SpeedBridge™ Technique

2023 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the SpeedBridge technique, 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

SwiveLock® anchors are intended to be used for suture fixation of soft tissue to bone in the shoulder. Procedures include, but are not limited to: rotator cuff repair, Bankart repair, SLAP lesion repair, biceps tenodesis, acromioclavicular separation repair, deltoid repair, capsular shift, or capsulolabral reconstruction (K193503, K191226, K101823, K151342, K192532).

Value Analysis Significance

The SpeedBridge double-row technique is used to repair a rotator cuff tear. Using a fully threaded SwiveLock anchor combined with FiberTape® suture creates a quick and secure construct with no knots and only two suture-passing steps. The SpeedBridge double-row technique uses FiberTape suture, which provides a broad footprint that can be helpful for repairs in degenerative cuff tissue in which tissue pull-through may be a concern.

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 endoscopic/arthroscopic procedure determined by the surgeon may include:

2023 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		**Physician**[b]		**Hospital Outpatient**[c]		**ASC**[d]
		Medicare National Average				
CPT®[a] Code HCPCS Code	Code Description	Facility Setting (HOPD and ASC)	Non-Facility Setting (Office)	APC and APC Description	Medicare National Average	Medicare National Average
Shoulder						
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	$836.67	N/A	5114 - Level 4 Musculoskeletal (MSK) Procedures	$6614.63	$3138.05
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	$868.87	N/A	5114 - Level 4 MSK Procedures	$6614.63	$3138.05
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	$992.56	N/A	5114 - Level 4 MSK Procedures	$6614.63	$3138.05
23430	Tenodesis of long tendon of biceps	$760.09	N/A	5114 - Level 4 MSK Procedures	$6614.63	$4119.04
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	$1005.09	N/A	5114 - Level 4 MSK Procedures	$6614.63	$3138.05
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	$1075.24	N/A	5114 - Level 4 MSK Procedures	$6614.63	$3138.05
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	$1052.20	N/A	5114 - Level 4 MSK Procedures	$6614.63	$3138.05
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	$1086.08	N/A	5114 - Level 4 MSK Procedures	$6614.63	$3138.05

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[a] 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.

[b] AMA CPT 2023 and CMS PFS 2023 Final Rule

[c] CMS 2023 OPPS Final Rule @ www.cms.gov

[d] CMS 2023 ASC Final Rule @ www.cms.gov

HCPCS Code	Code Description	Notes
C1713	**Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)** 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 refer to the facility's payer contract for more 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		

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.

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

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