

SpeedSpiral CMC

Example Codes Used By Surgeons

.....

Procedure

- CPT 25445: Arthroplasty with Prosthetic Replacement; Trapezium
- DRG 506: Major Thumb or Joint Procedure (CMS)

Possible Additional Procedures

- CPT 26480: Transfer or transplant of tendon, carpometacarpal area or dorsum or hand; without free graft, each tendon

Possible ICD-10-CM Diagnostic Codes | **Other's May Apply*

- M19.031: Primary osteoarthritis, right wrist
- M19.032: Primary osteoarthritis, left wrist
- M19.131: Post-traumatic osteoarthritis, right wrist
- M19.132: Post-traumatic osteoarthritis, left wrist

Possible HCPCS II Code:

- C1762: Connective Tissue, Human (Includes Fascia Lata)
- L8699: Prosthetic replacement, not otherwise specified

Reimbursement

- Primary procedure reimbursement at 100%
- Secondary, tertiary etc. procedures reimbursement at 50%
- Not all additional procedures may be applicable or reimbursed

Surgical Notes Per Physician Recommendation

- Trapezium bone was removed and replaced with a prosthesis.
 - The patient has thumb arthritis and has failed conservative management.
 - The risks and benefits of a trapezial arthroplasty were explained.
 - Describe tendon transfer if applicable.
-

Disclaimer: The reimbursement information provided above has been obtained from third party sources and is intended to be used as a general source of information only. It does not cover all possible patient care situations, payer rules, or scenarios. It is solely the provider's responsibility to determine the proper medical products and services to be provided to individual patients, and to report the procedures and codes, if any, that most appropriately describe the products or services rendered. Arthrosurface does not promise or guarantee coverage or payment by Medicare or any other payers by providing this information. The information does not constitute legal advice and no warranty regarding the completeness or accuracy of the information is made or implied. The information provided is subject to change without notice as reimbursement laws, regulations, rules and policies change frequently. Providers must seek advice from Medicare and/or other specific payers to obtain the most accurate, current and appropriate information related to pre-authorization, coverage, billing and reimbursement. Arthrosurface specifically disclaims and rejects any liability or responsibility for any actions or consequences resulting from the use of this information. CPT codes and descriptors are copyrighted by the American Medical Association.

SpeedSpiral CMC

Example Codes Used By Surgeons

.....

Procedure

- CPT 25447: Arthroplasty, Interposition, Intercarpal, Or Carpometacarpal
- DRG 506: Major Thumb or Joint Procedure (CMS)

Possible Additional Procedures

- CPT 26480: Transfer or transplant of tendon, carpometacarpal area or dorsum or hand; without free graft, each tendon

Possible ICD-10-CM Diagnostic Codes | **Other's May Apply*

- M18.0: Bilateral primary osteoarthritis of first carpometacarpal joints
- M18.11: Unilateral primary osteoarthritis of first carpometacarpal joint, right hand
- M18.12: Unilateral primary osteoarthritis of first carpometacarpal joint, left hand
- M19.031: Primary osteoarthritis, right wrist
- M19.032: Primary osteoarthritis, left wrist
- M19.041: Primary osteoarthritis, right hand
- M19.042: Primary osteoarthritis, left hand

Possible HCPCS II Code:

- C1762: Connective Tissue, Human (Includes Fascia Lata)
- L8699: Prosthetic replacement, not otherwise specified

Reimbursement

- Primary procedure reimbursement at 100%
- Secondary, tertiary etc. procedures reimbursement at 50%
- Not all additional procedures may be applicable or reimbursed

Surgical Notes Per Physician Recommendation

- The patient has thumb CMC arthritis and has failed conservative management.
 - The risks and benefits of a thumb CMC arthroplasty were explained.
 - It was elected to perform a trapezial excision with stabilization using a soft tissue rolled collagen allograft.
 - Describe tendon transfer if applicable.
-

Disclaimer: The reimbursement information provided above has been obtained from third party sources and is intended to be used as a general source of information only. It does not cover all possible patient care situations, payer rules, or scenarios. It is solely the provider's responsibility to determine the proper medical products and services to be provided to individual patients, and to report the procedures and codes, if any, that most appropriately describe the products or services rendered. Arthrosurface does not promise or guarantee coverage or payment by Medicare or any other payers by providing this information. The information does not constitute legal advice and no warranty regarding the completeness or accuracy of the information is made or implied. The information provided is subject to change without notice as reimbursement laws, regulations, rules and policies change frequently. Providers must seek advice from Medicare and/or other specific payers to obtain the most accurate, current and appropriate information related to pre-authorization, coverage, billing and reimbursement. Arthrosurface specifically disclaims and rejects any liability or responsibility for any actions or consequences resulting from the use of this information. CPT codes and descriptors are copyrighted by the American Medical Association.