Bone Solutions Inc. OsteoCrete® Magnesium Bone Void Filler Coding Reference Guide

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2018 REIMBURSEMENT CODES

The following codes contained within this document are representative of possible service or diagnoses that may be associated with use of Bone Solutions, Inc. 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 of 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.

HOSPITAL OR FACILITY CODING

For Medicare, bone graft 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 (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	
CODE	Description
C1713	*Anchor for opposing bone-to-bone or soft tissue-to-bone (implantable)* *Anchor for opposing bone-to-bone or soft tissue-bone-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 boney void or gaps (i.e., bone substitute material implanted into bony defect created from trauma or surgery). (List of Pass Through Payment Device Category Codes).*

ICD-10 Procedure Code	Description
3E0V3GC	*Introduction of Other Therapeutic Substance into Bones, Percutaneous Approach*

Bone Lesion – Knee

CPT	
CODE	Description
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)*
27599	*Other Procedures on the Femur or Knee Joint; unlisted procedure, femur or knee*
29999	*Endoscopy/Arthroscopy Procedures on the Musculoskeletal System; unlisted procedure, arthroscopy*

Bone Lesion – Hip

CPT	
CODE	Description
27299	*Other Procedures on the Pelvis or Hip Joint, unlisted procedure, pelvis or hip joint*
29999	*Endoscopy/Arthroscopy Procedures on the Musculoskeletal System; unlisted procedure, arthroscopy*

Bone Lesion – Shoulder

CPT	
CODE	Description
23585†	*Fracture and/or Dislocation Procedures on the Shoulder; 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; open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(ies), when performed*
23929	*Other Procedures on the Shoulder; unlisted procedure, shoulder*
29999	*Endoscopy/Arthroscopy Procedures on the Musculoskeletal System; unlisted procedure, arthroscopy*

Bone Lesion – Ankle

CPT	
CODE	Description
28415†	*Open treatment of calcaneal fracture, includes internal fixation, when performed; open treatment of calcaneal fracture, includes internal fixation, when performed*
28445†	*Fracture and/or Dislocation Procedures on the Foot and Toes; open treatment of talus fracture, includes internal fixation, when performed*
28450†	*Treatment of tarsal bone fracture (except talus and calcaneus); treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each*
28465†	*Fracture and/or Dislocation Procedures on the Foot and Toes; open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each*
28485†	*Fracture and/or Dislocation Procedures on the Foot and Toes; open treatment of metatarsal fracture, includes internal fixation, when performed, each*
29892	*Endoscopy/Arthroscopy Procedures on the Musculoskeletal System; arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture or tibial plafond fracture with or without internal fixation (includes arthroscopy)*
27899	*Other Procedures on the Leg (Tibia and Fibula) and Ankle Joint; unlisted procedure, leg or ankle*
28899	*Other Procedures on the Foot and Toes; unlisted procedure, foot or toes*
29999	*Endoscopy/Arthroscopy Procedures on the Musculoskeletal System; unlisted procedure, arthroscopy; unlisted procedure, arthroscopy*

*Medicare Physician Fee Schedule facility and non-facility (office) relative value amounts published in the 2016 Medicare Physician Fee Schedule Final Rule Addendum B, linked at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

For further assistance with reimbursement questions, contact the Bone Solutions Inc. Customer Service Hotline at 817-809-8850 or customerservice@bonesolutions.net

† Hospital Part B services paid through a comprehensive Ambulatory Payment Classifications (APC) for the Hospital Outpatient and Ambulatory Surgical Centers (ASC) setting. All covered Part B services on the claim are packaged with the primary "J1" service for the claim, with some minor exceptions, and are not separately reimbursed.