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# HCPCS Level II Code

There is no HCPCS Level II code to report the BIOFOAM  $^{\!\circ}$  Evans Wedge System.

### CPT® Codes

Where appropriate, report use of BIOFOAM® Evans Wedge separately utilizing an Unlisted Procedure code from the appropriate musculoskeletal system.

#### Example:

27889 Unlisted procedure, foot or toes

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®** Codes

Ci i Codes								
CPT Code	Description	RVU Fac	RVU PhysOfc	APC	ASC			
28297*	Lapidus-type procedure	17.42	24.80	\$2455.43	\$1377.81			
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	19.60	N/A	\$4327.81	\$2428.46			
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	17.71	24.56	\$4327.81	\$2428.46			
28306	Osteotomy, with or without lengthening, shortening or angular correction, other than first metatarsal	12.11	18.82	\$1583.94	\$888.79			
28730	Arthorodesis, midtarsal or tarsometatarsal, multiple or transverse;	21.90	N/A	\$4327.81	\$2428.46			
28735	with osteotomy (eg, flatfoot correction)	23.29	N/A	\$4327.81	\$2428.46			
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	18.65	25.77	\$4327.81	\$2428.46			
28899	Unlisted procedure, foot or toes	N/A	N/A	\$133.65	N/A			

\*According to AMA-CPT: All of the codes in the 28290-28299 series include the following procedures when performed at the first MTP joint: capsulotomy, arthrotomy, synovial biopsy, neuroplasty, synovectomy, tendon release, tenotomy, tenolysis, excision of medial eminence, excision of associated osteophytes, placement of internal fixation, scar revision, articular shaving, and removal of bursal tissue. These are integral components of the operation and are not to be reported separately.

# **BIOFOAM®** Evans Wedge System

#### 2013 Reimbursement Codes\*

The following codes 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 coding for services performed are made by the claims submitter/provider ONLY.

## ICD-9 Diagnosis Code

ICD-9 Code	Description			
734	Flatfoot Excludes: Congenital (754.61) Rigid flat foot (754.61) Spastic (everted) flat foot (754.61)			
735.0	Hallux valgus			

### Inpatient Hospital Data

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MS-DRG Code	Description				
505	Foot procedures w/o MCC/CC				
ICD-9 Procedure Codes	Description				
77.28	Wedge Osteotomy, tarsals and metatarsals				
77.51	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal				

#### 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.

 ${\sf CPT}\ codes\ and\ descriptors\ are\ copyrighted\ by\ the\ American\ Medical\ Association\ (AMA).$ 

<sup>\*</sup> Medicare Physician Fee Schedule (MPFS) facility and non-facility relative value amounts published in the January 2013 revised relative value file, linked at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU13AR. html. Hospital Outpatient Prospective Payment System payment rates published in the January 2013 HOPPS addenda update, linked http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates-Items/January-2013-addendum-B-html. Ambulatory Surgical Center payment rates published in the January 2013 ASC addenda update, linked at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11\_Addenda\_Updates.html.



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