</b> Metatarsal, Left <b>Q</b> Toe Phalanx, Right <b>R</b> Toe Phalanx, Left	Ø Open	<b>4</b> Internal Fixation Device <b>7</b> Autologous Tissue Substitute <b>J</b> Synthetic Substitute <b>K</b> Nonautologous Tissue Substitute	<b>Z</b> No Qualifier

Ø Medical and Surgical  
**S** Lower Joints  
**W** Revision

<b>F</b> Ankle Joint, Right <b>G</b> Ankle Joint, Left <b>H</b> Tarsal Joint, Right <b>J</b> Tarsal Joint, Left <b>K</b> Tarsometatarsal Joint, Right <b>L</b> Tarsometatarsal Joint, Left <b>M</b> Metatarsal-Phalangeal Joint, Right <b>N</b> Metatarsal-Phalangeal Joint, Left <b>P</b> Toe Phalangeal Joint, Right <b>Q</b> Toe Phalangeal Joint, Left	Ø Open	<b>4</b> Internal Fixation Device <b>7</b> Autologous Tissue Substitute <b>8</b> Spacer <b>J</b> Synthetic Substitute <b>K</b> Nonautologous Tissue Substitute	<b>Z</b> No Qualifier
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**Removal** (Taking out or off a device from a body part. If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL.)

Ø Medical and Surgical  
**Q** Lower Bones  
**P** Removal

Body Part	Approach	Device	Qualifier
<b>G</b> Tibia, Right <b>H</b> Tibia, Left <b>J</b> Fibula, Right <b>K</b> Fibula, Left <b>L</b> Tarsal, Right <b>M</b> Tarsal, Left <b>N</b> Metatarsal, Right <b>P</b> Metatarsal, Left <b>Q</b> Toe Phalanx, Right <b>R</b> Toe Phalanx, Left	Ø Open	<b>4</b> Internal Fixation Device <b>J</b> Synthetic Substitute	<b>Z</b> No Qualifier

Ø Medical and Surgical  
**S** Lower Joints  
**P** Removal

<b>F</b> Ankle Joint, Right <b>G</b> Ankle Joint, Left <b>H</b> Tarsal Joint, Right <b>J</b> Tarsal Joint, Left <b>K</b> Tarsometatarsal Joint, Right <b>L</b> Tarsometatarsal Joint, Left <b>M</b> Metatarsal-Phalangeal Joint, Right <b>N</b> Metatarsal-Phalangeal Joint, Left <b>P</b> Toe Phalangeal Joint, Right <b>Q</b> Toe Phalangeal Joint, Left	Ø Open	<b>4</b> Internal Fixation Device <b>8</b> Spacer <b>J</b> Synthetic Substitute	<b>Z</b> No Qualifier
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Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
492	Lower Extremity And Humerus Procedures Except Hip, Foot And Femur with MCC
493	Lower Extremity And Humerus Procedures Except Hip, Foot And Femur with CC
494	Lower Extremity And Humerus Procedures Except Hip, Foot And Femur without CC/MCC
495	Local Excision And Removal Of Internal Fixation Devices Except Hip And Femur with MCC
496	Local Excision And Removal Of Internal Fixation Devices Except Hip And Femur with CC
497	Local Excision And Removal Internal Fixation Devices Except Hip And Femur without CC/MCC
503	Foot Procedures with MCC
504	Foot Procedures with CC
505	Foot Procedures without CC/MCC
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 Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	Ambulatory Payment Classification	ASC Payment Indicator
<b>Arthrodesis</b>				
<b>27870</b>	Arthrodesis, ankle, open	J1	5115	J8
<b>27871</b>	Arthrodesis, tibiofibular joint, proximal or distal	J1	5115	G2
<b>28705</b>	Arthrodesis; pantalar	J1	5116	J8
<b>28715</b>	Arthrodesis; triple	J1	5115	J8
<b>28725</b>	Arthrodesis; subtalar	J1	5115	G2
<b>28730</b>	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse	J1	5115	J8
<b>28735</b>	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	J1	5115	J8
<b>28737</b>	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, miller type procedure)	J1	5115	J8
<b>28740</b>	Arthrodesis, midtarsal or tarsometatarsal, single joint	J1	5114	J8
<b>28750</b>	Arthrodesis, great toe; metatarsophalangeal joint	J1	5114	J8
<b>28755</b>	Arthrodesis, great toe; interphalangeal joint	J1	5114	A2
<b>28760</b>	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, jones type procedure)	J1	5114	A2
<b>Bunionectomy</b>				
<b>28292</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	J1	5113	A2
<b>28295</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	J1	5113	G2
<b>28296</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	J1	5113	A2
<b>28297</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	J1	5114	A2
<b>28298</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	J1	5114	A2
<b>28299</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	J1	5113	A2

<b>Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)</b>				
<b>CPT® Code</b>	<b>Description</b>	<b>OPPS Status Indicator</b>	<b>Ambulatory Payment Classification</b>	<b>ASC Payment Indicator</b>
<b>Hammertoe Correction</b>				
<b>28285</b>	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	J1	5113	A2
<b>Internal Fixation</b>				
<b>27814</b>	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	J1	5114	A2
<b>27822</b>	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	J1	5114	A2
<b>27823</b>	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	J1	5114	G2
<b>27826</b>	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	J1	5114	A2
<b>27827</b>	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	J1	5115	G2
<b>27828</b>	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	J1	5115	G2
<b>28320</b>	Repair, nonunion or malunion; tarsal bones	J1	5115	A2
<b>28415</b>	Open treatment of calcaneal fracture, includes internal fixation, when performed	J1	5114	A2
<b>28420</b>	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	J1	5115	A2
<b>28445</b>	Open treatment of talus fracture, includes internal fixation, when performed	J1	5114	A2
<b>28465</b>	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	J1	5114	A2
<b>28485</b>	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	J1	5114	A2
<b>28505</b>	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	J1	5113	A2
<b>28525</b>	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	J1	5113	A2
<b>28531</b>	Open treatment of sesamoid fracture, with or without internal fixation	J1	5114	A2
<b>28555</b>	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	J1	5114	A2
<b>28615</b>	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	J1	5114	A2
<b>28645</b>	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	J1	5113	A2
<b>28675</b>	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	J1	5113	A2

<b>Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)</b>				
<b>CPT® Code</b>	<b>Description</b>	<b>OPPS Status Indicator</b>	<b>Ambulatory Payment Classification</b>	<b>ASC Payment Indicator</b>
<b>Ostectomy/Osteotomy</b>				
<b>28110</b>	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	J1	5113	A2
<b>28300</b>	Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation	J1	5114	A2
<b>28302</b>	Osteotomy; talus	J1	5114	A2
<b>28304</b>	Osteotomy, tarsal bones, other than calcaneus or talus	J1	5114	A2
<b>28305</b>	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, fowler type)	J1	5114	G2
<b>28306</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	J1	5114	A2
<b>28307</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	J1	5113	A2
<b>28308</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	J1	5113	A2
<b>28309</b>	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, swanson type cavus foot procedure)	J1	5114	A2
<b>28310</b>	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	J1	5113	A2
<b>28312</b>	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	J1	5113	A2
<b>28899</b>	Unlisted procedure, foot or toes	T	5111	NA
<b>Removal</b>				
<b>20680</b>	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"; T - Multiple procedure reductions apply

APC 5111 - Level 1 Musculoskeletal Procedures; 5113 - Level 3 Musculoskeletal Procedures; 5114 - Level 4 Musculoskeletal Procedures; 5115 - Level 5 Musculoskeletal Procedures; 5116 - Level 6 Musculoskeletal Procedures; 5073 - Level 3 Excision/ Biopsy/ Incision and Drainage

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>C1713</b>	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
<b>C1769</b>	Guide wire
<b>C1889</b>	Implantable/insertable device for device intensive procedure, not otherwise classified
<b>L8699</b>	Prosthetic implant, Not otherwise specified.

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](http://zimmerbiomet.com/reimbursement).**

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