Coding Reference Guide

EBI® OsteoGen™
Surgically Implanted Bone Growth Stimulator

Powered by Direct Current Technology

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	**Description**
20975	Electrical stimulation to aid bone healing; invasive (operative)
Removal	
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

Hospital Inpatient: ICD-10-PCS Code and Description

Insertion

Ø Medical and Surgical
Q Lower Bones
H Insertion

Body Part	Approach	Device	Qualifier
Y Lower Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Ø Medical and Surgical
P Upper Bones
H Insertion

Body Part	Approach	Device	Qualifier
Y Upper Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Removal

Ø Medical and Surgical
Q Lower Bones
P Removal

Body Part	Approach	Device	Qualifier
Y Lower Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Ø Medical and Surgical
P Upper Bones
P Removal

Body Part	Approach	Device	Qualifier
Y Upper Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Hospital Inpatient: ICD-10-PCS Code and Description *(continued)*			
Revision			
Ø Medical and Surgical **Q** Lower Bones **W** Revision			
Body Part	**Approach**	**Device**	**Qualifier**
Y Lower Bone	**Ø** Open	**M** Bone Growth Stimulator	**Z** No Qualifier

Ø Medical and Surgical **P** Upper Bones **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 Surgery Center (ASC)				
CPT® Code	**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:
N1 - Packaged service/item; no separate payment
A2 – Payment based on OPPS relative payment weight.

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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