

# 2023 Coding and Reimbursement Guidelines for the AutoCart™ Procedure Using GraftNet™ Autologous Tissue Collector & BioCartilage® Extracellular Matrix

To help answer common coding and reimbursement questions about arthroscopic procedures for treatment of articular cartilage defects, 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

The AutoCart™ surgical technique is for the treatment of symptomatic articular cartilage defects. This surgical approach is a single-stage, matrix-augmented, autologous chondrocyte transplantation that combines articular cartilage collected using the GraftNet™ device with BioCartilage® extracellular matrix. The ability to augment microfracture procedures with a low-cost, high-value approach that is minimally invasive and supported by clinical evidence makes the AutoCart procedure an important technique for surgeons to include in their joint preservation algorithm.

## 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

The primary endoscopic/arthroscopic procedure determined by the surgeon may include:

2023 Medicare National Average Rates and Allowables (Not Adjusted for Geography)		Physician <sup>b</sup>		Hospital Outpatient <sup>c</sup>		ASC <sup>d</sup>
		Medicare National Average				
CPT <sup>®a</sup> Code HCPCS Code	Code Description	Facility Setting (HOPD and ASC)	Non-Facility Setting (Office)	APC & APC Description	Medicare National Average	Medicare National Average
<b>Endoscopy/Arthroscopy</b>						
<b>Shoulder</b>						
29805	Shoulder arthroscopy, diagnostic	\$480.18	N/A	5113 - Level 3 Musculoskeletal (MSK) Procedures	\$2976.66	\$1414.89
29819	Removal of loose body or foreign body	\$599.80	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
29820	Synovectomy, partial	\$545.25	N/A	5114 - Level 4 MSK Procedures	\$6614.63	\$3138.05
29821	Synovectomy, complete	\$606.92	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
29822	Debridement, limited	\$553.38	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
29823	Debridement, extensive	\$605.90	N/A	5113 - Level 3 MSK Procedures	\$2976.66	\$1414.89
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$1086.08	N/A	5114 - Level 4 MSK Procedures	\$6614.63	\$3138.05
0232T	Injection(s), platelet-rich plasma, any site, including image guidance, harvesting and preparation when performed	Contractor priced		5735 – Level 5 Minor Procedures	\$377.57	N/A

<sup>a</sup> Current Procedural Terminology (CPT) is the 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> Source: AMA CPT 2023 and CMS PFS 2023 Final Rule

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<b>Endoscopy/Arthroscopy</b>						
<b>Elbow</b>						
29830	Elbow arthroscopy, diagnostic	\$464.93	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29834	Removal of loose body or foreign body	\$504.24	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29835	Synovectomy, partial	\$521.52	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29836	Synovectomy, complete	\$598.79	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29837	Debridement, limited	\$539.82	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29838	Debridement, extensive	\$607.94	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>Wrist</b>						
29840	Wrist arthroscopy, diagnostic	\$463.24	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29843	For infection, lavage, and drainage	\$498.82	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29844	Synovectomy, partial	\$512.37	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29845	Synovectomy, complete	\$600.48	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
<b>Hand</b>						
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, with synovial biopsy	\$517.46	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29901	Arthroscopy, metacarpophalangeal joint, surgical, with debridement	\$554.39	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
0232T	Injection(s), platelet-rich plasma, any site, including, image guidance, harvesting and preparation when performed	Contractor priced		5735 – Level 5 Minor Procedures	\$377.57	N/A

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<b>Endoscopy/Arthroscopy</b>						
<b>Hip</b>						
29860	Hip arthroscopy, diagnostic	\$657.07	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29861	Removal of loose body or foreign body	\$724.85	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29862	With debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	\$827.53	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29863	With synovectomy	\$826.17	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29914	With femoroplasty (ie, treatment of cam lesion)	\$1009.84	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29915	With acetabuloplasty (ie, treatment of pincer lesion)	\$1033.22	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29916	With labral repair	\$1034.24	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
<b>Knee</b>						
27415	Osteochondral allograft, knee open	\$1392.43	N/A	5115 – Level 5 MSK Procedures	\$13,048.08	\$9919.67
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	\$1298.22	N/A	5115 – Level 5 MSK Procedures	\$13,048.08	\$8270.67
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy	\$416.13	\$561.85	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29871	For infection, lavage, and drainage	\$527.62	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29874	Removal of loose body or foreign body	\$547.62	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29875	Synovectomy, limited	\$507.97	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29876	Synovectomy, major, 2 or more compartments (eg, medial or lateral)	\$665.88	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29877	Debridement/shaving of articular cartilage (chondroplasty)	\$634.37	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89

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<b>Endoscopy/Arthroscopy</b>						
<b>Knee</b>						
29879	Abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	\$675.03	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29880	With meniscectomy (medial and lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage	\$574.73	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29881	With meniscectomy (medial OR lateral, includes meniscal shaving) includes debridement/shaving of articular cartilage (chondroplasty, same or separate compartment(s) when performed)	\$553.38	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29885	Drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	\$771.61	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$4010.43
29886	Drilling for intact osteochondritis dissecans lesion	\$650.63	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29887	Drilling of intact osteochondritis dissecans lesion with internal fixation	\$768.56	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$990.86	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$4241.53
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	\$1244.00	N/A	5115 – Level 5 MSK Procedures	\$13,048.08	\$8878.97
0232T	Injection(s), platelet-rich plasma, any site, including image guidance, harvesting and preparation when performed	Contractor priced		5735 – Level 5 Minor Procedures	\$377.57	N/A

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<b>Endoscopy/Arthroscopy</b>						
<b>Foot and Ankle</b>						
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	\$681.74	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	\$651.31	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$3138.05
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical, with removal of loose body or foreign body	\$504.92	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29895	Synovectomy, partial	\$471.37	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29897	Debridement, limited	\$506.95	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29898	Debridement, extensive	\$570.32	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29899	With ankle arthrodesis	\$1020.68	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$4232.57
29904	Arthroscopy, subtalar joint, surgical, with removal of loose body or foreign body	\$653.01	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29905	With synovectomy	\$517.46	N/A	5114 – Level 4 MSK Procedures	\$6614.63	\$4086.12
29906	With debridement	\$653.35	N/A	5113 – Level 3 MSK Procedures	\$2976.66	\$1414.89
29907	With subtalar arthrodesis	\$893.61	N/A	5115 – Level 5 MSK Procedures	\$13,048.08	\$9351.64
29999	Unlisted procedure, arthroscopy	Contractor priced		5111 – Level 1 MSK Procedures	\$207.01	N/A
0232T	Injection(s), platelet-rich plasma, any site, including image guidance, harvesting and preparation when performed	Contractor priced		5735 – Level 5 Minor Procedures	\$377.57	N/A

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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@cmcpilot.com](mailto:arthrex@cmcpilot.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.

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