

# OmniPore® Surgical Implants Coding Reference Guide



OmniPore Surgical Implants in block, sheet, and anatomical shapes are intended for nonweight bearing applications of craniofacial reconstruction/cosmetic surgery and repair of craniofacial trauma. OmniPore Surgical Implants are also intended for the augmentation or restoration of contour in the craniomaxillofacial skeleton.

Physician	
CPT® Code	Description
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21125	Augmentation, mandibular body or angle; prosthetic material
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
62140	Cranioplasty for skull defect; up to 5 cm diameter
62141	Cranioplasty for skull defect; larger than 5 cm diameter
21299	Unlisted craniofacial and maxillofacial procedure
<b>Burr Hole Covers/Osteotomy Gap Implant/Craniotomy Gap Wedge</b>	
<i>Burr Hole Covers are considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>	
<i>Osteotomy Gap Implant is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>	
<i>Craniotomy Gap Wedge is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms</i>	

## Hospital Inpatient: ICD-10-PCS Code and Description

**Supplement** (Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part)

Ø Medical and Surgical  
 N Head and Facial Bones  
 U Supplement

Body Part	Approach	Device	Qualifier
Ø Skull 1 Frontal Bone 3 Parietal Bone, Right 4 Parietal Bone, Left 5 Temporal Bone, Right 6 Temporal Bone, Left 7 Occipital Bone B Nasal Bone C Sphenoid Bone F Ethmoid Bone, Right G Ethmoid Bone, Left H Lacrimal Bone, Right J Lacrimal Bone, Left K Palatine Bone, Right L Palatine Bone, Left M Zygomatic Bone, Right N Zygomatic Bone, Left P Orbit, Right Q Orbit, Left R Maxilla T Mandible, Right V Mandible, Left X Hyoid Bone	Ø Open	J Synthetic Substitute	Z No Qualifier

**Replacement** (Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part)

Ø Medical and Surgical  
 N Head and Facial Bones  
 R Replacement

Body Part	Approach	Device	Qualifier
Ø Skull 1 Frontal Bone 3 Parietal Bone, Right 4 Parietal Bone, Left 5 Temporal Bone, Right 6 Temporal Bone, Left 7 Occipital Bone B Nasal Bone C Sphenoid Bone F Ethmoid Bone, Right G Ethmoid Bone, Left H Lacrimal Bone, Right J Lacrimal Bone, Left K Palatine Bone, Right L Palatine Bone, Left M Zygomatic Bone, Right N Zygomatic Bone, Left P Orbit, Right Q Orbit, Left R Maxilla T Mandible, Right V Mandible, Left X Hyoid Bone	Ø Open	J Synthetic Substitute	Z No Qualifier

**Revision** (Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device)

Ø Medical and Surgical  
 N Head and Facial Bones  
 W Revision

Body Part	Approach	Device	Qualifier
Ø Skull B Nasal Bone W Facial Bone	Ø Open	J Synthetic Substitute	Z No Qualifier

<b>Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*</b>	
<b>MS-DRG</b>	<b>Description</b>
113	Orbital Procedures with CC/MCC
114	Orbital Procedures without CC/MCC
140	Major Head And Neck Procedures With MCC
141	Major Head And Neck Procedures With CC
142	Major Head And Neck 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.

<b>Hospital Outpatient and Ambulatory Surgical Center (ASC)</b>				
<b>CPT® Code</b>	<b>Description</b>	<b>OPPS Status Indicator</b>	<b>APC Assignment</b>	<b>ASC Payment Indicator</b>
<b>21120</b>	Genioplasty; augmentation (autograft, allograft, prosthetic material)	J1	5165	G2
<b>21121</b>	Genioplasty; sliding osteotomy, single piece	J1	5164	A2
<b>21122</b>	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	J1	5165	J8
<b>21125</b>	Augmentation, mandibular body or angle; prosthetic material	J1	5165	A2
<b>21138</b>	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	J1	5165	G2
<b>21141</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	J1	5165	NA
<b>21142</b>	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	J1	5165	NA
<b>21143</b>	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	J1	5165	NA
<b>21150</b>	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	J1	5165	J8
<b>21172</b>	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	J1	5165	NA
<b>21175</b>	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	J1	5165	NA
<b>21193</b>	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	J1	5165	NA
<b>21195</b>	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	J1	5165	NA
<b>21196</b>	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	J1	5165	NA
<b>21208</b>	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	J1	5165	P3
<b>21244</b>	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	J1	5165	J8
<b>21245</b>	Reconstruction of mandible or maxilla, subperiosteal implant; partial	J1	5165	J8
<b>21246</b>	Reconstruction of mandible or maxilla, subperiosteal implant; complete	J1	5165	A2
<b>21248</b>	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	J1	5165	A2

Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont)				
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	J1	5165	A2
21270	Malar augmentation, prosthetic material	J1	5165	A2
21275	Secondary revision of orbitocraniofacial reconstruction	J1	5165	G2
62140	Cranioplasty for skull defect; up to 5 cm diameter	C	--	NA
62141	Cranioplasty for skull defect; larger than 5 cm diameter	C	--	NA
21299	Unlisted craniofacial and maxillofacial procedure	T	5161	NA

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

**APC:** 5161 – Level 1 ENT Procedures; 5164 – Level 4 ENT Procedures; 5165 – Level 5 ENT Procedures

**Status Indicator:** C - Inpatient Procedure. Not paid under OPSS; J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions; T - Multiple procedure reduction applies.

**Payment Indicator:** A2 – Payment based on OPSS relative payment weight; G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPSS relative payment weight; J8 - Device-intensive procedure; paid at adjusted rate; NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL); P3 - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
C1889	Implantable/insertable device, not otherwise classified
L8699	Prosthetic implant, not otherwise specified

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 [zimmerbiomet.com/reimbursement](https://zimmerbiomet.com/reimbursement).**

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