

2023 Coding and Reimbursement Guidelines for CuffMend™ Rotator Cuff Repair Augmentation System

To help answer common coding and reimbursement questions about arthroscopic procedures completed with the CuffMend technique, 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 strength¹ and added biology to the repair construct. The system includes a graft spreader for introducing the ArthroFlex decellularized dermal allograft and TissueTak™ tendon anchors 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^{2,3}. 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:

2023 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		Physician ^b		Hospital Outpatient ^c		ASC ^d
		Medicare National Average				
CPT® Code	Code Description	Facility Setting (HOPD and ASC)	Non-Facility Setting (Office)	APC & APC Description	Medicare National Average	Medicare National Average
Arthroscopy						
Shoulder						
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$1,086.08	N/A	5114 - Level 4 MSK Procedures	\$6,614.63	\$3,138.05
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$836.67	N/A	5114 - Level 4 (MSK) Procedures	\$6,614.63	\$3,138.05
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$868.87	N/A	5114 - Level 4 MSK Procedures	\$6,614.63	\$3,138.05
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	\$992.56	N/A	5114 - Level 4 MSK Procedures	\$6,614.63	\$3,138.05

^a 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.

^b Source: AMA CPT 2023 and CMS PFS 2023 Final Rule

^c Source: CMS 2023 OPFS Final Rule @ www.cms.gov

^d Source: CMS 2023 ASC Final Rule @ www.cms.gov

ICD 10 CODE	Description	ICD 10 CODE	Description
M12.511	Traumatic arthropathy, right shoulder	M75.122	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M12.512	Traumatic arthropathy, left shoulder	M75.50	Bursitis of unspecified shoulder
M12.519	Traumatic arthropathy, unspecified shoulder	M75.51	Bursitis of right shoulder
M13.111	Monoarthritis, not elsewhere classified, right shoulder	M75.52	Bursitis of left shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder	S43.421A	Sprain of right rotator cuff capsule, initial encounter
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder	S43.422A	Sprain of left rotator cuff capsule, initial encounter
M19.011	Primary osteoarthritis, right shoulder	S43.429A	Sprain of unspecified rotator cuff capsule, initial encounter
M19.012	Primary osteoarthritis, left shoulder	S46.001A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
M19.019	Primary osteoarthritis, unspecified shoulder	S46.002A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
M19.111	Post-traumatic osteoarthritis, right shoulder	S46.009A	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
M19.112	Post-traumatic osteoarthritis, left shoulder	S46.011A	Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
M19.119	Post-traumatic osteoarthritis, unspecified shoulder	S46.012A	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
M19.211	Secondary osteoarthritis, right shoulder	S46.019A	Strain of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
M19.212	Secondary osteoarthritis, left shoulder	S46.021A	Laceration of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
M19.219	Secondary osteoarthritis, unspecified shoulder	S46.022A	Laceration of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
M19.90	Unspecified osteoarthritis, unspecified site	S46.029A	Laceration of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
M19.91	Primary osteoarthritis, unspecified site	S46.091A	Other injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic	S46.092A	Other injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
M75.101	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	S46.099A	Other injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
M75.102	Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic		
M75.111	Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic		
M75.112	Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic		
M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic		
M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic		

Hospital and Facility Coding

HCPCS Code	Code Description	Notes
C1762	Connective tissue, human <i>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.</i>	For Medicare, anchors/screws/joint devices 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.
C1713	Anchor/screw for opposing bone-to-bone or soft tissue to bone (implantable) <i>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.)</i>	
Q4125	ArthroFlex® <i>ArthroFlex, per sq centimeter</i>	
L8699	Prosthetic implant, not otherwise specified <i>List of Pass-Through Payment Device Category Codes (Updated September 2022)</i> https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf	

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@mcra.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.

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References

1. Ely EE, Figueroa NM, Gilot GJ. Biomechanical analysis of rotator cuff repairs with extracellular matrix graft augmentation. *Orthopedics*. 2014;37(9):608-614. doi:10.3928/01477447-20140825-05
2. 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
3. Hirahara AM, Andersen WJ, Panero AJ. Superior capsular reconstruction: clinical outcomes after minimum 2-year follow-up. *Am J Orthop*. 2017;46(6):266-278.

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