PHYSICIAN REIMBURSEMENT

PRO-DENSE® Injectable Regenerative graft falls within the category of bone void filler. In most instances, allograft is included in the CPT® procedure description. As such, it is not appropriate to code PRO-DENSE® separately:

Currently, no specific CPT® codes describe the work of application of PRO-DENSE®. Where appropriate, report use of PRO-DENSE® graft separately utilizing an Unlisted Procedure code from the appropriate musculoskeletal system.

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.

Example:
27299 Unlisted procedure, pelvis or hip joint

Reportable code for Core Decompression:
S2325* Hip core decompression

* Temporary National Code: Non-Medicare - The “S” codes are used by the Blue Cross/Blue Shield Association (BCBSA) and the Health Insurance Association of America (HIAA) to report drugs, services, and supplies for which there are no national codes but for which codes are needed by the private sector to implement policies, programs or claims processing. They are for the purpose of meeting the particular needs of the private sector. These codes are also used by the Medicaid program, but they are not payable by Medicare. (HCPCS 2008) Be certain to check with your commercial insurance payors regarding acceptance of “S” codes.

HOSPITAL OR FACILITY CODING

For Medicare, implanted biologic materials 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.

HCPCS LEVEL II Code

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1713</td>
<td>Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)</td>
</tr>
<tr>
<td></td>
<td>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 2012. <a href="http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/DeviceCats_OPPSUpdate.pdf">http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/DeviceCats_OPPSUpdate.pdf</a>)</td>
</tr>
</tbody>
</table>

ICD-9 HOSPITAL PROCEDURE CODE

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.55</td>
<td>Insertion of bone void filler Insertion of: acrylic cement, bone void cement, calcium based bone void filler, polymethylmethacrylate (PMMA)</td>
</tr>
</tbody>
</table>

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 contact Medicare and/or specific payers if they have any questions regarding billing, coverage and payment. 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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