2020 GraftNet™ Autologous Tissue Collector

Coding and Reimbursement Guide

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the GraftNet, 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 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 by withdrawing an innovative plunger to withdraw the tissue from the collection chamber. 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 healthcare 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 healthcare provider to correctly prepare claims submitted to insurance carriers.

Physician's Professional Fee

The primary Endoscopic/Arthroscopic procedure determined by the surgeon may include:

2020 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		Physician[2]		Hospital Outpatient[3]		ASC[4]
		Medicare National Average				
CPT[1] Code HCPCS Code	Code Description	Facility Setting (HOPD and ASC)	Non-Facility Setting (Office)	APC & APC Description	Medicare National Average	Medicare National Average
Endoscopy/Arthroscopy						
Shoulder						
29805	Shoulder arthroscopy, diagnostic	$489.01	N/A	5113 – Level 3 Musculoskeletal (MSK) Procedures	$2,737.45	$1,286.26
29819	removal of loose body or foreign body	$610.28	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29820	synovactomy, partial	$558.67	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29821	synovectomy, complete	$617.13	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29822	debridement, limited	$600.17	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29823	debridement, extensive	$653.22	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29827	with rotator cuff repair	$1,115.53	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36

[1] CPT is the registered trademark of the American Medical Association. Healthcare providers and their professional coders must closely review this primary citation along with the patient's medical record before selecting the appropriate code.
[2] Source: AMA CPT 2020 and CMS PFS 2020 Final Rule
[3] Source: CMS 2020 OPPS Final Rule @ www.cms.gov
[4] Source: CMS 2020 ASC Final Rule @ www.cms.gov

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		Medicare National Average				
CPT[1] Code HCPCS Code	Code Description	Facility Setting (HOPD and ASC)	Non-Facility Setting (Office)	APC & APC Description	Medicare National Average	Medicare National Average
Endoscopy/Arthroscopy						
Elbow						
29830	Elbow arthroscopy, diagnostic	$474.94	N/A	5113 – Level 3 Musculoskeletal (MSK) Procedures	$2,737.45	$1,286.26
29834	Removal of loose body or foreign body	$512.11	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29835	synovectomy, partial	$529.43	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29836	synovectomy, complete	$607.75	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29837	debridement, limited	$548.56	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29838	debridement, extensive	$616.05	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
Wrist						
29840	Wrist arthroscopy, diagnostic	$468.80	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29843	for infection, lavage and drainage	$505.25	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29844	synovectomy, partial	$519.69	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29845	synovectomy, complete	$606.67	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
Hand						
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	$517.89	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29901	Arthroscopy, metacarpophalangeal joint, surgical, with debridement	$557.58	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26

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		Medicare National Average				
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Endoscopy/Arthroscopy						
Hip						
29860	Hip arthroscopy, diagnostic	$694.36	N/A	5114 – Level 4 Musculoskeletal (MSK) Procedures	$5,981.95	$2,803.36
29861	removal of loose body or foreign body	$751.39	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29862	with debridement/shaving of articular cartilage (chrondroplasty), abrasion arthroplasty, and/or resection of labrum	$846.30	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29863	with synovectomy	$848.83	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
#29914	with femoroplasty (i.e. treatment of cam lesion)	$1,036.49	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
#29915	with acetabuloplasty (i.e. treatment of pincer lesion)	$1,067.17	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
#22916	with labral repair	$1,067.53	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
Knee						
29870	Arthroscopy, knee, diagnostic with or without synovial biopsy	$426.22	$592.59	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29871	for infection, lavage and drainage	$534.49	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29874	removal of loose body or foreign body	$559.75	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29875	synovectomy, limited	$516.44	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29876	synovectomy, msjor, 2 or more compartments (eg medial or lateral)	$680.29	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29877	debridement/shaving of articular cartilage (chrondoplasty)	$646.36	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29879	Abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	$688.95	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29880	With meniscectomy (medial AND lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage	$584.29	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26

	(chondroplasty, same or separate compartment(s) when performed)					
29881	with meniscectomy (medial OR lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	$563.00	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29885	drilling for osteochrondritis dissecans with bone grafting, with or without internal fixation (including debridement f base of lesion)	$785.67	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29886	drilling for intact osteochondritis dissecans lesion	$662.24	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29887	drilling of intact osteochrondritis dissecans lesion with internal fixation	$782.06	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29888	Arthroscopic aided anterior cruicate ligament repair/augmentation or reconstruction	$1,022.06	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$3,873.00
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	$1,274.68	N/A	5115 – Level 5 MSK Procedures	$11,900.71	$7,661.20

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Endoscopy/Arthroscopy						
Foot and Ankle						
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	$697.25	N/A	5113 – Level 3 Musculoskeletal (MSK) Procedures	$2,737.45	$1,286.26
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	$677.76	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical, with removal of loose body or foreign body	$519.33	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29895	synovectomy, partial	$483.60	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29897	debridement, limited	$520.05	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29898	debridement, extensive	$586.10	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29899	with ankle arthrodesis	$1,074.39	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$3,634.54
29904	Arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	$663.33	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29905	with synovectomy	$538.46	N/A	5114 – Level 4 MSK Procedures	$5,981.95	$2,803.36
29906	with debridement	$690.75	N/A	5113 – Level 3 MSK Procedures	$2,737.45	$1,286.26
29907	with subtalar arthrodesis	$913.07	N/A	5115 – Level 5 MSK Procedures	$11,900.71	$7,861.33
29999	Unlisted procedure, arthroscopy	Contractor priced		5111 – Level 1 MSK Procedures	$215.64	N/A

For more information about the primary procedure, please speak with your admitting surgeon. You may also call Arthrex's Reimbursement Helpline at 1-877-734-6289 or e-mail us at arthrex@mcra.com.

This content is not intended to instruct medical providers on how to use or bill for healthcare 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 healthcare procedures.

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