AutoPose™ System for Adipose Tissue Harvesting

2026 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions regarding arthroscopic procedures completed with the products in this guide, the following information is shared for educational and strategic planning purposes only. It is the sole responsibility of the treating health care professional to diagnose and treat the patient, and to confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to ensure claims are accurate, complete, and supported by documentation in the patient's medical record. Any determination regarding if and how to seek reimbursement should be made only by the appropriate members of the staff, in consultation with the physician, and in consideration of the procedure performed or therapy provided to a specific patient. Arthrex does not recommend or endorse the use of any particular diagnosis or procedure code(s) and makes no determination if or how reimbursement may be available. Of important note, reimbursement codes and payment, as well as health policy and legislation are subject to continual change.

Value Analysis Significance

The AutoPose adipose harvesting system is a sterile medical device intended for the closed-loop processing of lipoaspirate tissue in medical procedures involving the harvesting, concentrating, and transferring of autologous adipose tissue harvested with a legally marketed lipoplasty system. It is a comprehensive solution to harvest, purify, and microsize a patient's own fat. The versatile system allows for small-volume liposuction in the office setting. Harvest and prepare up to 20 cc of washed microfat in 15-20 minutes. The system gently resizes tissue, maintaining viability and delivering an optimal fat-size for reintroduction through a 21-ga cannula. (K193363)

Coding Considerations

Codes provide a uniform language for describing services performed by health care providers. The actual selection of codes depends on 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 procedure(s) determined by the surgeon may include:

2026 Medicare National Average Payment Rates (Not Adjusted for Geography)		**Physician**[b,c]		**Hospital Outpatient**[d]		**ASC**[e]
CPT®[a] Code HCPCS Code	Code Description	Work RVUs	Medicare National Average	APC and APC Description	Medicare National Average	Medicare National Average
Integumentary System						
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	6.56	$475.99 (HOPD and ASC) $666.31 (Office)	5055 – Level 5 Skin procedures	$3620.48	$1940.78
(+)15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	2.44	$126.89 (HOPD and ASC) $206.78 (Office)	Packaged service/item; no separate payment made		Packaged service/item; no separate payment mad
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	6.66	$456.52 (HOPD and ASC) $629.39 (Office)	5054 – Level 4 Skin procedures	$2107.97	$1128.57
(+)15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	2.35	$122.19 (HOPD and ASC) $201.74 (Office)	Packaged service/item; no separate payment made		Packaged service/item; no separate payment mad
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial-thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	0.0	$0 (carrier-priced)	5055 – Level 5 Skin procedures	$3620.48	$1940.78

2026 Medicare National Average Payment Rates (Not Adjusted for Geography)		**Physician**[b,c]		**Hospital Outpatient**[d]		**ASC**[e]
CPT®[a] Code HCPCS Code	Code Description	Work RVUs	Medicare National Average	APC and APC Description	Medicare National Average	Medicare National Average
0718T	Autologous ADRC therapy for partial-thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	0.0	$0 (carrier-priced)	5055 – Level 5 Skin procedures	$3620.48	$1940.78
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	0.0	$0 (carrier-priced)	5116 – Level 6 MSK procedures	$0 (carrier-priced)	$0 (carrier-priced)
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	0.0	$0 (carrier-priced)	$0 (carrier-priced)	$0 (carrier-priced)	$0 (carrier-priced)
0489T	Autologous ADRC therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of nonviable cells and debris, determination of concentration, and dilution of regenerative cells	0.0	$0 (carrier-priced)	$0 (carrier-priced)	$0 (carrier-priced)	$0 (carrier-priced)
0490T	Autologous ADRC therapy for scleroderma in the hands; multiple injections in one or both hands	0.0	$0 (carrier-priced)	$0 (carrier-priced)	$0 (carrier-priced)	$0 (carrier-priced)

[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 2026 and CMS PFS 2026 Final Rule

[c] CMS Conversion Factor (CF) effective January 1, 2026: $33.5675

[d] CMS 2026 OPPS Final Rule @ www.cms.gov

[e] CMS 2026 ASC Final Rule @ www.cms.gov

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 AskMarketAccess@arthrex.com.