

# Hand/Wrist Soft-Tissue Anchors

2023 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions about procedures completed with the Hand/Wrist soft-tissue anchors, the following information is shared for educational and strategic planning purposes only. While Arthrex believes this information to be correct, coding and reimbursement decisions by AMA, CMS, and leading payers are subject to change without notice. As a result, providers are encouraged to speak regularly with their payers.

## FDA Regulatory Clearance

The Arthrex SwiveLock®, Corkscrew® and PushLock® anchors are intended for fixation of suture (soft tissue) to bone in the hand/wrist in the following procedures: scapholunate ligament reconstruction and ulnar or radial collateral ligament reconstruction (K201749, K173788, K101679).

## Value Analysis Significance

SwiveLock soft-tissue anchors offer the ultimate flexibility in soft-tissue repairs and reconstructions by allowing multiple suture or SutureTape configurations as well as graft incorporation. The forked-tip eyelet of the DX SwiveLock SL anchor allows repairs that incorporate various suture materials, biologic grafts, or combinations of both. The combination of suture materials along with the biologic graft provides the advantage of augmenting the biologic repair with immediate stability from *InternalBrace™* ligament augmentation technology.

## Coding Considerations

Codes provide a uniform language for describing services performed by health care providers. The actual selection of codes depends upon the primary surgical procedure, supported by details in the patient's medical record about medical necessity. It is the sole responsibility of the health care provider to correctly prepare claims submitted to insurance carriers.

## Physician's Professional Fee

The primary open procedure determined by the surgeon may include:

2023 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		Physician <sup>b</sup>		Hospital Outpatient <sup>c</sup>		ASC <sup>d</sup>
		Medicare National Average				
CPT <sup>®a</sup> Code HCPCS Code	Code Description	Facility Setting (HOPD and ASC)	Non-Facility Setting (Office)	APC and APC Description	Medicare National Average	Medicare National Average
<b>Wrist</b>						
<b>25320</b>	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	\$1008.82	N/A	5114 - Level 4 Musculoskeletal (MSK) Procedures	\$6614.63	\$3138.05
<b>25447</b>	Arthroplasty, interposition, intercarpal or carpometacarpal joints	\$850.23	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>Hand</b>						
<b>26433</b>	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	\$592.69	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>26498</b>	Transfer of tendon to restore intrinsic function; all 4 fingers	\$1209.43	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>26499</b>	Correction, claw finger, other methods	\$898.35	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89



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<b>26516</b>	Capsulodesis, metacarpophalangeal joint; single digit	\$766.87	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>26530</b>	Arthroplasty, metacarpophalangeal joint; each joint	\$554.39	N/A	5113 - Level 3 MSK Procedures	\$6614.63	\$4289.76
<b>26540</b>	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	\$722.48	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>26545</b>	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	\$756.36	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>26548</b>	Repair and reconstruction, finger, volar plate, interphalangeal joint	\$824.81	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89

<sup>a</sup> CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association. Health care providers and their professional coders must closely review this primary citation along with the patient's medical record before selecting the appropriate code.

<sup>b</sup> AMA CPT 2023 and CMS PFS 2023 Final Rule

<sup>c</sup> CMS 2023 OPPS Final Rule @ [www.cms.gov](http://www.cms.gov)

<sup>d</sup> CMS 2023 ASC Final Rule @ [www.cms.gov](http://www.cms.gov)

HCPCS Code	Code Description	Notes
<b>C1713</b>	<b>Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)</b> Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) – Implantable pins and/ or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts.	For Medicare, anchors/screws/joint devices are not separately reimbursed in any setting of care (eg, hospital, ASC, office). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc).  For non-Medicare (eg, commercial) patients, depending on contractual terms and general stipulations of the payer, direct invoicing may be allowed. Contact the patient's insurance company or the facility's payer contract for further information.

List of Pass-Through Payment Device Category Codes (Updated September 2022) [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough\\_payment](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough_payment)

For more information about the primary procedure, please speak with your admitting surgeon. You may also call the Arthrex Coding Helpline at 1-844-604-6359 or email [arthrexRSP@arthrex.com](mailto:arthrexRSP@arthrex.com).

The *Internal/Brace* surgical technique is intended only to augment the primary repair/reconstruction by expanding the area of tissue approximation during the healing period and is not intended as a replacement for the native ligament. The *Internal/Brace* technique is for use during soft tissue-to-bone fixation procedures and is not cleared for bone-to-bone fixation.

The content provided in this guide is for informational purposes only. The Arthrex Coding Helpline does not guarantee reimbursement by third-party payers.

The information provided in this handout was obtained from many sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, and policies. All content on this website is informational only, general in nature, and does not cover all situations or all payers' rules and policies. This content is not intended to instruct medical providers on how to use or bill for health care procedures, including new technologies outside of Medicare national guidelines. A determination of medical necessity is a prerequisite that we assume will have been made prior to assigning codes or requesting payments. Medical providers should consult with appropriate payers, including Medicare fiscal intermediaries and carriers, for specific information on proper coding, billing, and payment levels for health care procedures. It is the sole responsibility of the medical provider to determine the appropriate coding.

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