ETEX EquivaBone® Osteoinductive Bone Graft Substitute, Beta-bsm™, CarriGen®, and Gamma-bsm™ Coding Reference Guide

EquivaBone combines the osteoinductivity of demineralized bone matrix with the osteoconductivity, moldability, structure, and self-setting characteristics of ETEX’s proprietary nanocrystalline calcium phosphate technology.

Beta-bsm Injectable addresses the need for osteoconductive materials with injectable characteristics for minimally invasive procedures. Beta-bsm Injectable is engineered using Etex proprietary nanocrystalline calcium phosphate technology.

CarriGen BSM is a unique porous material that sets hard once implanted. Formulated with Etex proprietary nanocrystalline calcium phosphate, CarriGen BSM provides a highly porous inter-connected matrix that sets hard with compressive strength comparable to cancellous bone.

Etx Gamma-bsm Moldable Putty meets the need for high compressive strength materials that are implantable in a wet environment. It is engineered using Etex proprietary nanocrystalline calcium phosphate technology and undergoes cell-mediated remodeling.

### CPT

Under CPT coding guidelines, bone void fillers such as the ones listed above are considered an inherent part of the primary procedure and are not separately reported. Therefore, no specific or unlisted CPT code should be reported for its use.

### HCPCS

<table>
<thead>
<tr>
<th>Code</th>
<th>HCPCS 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>
</tbody>
</table>

HCPCS – Healthcare Common Procedure Coding System

C-codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare’s Outpatient Prospective Payment System (OPPS)

**Coding Guidance**

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](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Complet-list-DeviceCats-OPPS.pdf)

### ICD-10-PCS

In spine surgery, bone void fillers are represented as a Synthetic Substitute in the character 6 “Device” position.

If a bone void filler is used in a procedure that does not have Synthetic Substitute as an option for the device character, use the following ICD-10-PCS code:

<table>
<thead>
<tr>
<th>ICD-10-PCS Code</th>
<th>ICD-10-PCS Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3EØV3GC</td>
<td>Administration to anatomical regions, percutaneous introduction of other therapeutic substance to bone, other substance</td>
</tr>
</tbody>
</table>

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com

Current Procedural Terminology (CPT®) copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Zimmer Biomet Coding Reference Guide Disclaimer**

The information in this document was obtained from third party sources and is subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature and does not cover all situations or all payers’ rules or policies. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patients’ medical condition, procedures performed and the products used. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the provider’s respective Medicare Administrative Contractor, or to appropriate payers. Zimmer Biomet specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this guide.

0771.4-US-en-REV1216