2023 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

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**)

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, nonunions, 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 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.

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:

Hospital and Facility Coding

HCPCS Code	Code Description	Notes
C1713	**Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)** *Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) – 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).* *List of Pass-Through Payment Device Category Codes (Updated September 2022)* *https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf*	For Medicare, anchors/screws are not separately reimbursed in any setting of care (eg, hospital, ASC, office). These costs are absorbed by the facility via the appropriate reimbursement mechanism (eg, MS-DRG, APC, etc). For non-Medicare (eg, commercial) patients, depending on contractual terms and general stipulations of the payer, direct invoicing may be allowed. Contact the patient's insurance company or the facility's payer contract for further information.

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 us at arthrex@cmcopilot.com.

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.

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.

www.arthrex.com

© 2023 Arthrex, Inc. All rights reserved. OF1-000337-en-US_F

Arthrex®