2022 Coding and Reimbursement Guide for the NanoScope™ Operative Arthroscopy System

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the NanoScope system, 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 NanoScope system is intended to be used as an endoscopic video camera in a variety of endoscopic surgical procedures, including but not limited to: orthopedic, laparoscopic, urologic, sinuscopic, and plastic surgical procedures. The device is also intended to be used as an accessory for microscopic surgery. (K190645, July 5, 2019)

Value Analysis Significance
The NanoScope imaging system is the first medical-grade, 3-in-1, chip-on-tip disposable camera system. It provides the latest technology in 1 mm image sensors, LED lighting, image management, digital documentation, and OR integration with an intuitive tablet control unit. Busy surgeons immediately note the clinical efficacy of the NanoScope system, while facility administrators readily document the operational efficiencies achieved by performing common endoscopic procedures with a disposable camera system and minimally invasive instruments in a lower cost ambulatory site-of-service.

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 procedure determined by the surgeon may include:

2022 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		Physician[2] Medicare National Average		Hospital Outpatient[3]		ASC[4]
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	$483.10	N/A	5113 - Level 3 Musculoskeletal (MSK) Procedures	$2,892.28	$1,361.61
29819	removal of loose body or foreign body	$604.92	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29820	synovectomy, partial	$553.01	N/A	5114 - Level 4 MSK Procedures	$6,397.05	$3,000.95
29821	synovectomy, complete	$612.88	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29822	debridement, limited	$557.85	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29823	debridement, extensive	$610.45	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29828	biceps tenodesis	$941.98	N/A	5114 - Level 4 MSK Procedures	$6,397.05	$3,000.95

[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 2022 and CMS PFS 2021 Final Rule
[3] Source: CMS 2022 OPPS Final Rule @ www.cms.gov
[4] Source: CMS 2022 ASC Final Rule @ www.cms.gov

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		Medicare National Average				
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Endoscopy/Arthroscopy						
Elbow						
29830	elbow arthroscopy, diagnostic	$468.57	N/A	5113 - Level 3 Musculoskeletal (MSK) Procedures	$2,892.28	$1,361.61
29834	removal of loose body or foreign body	$507.33	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29835	synovectomy, partial	$525.67	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29836	synovectomy, complete	$603.19	N/A	5114 - Level 4 MSK Procedures	$6,397.05	$3,000.95
29837	debridement, limited	$545.74	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29838	debridement, extensive	$611.49	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
Wrist						
29840	wrist arthroscopy, diagnostic	$464.42	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29843	for infection, lavage and drainage	$501.79	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29844	synovectomy, partial	$514.25	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29845	synovectomy, complete	$602.84	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29846	excision and/or repair of triangular fibrocartilage and/or joint debridement	$537.78	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29848	endoscopy, wrist, surgical, with release of transverse carpal ligament	$526.01	N/A	5112 - Level 2 Musculoskeletal (MSK) Procedures	$1,422.51	$742.00
Hand						
29900	arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	$519.09	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29901	arthroscopy, metacarpophalangeal joint, surgical, with debridement	$557.16	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61

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		Medicare National Average				
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Endoscopy/Arthroscopy						
Knee						
29870	knee arthroscopy, diagnostic, with or without synovial biopsy	$419.07	$584.11	5113 - Level 3 Musculoskeletal (MSK) Procedures	$2,892.28	$1,361.61
29873	with lateral release	$552.71	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29874	removal of loose body or foreign body	$554.80	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29875	synovectomy, limited	$512.58	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29877	debridement/shaving of articular cartilage (chondroplasty)	$640.99	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29880	with meniscectomy (medial AND lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	$580.27	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29881	with meniscectomy (medial OR lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	$559.69	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29882	with meniscus repair (medial OR lateral)	$712.17	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29883	with meniscus repair (medial AND lateral)	$863.60	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29884	with lysis of adhesions, with or without manipulation (separate procedure)	$638.54	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61

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Endoscopy/Arthroscopy						
Foot and Ankle						
29893	endoscopic plantar fasciotomy	$682.43	$678.32	5113 - Level 3 Musculoskeletal (MSK) Procedures	$2,892.28	$1,361.61
29894	arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical,with removal of loose body or foreign body	$517.71	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29897	debridement, limited	$504.90	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29898	debridement, extensive	$575.50	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29904	arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	$657.52	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29905	with synovectomy	$521.86	N/A	5114 - Level 4 MSK Procedures	$6,397.05	$3,958.20
29906	with debridement	$669.63	N/A	5113 - Level 3 MSK Procedures	$2,892.28	$1,361.61
29999	unlisted procedure, arthroscopy	$0.00	N/A	5111 - Level 1 MSK Procedures	$210.50	N/A

For more information about the primary procedure, please speak with your admitting surgeon. You may also call Arthrex's Coding Helpline at 1-844-604-6359 or e-mail us at arthrex@cmcopilot.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.

The information provided in this handout represents no promise or guarantee concerning coverage, coding, billing, and payment levels. Arthrex specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on this information. It does not constitute legal advice and no warranty regarding completeness or accuracy is implied. The essential components which determine appropriate payment for a procedure or a product are site of service/coding/coverage/payment system/geographical location/national and local medical review policies and/or payer edits.

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