

# CuffMend™ Rotator Cuff Repair Augmentation System

2025 Coding and Reimbursement Guidelines

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the CuffMend 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.

## Value Analysis Significance

CuffMend rotator cuff repair augmentation provides a straightforward approach for augmenting partial- and full-thickness rotator cuff tears using a decellularized dermal allograft to provide mechanical strength<sup>1</sup> and added biology to the repair construct. The system includes a graft spreader for introducing the ArthroFlex decellularized dermal allograft and FiberStitch™ RC implants for medial soft-tissue fixation to the rotator cuff tendon. Lateral bony fixation is accomplished with PushLock® anchors spanning the graft over the footprint. The scientific literature supports the use of a decellularized dermal allograft as an option for augmentation in rotator cuff repair.<sup>2,3</sup> This has led to significant clinical interest, particularly for challenging repairs such as revisions or when retears are a concern due to suboptimal tendon quality.

## 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. Please note that the CuffMend system does not have its own CPT® code.

## Physician's Professional Fee

The primary arthroscopic procedure determined by the surgeon may include:

2025 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		Physician <sup>b,c</sup>		Hospital Outpatient <sup>d</sup>		ASC <sup>e</sup>
		Medicare National Average				
CPT <sup>®</sup> 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						
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$1050.29	N/A	5114 - Level 4 Musculoskeletal (MSK) Procedures	\$7143.73	\$3510.84
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$810.93	N/A	5114 - Level 4 MSK Procedures	\$7143.73	\$3510.84
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$842.63	N/A	5114 - Level 4 MSK Procedures	\$7143.73	\$3510.84
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	\$964.25	N/A	5114 - Level 4 MSK Procedures	\$7143.73	\$3510.84

<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 2025 and CMS PFS 2025 Final Rule

<sup>c</sup> CMS Conversion Factor (CF) effective January 1, 2025: \$32.3465

<sup>d</sup> CMS 2025 OPFS Final Rule @ HYPERLINK "<http://www.cms.gov>" [www.cms.gov](http://www.cms.gov)

<sup>e</sup> CMS 2025 ASC Final Rule @ HYPERLINK "<http://www.cms.gov>" [www.cms.gov](http://www.cms.gov)



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ICD 10 CODE	Description
<b>M12.511</b>	Traumatic arthropathy, right shoulder
<b>M12.512</b>	Traumatic arthropathy, left shoulder
<b>M12.519</b>	Traumatic arthropathy, unspecified shoulder
<b>M13.111</b>	Monoarthritis, not elsewhere classified, right shoulder
<b>M13.112</b>	Monoarthritis, not elsewhere classified, left shoulder
<b>M13.119</b>	Monoarthritis, not elsewhere classified, unspecified shoulder
<b>M19.011</b>	Primary osteoarthritis, right shoulder
<b>M19.012</b>	Primary osteoarthritis, left shoulder
<b>M19.019</b>	Primary osteoarthritis, unspecified shoulder
<b>M19.111</b>	Post-traumatic osteoarthritis, right shoulder
<b>M19.112</b>	Post-traumatic osteoarthritis, left shoulder
<b>M19.119</b>	Post-traumatic osteoarthritis, unspecified shoulder
<b>M19.211</b>	Secondary osteoarthritis, right shoulder
<b>M19.212</b>	Secondary osteoarthritis, left shoulder
<b>M19.219</b>	Secondary osteoarthritis, unspecified shoulder
<b>M19.90</b>	Unspecified osteoarthritis, unspecified site
<b>M19.91</b>	Primary osteoarthritis, unspecified site
<b>M75.100</b>	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
<b>M75.101</b>	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
<b>M75.102</b>	Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic
<b>M75.111</b>	Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic
<b>M75.112</b>	Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic
<b>M75.120</b>	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
<b>M75.121</b>	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
<b>M75.122</b>	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
<b>M75.50</b>	Bursitis of unspecified shoulder
<b>M75.51</b>	Bursitis of right shoulder
<b>M75.52</b>	Bursitis of left shoulder
<b>S43.421A</b>	Sprain of right rotator cuff capsule, initial encounter
<b>S43.422A</b>	Sprain of left rotator cuff capsule, initial encounter
<b>S43.429A</b>	Sprain of unspecified rotator cuff capsule, initial encounter

ICD 10 CODE	Description
<b>S46.001A</b>	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
<b>S46.002A</b>	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
<b>S46.009A</b>	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
<b>S46.011A</b>	Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
<b>S46.012A</b>	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
<b>S46.019A</b>	Strain of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
<b>S46.021A</b>	Laceration of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
<b>S46.022A</b>	Laceration of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
<b>S46.029A</b>	Laceration of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
<b>S46.091A</b>	Other injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
<b>S46.092A</b>	Other injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
<b>S46.099A</b>	Other injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter



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HCPSC Code	Code Description	Notes
<b>C1762</b>	<b>Connective tissue, human</b> These tissues include a natural, cellular collagen or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia Lata, or decellularized dermal tissue. They are intended to repair or support damaged or inadequate soft tissue.	For Medicare, anchors/screws/joint devices are not separately reimbursed in any setting of care (eg, hospital, ASC). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc).
<b>C1713</b>	<b>Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)</b> 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. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (ie, bone substitute implanted into a bony defect created from trauma or surgery).	
<b>Q4125</b>	<b>ArthroFLEX® dermal allograft</b> ArthroFlex dermal allograft, per sq centimeter	For non-Medicare (eg, commercial) patients, depending on contractual terms and general stipulations of the payer, direct invoicing by the facility may be allowed. Contact the patient's insurance company or refer to the facility's payer contract for more information.
<b>L8699</b>	<b>Prosthetic implant, no otherwise specified</b> This code reports prosthetic implants that are not otherwise described in more specific HCPSC Level II codes.	
<b>A4649</b>	<b>Surgical supplies; miscellaneous</b> This code reports miscellaneous surgical supplies and should only be reported if a more specific HCPSC Level II or CPT code is not available.	

List of Pass-Through Payment Device Category Codes (Updated September 2022) [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough\\_payment](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](mailto:AskMarketAccess@arthrex.com).

## References

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- Gilot GJ, Alvarez-Pinzon AM, Barcksdale L, Westerdahl D, Krill M, Peck E. Outcome of large to massive rotator cuff tears repaired with and without extracellular matrix augmentation: a prospective comparative study. *Arthroscopy*. 2015;31(8):1459-1465. doi:10.1016/j.arthro.2015.02.032

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