

Bone Substitute Material (or BSM) Coding Reference Guide

AccuFill® Bone Substitute Material (or BSM), ^βBeta-bsm® Bone Substitute Material, Calcigen® Synthetic Bone Graft (or Void Filler), EquivaBone® Bone Graft Substitute, ^γGamma-bsm® Bone Substitute Material, and genex® Bone Graft Substitute.

AccuFill Bone Substitute Material is an injectable, self-setting, macroporous, osteoconductive, calcium phosphate bone graft substitute material that is intended for use to fill bony voids or gaps of the skeletal system of the extremities, spine (i.e., posterolateral spine), and the pelvis that are not intrinsic to the stability of the bony structure. These defects may be surgically created osseous defects or osseous defects created from traumatic injury to the bone. AccuFill BSM is a bone graft substitute that resorbs and is replaced with new bone during the healing process.

Beta-bsm Bone Substitute Material is an implantable bone graft that is a synthetic calcium phosphate, poorly crystalline hydroxyapatite material intended for use in filling bone voids or defects of the skeletal system (i.e. the extremities, posterolateral spine and pelvis) that are not intrinsic to the stability of the bony structure. These defects may be surgically created osseous defects or osseous defects created from traumatic injury to the bone. Beta-bsm Injectable Bone Substitute Material is a bone graft substitute that resorbs and is replaced with new bone during the healing process.^{1,2}

Calcigen™-S Bone Void Filler is indicated to fill bony voids or gaps of the skeletal system (i.e. the extremities, spine and pelvis). These defects may be surgically created osseous defects or osseous defects created from a traumatic injury to the bone. Calcigen™-S Bone Void Filler is indicated only for bony voids or gaps that are not intrinsic to the stability of the bony structure.

EquivaBone is a bone graft substitute that combines synthetic calcium phosphate and demineralized bone. It is resorbed and replaced with new bone during the healing process. It is intended for use to fill bony voids or gaps of the skeletal system of the extremities, spine (i.e. posterolateral spine) and pelvis that are not intrinsic to the stability of the bony structure. These defects may be surgically created osseous defects or osseous defects created from traumatic injury to the bone.

Gamma-bsm Moldable Bone Substitute Material is an implantable bone graft that is a synthetic calcium phosphate, poorly crystalline hydroxyapatite material intended for use in filling bone voids or defects of the skeletal system (i.e. the extremities, posterolateral spine and pelvis) that are not intrinsic to the stability of the bony structure. These defects may be surgically created osseous defects or osseous defects created from traumatic injury to the bone. Gamma-bsm Moldable Bone Substitute Material is a bone graft substitute that resorbs and is replaced with new bone during the healing process.

genex Bone Graft Substitute injectable paste provides a bone graft substitute that resorbs and is replaced with bone during the healing process. genex Bone Graft Substitute is indicated only for bony voids or defects/gaps that are not intrinsic to the stability of the bony structure. genex Bone Graft Substitute is indicated to be gently packed into voids or defects of the skeletal system (ie long bones, extremities, posterolateral spine, and pelvis). genex Bone Graft Substitute resultant paste can be injected, digitally packed into the bone void to cure in situ or molded into solid implants that are to be gently packed into the defect. The bony defects or cavities may be surgically created or the result of traumatic injury. genex Bone Graft Substitute provides a bone graft substitute that resorbs and is replaced with bone during the healing process.

Physician (Select the appropriate code for the service performed)	
CPT® Code	Description
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization. (Do not report 0707T in conjunction with 29805, 29860, 29870, 77002)
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral. (Do not report 0814T in conjunction with 26992, 77002)
N/A	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.

Coding and Billing Guidance

- Note that the nomenclature for the code 0707T states that “imaging guidance and arthroscopic assistance for joint visualization” is included and thus not separately reportable.
- Surgical endoscopy/arthroscopy always includes a diagnostic endoscopy/arthroscopy (CPT 2022 Professional Edition, p. 212). Therefore, diagnostic arthroscopy is not separately reportable if performed during the same operative session as the injection procedure/other surgical arthroscopy.
- Other surgical arthroscopy procedures may be reported in addition to the above-listed injection procedure. Check relevant coding edits and with your payer(s) for guidance. Because Category III CPT codes (such as 0707T) do not have Relative Value Units (RVUs) assigned, it is recommended that the CPT codes for the reported procedures be listed on the claim in descending order based on their RVUs/ payment amounts. Payers should process any multiple procedure payment reduction discounts based on this hierarchy, regardless of the order codes are listed on the claim.
- The most common way payers determine payment for unlisted/Category III CPT codes is using a comparison to a similar procedure with a similar approach and similar anatomical site. Whenever reporting a service using one of these codes, use the freeform field of the claim form (61 characters in length) to present a crosswalk to another procedure believed to be fairly equivalent, or to offer a comparison to a code for which there is an existing valuation. For example, “0707T comparable to XXXXX, payment of \$XXX.XX expected.” It is instrumental to provide the RVUs for the similar procedure and provide an explanation of how the procedure described by the unlisted/ Category III CPT code is more or less difficult than the comparable procedure. For example, provide a cover letter that outlines the difference in the amount of time, work, technical expertise and use of equipment necessary to perform the procedures. Recognize that payers will commonly make the payment decision based on comparisons to their fee schedule and not necessarily the submitted charge.

Hospital Inpatient: ICD-10-PCS Code and Description			
In spine surgery, bone void fillers are represented as a Synthetic Substitute (J) 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, report the following ICD-10-PCS code:			
3 Administration E Physiological Systems and Anatomical Regions Ø Introduction			
Body Part	Approach	Device	Qualifier
V Bones	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic	G Other Therapeutic Substance	C Other Substance

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG) *	
MS-DRG	Description
The ICD-10-PCS code(s) listed does/do not determine MS-DRG assignment. Instead, the MS-DRG will be assigned based upon the patient’s diagnosis(es) and the procedure(s) performed.	

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization.	J1	5113	J8
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral.	E1	--	--

N/A	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.	--	--	--
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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; E1 - Not Paid by Medicare When Submitted on Outpatient Claims (any outpatient bill type)

APC: 5113 – Level 3 Musculoskeletal Procedures

Payment Indicator: J8 – Device-intensive procedure paid at adjusted rate

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

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

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 voids or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery). <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Compleat-list-DeviceCats-OPPS.pdf>

Clarification of Device Kits: Some devices may be packaged within a device kit which contains both the device and a number of associated supplies used in a particular procedure. For the kit itself, no HCPSCS code may have been established. However, if the kit contains individual items that separately qualify for transitional pass-through payments, these items should be separately reported with the applicable HCPSCS codes. [Please note, the supplies contained in the kit will not be separately reported]. AHA Coding Clinic® for HCPSCS Volume 16, Number 3, Third Quarter 2016.

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.

References:

1. Tofighi A., et al. New Generation of Synthetic, Bioresorbable and Injectable Calcium Phosphate Bone Substitute Materials: Alphabsm, Beta-bsm and Gammabsm. Journal of Biomimetics, Biomaterials and Biomedical Engineering (JBMBE). 2:39, 2009.
2. Angle SR, et al. Novel Macroporous Calcium Phosphate Scaffold To Improve Cell Infiltration and Osseous Integration. Transactions of the 61st Annual Meeting of the Orthopaedic Research Society: 1157, 2015.

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ETEX is the responsible manufacturer of bone substitute materials

Biocomposite, LTD is the responsible manufacturer of genex® Bone Graft Substitute

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