RibFix Blu[™] Thoracic Fixation System RibFix Advantage[™] Intrathoracic Rib Fixation System Coding Reference Guide

RibFix Blu is indicated for use in the stabilization and rigid fixation of fractures in the chest wall including sternal reconstructive surgical procedures, trauma or planned osteotomies. The system may be used in normal and poor bone to promote union. The system's innovative plate-to-bone approximation tools allow for the precise placement of plates along the rib, and unique plate-contouring instrumentation eliminates the need to remove the implant from the surgical field.

MMER BIOMET

The RibFix Advantage Intrathoracic Rib Fixation System is a less invasive approach to rib fracture repair. Using a system of metal bridges and posts, this system offers less muscle disruption. The product is designed to fit against the rib's natural arch, leading to restored stability at the fracture site.

Physician	
CPT [®] Code	Description
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs
32100	Thoracotomy; with exploration

For bilateral procedure(s), report with modifier 50.

Hospital Inpatient: ICD-10-PCS Code and Description

Reposition: (Moving to its normal location, or other suitable location, all or a portion of a body part. The body part is moved to a new location from an abnormal location, or from a normal location where it is not functioning correctly. The body part may or may not be cut out or off to be moved to the new location.)

- Medical and Surgical
- **P** Upper Bones
- **S** Reposition

Body Part	Approach	Device	Qualifier
1 Ribs, 1 to 2	Ø Open	4 Internal Fixation Device	Z No Qualifier
2 Ribs, 3 or more	4 Percutaneous Endoscopic		

Insertion: (Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part.)

- Medical and Surgical
- **P** Upper Bones
- **H** Insertion

Body Part	Approach	Device	Qualifier
1 Ribs, 1 to 2 2 Ribs, 3 or more	Ø Open 3 Percutaneous	4 Internal Fixation Device	Z No Qualifier
	4 Percutaneous Endoscopic		

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)* MS-DRG **Description** MS-DRG assignment when the procedure is performed as a stand-alone procedure. The MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed. 163 Major Chest Procedures with MCC 164 Major Chest Procedures with CC 165 Major Chest Procedures without CC/MCC 166 Other Respiratory System O.R. Procedures with MCC 167 Other Respiratory System O.R. Procedures with CC 168 Other Respiratory System O.R. Procedures without CC/MCC

515	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC
516	Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC
517	Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC
907	Other O.R. Procedures for Injuries with MCC
908	Other O.R. Procedures for Injuries with CC
909	Other O.R. Procedures for Injuries without CC/MCC
957	Other O.R. Procedures for Multiple Significant Trauma with MCC
958	Other O.R. Procedures for Multiple Significant Trauma with CC
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC

 ${\tt CC-Complication\,and/or\,Comorbidity.\,MCC-Major\,Complication\,and/or\,Comorbidity.\,}^{\tt *Other\,MS-DRGs\,may\,be\,applicable.}$

Hospital Outpatient and Ambulatory Surgery Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	J1	5114	NA
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	J1	5114	NA
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	J1	5112	NA
32100	Thoracotomy; with exploration	С		NA

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center.

Status Indicator: C – Inpatient Procedure. Not paid under OPPS; J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "11" service, with limited exceptions

APC: APC 5112 - Level 2 Musculoskeletal Procedures; 5114 - Level 4 Musculoskeletal Procedures **Payment Indicator**: NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)		
Code	Description	
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	

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

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

Current Procedural Terminology (CPT®) is copyright © 2022 by the American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association

Zimmer Biomet Coding Reference Guide Disclaimer

Providers, not Zimmer Blomet, are solely responsible for ensuring compliance with Medicare, Medicaid, and all other third-party payer requirements, as well as accurate coding, documentation and medical necessity for the services provided. Before filing claims, providers should confirm individual payer requirements and coverage/medical policies. The information provided in this document is not legal or coding advice; it is general reimbursement information for reference purposes only. It is important to note that Zimmer Biomet provides information obtained from third-party authoritative sources and such sources are subject to change without notice, including as a result in changes in reimbursement laws, regulations, rules, and policies. This information may not be all-inclusive, and changes may have occurred subsequent to publication of this document. This document represents no promise or guarantee by Zimmer Biomet regarding coverage or payment for products or procedures by Medicare or other payers. 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.

This material is intended for health care professionals. For product information, including indications, contraindications, warnings, precautions, potential adverse effects, and patient counseling information, see the package insert and www.zimmerbiomet.com.