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2021

CartiMax[®] Coding & Reimbursement Guide

CartiMax[®] Viable Cartilage Allograft



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HCPCS Code

CartiMax® is a ready-to-use, off-the-shelf viable cartilage allograft. As there is no specific HCPCS code for CartiMax®, providers should select one of the following miscellaneous codes and may want to check with local payers for guidance.

HCPCS	DESCRIPTION	OPPS			ASC	PHYSICIAN
		SI	APC	PAYMENT	PAYMENT	MPFS
C1762	Connection tissue, human (includes fascia lata)	N	N/A	Packaged	Packaged	N/A
L8699	Prosthetic implant, not otherwise classified	N	N/A	Packaged	Packaged	N/A

CPT Coding and Payment in the OPPS and ASC Setting

In the hospital outpatient prospective payment system, CMS assigns all CPT and HCPCS codes a status indicator which indicates when and how a service is reimbursed. Below is a list of status indicators used in this guide and their definitions:

J1 – The J1 status indicator indicates that the procedure has been assigned to a comprehensive APC; all services reported on hospital claim will be packaged with payment for J1 procedure except services with a status indicator of F, G, H, L, & U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services. Please note that this applies to the OPPS setting only; services in the ASC setting continue to be separately if eligible.

N – Payment is packaged into payment for other services.

The CPT codes represent the placement of CartiMax® and the more commonly reported orthopedic procedures in which CartiMax® would be used. It is not intended to be a comprehensive list. rates provided are for the non-facility setting.

CPT	DESCRIPTION	HOSPITAL OUTPATIENT			ASC	PHYSICIAN
		SI	APC	PAYMENT	PAYMENT	MPFS
Placement of CartiMax®						
23929	Unlisted procedure, shoulder	T	5111	\$206.19	N/A	By Report
24999	Unlisted procedure, humerus or elbow	T	5111	\$206.19	N/A	By Report
26989	Unlisted procedure, hands or fingers	T	5111	\$206.19	N/A	By Report
27299	Unlisted procedure, pelvis or hip joint	T	5111	\$206.19	N/A	By Report
27599	Unlisted procedure, femur or knee	T	5111	\$206.19	N/A	By Report
27899	Unlisted procedure, leg or ankle	T	5111	\$206.19	N/A	By Report
28899	Unlisted procedure, foot or toes	T	5111	\$206.19	N/A	By Report
Orthopedic Procedures						
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	J1	5113	\$2,830.40	\$1,328.25	\$740.08
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	J1	5113	\$2,830.40	\$1,328.25	\$582.02
27050	Arthrotomy, with biopsy; sacroiliac joint	J1	5112	\$1,392.35	\$723.53	\$418.02
27052	Arthrotomy, with biopsy; hip joint	J1	5112	\$1,392.35	\$723.53	\$596.67
27054	Arthrotomy with synovectomy, hip joint	J1	5113	\$2,830.40	Not Approved in ASC	\$709.73

CPT	DESCRIPTION	HOSPITAL OUTPATIENT			ASC	PHYSICIAN
		SI	APC	PAYMENT	PAYMENT	MPFS
Orthopedic Procedures						
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	J1	5113	\$2,830.40	\$1,328.25	\$492.69
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (e.g., infection)	J1	5113	\$2,830.40	\$1,328.25	\$754.74
27610	Arthrotomy, ankle including exploration, drainage, or removal of foreign body (e.g., infection)	J1	5113	\$2,830.40	\$1,328.25	\$668.55
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	J1	5113	\$2,830.40	\$1,328.25	\$375.10
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	J1	5113	\$2,830.40	\$1,328.25	\$332.18
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	J1	5112	\$1,392.35	\$723.53	\$308.80
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	J1	5114	\$6,264.95	\$2,929.17	\$1,088.66
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	J1	5114	\$6,264.95	\$2,929.17	\$1,063.89
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	J1	5113	\$2,830.40	\$1,328.25	\$607.14
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	J1	5114	\$6,264.95	\$2,929.17	\$555.85
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	J1	5113	\$2,830.40	\$1,328.25	\$614.12
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	J1	5113	\$2,830.40	\$1,328.25	\$559.34
29823	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	J1	5113	\$2,830.40	\$1,328.25	\$611.68
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	J1	5113	\$2,830.40	\$1,328.25	\$697.86
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	J1	5113	\$2,830.40	\$1,328.25	\$606.79
+29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	N	N/A	Packaged	Packaged	\$178.30
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	J1	5114	\$6,264.95	\$2,929.17	\$1,100.53
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	J1	5114	\$6,264.95	\$2,929.17	\$944.56
29834	Arthroscopy, shoulder, surgical; biceps tenodesis	J1	5113	\$2,830.40	\$1,328.25	\$509.79

CPT	DESCRIPTION	HOSPITAL OUTPATIENT			ASC	PHYSICIAN
		SI	APC	PAYMENT	PAYMENT	MPFS
Orthopedic Procedures						
29835	Arthroscopy, elbow, surgical; synovectomy, partial	J1	5113	\$2,830.40	\$1,328.25	\$526.54
29836	Arthroscopy, elbow, surgical; synovectomy, complete	J1	5114	\$6,264.95	\$2,929.17	\$601.91
29837	Arthroscopy, elbow, surgical; debridement, limited	J1	5113	\$2,830.40	\$1,328.25	\$545.38
29838	Arthroscopy, elbow, surgical; debridement, extensive	J1	5113	\$2,830.40	\$1,328.25	\$612.37
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	J1	5113	\$2,830.40	\$1,328.25	\$502.81
29844	Arthroscopy, wrist, surgical; synovectomy, partial	J1	5113	\$2,830.40	\$1,328.25	\$515.72
29845	Arthroscopy, wrist, surgical; synovectomy, complete	J1	5113	\$2,830.40	\$1,328.25	\$603.65
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	J1	5113	\$2,830.40	\$1,328.25	\$539.45
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	J1	5114	\$6,264.95	\$2,929.17	\$562.13
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	J1	5112	\$1,392.35	\$723.53	\$643.08
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	J1	5112	\$1,392.35	\$723.53	\$957.47
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	J1	5114	\$6,264.95	\$4,443.17	\$804.98
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	J1	5115	\$12,314.76	\$8,111.50	\$1,016.44
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	J1	5114	\$6,264.95	\$2,929.17	\$662.97
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	J1	5114	\$6,264.95	\$2,929.17	\$744.97
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	J1	5114	\$6,264.95	\$2,929.17	\$838.13
29863	Arthroscopy, hip, surgical; with synovectomy	J1	5113	\$2,830.40	\$1,328.25	\$836.74
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	J1	5114	\$6,264.95	\$2,929.17	\$1,026.21
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	J1	5114	\$6,264.95	\$2,929.17	\$1,051.68
29916	Arthroscopy, hip, surgical; with labral repair	J1	5114	\$6,264.95	\$2,929.17	\$1,051.68
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	J1	5114	\$6,264.95	\$2,929.17	\$1,082.04

CPT	DESCRIPTION	HOSPITAL OUTPATIENT			ASC	PHYSICIAN
		SI	APC	PAYMENT	PAYMENT	MPFS
Orthopedic Procedures						
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)	J1	5115	\$12,314.76	\$9,545.90	\$1,315.82
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	J1	5114	\$6,264.95	\$2,929.17	\$1,715.69
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	J1	5113	\$2,830.40	\$1,328.25	\$530.72
29873	Arthroscopy, knee, surgical; with lateral release	J1	5113	\$2,830.40	\$1,328.25	\$552.71
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	J1	5113	\$2,830.40	\$1,328.25	\$554.80
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)	J1	5113	\$2,830.40	\$1,328.25	\$512.58
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)	J1	5113	\$2,830.40	\$1,328.25	\$673.79
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	J1	5113	\$2,830.40	\$1,328.25	\$640.99
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	J1	5113	\$2,830.40	\$1,328.25	\$682.16
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	J1	5113	\$2,830.40	\$1,328.25	\$580.27
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	J1	5113	\$2,830.40	\$1,328.25	\$559.69
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	J1	5113	\$2,830.40	\$1,328.25	\$712.17
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	J1	5113	\$2,830.40	\$1,328.25	\$863.60
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	J1	5113	\$2,830.40	\$1,328.25	\$638.54
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	J1	5114	\$6,264.95	\$3,795.13	\$778.81
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	J1	5113	\$2,830.40	\$1,328.25	\$656.34

CPT	DESCRIPTION	HOSPITAL OUTPATIENT			ASC	PHYSICIAN
		SI	APC	PAYMENT	PAYMENT	MPFS
Orthopedic Procedures						
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	J1	5114	\$6,264.95	\$2,929.17	\$776.02
29888	Arthroscopically aided anterior cruciate ligament repair/ augmentation or reconstruction	J1	5114	\$6,264.95	\$4,035.99	\$1,006.32
29889	Arthroscopically aided posterior cruciate ligament repair/ augmentation or reconstruction	J1	5115	\$12,314.76	\$8,060.97	\$1,259.29
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	J1	5113	\$2,830.40	\$1,328.25	\$689.14
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	J1	5114	\$6,264.95	\$2,929.17	\$660.88
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	J1	5113	\$2,830.40	\$1,328.25	\$511.88
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	J1	5113	\$2,830.40	\$1,328.25	\$479.78
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	J1	5113	\$2,830.40	\$1,328.25	\$510.14
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	J1	5113	\$2,830.40	\$1,328.25	\$575.39
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	J1	5114	\$6,264.95	\$3,918.72	\$1,051.33
29999	Unlisted procedure, arthroscopy	T	5111	\$206.19	N/A	By Report

Inpatient Procedure Coding

The International Classification of Diseases, Tenth Revision Procedure Coding System (ICD-10-PCS) codes are used by facilities to report procedures performed in the inpatient setting. The first three characters outline the section, body system and operation. Once you have identified the section, the code can be coded to greater specificity by choosing the most appropriate body part, approach, device, and qualifier as identified in the code set. Providers should code to the highest level of specificity possible. The ICD-10-PCS codes and code families associated with placement of CartiMax and common orthopedic procedures are listed below. It is not intended to be a comprehensive list of all possible ICD-10-PCS codes that may be reported.

ICD-10-PCS PROCEDURE CODES & DESCRIPTORS FOR PLACEMENT OF CARTIMAX*	
ICD-10-PCS	DESCRIPTION
Shoulder	
ORUJ0KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute Open Approach
ORUJ3KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Approach
ORUJ4KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
ORUK0KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Open Approach
ORUK3KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Approach
ORUK4KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
Elbow	
ORUL0KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Open Approach
ORUL3KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Approach
ORUL4KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
ORUM0KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Open Approach
ORUM3KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Approach
ORUM4KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
Knee	
OSUC0KZ	Supplement Right Knee Joint with Nonautologous Tissue Substitute, Open Approach
OSUC3KZ	Supplement Right Knee Joint with Nonautologous Tissue Substitute, Percutaneous Approach
OSUC4KZ	Supplement Right Knee Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OSUD0KZ	Supplement Left Knee Joint with Nonautologous Tissue Substitute, Open Approach
OSUD3KZ	Supplement Left Knee Joint with Nonautologous Tissue Substitute, Percutaneous Approach
OSUD4KZ	Supplement Left Knee Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
Ankle	
OSUF0KZ	Supplement Right Ankle Joint with Nonautologous Tissue Substitute, Open Approach
OSUF3KZ	Supplement Right Ankle Joint with Nonautologous Tissue Substitute, Percutaneous Approach
OSUF4KZ	Supplement Right Ankle Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OSUG0KZ	Supplement Left Ankle Joint with Nonautologous Tissue Substitute, Open Approach
OSUG3KZ	Supplement Left Ankle Joint with Nonautologous Tissue Substitute, Percutaneous Approach
OSUG4KZ	Supplement Left Knee Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
Hip	
OSU90KZ	Supplement Right Hip Joint with Nonautologous Tissue Substitute, Open Approach
OSU93KZ	Supplement Right Hip Joint with Nonautologous Tissue Substitute, Percutaneous Approach
OSU94KZ	Supplement Right Hip Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OSUB0KZ	Supplement Right Hip Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OSUB3KZ	Supplement Left Hip Joint with Nonautologous Tissue Substitute, Percutaneous Approach
OSUB4KZ	Supplement Left Hip Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
Foot	
OYUM0KZ	Supplement Right Foot with Nonautologous Tissue Substitute, Open Approach
OYUM4KZ	Supplement Right Foot with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
OYUN0KZ	Supplement Left Foot with Nonautologous Tissue Substitute, Open Approach
OYUN4KZ	Supplement Left Foot with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

ICD-10-PCS PROCEDURE CODES & DESCRIPTORS FOR PLACEMENT OF CARTIMAX®

ICD-10-PCS	DESCRIPTION
Wrist	
ORUN0KZ	Supplement Right Wrist Joint with Nonautologous Tissue Substitute, Open Approach
ORUN3KZ	Supplement Right Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Approach
ORUN4KZ	Supplement Right Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
ORUP0KZ	Supplement Left Wrist Joint with Nonautologous Tissue Substitute, Open Approach
ORUP3KZ	Supplement Left Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Approach
ORUP4KZ	Supplement Left Wrist Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
Common Orthopedic Procedures	
0KB	Medical and Surgical, Muscles, Excision
0LH	Medical and Surgical, Tendons, Insertion
0LB	Medical and Surgical, Tendons, Excision
0LP	Medical and Surgical, Tendons, Removal
0LQ	Medical and Surgical, Tendons, Repair
0LW	Medical and Surgical, Tendons, Revision
0LX	Medical and Surgical, Tendons, Transfer
0M9	Medical and Surgical, Bursae and Ligaments, Drainage
0MB	Medical and Surgical, Bursae and Ligaments, Excision
0MC	Medical and Surgical, Bursae and Ligaments, Extirpation
0MJ	Medical and Surgical, Bursae and Ligaments, Inspection
0MN	Medical and Surgical, Bursae and Ligaments, Release
0MQ	Medical and Surgical, Bursae and Ligaments, Repair
0MR	Medical and Surgical, Bursae and Ligaments, Replacement
0MS	Medical and Surgical, Bursae and Ligaments, Reposition
0MX	Medical and Surgical, Bursae and Ligaments, Transfer
0PB	Medical and Surgical, Bursae and Ligaments, Excision
0QB	Medical and Surgical, Lower Bones, Excision
0QH	Medical and Surgical, Lower Bones, Insertion
0QS	Medical and Surgical, Lower Bones, Reposition
0R9	Medical and Surgical, Upper Joints, Drainage
0RB	Medical and Surgical, Upper Joints, Excision
0RC	Medical and Surgical, Upper Joints, Extirpation
0RH	Medical and Surgical, Upper Joints, Insertion
0RJ	Medical and Surgical, Upper Joints, Inspection
0RN	Medical and Surgical, Upper Joints, Release
0RP	Medical and Surgical, Upper Joints, Removal
0RQ	Medical and Surgical, Upper Joints, Repair
0S9	Medical and Surgical, Lower Joints, Drainage
0SB	Medical and Surgical, Lower Joints, Excision
0SC	Medical and Surgical, Lower Joints, Extirpation
0SG	Medical and Surgical, Lower Joints, Fusion
0SJ	Medical and Surgical, Lower Joints, Inspection
0SN	Medical and Surgical, Lower Joints, Release
0SP	Medical and Surgical, Lower Joints, Removal
0SQ	Medical and Surgical, Lower Joints, Repair
0SS	Medical and Surgical, Lower Joints, Reposition

Inpatient Reimbursement

Medicare reimburses inpatient hospital services under the Inpatient Prospective Payment System (IPPS), which bases payment on MS-DRGs (Medicare Severity Diagnosis Related Groups). Final DRGs assignment is based on the principal diagnosis and additional diagnoses (ICD-10-CM), the principal procedure and additional procedures (ICD-10-PCS) sex, and discharge status. The DRGs provided represent the most likely assignments for orthopedic procedures. (CC = Complications or Comorbidities; MCC = Major Complications or Comorbidities.)

DIAGNOSTIC RELATED GROUPS*		
DRG	DESCRIPTION	PAYMENT
480	Hip & Femur Procedures Except Major Joint with MCC	\$19,228.41
481	Hip & Femur Procedures Except Major Joint with CC	\$13,322.25
482	Hip & Femur Procedures Except Major Joint without CC/MCC	\$10,469.61
485	Knee Procedures with Primary Diagnosis of Infection with CC/MCC	\$21,663.99
486	Knee Procedures with Primary Diagnosis of Infection with CC/	\$13,658.56
487	Knee Procedures with Primary Diagnosis of Infection without CC/MCC	\$10,428.29
488	Knee Procedures without Primary Diagnosis of Infection with CC/MCC	\$12,553.62
489	Knee Procedures without Primary Diagnosis of Infection without CC/MCC	\$ 8,253.37
492	Lower Extremity & Humerus Procedure Except Hip, Foot, Femur with MCC	\$22,049.25
493	Lower Extremity & Humerus Procedure Except Hip, Foot, Femur with CC	\$14,782.58
494	Lower Extremity & Humerus Procedure Except Hip, Foot, Femur without CC/MCC	\$11,773.55
498	Local excision and removal of internal fixation devices of hip and femur with CC/MCC	\$16,429.82
499	Local excision and removal of internal fixation devices of hip and femur without CC/MCC	\$ 7,620.80
500	Soft Tissue Procedures with MCC	\$20,051.08
501	Soft Tissue Procedures with CC	\$11,093.92
502	Soft Tissue Procedures without CC/MCC	\$ 8,460.63
506	Major Thumb or Joint Procedures	\$ 9,381.84
507	Major Shoulder or Elbow Joint Procedures with CC/MCC	\$12,856.87
508	Major Shoulder or Elbow Joint Procedures without CC/MCC	\$ 8,989.58
509	Arthroscopy	\$10,641.27
510	Shoulder, Elbow or Forearm Procedures, Except Major Joint Procedures with MCC	\$17,360.56
511	Shoulder, Elbow or Forearm Procedures, Except Major Joint Procedures with MCC	\$12,514.84
512	Shoulder, Elbow or Forearm Procedures, Except Major Joint Procedures without CC/M	\$ 9,893.62
513	Hand or Wrist Procedures, Except Major Thumb or Joint Procedures W CC/MCC	\$ 9,911.42
514	Hand or Wrist Procedures, Except Major Thumb or Joint Procedures without CC/MCC	\$ 6,320.68
515	Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC	\$19,943.63
516	Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC	\$12,467.79
517	Other Musculoskeletal System and Connective Tissue O.R. Procedures without CC/MCC	\$ 8,879.59
906	Hand Procedures for Injuries	\$11,404.17
907	Other O.R. Procedures for Injuries with MCC	\$25,157.46
908	Other O.R. Procedures for Injuries with CC	\$12,971.95
909	Other O.R. Procedures for Injuries without CC/MCC	\$ 8,741.00
957	Other O.R. Procedures for Injuries for Multiple Significant Trauma with MCC	\$47,178.11
958	Other O.R. Procedures for Injuries for Multiple Significant Trauma with CC	\$26,736.04
959	Other O.R. Procedures for Injuries for Multiple Significant Trauma without CC/MCC	\$17,382.81



References

¹CY 2021 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2021 Payment Rates (CMS-1736-FC); July Addendum B and July 6, 2021 ASC Addenda.

²CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1734-IFC); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.8931 effective January 1, 2021.

³DRG values calculated using a base rate of \$5,891.33 and Capital Standard Payment of \$466.22. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User. This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2021 IPPS Final Rule CN (Tables 1A, 1D, and 5CN).

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