



Western Australian Coding Rule

0114/03 Palacos bone cement

Q.

What procedure code should be assigned for cementation with Palacos bone cement? The patient had an excision of a metastatic bone lesion from the radius, cementation and fixation with a plate.

A.

Palacos is described in the literature as a cement, not a synthetic bone substitute, so it should not be coded to a bone graft.

In interventional radiological procedures, e.g. percutaneous cementoplasty, Palacos is used to fill/repair metastatic lytic lesions, not as a bone graft (which has a different chemical composition and purpose). Percutaneous cementoplasty is analogous to the procedure in question but done percutaneously.

Palacos cementation after excision of bone lesion should be coded to 50206-03 [1569] *Marginal excision of lesion of bone with cementation to defect*

By following the pathway:

Excision
-lesion
--bone
---marginal excision
----with repair to defect by
-----cementation

Marginal excision is the removal of a gross tumour with no attempt for curative removal. Usually, it is followed by radiotherapy. Following clinical advice, it was confirmed that this procedure was a marginal excision, so the essential modifier of 'marginal' can be selected in the index pathway, to assign the final code.

In this case, a separate code for fixation of the radius should also be assigned (47921-00 [1554] *Insertion of internal fixation device, not elsewhere classified*).

DECISION

Palacos bone cementation performed after marginal excision of bone lesion should be coded to 50206-03 [1569] *Marginal excision of lesion of bone with cementation to defect*. Any internal fixation performed at the same time should also be assigned an appropriate procedure code.

[Effective 22 Jan 2014, ICD-10-AM/ACHI/ACS 8th Ed.]