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## IGNITE® Injectable Graft

### 2014 Reimbursement Codes\*

The following codes contained within this document are representative of possible services or diagnoses that may be associated with use of Wright products. This is not a complete listing of possible codes. Not all of the codes are necessarily to be used together. Some codes may be considered a component of another ('bundled'). Final determination of the correct or appropriate coding for services performed are made by the claims submitter/provider and should be consistent with the billing policies of the patient's health insurance program.

### CPT® Codes

In most instances, allograft is included in the CPT procedure description.

Currently, no specific CPT codes describe the work of application of IGNITE® in the foot or the ankle. Where appropriate, report use of the product separately utilizing an Unlisted Procedure code from the appropriate musculoskeletal system.

#### Example:

27899 Unlisted procedure, leg or ankle

When reporting an unlisted code to describe a procedure or service, it will be necessary to submit supporting documentation (e.g., procedure report) along with the claim to provide an adequate description of the nature, extent, need for the procedure; and the time, effort, and equipment necessary to provide the service.

CPT® Code	Description	RVU Fac	RVU PhysOfc	APC Pymt	ASC Pymt
38220	Bone marrow; aspiration only	1.74	4.52	\$640.91	\$87.25

### Hospital or Facility Coding

HCPCS Code	Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) <i>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). (List of Pass Through Payment Device Category Codes – Updated January 2014. <a href="http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Compleat-list-DeviceCats-OPPS.pdf">http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Compleat-list-DeviceCats-OPPS.pdf</a>)</i>

### ICD-9 Diagnostic Code

ICD-9 Code	Description
733.82	Nonunion of fracture

### Hospital or Facility Coding

For Medicare, bone graft materials implanted into the foot or the ankle are not separately reimbursed in any setting of care (i.e. surgery center, hospital, office, ASC). These costs are absorbed by the facility via the appropriate reimbursement mechanism (MS-DRG, APC, etc.)

For non-Medicare patients, depending on contractual and general stipulations of the payer, direct invoicing may be allowed. Contact the patient's insurance company for further information.

### Inpatient Hospital Data

For treatment of fractures, the applicable DRG and ICD-9 procedure code will be determined based upon the location, type and/or severity of the fracture treated.

MS DRG Code	Description	National Unadjusted Pymt
517	Other musculoskeletal sys & connective tissue OR procedure w/o CC or MCC	\$9729.97

ICD-9 Procedure Code	Description
84.55	Insertion of bone void filler Insertion of: acrylic cement (PMMA), bone void cement calcium based bone void filler, polymethylmethacrylate (PMMA)

\* Medicare Physician Fee Schedule facility and non-facility (office) relative value amounts published in the 2014 Medicare Physician Fee Schedule Final Rule Addendum B, linked at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1600-FC.html?DLPage=1&DLSort=3&DLSortDir=descending>. Hospital Outpatient Prospective Payment System payment rates published in the 2014 Hospital Outpatient Prospective Payment System Final Rule Addendum B, linked at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1601-FC.html?DLPage=1&DLSort=2&DLSortDir=descending>. Ambulatory Surgical Center payment rates published in the 2014 Ambulatory Surgical Center Final Rule Addendum AA, linked at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1601-FC.html?DLPage=1&DLSort=2&DLSortDir=descending>. In-patient payment rates calculated using the MS-DRG relative weights published in Table 5 to the 2014 Medicare Hospital Inpatient Prospective Payment System for Acute Care Hospitals final rule, linked at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcutelInpatientPPS/FY-2014-IPPS-Final-Rule-Home-Page-Items/FY-2014-IPPS-Final-Rule-CMS-1599-F-Tables.html?DLPage=1&DLSort=0&DLSortDir=ascending>, multiplied by the 2014 final rule standardized amount of \$5,799.59.

**Disclaimer**

The information and data provided by Wright Medical Technology is presented for informational purposes only and is accurate as of its date of publication. It is the provider's responsibility to report the codes that accurately describe the products and services furnished to individual patients.

Reimbursement is dynamic. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing including determining, if and under what circumstances, it is appropriate to seek reimbursement for products and services and obtaining pre-authorization, if necessary. For these reasons, providers are advised to, and should contact Medicare and/or specific payers if the provider has any questions regarding billing, coverage and payment. Likewise, providers should contact a medical specialty society or the AMA for coding clarification. Providers should check the complete and current CPT manual to see and consider all possible CPT codes. Wright Medical Technology makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information.

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