2021 Coding and Medicare Payment Reference Guide

CurvaFix® IM Implant

The CurvaFix® IM Implant is the only device capable of following the natural bone shape and filling the space within curved bones such as the pelvis. The implantation procedure is minimally invasive using standard fluoroscopy. The CurvaFix device is implanted through a small incision over a steerable guidewire into the intramedullary space. The CurvaFix IM Implant includes a lock mechanism, which is activated once the desired implantation is achieved. The lock transforms the flexible device to a rigid device that follows the natural bone curvature to stabilize and repair a bone fracture.

INDICATIONS FOR USE

The CurvaFix® IM Implant is intended for fixation of fractures of the pelvis.

HOSPITAL INPATIENT CODING AND PAYMENT

The following provides an overview of potential billing and coding practices and Medicare national payment rates when the CurvaFix IM Implant is used in the hospital inpatient setting.

ICD-10-PCS Procedure Codes

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes are used by hospitals to report procedures performed in the hospital inpatient setting only. Provided below are the ICD-10-PCS tables which may be utilized to construct ICD-10-PCS codes relevant to procedures involving the CurvaFix Implant. Hospital coding staff is encouraged to consult an ICD-10-PCS procedure code book, coding software, or contact the relevant payor when assigning the appropriate ICD-10-PCS procedure codes to a claim.

CHARACTER	LOWER BONES		LOWER JOINTS
Character 1: Section	0 Medical and Surgical	0 Medical and Surgical	0 Medical and Surgical
Character 2: Body System	Q Lower Bones	Q Lower Bones	S Lower Joints
Character 3: Operation	S Reposition	H Insertion	S Reposition
Character 4: Body Part	1 Sacrum 2 Pelvic Bone, Right 3 Pelvic Bone, Left 4 Acetabulum, Right 5 Acetabulum, Left S Coccyx	1 Sacrum 2 Pelvic Bone, Right 3 Pelvic Bone, Left 4 Acetabulum, Right 5 Acetabulum, Left S Coccyx	9 Hip Joint, Right B Hip Joint, Left
Character 5: Approach	0 Open 3 Percutaneous	0 Open 3 Percutaneous	0 Open 3 Percutaneous
Character 6: Device	4 Internal Fixation Z No Device	4 Internal Fixation	4 Internal Fixation Z No Device
Character 7: Qualifier	Z No Qualifier	Z No Qualifier	Z No Qualifier

2021 Medicare MS-DRG Payment Rates

Medicare Severity Diagnosis Related Group (MS-DRG) assignment will vary based on the patient's diagnoses and procedure(s) performed during the patient encounter. Following are the most common MS-DRGs reported for procedures that may involve the CurvaFix Implant.

MS-DRG	DESCRIPTOR	MEDICARE NATIONAL AVERAGE BASE PAYMENT RATE[1]
480	Hip and Femur Procedures Except Major Joint with MCC	$19,439.67
481	Hip and Femur Procedures Except Major Joint with CC	$13,468.62
482	Hip and Femur Procedures Except Major Joint without CC/MCC	$10,584.64
515	Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC	$20,162.79
516	Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC	$12,604.79
517	Other Musculoskeletal System and Connective Tissue O.R. Procedures without CC/MCC	$8,977.16
907	Other O.R. Procedures for Injuries with MCC	$25,433.90
908	Other O.R. Procedures for Injuries with CC	$13,114.49
909	Other O.R. Procedures for Injuries without CC/MCC	$8,837.05
957	Other O.R. Procedures for Multiple Significant Trauma with MCC	$47,696.52
958	Other O.R. Procedures for Multiple Significant Trauma with CC	$27,029.83
959	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	$17,573.82

MCC: Major Complication or Comorbidity
CC: Complication or Comorbidity

1. 2020 CMS IPPS Final Rule, Tables 1B, 1D and 5 (available on CMS website), 84 Fed. Reg. 159 (Aug. 16, 2019). Payment rounded to nearest dollar and assumes the hospital received the full update. Payment will vary based on geographic location and other factors.

PHYSICIAN, HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER (ASC) CODING AND PAYMENT

Current Procedural Terminology (CPT®)[2] codes are used by physicians, hospital outpatient departments and ASCs to report procedures involving the CurvaFix Implant. Healthcare Common Procedure Coding Systems (HCPCS) codes are used to report some procedures, devices, supplies and drugs. The CPT and HCPCS codes below may be appropriate for physicians, hospital outpatient departments and ASCs to report when performing indicated fracture reduction procedures with implantation of the CurvaFix IM Implant. Of importance, there are unique differences in reporting requirements, as Medicare does not allow the unilateral CPT codes to be reported for pelvic ring fractures.

Medicare

Medicare does not allow providers to report CPT codes 27215, 27216, 27217 and 27218 and instead requires providers to report Healthcare Common Procedure Coding System (HCPCS) G codes. G0412, G0413, G0414 and G0415 may be reported for bilateral or unilateral procedures. The G code should be reported only once even if the procedure is performed bilaterally.

Commercial Payers

CPT codes 27215, 27216, 27217 and 27218 describe a unilateral procedure and may be used to report procedures to commercial and other non-Medicare payers. If the procedure is performed bilaterally, a modifier -50 may be reported. Although Medicare has established a physician payment rate for these CPT codes, they are not payable by Medicare.

		2021 MEDICARE PAYMENT RATE		
CPT® CODE	**DESCRIPTOR**	**PHYSICIAN**	**HOSPITAL OUTPATIENT**	**ASC**
27202	Open treatment of coccygeal fracture	$545.38	$2,830.40	$1,328.25
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed ***Not reported to Medicare***	$615.86	N/A	N/A
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed ***Reported to Medicare***	$747.76	$6,264.95	N/A
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum) ***Not reported to Medicare***	$911.76	N/A	N/A

2. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2020. AMA. All rights reserved.

CPT® CODE	DESCRIPTOR	2021 MEDICARE PAYMENT RATE		
		PHYSICIAN	HOSPITAL OUTPATIENT	ASC
G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum) ***Reported to Medicare***	$1,093.20	$6,264.95	N/A
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami) ***Not reported to Medicare***	$857.32	N/A	N/A
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami) ***Reported to Medicare***	$1,033.88	$12,314.76	N/A
27218	Open treatment of posterior pelvic bone fracture and/or dis-location, for fracture patterns that disrupt the pelvic ring, uni-lateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum) ***Not reported to Medicare***	$1,177.99	N/A	N/A
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum) ***Reported to Medicare***	$1,410.38	$12,314.76	N/A
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	$1,087.27	$6,264.95	N/A
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	$1,698.25	$6,264.95	N/A
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	$1,928.19	$6,264.95	N/A
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	$1,309.54	$2,830.40	N/A

HCPCS CODES FOR REPORTING THE CURVAFIX IMPLANT

HCPCS codes identify devices, items and some services. In addition to reporting the relevant CPT or HCPCS code for the procedure, Medicare and many commercial payers require that hospital outpatient departments also report a C code for the implanted device. The following C codes may be appropriate for reporting the CurvaFix device in the hospital outpatient setting:

HCPCS CODE	DESCRIPTOR
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1889	Implantable/insertable device, not otherwise classified

REVENUE CODES

Revenue codes are used by hospital outpatient departments and hospital inpatient departments to report services and supplies to specific cost centers. The following revenue code would be appropriate for billing the CurvaFix.

REVENUE CODE	DESCRIPTOR
278[3]	Other implants

References

2021 CMS PFS Final Rule, Addendum B (available on CMS website), 85 Fed. Reg. 248 (Dec. 28, 2020, updated Jan. 7, 2021).

2021 CMS OPPS/ASC Final Rule, Addendum AA and B (available on CMS website), 85 Fed. Reg. 249 (Dec. 29, 2020), with ASC CN (Feb. 22, 2021).

2021 CMS IPPS Final Rule, Tables 1B, 1D and 5 (available on CMS website), 85 Fed Reg. No. 182 (Sept. 18, 2020).

Disclaimer

The reimbursement information provided herein contains general reimbursement information and does not constitute legal advice nor is it intended to constitute advice how to code, complete or submit any particular claim for payment. The information provided represents CurvaFix's understanding of current reimbursement policies based on third-party sources and publicly-available information. The reported Medicare national payments are subject to change and may vary based on geographic location and other factors. Information provided is not intended to increase or maximize reimbursement by any payer. Reasonable effort has been made to ensure the accuracy of the information provided, however, it is the responsibility of the health care provider to properly report the appropriate codes based on the procedures furnished to a specific patient and the patient's medical condition. Providers are also responsible for submitting claims for these services consistent with the specific payer billing requirements.

Payer billing, coding, and coverage requirements vary from payer to payer. CurvaFix strongly recommends you consult your payers for interpretation of coverage and reimbursement policies and verify current billing, coding and coverage policies as requirements may change. All coding and billing submissions to the federal government must be truthful and not misleading, and require full disclosure for the reimbursement of any service or procedure.

FOR MORE INFORMATION CONTACT CURVAFIX, INC. (+1 425-276-8800, INFO@CURVAFIX.COM).

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3. Items that are implanted or inserted may be billed with revenue code 0278 per the National Uniform Billing Committee (NUBC)'s Updated Guidance on Other Implant Revenue Code (0278) effective July 1, 2020 available at https://www.nubc.org/system/files/media/file/2020/04/Guidance%20on%20Other%20Implant%20RC0278.pdf.