

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the Arthrex Amnion matrix, 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

Amniotic tissues are allografts, regulated by the FDA as a human cell, tissue, and cellular and tissue-based product (HCT/P) under 21 CFR Part 1271 and Section 361 of the Public Health Service Act. Tissues and fluids are minimally manipulated and intended for homologous use only. Homologous use is defined as repair, reconstruction, replacement, or supplementation of a tissue with an HCT/P that performs the same basic function in the recipient as in the donor. Final products are tested for sterility and indicated usage is single patient one-time use.

Value Analysis Significance

Arthrex Amnion matrix is rich in growth factors and contains regenerative qualities and growth factors that maintain the natural healing properties of amnion.¹⁻⁴ Used as an anatomical barrier or wrap in a variety of orthopedic applications, Arthrex Amnion matrices provide biological and mechanical protection to strengthen the repair while helping prevent adhesion.^{5,a}

^a Results from animal studies are not indicative of clinical use.

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

In addition to the appropriate procedure(s) performed by the surgeon, the facility may also report the following or similar HCPCS codes for Arthrex Amnion matrix:

HCPCS Code	Code Description	Notes
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) 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).	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). 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.
C1762	Connective tissue, human These tissues include a natural, cellular collagen or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia lata, or decellularized dermal tissue.	
L8699	Prosthetic implant, no otherwise specified This code reports prosthetic implants that are not otherwise described in more specific HCPCS Level II codes.	
A4649	Surgical supplies; miscellaneous This code reports miscellaneous surgical supplies and should only be reported if a more specific HCPCS 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

Arthrex Amnion™ Matrix

2025 Coding and Reimbursement Guidelines

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.

The content provided in this guide is for informational purposes only. The Arthrex Coding Helpline does not guarantee reimbursement by third-party payers.

The information provided in this handout was obtained from many sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, and policies. All content on this website is informational only, general in nature, and does not cover all situations or all payers' rules and policies. This content is not intended to instruct medical providers on how to use or bill for health care 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 health care procedures. It is the sole responsibility of the medical provider to determine the appropriate coding.

This information 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 information in this handout or through the Arthrex Coding Helpline. This guide does not constitute legal, coding, coverage, reimbursement, business, clinical, or other advice and no warranty regarding completeness or accuracy is implied.

References

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