

# GraftNet™ Autologous Tissue Collector

## 2026 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions regarding graft placement 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 and 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.

### FDA Regulatory Clearance

The GraftNet device is intended to be used as a tissue collector in a variety of surgical procedures, including but not limited to the collection of autologous bone, cartilage, and soft tissue. The device and the collected tissue may be used for biopsy or grafting procedures.

### Value Analysis Significance

The GraftNet device is a single-use, in-line, suction-activated filter available in the sterile field for collection of biopsy or grafting procedures. The autologous tissue collected using the GraftNet device is contained in a sterile housing and is readily available can be easily withdrawn from the collection chamber using an innovative plunger. The device is assembled with universal adaptors to be easily added to any surgical procedure in which suction is utilized to withdraw fluids and tissue debris, making access to autologous tissue as simple as Resect and Collect™.

### 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 arthroscopic procedure determined by the surgeon may include:

2026 Medicare National Average Payment Rates (Not Adjusted for Geography)		Physician <sup>b,c</sup>		Hospital Outpatient <sup>d</sup>		ASC <sup>e</sup>
CPT <sup>a</sup> Code HCPCS Code	Code Description	Work RVUs	Medicare National Average	APC and APC Description	Medicare National Average	Medicare National Average
<b>Shoulder</b>						
29805	Shoulder arthroscopy, diagnostic	5.88	\$451.15	5113 – Level 3 Musculoskeletal (MSK) procedures	\$3342.87	\$1644.87
29819	Removal of loose body or foreign body	7.60	\$552.86	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
29820	Synovectomy, partial	7.03	\$504.52	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
29821	Synovectomy, complete	7.69	\$560.24	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
29822	Debridement, limited	6.85	\$518.62	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
29823	Debridement, extensive	7.78	\$561.25	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	15.20	\$981.18	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>Elbow</b>						
29830	Elbow arthroscopy, diagnostic	5.73	\$441.41	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
29834	Removal of loose body or foreign body	6.26	\$470.95	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87



2026 Medicare National Average Payment Rates (Not Adjusted for Geography)		Physician <sup>b,c</sup>		Hospital Outpatient <sup>d</sup>		ASC <sup>e</sup>
CPT <sup>®</sup> Code HCPCS Code	Code Description	Work RVUs	Medicare National Average	APC and APC Description	Medicare National Average	Medicare National Average
<b>29835</b>	Synovectomy, partial	6.45	\$489.75	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29836</b>	Synovectomy, complete	7.53	\$550.84	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29837</b>	Debridement, limited	6.83	\$509.22	5113 – Level 3 MSK procedures	\$3342.87	\$1647.10
<b>29838</b>	Debridement, extensive	7.68	\$561.25	51143 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>Wrist</b>						
<b>29840</b>	Wrist arthroscopy, diagnostic	5.54	\$443.43	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29843</b>	For infection, lavage, and drainage	6.00	\$471.96	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29844</b>	Synovectomy, partial	6.35	\$473.30	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29845</b>	Synovectomy, complete	7.50	\$549.50	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>Hand</b>						
<b>29900</b>	Arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	5.73	\$496.80	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29901</b>	Arthroscopy, metacarpophalangeal joint, surgical, with debridement	6.43	\$526.34	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>Hip</b>						
<b>29860</b>	Hip arthroscopy, diagnostic	8.78	\$618.31	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29861</b>	Removal of loose body or foreign body	9.85	\$660.61	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29862</b>	With debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	10.89	\$763.66	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29863</b>	With synovectomy	10.89	\$760.98	5113 – Level 3 MSK procedures	\$3342.87	\$3695.53
<b>29914</b>	With femoroplasty (ie, treatment of cam lesion)	14.30	\$919.41	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29915</b>	With acetabuloplasty (ie, treatment of pincer lesion)	14.63	\$936.87	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29916</b>	With labral repair	14.63	\$934.52	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>Knee</b>						
<b>29870</b>	Arthroscopy, knee, diagnostic with or without synovial biopsy	5.06	\$401.80 (HOPD and ASC) \$605.89 (Office)	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29871</b>	For infection, lavage, and drainage	6.52	\$494.11	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29874</b>	Removal of loose body or foreign body	7.01	\$508.55	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29875</b>	Synovectomy, limited	6.29	\$476.66	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29876</b>	Synovectomy, major, 2 or more compartments (eg medial or lateral)	8.65	\$617.98	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29877</b>	Debridement/shaving of articular cartilage (chondroplasty)	8.09	\$589.78	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29879</b>	Abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	8.77	\$626.37	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29880</b>	With meniscectomy (medial AND lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage	7.21	\$535.74	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87

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<b>29881</b>	With meniscectomy (medial OR lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	6.85	\$518.62	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29885</b>	Drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	9.95	\$716.33	5114 – Level 4 MSK procedures	\$7413.38	\$4990.40
<b>29886</b>	Drilling for intact osteochondritis dissecans lesion	8.28	\$607.57	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29887</b>	Drilling of intact osteochondritis dissecans lesion with internal fixation	9.91	\$713.98	5114 – Level 4 MSK procedures	\$7413.38	\$5298.84
<b>29888</b>	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	13.94	\$893.90	5114 – Level 4 MSK procedures	\$7413.38	\$4817.25
<b>29889</b>	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	16.97	\$1138.27	5115 – Level 5 MSK procedures	\$13,116.76	\$9934.11
<b>Foot and Ankle</b>						
<b>29891</b>	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	9.43	\$637.11	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29892</b>	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	10.01	\$600.52	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29894</b>	Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical, with removal of loose body or foreign body	7.17	\$477.33	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29895</b>	Synovectomy, partial	6.95	\$435.71	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29897</b>	Debridement, limited	7.14	\$467.60	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29898</b>	Debridement, extensive	8.28	\$526.34	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29899</b>	With ankle arthrodesis	15.02	\$925.79	5114 – Level 4 MSK procedures	\$7413.38	\$5100.54
<b>29904</b>	Arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	8.43	\$605.22	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29905</b>	With synovectomy	8.95	\$480.02	5114 – Level 4 MSK procedures	\$7413.38	\$3695.53
<b>29906</b>	With debridement	9.41	\$629.39	5113 – Level 3 MSK procedures	\$3342.87	\$1644.87
<b>29907</b>	With subtalar arthrodesis	11.88	\$824.08	5115 – Level 5 MSK procedures	\$13,116.76	\$9799.32
<b>29999</b>	Unlisted procedure, arthroscopy	0.0	\$0 (carrier-priced)	5111 – Level 1 MSK procedures	\$252.01	\$0 (carrier-priced)

<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 2026 and CMS PFS 2026 Final Rule

<sup>c</sup> CMS Conversion Factor (CF) effective January 1, 2026: \$33.5675

<sup>d</sup> CMS 2026 OPPS Final Rule @ [www.cms.gov](http://www.cms.gov)

<sup>e</sup> CMS 2026 ASC Final Rule @ [www.cms.gov](http://www.cms.gov)

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](mailto:AskMarketAccess@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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