

# InCore™ Lapidus System Coding Reference Guide



The InCore Lapidus System is a three-part construct intended for internal fixation for first metatarsocuneiform arthrodesis (also known as Lapidus or first tarsometatarsal fusion).

Physician	
CPT® Code	Description
<b>28297</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
<b>28740</b>	Arthrodesis, midtarsal or tarsometatarsal, single joint
Removal	
<b>20680</b>	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Inpatient: ICD-10-PCS Code and Description			
<b>Ø</b> Medical and Surgical <b>S</b> Lower Joints <b>G</b> Fusion			
Body Part	Approach	Device	Qualifier
<b>K</b> Tarsometatarsal Joint, Right <b>L</b> Tarsometatarsal Joint, Left	<b>Ø</b> Open	<b>4</b> Internal Fixation Device	<b>Z</b> No Qualifier
Removal			
<b>Ø</b> Medical and Surgical <b>S</b> Lower Joints <b>P</b> Removal			
<b>K</b> Tarsometatarsal Joint, Right <b>L</b> Tarsometatarsal Joint, Left	<b>Ø</b> Open	<b>4</b> Internal Fixation Device	<b>Z</b> No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
<b>503</b>	Foot procedures with MCC
<b>504</b>	Foot procedures with CC
<b>505</b>	Foot procedures without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

\*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
<b>28297</b>	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	J1	5115	J8
<b>28740</b>	Arthrodesis, midtarsal or tarsometatarsal, single joint	J1	5114	J8
<b>20680</b>	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Q2	5073	A2

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

**Status Indicator:** 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 "J1" service, with limited exceptions; Q2 - Payment is packaged when provided with a significant procedure but is separately paid when the service appears on the claim without a significant procedure

**APC:** 5114 – Level 4 Musculoskeletal Procedures; 5115 - Level 5 Musculoskeletal Procedures; 5073 – Level 3 Excision/ Biopsy/ Incision and Drainage

**Payment Indicator:** A2 – Payment based on OPPS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate

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

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare’s Outpatient Prospective Payment System.

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [www.zimmerbiomet.com/reimbursement](http://www.zimmerbiomet.com/reimbursement).