# EBI® OsteoGen™ Surgically Implanted Bone Growth Stimulator Coding Reference Guide

The EBI® OsteoGen™ Surgically Implanted Bone Growth Stimulator is a useful adjunctive medical device for the treatment of nonunions when surgery is already planned or when patient compliance may be a factor with non-invasive devices. Because the OsteoGen™ stimulator is surgically implanted, patients are assured of continuous therapeutic treatment directly at the nonunion site 24 hours a day for at least 6 months provided the device is implanted prior to its "use before date."

The OsteoGen™ stimulator is indicated in the treatment of long bone nonunions. A nonunion is considered to be established when the fracture nonunion site shows no visibly progressive signs of healing.

| **Physician** | |
|---|---|
| **CPT® Code** | **CPT Description** |
| **20975** | Electrical stimulation to aid bone healing; invasive (operative) |
| **Removal** | |
| **20680** | Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate) |

| **Hospital Inpatient: ICD-10-PCS Code and Description** | | | |
|---|---|---|---|
| **Insertion** *(Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part)* | | | |
| **Ø** Medical and Surgical<br>**Q** Lower Bones<br>**H** Insertion | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **Y** Lower Bone | **Ø** Open | **M** Bone Growth Stimulator | **Z** No Qualifier |
| **Ø** Medical and Surgical<br>**P** Upper Bones<br>**H** Insertion | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **Y** Upper Bone | **Ø** Open | **M** Bone Growth Stimulator | **Z** No Qualifier |
| **Removal** *(Taking out or off a device from a body part)* | | | |
| **Ø** Medical and Surgical<br>**Q** Lower Bones<br>**P** Removal | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **Y** Lower Bone | **Ø** Open | **M** Bone Growth Stimulator | **Z** No Qualifier |
| **Ø** Medical and Surgical<br>**P** Upper Bones<br>**P** Removal | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **Y** Upper Bone | **Ø** Open | **M** Bone Growth Stimulator | **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<br>**Q** Lower Bones<br>**W** Revision | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **Y** Lower Bone | **Ø** Open | **M** Bone Growth Stimulator | **Z** No Qualifier |
| **Ø** Medical and Surgical<br>**P** Upper Bones<br>**W** Revision | | | |
| **Body Part** | **Approach** | **Device** | **Qualifier** |
| **Y** Upper Bone | **Ø** Open | **M** Bone Growth Stimulator | **Z** No Qualifier |

## Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*

| MS-DRG | Description |
|---|---|
| **515** | Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC |
| **516** | Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC |
| **517** | Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC |
| **495** | Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC |
| **496** | Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC |
| **497** | Local Excision and Removal Internal Fixation Devices Except Hip and Femur without CC/MCC |

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

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

## Hospital Outpatient and Ambulatory Surgical Center (ASC)

| CPT® Code | CPT Description | OPPS Status Indicator | Ambulatory Payment Classification | ASC Payment Indicator |
|---|---|---|---|---|
| **20975** | Electrical stimulation to aid bone healing; invasive (operative) | N | -- | N1 |
| **20680** | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) | Q2 | 5073 | A2 |

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

Status Indicator: N – Payment is packaged into payment for other services; no separate APC payment; Q2 – Payment is packaged when provided with a significant procedure but is separately paid when the service appears on the claim without a significant procedure.

APC: 5073 – Level 3 Excision/ Biopsy/ Incision and Drainage

Payment Indicator: A2 – Payment based on OPPS relative payment weight ; N1 - Packaged service/item; no separate payment.

## HCPCS (Healthcare Common Procedure Coding System)

| Code | Description |
|---|---|
| **E0749** | Osteogenesis stimulator, electrical, surgically implanted |

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

### Coding Reference Guide Disclaimer

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