

## 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)

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# 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.

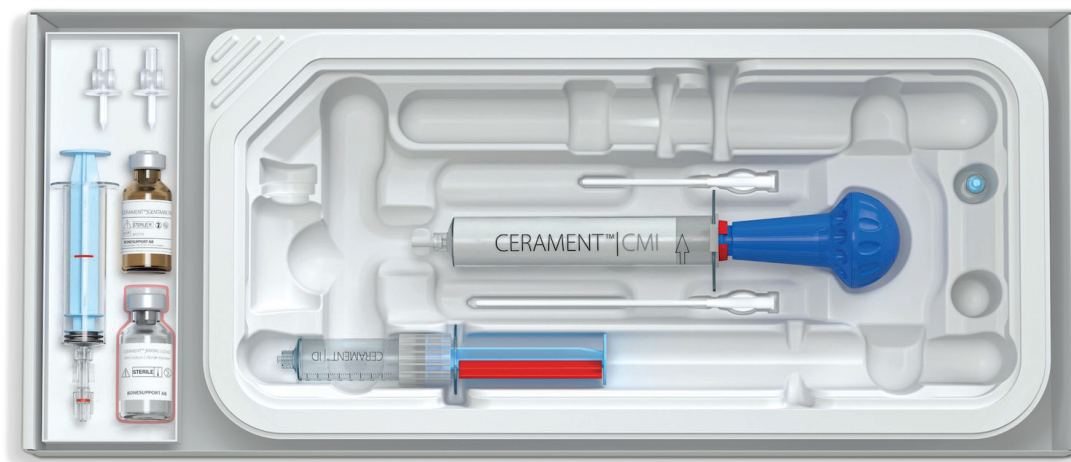
CERAMENT® G received FDA market authorization in May 2022 and is the first and only combination bone graft with antibiotic elution approved for use in the management of bone infection in the U.S. market.

## 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/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f-Addendum-B-CY-2022-Relative-Value-Units-\(RVUs\)-and-related-information-used-in-determining-final-Medicare-payments](https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-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

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

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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



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