

# Pectus Support Bar Pectus Excavatum Correction Coding Reference Guide



The Zimmer Biomet Pectus Support Bar and stabilizers are surgical implants intended to aid treatment of a Pectus Excavatum deformity. The Pectus Support Bar provides the surgeon with a means to reposition bony structures (sternum, breastbone) by applying internal force outwardly eliminating the funnel shape deformity. The device should be removed when remodeling is evident.

Physician	
CPT® Code	CPT Description
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy

Physician - Removal procedure	
CPT Code	CPT Description
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Outpatient and Free-Standing Ambulatory Surgery Center (ASC)				
CPT Code	CPT Description	OPPS Status Indicator	APC	ASC Payment Indicator
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	J1	5113	NA
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	J1	5113	NA
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Q2	5073	A2

OPPS – Outpatient Prospective Payment System; APC – Ambulatory Payment Classification  
 Status Indicator J1 - Hospital Part B services paid through a comprehensive APC; Q2 – Payment is packaged when provided with a significant procedure but is separately paid when the service appears on the claim without a significant procedure  
 T – Multiple procedure reduction applies  
 APC 5113 – Level 3 Musculoskeletal Procedures; APC 5073 – Level 3 Excision/ Biopsy/ Incision and Drainage  
 NA – This procedure is not on Medicare’s List of ASC Covered Surgical Procedures; A2 – Payment based on OPPS relative payment weight

Hospital Inpatient	
ICD-10-PCS Procedure Code and Description	MS-DRG and Description*
<b>Implantation</b>	
ØWU84JZ Supplement chest wall with synthetic substitute, percutaneous endoscopic approach	163 Major Chest Procedures with MCC
	164 Major Chest Procedures with CC
	165 Major Chest Procedures without CC/MCC
	515 Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC
ØWP83JZ Removal of synthetic substitute from chest wall, percutaneous approach	516 Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC
	517 Other Musculoskeletal System and Connective Tissue O.R. Procedures without CC/MCC
	515 Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC

CC – Complication and/or Comorbidity, MCC – Major Complication and/or Comorbidity  
 \*MS-DRG – Medicare Severity Diagnosis Related Group. Other MS-DRGs may apply

## HCPCS

HCPCS Code	HCPCS Description
L8699	Prosthetic implant, not otherwise specified

HCPCS – Healthcare Common Procedure Coding System

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPSS

**For further assistance with coding and reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com)**

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