Subchondroplasty® (SCP®) Procedure Coding Reference Guide

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The Subchondroplasty® Procedure is a minimally-invasive, fluoroscopically-assisted procedure that targets and fills chronic subchondral bone defects--also known as bone marrow lesions—using AccuFill® BSM, a hard-setting bone substitute. The procedure is usually performed with arthroscopy, to evaluate and treat findings inside the joint; some procedures may be performed using an open or mini-open approach, as needed.

It is important to note that "Subchondroplasty" is a marketing tradename, and is not recognized as standard diagnosis or generic procedure terminology.

PHYSICIAN CODING - KNEE	
CPT® Code	**CPT Description**
27599	Unlisted procedure, femur or knee
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29999	Unlisted procedure, arthroscopy

PHYSICIAN CODING - ANKLE AND FOOT	
CPT® Code	**CPT Description**
27899	Unlisted procedure, leg or ankle
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed
28445	Open treatment of talus fracture, includes internal fixation, when performed
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
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
28899	Unlisted procedure, foot or toes
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29999	Unlisted procedure, arthroscopy

PHYSICIAN CODING - HIP	
CPT® Code	**CPT Description**
27299	Unlisted procedure, pelvis or hip joint
29999	Unlisted procedure, arthroscopy

PHYSICIAN CODING - SHOULDER	
CPT® Code	**CPT Description**
23515	Open treatment of clavicular fracture, includes internal fixation, when performed
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23929	Unlisted procedure, shoulder
29999	Unlisted procedure, arthroscopy

- When a minimally invasive or percutaneous Subchondroplasty procedure is performed to treat subchondral bone defects associated with chronic bone marrow lesions of the knee, report code 27599. *CPT Assistant January 2014*
- When Subchondroplasty is performed with a concomitant procedure, SCP is inherent to the larger procedure performed and not separately coded. *CPT Assistant December 2012*
- When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 (Increased Procedural Services) to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required).
- If the SCP procedure is a separate and distinct procedure and documentation supports the additional work, an additional code may be indicated.

OUTPATIENT HOSPITAL AND AMBULATORY SURGERY CENTER (ASC)				
CPT® Code	**CPT Description**	**OPPS Status Indicator**	**Ambulatory Payment Classification**	**ASC Payment Indicator**
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	J1	5114	A2
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	J1	5114	A2
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed	J1	5115	J8
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	J1	5114	A2
23929	Unlisted procedure, shoulder	T	5111	NA
27299	Unlisted procedure, pelvis or hip joint	T	5111	NA
27599	Unlisted procedure, femur or knee	T	5111	NA
27899	Unlisted procedure, leg or ankle	T	5111	NA
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed	J1	5114	A2
28445	Open treatment of talus fracture, includes internal fixation, when performed	J1	5114	A2
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	T	5111	P2
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	J1	5114	A2
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	J1	5114	A2
28899	Unlisted procedure, foot or toes	T	5111	NA
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	J1	5114	J8
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	J1	5115	J8
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	J1	5114	A2
29999	Unlisted procedure, arthroscopy	T	5111	NA

APC – Ambulatory Payment Classification
Status Indicators: J1 – Hospital Part B services paid through a comprehensive APC; T – Multiple procedure reductions apply.
APC 5111 - Level 1 Musculoskeletal Procedures; APC 5114 – Level 4 Musculoskeletal Procedures; APC 5115 - Level 5 Musculoskeletal Procedures.
Payment Indicators: A2 – Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight. J8 - Device-intensive procedure; paid at adjusted rate. P2 – Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight. NA – This procedure is not on Medicare's List of ASC Covered Surgical Procedures.

HCPCS (Healthcare Common Procedure Coding System)	
CODE	**Description**
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare OPPS. (outpatient procedures only)	
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/Complet-list-DeviceCats-OPPS.pdf	

CPT® CODE	CPT Description
77002-26*	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
* Modifier 26: Professional component Generally, imaging codes are not separately reported. However, if an unlisted code is reported, use of an imaging code may be allowed.	

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

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0781.7-US-en-REV0118