2020 Coding and Reimbursement Guidelines for Metal Compression FT Screws

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the Compression FT Screws, 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 Compression FT Screws are intended for fixation of small bone fragments, such as apical fragments, osteochondral fragments and cancellous fragments. Specific applications include the following: Osteochondral fragments (talar vault, femoral condyle); apical fragments (radial head, patellar rim, navicular, metacarpal/metatarsal); cancellous fragments (talus); carpal, metacarpal, and small hand bone; tarsal and metatarsals; phalanges; Intra-articular fractures; ankle; proximal and distal humerus; proximal and distal radius; proximal and distal ulna; osteochondral fixation and fractures; osteochondritis dissecans; fixation of fractures and osteotomies about the knee; oblique fractures of the fibula; reconstructive surgeries of the foot; and malleolar fixation. (K182361, December 18, 2018)

Value Analysis Significance:
The headless, cannulated, titanium compression FT screws can be used for a wide range of indications in the upper and lower extremities. They are intended for repairing intra-articular and extra-articular fractures, non-unions, arthrodesis, and osteotomies. The variable-stepped pitch headless design reduces the risk of profile complications, provides compression, and allows for simplified insertion.

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.

Procedures:
In addition to the appropriate hand, wrist, foot, ankle, or knee procedure(s) performed by the surgeon, the facility may also report the following or similar HCPCS code for Metal Compression Screws:

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<td>HCPCS Code</td>
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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@mcr.a.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 that 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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