

## Reimbursement Coding & Billing Guide

CERAMENT® G with Gentamicin

Synthetic Bone Void Filler

Indicated in the management of bone infection



## Reimbursement Coding and Billing Guide

This guide contains coding and reimbursement information for procedures associated with the use of CERAMENT G in the treatment of bone infection.

**Disclaimer:** This information is for educational/informational purposes only and should not be construed as authoritative. The information presented here is current as of September 2022 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third-party payers is solely responsible for the accuracy of the codes assigned to the services or items in the medical record.

When making coding decisions, we encourage you to seek input from the American Medical Association (AMA), relevant medical societies, Centers for Medicare & Medicaid Services (CMS), your local Medicare Administrative Contractor, (MAC) and other health plans to which you submit claims.

Items and services that are billed to payers must be medically necessary and supported by appropriate documentation. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by payers.

The decision as to how to complete a reimbursement form, including the amount to bill, is exclusively the responsibility of the provider.

BONESUPPORT offers reimbursement and hotline services through MCRA:

### MCRA Reimbursement Support Line Services:

Email: [usreimbursement@bonesupport.com](mailto:usreimbursement@bonesupport.com)  
Phone: 1-866-903-2663  
Fax: 1-240-238-9836

### BONESUPPORT CUSTOMER SERVICE:

Phone: 1-877-719-6718  
Email: [us.sales@bonesupport.com](mailto:us.sales@bonesupport.com)

# Contents

## CERAMENT G® for the management of bone infection

|                            |          |
|----------------------------|----------|
| <b>Technology Overview</b> | <b>4</b> |
| <b>Indications for Use</b> | <b>4</b> |
| <b>Contraindications</b>   | <b>4</b> |

## COVERAGE

|                             |          |
|-----------------------------|----------|
| <b>FDA Approval</b>         | <b>5</b> |
| <b>Medicare Coverage</b>    | <b>5</b> |
| <b>Private Pay Coverage</b> | <b>5</b> |

## CODING

|   |           |
|---|-----------|
| <b>Medicare CPT Coding and Payment</b>                | <b>6</b>  |
| <b>Medicare Hospital and ASC Coding and Payment</b>   | <b>8</b>  |
| <b>Hospital Outpatient Codes</b>                      | <b>10</b> |
| <b>Medicare Hospital Inpatient Coding and Payment</b> | <b>10</b> |
| <b>ICD 10 Codes</b>                                   | <b>11</b> |

# TECHNOLOGY OVERVIEW

## **CERAMENT G IS THE FIRST AND ONLY INJECTABLE ANTIBIOTIC-ELUTING BONE GRAFT** Indicated For The Use In The Management Of Bone Infections

CERAMENT® G is the first combination antibiotic-eluting bone graft substitute indicated for use as part of the management of osteomyelitis in the extremities. Unlike other treatment options, CERAMENT® G is injectable and can be delivered in a more patient-friendly, single-stage procedure because of its unique ability to both remodel into bone and locally elute an antibiotic to protect bone healing. With a 96% success rate in eradicating infection<sup>1</sup>, CERAMENT G can reduce healthcare resources and costs while improving clinical outcomes.

CERAMENT® G is an FDA designated breakthrough device, a designation reserved for devices or device led combination products that provide for more effective treatment or diagnosis of life-threatening or irreversibly debilitating diseases or conditions and/or are the first of its kind.



## INDICATIONS FOR USE

CERAMENT® G is a resorbable, gentamicin-eluting ceramic bone graft substitute intended for use as a bone void filler as an adjunct to systemic antibiotic therapy and surgical debridement (standard treatment approach to a bone infection) as part of the surgical treatment of osteomyelitis. By eluting gentamicin, CERAMENT® G can inhibit the colonization of gentamicin-sensitive microorganisms in order to protect bone healing. CERAMENT® G can augment provisional hardware to help support bone fragments during the surgical procedure. CERAMENT® G resorbs and is replaced by bone during the healing process.

## CONTRAINDICATIONS

- Hypersensitivity to any amino-glycoside antibiotics
- Myasthenia gravis
- Severe renal impairment
- Pre-existing calcium metabolism disorder
- Pregnancy
- Breastfeeding

The Instructions for Use document provides further information regarding the indications, contraindications, warnings, precautions, and potential adverse events.

# COVERAGE

## FDA APPROVAL

CERAMENT® G received “breakthrough device designation” from the FDA in March 2020, as it adds significant clinical value compared to existing treatment options by enabling natural bone healing protected by locally eluted antibiotics, in a one-stage-procedure.

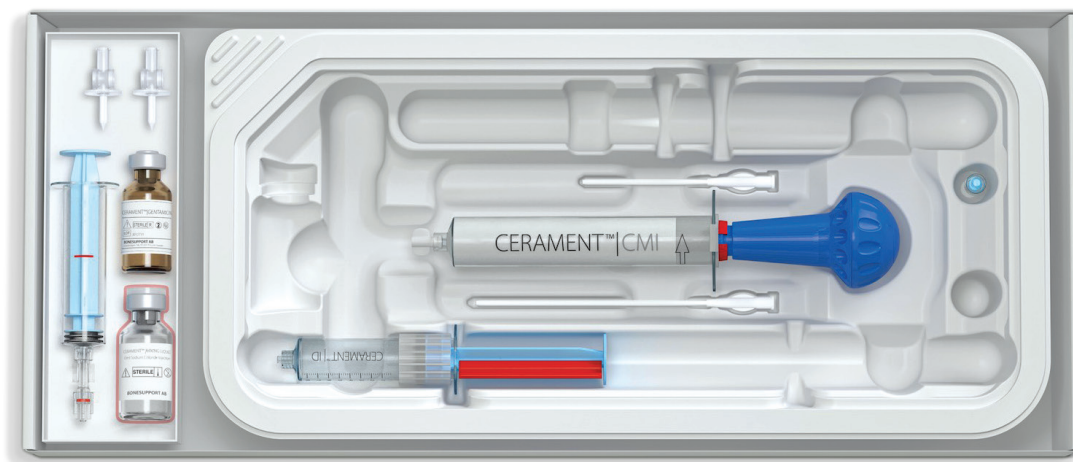
CERAMENT® G received FDA market authorization in May 2022 and is the first and only combination bone graft with antibiotic elution approved for use in the management of bone infection in the U.S. market.

## MEDICARE COVERAGE

Currently, there is no National Coverage Determination (NCD) related to CERAMENT® G. Check with your local Medicare Administrative Contractor (MAC) regarding any Local Coverage Determinations (LCDs) related to CERAMENT® G. Medicare may cover CERAMENT® G on a case-by-case basis, with evidence of medical necessity. While traditional Medicare does not require or allow prior authorization or prior approval for procedures, Medicare Advantage plans are managed by commercial payers who may require prior authorization for Medicare Advantage patients. Check with your plan administrator for any prior authorization requirements.

## PRIVATE PAYER COVERAGE

Commercial insurance coverage policies vary, and many require prior authorization for any procedure. We encourage health care professionals to contact payers directly with questions regarding coverage policies or guidelines for CERAMENT® G.



# CODING

This coding information is provided for general reimbursement information purposes only. It is not intended to provide advice about how to code, complete or submit any claim for payment, nor is it intended to increase or maximize reimbursement by any third-party payer. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries, and commercial payers.

## MEDICARE PHYSICIAN CODING & PAYMENT

The following CPT codes may be reported in addition to the use of CERAMENT® G or as the primary procedure for office- and facility-based procedures. There are many CPT codes possible; therefore, this list is not exhaustive.

| CPT CODE                                 | DESCRIPTION  | 2022 MEDICARE NATIONAL AVERAGE PHYSICIAN PAYMENT |          |
|--|--|--|----------|
|  |  | Non-Facility                                     | Facility |
| <b>Debridement</b>                       |  |  |          |
| 11012                                    | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone          | \$670.67   | \$423.58 |
| 11044                                    | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less  | \$318.03   | \$228.40 |
| 11047                                    | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | \$123.54   | \$98.63  |
| <b>Partial Excision, Shoulder</b>        |  |  |          |
| 23140                                    | Excision or curettage of bone cyst or benign tumor of clavicle or scapula;   | N/A  | \$573.77 |
| 23180                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle   | N/A  | \$686.93 |
| 23182                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula  | N/A  | \$693.51 |
| 23184                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus   | N/A  | \$761.68 |
| <b>Partial Excision, Upper Arm/Elbow</b> |  |  |          |
| 24110                                    | Excision or curettage of bone cyst or benign tumor, humerus;   | N/A  | \$609.76 |
| 24140                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus  | N/A  | \$725.35 |
| 24147                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process  | N/A  | \$649.21 |

| CPT CODE                                 | DESCRIPTION  | 2022 MEDICARE NATIONAL AVERAGE PHYSICIAN PAYMENT |            |
|--|--|--|------------|
|  |  | Non-Facility                                     | Facility   |
| <b>Partial Excision, Lower Arm/Wrist</b> |  |  |            |
| 25130                                    | Excision or curettage of bone cyst or benign tumor of carpal bones;  | N/A  | \$466.15   |
| 25136                                    | Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft   | N/A  | \$515.63   |
| 25150                                    | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna  | N/A  | \$586.23   |
| 25151                                    | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius  | N/A  | \$603.19   |
| <b>Partial Excision, Hand/Fingers</b>    |  |  |            |
| 26200                                    | Excision or curettage of bone cyst or benign tumor of metacarpal;  | N/A  | \$463.72   |
| 26230                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal   | N/A  | \$515.98   |
| 26236                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger   | N/A  | \$456.46   |
| <b>Partial Excision, Hip/Pelvis</b>      |  |  |            |
| 27070                                    | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial                        | N/A  | \$918.45   |
| 27071                                    | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular) | N/A  | \$1,007.04 |
| <b>Partial Excision, Knee/Leg</b>        |  |  |            |
| 27360                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)  | N/A  | \$936.10   |
| 27635                                    | Excision or curettage of bone cyst or benign tumor, tibia or fibula;   | N/A  | \$595.92   |
| 27640                                    | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia   | N/A  | \$854.77   |
| 27641                                    | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula  | N/A  | \$669.63   |
| <b>Partial Excision, Foot/Toes</b>       |  |  |            |
| 28110                                    | Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)   | N/A  | \$669.63   |
| 28120                                    | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus  | \$690.39   | \$507.67   |
| 28124                                    | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe  | \$486.22   | \$338.10   |
| <b>Manual Preparation and Insertion</b>  |  |  |            |
| 20700                                    | Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)   | \$86.86  | \$86.86    |
| 20702                                    | Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)  | \$146.38   | \$146.38   |
| 20704                                    | Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)   | \$154.69   | \$154.69   |

## MEDICARE HOSPITAL & ASC CODING & PAYMENT

| CPT CODE                                 | DESCRIPTION  | SI | APC  | 2022 MEDICARE NATIONAL AVERAGE PAYMENT HOPD | PI | 2022 MEDICARE NATIONAL AVERAGE PAYMENT ASC |
|--|--|----|------|---|----|--|
| <b>Debridement</b>                       |  |    |      |   |    |  |
| 11012                                    | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone          | J1 | 5073 | \$2,421.55                                  | A2 | \$1,019.00                                 |
| 11044                                    | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less  | J1 | 5072 | \$1,436.99                                  | A2 | \$608.06                                   |
| 11047                                    | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | N  | -    | -   | N1 | -  |
| <b>Partial Excision, Shoulder</b>        |  |    |      |   |    |  |
| 23140                                    | Excision or curettage of bone cyst or benign tumor of clavicle or scapula;   | J1 | 5113 | \$2,892.28                                  | A2 | \$1,360.34                                 |
| 23180                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle   | J1 | 5114 | \$6,397.05                                  | A2 | \$2,998.15                                 |
| 23182                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula  | J1 | 5114 | \$6,397.05                                  | A2 | \$2,998.15                                 |
| 23184                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus   | J1 | 5114 | \$6,397.05                                  | A2 | \$2,998.15                                 |
| <b>Partial Excision, Upper Arm/Elbow</b> |  |    |      |   |    |  |
| 24110                                    | Excision or curettage of bone cyst or benign tumor, humerus;   | J1 | 5113 | \$2,892.28                                  | A2 | \$1,360.34                                 |
| 24140                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus  | J1 | 5113 | \$2,892.28                                  | A2 | \$1,360.34                                 |
| 24147                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process  | J1 | 5113 | \$2,892.28                                  | A2 | \$1,360.34                                 |



| CPT CODE                                 | DESCRIPTION  | SI | APC  | 2022 MEDICARE NATIONAL AVERAGE PAYMENT HOPD | PI  | 2022 MEDICARE NATIONAL AVERAGE PAYMENT ASC |
|--|--|----|------|---|-----|--|
| <b>Partial Excision, Lower Arm/Wrist</b> |  |    |      |   |     |  |
| 25130                                    | Excision or curettage of bone cyst or benign tumor of carpal bones;  | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| 25136                                    | Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft   | J1 | 5114 | \$6,397.05                                  | A2  | \$2,998.15                                 |
| 25150                                    | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna  | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| 25151                                    | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius  | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| <b>Partial Excision, Hand/Fingers</b>    |  |    |      |   |     |  |
| 26200                                    | Excision or curettage of bone cyst or benign tumor of metacarpal;  | J1 | 5112 | \$1,422.51                                  | A2  | \$741.30                                   |
| 26230                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal   | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| 26236                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger   | J1 | 5112 | \$1,422.51                                  | A2  | \$741.30                                   |
| <b>Partial Excision, Hip/Pelvis</b>      |  |    |      |   |     |  |
| 27070                                    | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial                        | C  | N/A  | N/A   | N/A | N/A  |
| 27071                                    | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular) | C  | N/A  | N/A   | N/A | N/A  |
| <b>Partial Excision, Knee/Leg</b>        |  |    |      |   |     |  |
| 27360                                    | Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)  | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| 27635                                    | Excision or curettage of bone cyst or benign tumor, tibia or fibula;   | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| 27640                                    | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia   | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| 27641                                    | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula  | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| <b>Partial Excision, Foot/Toes</b>       |  |    |      |   |     |  |
| 28110                                    | Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)   | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |
| 28120                                    | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus  | J1 | 5113 | \$2,892.28                                  | A2  | \$1,360.34                                 |

| CPT CODE                                | DESCRIPTION  | SI | APC  | 2022 MEDICARE NATIONAL AVERAGE PAYMENT HOPD | PI  | 2022 MEDICARE NATIONAL AVERAGE PAYMENT ASC |
|---|--|----|------|---|-----|--|
| 28124                                   | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe          | J1 | 5113 | \$2,892.28                                  | P3  | \$297.96                                   |
| <b>Manual Preparation and Insertion</b> |  |    |      |   |     |  |
| 20700                                   | Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure) | N  | -    | -   | N/A | N/A  |
| 20702                                   | Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)        | N  | -    | -   | N/A | N/A  |
| 20704                                   | Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)       | N  | -    | -   | N/A | N/A  |

## HCPCS CODES

For hospital outpatient procedures, device category HCPCS codes (i.e., C-codes) for implantable devices, along with the associated charge for the device, may be reported. Complete and accurate reporting of implantable devices and the associated HCPCS codes assures accurate payment and provides necessary data for the reimbursement system. HCPCS code C1713 is the appropriate code to report for outpatient bone void fillers.

| HCPCS Code(s) | HCPCS Code Description  |
|---------------|---|
| C1713         | Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) |

## MEDICARE HOSPITAL INPATIENT CODING & PAYMENT

In 2022 BONESUPPORT was granted NTAP (New Technology Add-on Payment) for CERAMENT® G. NTAP is part of the CMS Inpatient Prospective Payment System (IPPS), and it offers Medicare reimbursement to assist healthcare organizations when they adopt new technology. For CY 2023, CERAMENT® G has a maximum new technology add-on payment of \$4,918.55.

For a new technology to qualify for the NTAP program, it must meet the following eligibility requirements established by CMS:

- the medical service or technology must be new
- the medical service or technology must be costly such that the DRG rate otherwise applicable to discharges involving the medical service or technology is determined to be inadequate and
- the service or technology must demonstrate a substantial clinical improvement over existing services or technologies.

NTAP is calculated on each claim and can vary.

| Illustrative Hospital Level NTAP Calculation                          | Hospital A      | Hospital B         | Hospital C         |
|---|-----------------|--------------------|--------------------|
| Total Charges of the Entire Hospital Discharge                        | \$85,000        | \$100,000          | \$98,000           |
| Hospital-Specific Cost to Charge Ratio                                | x 0.2064        | x 0.2609           | x 0.3500           |
| Hospital-Specific Reported Cost of the Hospital Discharge             | \$17,544        | \$26,090           | \$34,300           |
| Hospital-Specific MS-DRG 464 Payment Amount                           | - \$19,000      | - \$21,200         | - \$24,400         |
| Difference  | \$(1,456)       | \$4,890            | \$9,900            |
| 65% of the Difference   | N/A             | \$3,178.50         | \$6,435            |
| NTAP Cap: Average Cost of the New Technology x 65%                    | \$4,918.55      | \$4,918.55         | \$4,918.55         |
| <b>Incremental NTAP Payment – Lesser of 65% Difference or the Cap</b> | <b>\$0</b>      | <b>\$3,178.50</b>  | <b>\$4,918.55</b>  |
| <b>Total Payment – MS-DRG 464 + NTAP Payment</b>                      | <b>\$19,000</b> | <b>\$24,378.50</b> | <b>\$29,318.55</b> |

## NEW TECHNOLOGY PROCEDURE CODE

| ICD-10-PCS Code | New Technology PCS Description  |
|-----------------|---|
| XW0V0P7         | Introduction of Antibiotic-Eluting Bone Void Filler into Bones, Open Approach, New Technology Group 7 |

Effective October 1, 2022, CERAMENT® G administration can be identified by the following new technology section X PCS procedure code.

Section X (new tech) PCS codes are standalone codes, so reporting additional PCS codes for this technology is not required. However, reporting additional PCS codes for the primary procedure is required to determine the appropriate DRG. These additional PCS codes are listed below.

| ICD-10-PCS Code | PCS Description   |
|-----------------|---|
| 0PBK0ZZ         | Excision of right ulna, open approach                         |
| 0PBL0ZZ         | Excision of left ulna, open approach                          |
| 0PDK0ZZ         | Extraction of right ulna, open approach                       |
| 0PDL0ZZ         | Extraction of left ulna, open approach                        |
| 0PBC0ZZ         | Excision of right humeral head, open approach                 |
| 0PBD0ZZ         | Excision of left humeral head, open approach                  |
| 0PBF0ZZ         | Excision of right humeral shaft, open approach                |
| 0PBG0ZZ         | Excision of left humeral shaft, open approach                 |
| 0PDF0ZZ         | Extraction of right humeral shaft, open approach              |
| 0PDG0ZZ         | Extraction of left humeral shaft, open approach               |
| 0PTC0ZZ         | Resection of right humeral head, open approach                |
| 0PTD0ZZ         | Resection of left humeral head, open approach                 |
| 0PTF0ZZ         | Resection of right humeral shaft, open approach               |
| 0PTG0ZZ         | Extraction of left humeral shaft, open approach               |
| 0PCC0ZZ         | Extirpation of matter from right humeral head, open approach  |
| 0PCF0ZZ         | Extirpation of matter from right humeral shaft, open approach |
| 0PCG0ZZ         | Extirpation of matter from left humeral shaft, open approach  |
| 0PDC0ZZ         | Extraction of right humeral head, open approach               |
| 0PDD0ZZ         | Extraction of left humeral head, open approach                |
| 0PDF0ZZ         | Extraction of right humeral shaft, open approach              |
| 0PDG0ZZ         | Extraction of left humeral shaft, open approach               |
| 0QBG0ZZ         | Excision of right tibia, open approach                        |
| 0QBH0ZZ         | Excision of left tibia, open approach                         |
| 0QBJ0ZZ         | Excision of right fibula, open approach                       |
| 0QBK0ZZ         | Excision of left fibula, open approach                        |
| 0QCG0ZZ         | Extirpation of matter from right tibia, open approach         |
| 0QCH0ZZ         | Extirpation of matter from left tibia, open approach          |
| 0QCJ0ZZ         | Extirpation of matter from right fibula, open approach        |
| 0QCK0ZZ         | Extirpation of matter from left fibula, open approach         |
| 0QDG0ZZ         | Extraction of right tibia, open approach                      |
| 0QDH0ZZ         | Extraction of left tibia, open approach                       |
| 0QDJ0ZZ         | Extraction of right fibula, open approach                     |
| 0QDK0ZZ         | Extraction of left fibula, open approach                      |
| OPCD0ZZ         | Extirpation of matter from left humeral head, open approach   |
| 0MR507Z         | Replace of r wrist bursa/lig with autol sub, open approach    |
| 0MR50JZ         | Replace of r wrist bursa/lig with synth sub, open approach    |
| 0MR50KZ         | Replace of r wrist bursa/lig with nonautol sub, open approach |

| ICD-10-PCS Code | PCS Description  |
|-----------------|--|
| 0P9H00Z         | Drainage of right radius, open approach                      |
| 0P9J00Z         | Drainage of left radius, open approach                       |
| 0P9K00Z         | Drainage of right ulna, open approach                        |
| 0P9L00Z         | Drainage of left ulna, open approach                         |
| 0PCH0ZZ         | Extirpation of matter from right radius, open approach       |
| 0PCJ0ZZ         | Extirpation of matter from left radius, open approach        |
| 0PCK0ZZ         | Extirpation of matter from right ulna, open approach         |
| 0PCL0ZZ         | Extirpation of matter from left ulna, open approach          |
| 0PCMOZZ         | Extirpation of matter from right carpal, open approach       |
| 0PCN0ZZ         | Extirpation of matter from left carpal, open approach        |
| 0Q9200Z         | Drainage of right pelvic bone, open approach                 |
| 0Q9300Z         | Drainage of right pelvic bone with drain dev, perc approach  |
| 0Q9400Z         | Drainage of r pelvic bone with drain dev, perc endo approach |
| 0Q9500Z         | Drainage of left acetabulum, open approach                   |
| 0QC20ZZ         | Extirpation of matter from right pelvic bone, open approach  |
| 0QC30ZZ         | Extirpation of matter from left pelvic bone, open approach   |
| 0QC40ZZ         | Extirpation of matter from right acetabulum, open approach   |
| 0QC50ZZ         | Extirpation of matter from left acetabulum, open approach    |
| 0PC9C0ZZ        | Drainage of right humeral head, open approach                |
| 0P9D00Z         | Drainage of left humeral head, open approach                 |
| 0P9F00Z         | Drainage of right humeral shaft, open approach               |
| 0P9G00Z         | Drainage of left humeral shaft, open approach                |
| 0Q9G00Z         | Drainage of right tibia, open approach                       |
| 0Q9H00Z         | Drainage of left tibia, open approach                        |
| 0Q9J00Z         | Drainage of right fibula, open approach                      |
| 0Q9K00Z         | Drainage of left fibula, open approach                       |
| 0QCG0ZZ         | Extirpation of matter from right tibia, open approach        |
| 0QCJ0ZZ         | Extirpation of matter from right fibula, open approach       |
| 0S9F00Z         | Drainage of right ankle joint, open approach                 |
| 0S9G00Z         | Drainage of left ankle joint, open approach                  |
| 0P9700Z         | Drainage of r glenoid cav with drain dev, open approach      |
| 0P9800Z         | Drainage of l glenoid cav with drain dev, open approach      |
| 0P9C00Z         | Drainage of right humeral head with drain dev, open approach |
| 0P9D00Z         | Drainage of left humeral head with drain dev, open approach  |
| 0P5H0ZZ         | Destruction of right radius, open approach                   |
| 0P5J0ZZ         | Destruction of left radius, open approach                    |
| 0PBH0ZZ         | Excision of right radius, open approach                      |
| 0PBJ0ZZ         | Excision of left radius, open approach                       |
| 0Q9600Z         | Drainage of right upper femur, open approach                 |
| 0Q9700Z         | Drainage of left upper femur, open approach                  |

| ICD-10-PCS Code | PCS Description   |
|-----------------|---|
| 0Q9800Z         | Drainage of right femoral shaft, open approach              |
| 0Q9900Z         | Drainage of left femoral shaft, open approach               |
| 0Q9B00Z         | Drainage of right lower femur, open approach                |
| 0Q9C00Z         | Drainage of left lower femur, open approach                 |
| 0Q9D00Z         | Drainage of right patella, open approach                    |
| 0Q9F00Z         | Drainage of left patella, open approach                     |
| 0QB80ZZ         | Excision of right femoral shaft, open approach              |
| 0QB90ZZ         | Excision of left femoral shaft, open approach               |
| 0QBB0ZZ         | Excision of right lower femur, open approach                |
| 0QBC0ZZ         | Excision of left lower femur, open approach                 |
| 0QBG0ZZ         | Excision of right tibia, open approach                      |
| 0QBH0ZZ         | Excision of left tibia, open approach                       |
| 0QBJ0ZZ         | Excision of right fibula, open approach                     |
| 0QBK0ZZ         | Excision of left fibula, open approach                      |
| 0QB60ZZ         | Excision of right upper femur, open approach                |
| 0QD80ZZ         | Extraction of right femoral shaft, open approach            |
| 0QD90ZZ         | Extraction of left femoral shaft, open approach             |
| 0QDBOZZ         | Extraction of right lower femur, open approach              |
| 0QDC0ZZ         | Extraction of left lower femur, open approach               |
| 0QDG0ZZ         | Extraction of right tibia, open approach                    |
| 0QDH0ZZ         | Extraction of left tibia, open approach                     |
| 0QDJ0ZZ         | Extraction of right fibula, open approach                   |
| 0QDK0ZZ         | Extraction of left fibula, open approach                    |
| 0Q560ZZ         | Destruction of right upper femur, open approach             |
| 0Q570ZZ         | Destruction of left upper femur, open approach              |
| 0QB60ZZ         | Excision of right upper femur, open approach                |
| 0QB70ZZ         | Excision of left upper femur, open approach                 |
| 0QC70ZZ         | Extirpation of matter from left upper femur, open approach  |
| 0QD20ZZ         | Extraction of right pelvic bone, open approach              |
| 0QD30ZZ         | Extraction of left pelvic bone, open approach               |
| 0QD60ZZ         | Extraction of right upper femur, open approach              |
| 0QD70ZZ         | Extraction of left upper femur, open approach               |
| 0QC60ZZ         | Extirpation of matter from right upper femur, open approach |
| 0QT60ZZ         | Resection of right upper femur, open approach               |
| 0QT70ZZ         | Resection of left upper femur, open approach                |
| 0QBM0ZZ         | Excision of left tarsal, open approach                      |
| 0QDL0ZZ         | Extraction of right tarsal, open approach                   |
| 0QDM0ZZ         | Extraction of left tarsal, open approach                    |
| 0Q9N00Z         | Drainage of right metatarsal, open approach                 |
| 0Q9P00Z         | Drainage of left metatarsal, open approach                  |

| ICD-10-PCS Code | PCS Description  |
|-----------------|--|
| 0QBP0ZZ         | Excision of left metatarsal, open approach               |
| 0QDN0ZZ         | Extraction of right metatarsal, open approach            |
| 0QDP0ZZ         | Extraction of left metatarsal, open approach             |
| 0P5K0ZZ         | Destruction of right ulna, open approach                 |
| 0P5L0ZZ         | Destruction of left ulna, open approach                  |
| 0PBK0ZZ         | Excision of right ulna, open approach                    |
| 0PBL0ZZ         | Excision of left ulna, open approach                     |
| 0PDK0ZZ         | Extraction of right ulna, open approach                  |
| 0PDL0ZZ         | Extraction of left ulna, open approach                   |
| 0PBH0ZZ         | Excision of right radius, open approach                  |
| 0PBJ0ZZ         | Excision of left radius, open approach                   |
| 0PDH0ZZ         | Extraction of right radius, open approach                |
| 0PDJ0ZZ         | Extraction of left radius, open approach                 |
| 0PCH0ZZ         | Extirpation of matter from right radius, open approach   |
| 0PCJ0ZZ         | Extirpation of matter from left radius, open approach    |
| 0PCK0ZZ         | Extirpation of matter from right ulna, open approach     |
| 0PCL0ZZ         | Extirpation of matter from left ulna, open approach      |
| 0PC90ZZ         | Extirpation of matter from right clavicle, open approach |
| 0PCB0ZZ         | Extirpation of matter from left clavicle, open approach  |
| 0PD90ZZ         | Extraction of right clavicle, open approach              |
| 0PDB0ZZ         | Extraction of left clavicle, open approach               |
| 0PB90ZZ         | Excision of right clavicle, open approach                |
| 0PBB0ZZ         | Excision of left clavicle, open approach                 |
| 0PC50ZZ         | Extirpation of matter from right scapula, open approach  |
| 0PC60ZZ         | Extirpation of matter from left scapula, open approach   |
| 0PD50ZZ         | Extraction of right scapula, open approach               |
| 0PD60ZZ         | Extraction of left scapula, open approach                |
| 0PB50ZZ         | Excision of right scapula, open approach                 |
| 0PB60ZZ         | Excision of left scapula, open approach                  |
| 0PB73ZZ         | Excision of right glenoid cavity, percutaneous approach  |
| 0PB74ZZ         | Excision of right glenoid cavity, perc endo approach     |
| 0PB83ZZ         | Excision of left glenoid cavity, percutaneous approach   |
| 0PB84ZZ         | Excision of left glenoid cavity, perc endo approach      |
| 0QBQ0ZZ         | Excision of right toe phalanx, open approach             |
| 0QBR0ZZ         | Excision of left toe phalanx, open approach              |
| 0QDQ0ZZ         | Extraction of right toe phalanx, open approach           |
| 0QDR0ZZ         | Extraction of left toe phalanx, open approach            |

## MS-DRG ASSIGNMENTS

| MS-DRG | MS-DRG Description   | 2022 MEDICARE AVERAGE PAYMENT |
|--------|--|-------------------------------|
| 463    | Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders with MCC | \$35,413.42                   |
| 464    | Wound Debridement and Skin Graft Except Hand for Musculoskeletal System and Connective Tissue Disorders with CC  | \$19,624.01                   |
| 492    | Lower Extremity and Humerus Procedures Except Hip, Foot and Femur with MCC                                       | \$22,882.26                   |
| 493    | Lower Extremity and Humerus Procedures Except Hip, Foot and Femur with CC  | \$15,337.05                   |
| 495    | Local Excision and Removal of Internal Fixation Devices Except Hip and Femur with MCC                            | \$24,015.82                   |
| 496    | Local Excision and Removal of Internal Fixation Devices Except Hip and Femur with CC                             | \$13,098.94                   |
| 498    | Local Excision and Removal Internal Fixation Devices of Hip and Femur with CC/MCC                                | \$17,037.72                   |
| 503    | Foot Procedures with MCC   | \$17,412.93                   |
| 504    | Foot Procedures with CC  | \$11,704.90                   |
| 510    | Shoulder, Elbow or Forearm Procedures, Except Major Joint Procedures with MCC                                    | \$18,092.81                   |
| 511    | Shoulder, Elbow or Forearm Procedures, Except Major Joint Procedures with CC                                     | \$12,973.65                   |
| 515    | Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC                                      | \$20,710.09                   |
| 516    | Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC                                       | \$12,943.31                   |

Relevant MS-DRG assignments are provided below along with the 2022 Medicare national average payment rates.



The following diagnosis codes describe the appropriate FDA-approved indications for the use of CERAMENT® G.

### ICD-10-CM (DIAGNOSIS) CODES

| ICD-10-CM Diagnosis Descriptions          | Diagnosis Section it Maps to in ICD-10-CM |
|---|---|
| Acute hematogenous osteomyelitis          | M86.00 - M86.09                           |
| Other acute osteomyelitis                 | M86.10 - M86.19                           |
| Subacute osteomyelitis                    | M86.20 - M86.29                           |
| Chronic multifocal osteomyelitis          | M86.30 - M86.39                           |
| Chronic osteomyelitis with draining sinus | M86.40 - M86.49                           |
| Other chronic hematogenous osteomyelitis  | M86.50 - M86.59                           |
| Other chronic osteomyelitis               | M86.60 - M86.69                           |
| Other osteomyelitis                       | M86.8X0 - M86.8X9                         |
| Osteomyelitis, unspecified                | M86.9                                     |

Prepared by MCRA, LLC. Version September 2022.

1. McNally et al. 'Single-stage treatment of chronic osteomyelitis with a new absorbable, gentamicin-loaded, calcium sulphate/ hydroxy-apatite biocomposite'. Bone Joint J. 2016 Sep; 98-B(9):1289-96.
2. CPT® is a registered trademark of the American Medical Association (AMA). Copyright 2022 AMA. All CPT codes are owned and licensed by the American Medical Association.
3. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1734-f-Addendum-B>: CY 2022 Relative Value Units (RVUs) and related information used in determining final Medicare payments.
4. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/cms-1753-fc>
5. <https://www.cms.gov/medicare/medicare-fee-service-payment/asc-payment/asc-regulations-and-notices/cms-1753-fc>
6. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>
7. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>
8. <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipp-pps-final-rule-home-page>

# NOTES

# NOTES

# Get CERAMENT® G with Gentamicin and get more from your bone graft

## TO ORDER

**1.877.719.6719**

**US.SALES@BONESUPPORT.COM**

### MCRA Reimbursement Support Line Services:

Email: [usreimbursement@bonesupport.com](mailto:usreimbursement@bonesupport.com)

Phone: 1-866-903-2663

Fax: 1-240-238-9836

## PRODUCT CODES

|  |                 |
|--|-----------------|
| CERAMENT® G with Gentamicin 5ml  | <b>A0450-11</b> |
| CERAMENT® G with Gentamicin 10ml   | <b>A0450-10</b> |
| CERAMENT® BONE VOID FILLER 5ml   | A0210-09        |
| CERAMENT® BONE VOID FILLER 10ml  | A0210-08        |
| CERAMENT® BONE VOID FILLER 18ml  | A0210-11        |
| CERAMENT® Bead Tray  | A0513           |
| BONESUPPORT Delivery Cannula, 11Ga x 120mm, closed tip, side port delivery | 74389-01M       |
| BONESUPPORT Delivery Cannula, 15Ga x 60mm, open tip, end port delivery     | 74388-01M       |
| BONE Marrow Harvest Needle   | A0534-01        |



BONESUPPORT, INC.,  
60 William St, Suite 330  
Wellesley, MA 02481

T: 1.877.719.6718  
E: [us.sales@bonesupport.com](mailto:us.sales@bonesupport.com)  
W: [bonesupport.com](http://bonesupport.com)

